



## 2015 Oregon Urological Society Activity Report Card

The OUS continues to work diligently in the state expanding our network of partners in accordance with our mission:

*“To enhance the delivery and quality of urologic care through education and advocacy for patients and health care providers.”*

Message from the OUS President regarding why your membership in the Oregon State Urology Society is so important:

- ✓ Changes in Health Care are coming quickly and affect all Urologists and their patients regardless of employment model (i.e. Private practice, Hospital employed, Kaiser, Multispecialty Clinic, and University).
- ✓ Changes in Health Care happen very quickly at the State level. By the time most MDs hear about an issue, it has already been decided. Having the OUS monitor activity in Salem and respond quickly is the only way for Urologists to participate in the process and have a voice at the table of these discussions concerning our specialty and your practice.
- ✓ State Agencies are looking for groups like the OUS to participate in the decision making process and come to the OUS for Urologists’ opinions. If the OUS is not there, it creates a vacuum and Urology policy gets made without our input.
- ✓ The Practice/Office Manager side of the OUS offers practical education in the issues that affect the profitability and smooth running of the office as well as an excellent source for networking with other managers who have like concerns.

**Even if you do not have the time to attend the annual meetings and give input in the process, at least support financially the organization which is looking out for all Urologists and their patients!!!!**

Brian Shaffer, M.D.  
OUS President  
2014-2016

## 2015 Activity Overview: *Your* Membership Dues Hard at Work

This past year our activities included the successful campaign to **defeat legislation that would have allowed nurse practitioners to perform vasectomies in Oregon** (HB 2678). Your dues payments went to help defeat this bill that had significant patient safety and scope of practice issues. It could have easily expanded beyond nurse practitioners to other non physicians. Your leadership was featured in the Portland Business Journal, local radio stations and Lund Report increasing awareness of the patient safety issues and opposing the claims by Planned Parenthood that there was an access issue for the procedure by urologists.

**At the Oregon State level, your dues went to support additional activities by the society which included:**

- 1) Regular participation and advocacy for urology on the Medicare Carrier Advisory Council
- 2) Supported HB 2468 regarding network adequacy to help protect urologist participation and patient access to care (*Signed into law May 18, 2015 and becomes effective January 1, 2016*)
- 3) Opposed HB 2421 concerning mental health medications that would have set precedence in the state for all medications you prescribe. It would have handed control of mental health medications to the state's 16 different Coordinated Care Organizations, which would be free to adopt any access restrictions they wish. Your physicians would be required to cross reference all 16 CCOs to insure the medication being prescribed is approved for the patient adding additional administrative burden to your practice and restriction to medication access for your patient. (*Bill stalled in 2015 and expected to show up again in 2016*)
- 4) Supported SB 147 relating to biosimilars that required pharmacies to notify prescribing physicians of product substitutions in the situation of a biosimilar pharmaceuticals. Increased quality of care is obtained when the prescribing physician is made aware of alterations to their treatment plans concerning non-generic pharmaceuticals. (*Bill stalled in 2015 and expected to show up again in 2016*)
- 5) Participated on the State Task Force concerning the adoption of a simplified prior authorization form (HB 4992 we worked tirelessly on to pass in 2014). (*The one page, unified form became effective July 1, 2015*)
- 6) Supported HB 3200 that would prohibit age discrimination in medical coverage. If the bill is defeated, "public and private insurance companies will be allowed to limit access to care simply based on age which would deny care to those whose lives our members (OUS members) could save". (*Bill stalled in 2015 and expected to show up again in 2016*)
- 7) Supported SB 841 that synchronizes medications for patients improving patient compliance to pharmaceutical treatments prescribed by urologists and other healthcare providers. (*Bill signed into law July 27, 2015 and becomes effective January 1, 2016*)

- 8) Connected members with the Oregon Vasectomy Project, as part of the State of Oregon , Oregon Health Authority.
- 9) Initiated plans for a ZERO Prostate Cancer Run/Walk for June 2016 in Portland creating increased awareness of urology and prostate cancer.
- 10) Monitor Health Evidence Review Commission for coverage guideline discussion concerning urological services and participate in public hearings as needed.
- 11) Continue to monitor potential scope of practice legislation arising from the February 2015 Supreme Court Ruling saying that state licensure boards could be subject to the antitrust laws when they make decisions restricting the ability of unlicensed individuals to perform certain procedures. This inevitably will impact issues with physician assistants and nurse practitioners.
- 12) Leadership represented Oregon State at the American Association of Clinical Urology's State Society Network in September to discuss trends observed across the country affecting the specialty of urology.
- 13) Leadership represented Oregon at the Joint Advocacy Conference of the AUA and AACU in Washington DC.
- 14) Held the Oregon Urological Society Annual Conference in Sunriver addressing the future of urologic healthcare and delivery in Oregon. Featured speakers included:
  - ✓ Oregon State Representative Knute Buehler
  - ✓ Coding and reimbursement guru Mark Painter of Physicians Reimbursement Systems
  - ✓ Senior Vice President and Chief Actuary for Moda Health
  - ✓ Director for Early Discussion and Resolution at the Oregon Patient Safety Commission
  - ✓ Chair of the AUA's Quality Improvement and Patient Safety Committee
  - ✓ Peer recognized regional expert on genomic tests
  - ✓ Oregon Urological Society board members

**Federal issues worked on with other state urology societies and partners in support of the OUS mission:**

- 1) Monitored and participated when possible to discussions in Salem concerning Rural Health (TeleHealth Work Group)
- 2) Home Health Planning Improvement Act
- 3) 21<sup>st</sup> Century Cures Act - A bill that revamps the biomedical infrastructure in expediting the approval process for drugs that improves access. Encourages the development and use of biomarkers. Modernizes the clinical trial process. Improves data sharing between researchers.

- 4) Medical device tax relief
- 5) SGR payment formula fix
- 6) Repeal Independent Payment Advisory Board of the Affordable Care Act
- 7) Congress considering restricting access to medicines in Medicare. Congress is considering taking over the purchasing of medicines for Part D
- 8) Seek U.S. Senators to support the 2015 “Resident Physician Shortage Reduction Act” as well as “Training Tomorrow’s Doctors Today Act” which address the Graduate Medical Education (GME) shortage in the country and additionally increase awareness of the need for specialty surgical to be included when addressing the shortage.
- 9) Preserve in-office ancillary services exception to the federal self-referral regulations (the “Stark law”)
- 10) Urge Oregon Congressmen to support HB 1151 “USPSTF Transparency and Accountability Act of 2015” in addition to the “Healthy Families Act of 2014” which would improve the review process and grading system of screening tests such as the PSA. “Currently the USPSTF has little accountability. The Task Force members are appointed by an unelected official, and do not meet with relevant stakeholders during their review process nor do medical specialists serve on the Task Force.” – J.A.C.
- 11) CMS hiring think tanks such as Mathematica whose proposals have potential significant adverse affects to our specialty and patients. For example:  
“clinical quality measure under development by its contractor, Mathematica Policy Research, that has the potential to negatively impact prostate cancer screening.” “The proposed "Non-Recommended PSA-Based Screening" measure discourages PSA screening in all men over age 18, regardless of age or risk factors. The proposed measure could potentially be used in all of Medicare's quality reporting programs, which would financially penalize providers who order a PSA screening test. The measure is based on the flawed PSA screening recommendations of the U.S. Preventive Services Task Force and contradicts practice guidance issued by the AUA, the National Comprehensive Cancer Network, the American Society of Clinical Oncology, the American College of Physicians-American Society of Internal Medicine and the American Cancer Society”