



# OREGON UROLOGICAL SOCIETY

## REPORT CARD

*(June 2016– March 2018)*

### **WHO WE ARE:**

The Oregon Urological Society is comprised of urologic physicians and other healthcare providers who are working to uphold the highest standards of urologic care and patient advocacy by promoting research, education, access to treatment options and innovation in urologic care. We have an obligation to our member and, more importantly, our patients to play an active role in achieving these goals.

We consist and strive to have urologic representation in all geographical areas of the state and surgical sub-specialties. Our members include small and large independent practices. They represent OHSU and all major healthcare systems within the State of Oregon.

### **MISSION:**

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

### **VISION:**

To be recognized as a collaborative resource on the creation of health policy, patient education, and forums for urologists addressing urologic health, accessibility, and delivery of optimal care for Oregon state communities, residents and our members.

### **FUTURE COLLABORATIVE PROJECTS:**

- 1) Opioid epidemic solutions
- 2) Urology and perioperative surgical home initiative – Oregon beta program
- 3) Community outreach concerning urology, urological diseases and the value of urologists

### **2016 Highlights:**

June annual meeting at Sunriver Resort highlighted lectures and discussions addressing:

- Centralized credentialing
- Nurse practitioners' intent to perform vasectomies
- Implementing MACRA (CMS perspective)
- CMS hot topics and roundtable with Rep. from the office of Noridian Medical Director
- Payment models post the SGR repeal
- Optimizing efficiencies within urology practices – “The Lean Principle Applied to Urology Practices”
- MRI for the prostate – Member creation of OUS position statement

- Non-muscle invasive bladder cancer: beyond BCG
- Answer to the \$850 prostatectomy: Creation of bundling algorithm and use of lean transformations
- Patient engagement and satisfaction measures
- Call schedule status in Oregon
- Strategies for prostate cancer advocacy and increase awareness
- OUS & establishment of November as Bladder Health Month
- Advanced coding challenges

**June 10, 2016** = Inaugural OUS hosted ZERO Fun 5K Run/Walk for prostate cancer raising nearly \$70,000 in which \$20,916.15 to be placed in newly formed OUS Prostate Cancer Foundation. Local funding to be used for research, community outreach throughout the state and patient survivor programs.

**June 16<sup>th</sup>** OUS partners with the Portland Timbers in match highlighting prostate cancer awareness.

### **2017 Highlights:**

**February** –OUS provides requested feedback to Noridian on Prolaris prostate cancer genomic assay for men with favorable intermediate risk disease AND 4kScore assay for PCa.

**February 13<sup>th</sup>** – OUS joined Senator Elizabeth Hayward along with other society's discussing ideas on how to raise money for healthcare costs with the significant budget shortfall.

**March** - OUS joins other Oregon societies and Senator Merkely's DC legislative Director to discuss his possible co-sponsorship of Senate Bill 251 "Protecting Medicare from Executive Action Act of 2017" the Democrat's IPAB repeal legislation.

**April** – OUS joins AACU and other state urological societies to sign USPSTF Coalition letter commenting on the recent PSA recommendation statement on prostate cancer screening.

**May 16<sup>th</sup>** - OUS signs in support of SB 272 along with ACS CAN and their Government Relations director, and other patient advocacy groups. This bill provides critical prescription coverage transparency and continuity of care protections for patients in commercial plans. It prohibits a commercial insurer from moving a medically stable patient's drug to a higher cost-sharing tier or from removing a medically stable patient's drug from a formulary unless a safety warning has been issued by the FDA.

**June 11<sup>th</sup>** = 2<sup>nd</sup> annual OUS hosted ZERO Fun 5K Run/Walk for prostate cancer raising nearly \$62,000 with an expected \$16,500 to be placed into the newly formed OUS Prostate Cancer Foundation in conjunction with OHSU.

