The 2018 AUA Annual Advocacy Summit was an invaluable immersion in current policy matters relevant to the field of urology. With over 200 attendees and robust representation from the New England section, the summit brought together a mix of trainees and practitioners across a wide array of backgrounds and experience. The content of the program focused on not only topical lectures and discussions regarding the issues important to our field, but also putting our thoughts into action by engaging in advocacy activities on Capitol Hill.

The content of the sessions included such topics as introduction to advocacy, the current state of the urology workforce, physician burnout, and urologic care among veterans. There were also disease-specific policy discussions that ranged from testicular cancer self-exams to shared decision making for prostate cancer. Sprinkled in were entertaining talks by well-known speakers, including Tucker Carlson and Joe Theismann. Of particular interest to me was a highly engaging session led by Dr. C.J. Stimson of Vanderbilt regarding the current and future state of health care payment reform, including the role of Medicare’s Quality Payment Program in the evolving landscape of value based reimbursement.

While lectures and discussion comprised a hugely beneficial component of the advocacy summit experience, the true centerpiece of the week was the trip to congressional offices for in person advocacy. This involved a whirlwind day of group meetings with legislative staffers associated with each summit attendee’s home state. Throughout the course of meetings, there were five major topics covered.

The first of these was support for the USPSTF Transparency and Accountability Act. Largely based out of the AUA’s dissatisfaction with the 2012 USPSTF recommendation against PSA screening, this act would ensure that specialty physicians (such as urologists) are involved in creation of guideline statements going forward. It would also make research plans and reports available for public comment, as well as ensure that payors cannot deny coverage for a preventive service based solely on the task force grade.

Second, the AUA is supporting creation of an Office of Men’s Health within the U.S. Department of Health and Human Services. While there already exists an Office of Women’s Health, the equivalent does not exist for men. The AUA believes that creation of such an office would allow for greater prevention and understanding of conditions that are either specific to or more preferentially affect men. A bill introducing this idea is set to be soon introduced in the House of Representatives.
The balance of legislative “asks” encompassed to policies that would more generally benefit the medical field as a whole. This included support for the Resident Physician Shortage Reduction Act that would increase the number of Medicare GME residency slots by 15,000 over the next five years. Additionally, we voiced our support for increased funding of Congressionally Directed Medical Research Programs under the Department of Defense and supported efforts to reduce burden related to the use of certified electronic health record technology.

In total, the summit proved to be a unique and highly valuable environment for learning, advocacy, and dialogue with other likeminded urologists who are motivated to be a part of shaping the future of our field. As I finish residency in a year and continue towards a career that will hopefully contain a significant component of policy or administrative responsibilities, I will value the knowledge and experiences gained from this meeting. Furthermore, I will most certainly look forward to returning in future years.