**September 14<sup>th</sup>** OUS provides input to HERC meeting concerning gene expression profiling for prostate cancer

**September 20<sup>th</sup>** = Community meeting with southern Oregon featuring speaker on upcoming final ruling of MACRA

Hot topics:

- EMTALA (Emergency Medical Treatment and Labor Act) rules
- Local hospital call issues and patient quality of care
- Physician burnout

**October 11<sup>th</sup>** = Oregon Health Summit (\$300 registration for Dr. Skinner)

**October 15<sup>th</sup>** = OUS e-Newsletter sent to members and posted on website

**November** = OUS President joins Oregon Medical Association's Board of Trustees.

**November 15<sup>th</sup>** = Community Urology meeting in Eugene/Springfield

**November 30<sup>th</sup>** OUS provides experts for HERC meeting concerning gene expression profiling for prostate cancer (Mark Garzotto MD and Rob Skinner MD)

**December 6<sup>th</sup>** = OUS President participates in Washington State Urology Society's board meeting and shares benefits and success of the OUS hosted ZERO Run/Walk.

**December 12<sup>th</sup>** = OUS Board Meeting: Begin the research and discussion relating to the scope of practice for medical assistants to include catheterizations. In the interest of patient safety, OUS considers membership survey for step therapy implications.

### **2018 Highlights:**

**January** = Begin discussions with OregonLive and the Oregonian for potential prostate cancer awareness campaigns in 2018.

**January 3** = OUS launches revised website to include credit card processing capabilities for dues, conference registrations and exhibitor displays at annual meeting.

**January 16** = OUS e-Newsletter sent to members and posted on website

**February 9** = IPAB repealed. OUS years of advocacy on the topic pays off.

**March 13** = OUS Board Meeting

**March 19** = OUS Community meeting with Salem urologists

**April 7<sup>th</sup>** = OUS to present at Answer2Cancer Conference on sexual dysfunction and promote ZERO Run/Walk

### **Advocacy Overview**

1. HB 2103 NP Vasectomy bill (Dr. Fuchs testified in person + remote testimony from Bend & Portland)  
NOTE: Nurses have not tracked complication rates in WA & AK. There is no current mechanism in place to track OR NP complication rates.  
Ideas on how the OUS can show leadership after the passage of HB 2103:
  - Track instances of being called into the ER to address vasectomy complications and identifying the provider that performed the procedure.
  - Work with nursing association with their training
2. HB 2524 relating to increasing the # of physicians in Oregon. OUS worked with AACU in joint testimony April 7<sup>th</sup> raising awareness that primary care shortage is decreasing while the loss of surgical specialists continue to grow. HB 2524 required the OHA to administer a program to provide loans to hospitals for establishing new primary care residency programs.
3. Joined Healthcare Leadership Council in IPAB repeal congressional letter sign-on
4. OUS joined Access for Seniors and Physicians (ASP) Coalition, with over 300 additional organization signatures opposing the CMMI Part B demo. An effort to preserve Medicare Part B congressional letter sign-on
5. Op-Eds for both IPAB & Medicare Part B preservation
6. HB 3333 This bill was introduced on 3/6/2017 by Rep. Hack (R). This bill defines “balance billing” and provides that the Department must identify a database of usual and customary charges that is maintained by an independent nonprofit organization that is not affiliated with or financially supported or endorsed by an insurance carrier. In addition, an insurance carrier must reimburse claims for out-of-network health services at no less than the 80th percentile of the charges reported in the database for clinicians providing such services in the geographic area where the health services were provided. Finally, the bill provides for a mediation procedure to resolve any dispute regarding reimbursement for out of network health services.
7. HB 2387 and SB 793 price cap bill  
Section 1 of HB 2387 sets arbitrary price caps and requires manufacturers to remit revenue exceeding those caps to health insurance providers.  
Payments would not go to patients, but would go straight to the health insurance companies.  
Arbitrary caps may mean innovative medicines would not be available in Oregon.