



Oregon Urological Society, Quarterly Update Spring 2019

Upcoming Urology Related Awareness Months

April	Testicular Cancer
June	Men's Health
September	Prostate Cancer
November	Bladder Health
	Movember (testis, prostate cancer and mental health)
	ZERO Grow and Give campaign (prostate)

Urology Community Meetings upcoming in June

The president of the Oregon Urological Society is continuing to travel the state and meet our members in their communities to hear, first hand, the issues that are impacting the delivery of urological care on the local level. These meetings are in a town hall format where the OUS can update our members on the current activities of the society while hearing of the issues most important to our members. Each Urology Community Meeting features a guest speaker on the topic of Caring for the *Advanced Prostate Cancer Patient*. Immediately following guest presentation, OUS president, Rob Skinner MD, will conduct a membership meeting and roundtable to provide advocacy, health policy and urology hot topic of most interest to our members.

BEND/Central Oregon: June 4th

There will be an OUS Urology Community Meeting in Bend on Tuesday, June 4th at a private banquet space located in the Oxford Hotel, serviced by the Below Zero Restaurant 6:30pm (dinner meeting to begin at 7:00pm).

PORTLAND: June 5th

The Portland Metro OUS Urology Community Meeting, originally scheduled for Saturday April 13th was rescheduled to Wednesday, June 5th at the Portland City Grill at 6:30pm (dinner meeting to begin at 7:00pm). This will be a dinner meeting instead of a half day Saturday to best meet the needs of our members.

ZERO Prostate Cancer Run/ Walk Sunday June 9th

Get your teams going! Our goal is to raise \$80,000 and have 700 participants for 2019. Event will take place again at 8 am, at Elizabeth Caruthers Park, Portland, OR
For more details and the exact schedule and to register for the event, please visit www.zeroprostatecancerrun.org/Portland

Where does the money go that is raised from the ZERO prostate cancer Run/Walk and Superhero Kids Dash for Dads?

ZERO fights to protect the \$100 million in DoD research funding slated specifically for prostate cancer. In addition to research, the funds raised are used for the following patients services and programs.



ZERO360: Comprehensive Patient Support

1-844-244-1309 (Toll-Free) M–T 8:30 a.m. - 5:00 p.m. ET

zerocancer.org/zero360

ZERO's team of experienced case managers help patients and their families through their personal prostate cancer journey. ZERO360 is a free, comprehensive patient support service to help patients and their families navigate insurance and financial obstacles to cover treatment and other critical needs associated with cancer.

Prostate Cancer Support Network: ZERO Connect

facebook.com/groups/zeroconnect

ZERO Connect is a Facebook-based, online only support group where those affected by prostate cancer can share their stories, ask questions, and connect with one another on their prostate cancer journey. It is a community of prostate cancer patients, survivors, caregivers, family members, loved ones, and friends who come together to support one another as they face this terrible disease.

MENtor: Peer Support

zerocancer.org/mentor

MENtor is a support network for newly diagnosed men living with prostate cancer, as well as men who have experienced a recurrence. ZERO's trained, volunteer MENtors represent many different prostate cancer journeys and have a wealth of insights to share based on their experiences.

Newly Diagnosed Toolkit

zerocancer.org/learn/newly-diagnosed/toolkit

This free, 42-page toolkit focuses on the basics of a prostate cancer diagnosis, treatment options, lifestyle changes, support resources, and words of wisdom from men who are fighting the disease or who've won their battles. It provides clear, easy to digest information about prostate cancer tailored to newly diagnosed men to help cut through the clutter.

Free Education Materials

zerocancer.org/learn

ZERO provides education addressing the myriad issues and challenges faced by prostate cancer patients and their loved ones. Their materials include fact sheets, brochures, videos, webinars, and recommended questions to ask doctors.

Decode Your Prostate Cancer

zerocancer.org/decode

Eligible patients with metastatic prostate cancer can access their molecular profiles for free to assist their healthcare team to further create a tailored treatment plan based on the mutations driving their cancers. This program is provided in partnership with Perthera, a leading company in precision medicine.

IN OREGON

On a local level, the OUS receives a nominal grant that is used for prostate cancer education, advocacy and outreach throughout the State of Oregon as requested by our membership and directed by leadership.

MENtor

2019 AUA Policy Meeting Recap: March 4-6, 2019

Oregon was well represented by OUS board member, Brian Duty MD. Nearly 250 urologists, advanced practice providers, research and patient advocates descended in Washington D.C.

249 emails and tweets were sent to members of congress from 128 summit attendees in addition to the in-office visits most attendees participated in. These stats were tracked through the new AUA grassroots service, Phone2Action.



Day 1 was a general orientation and discussion of the handouts that were given to members of Congress on Day #2. Bob Woodward was the luncheon keynote speaker. Expounding on the congressional handouts, the AUA provided general sessions on Prostate Cancer Screening and Patient Advocacy; the Value of Research: How Funding for Urologic Research Improves Health Outcomes; and Regulatory Burdens to Care. Breakout sessions later in the day covered Transgendered Care, Access to Rural Care, Stark Law under MACRA, and Opioid Use, Improving Post-Operative Care.

Day 2 started with general sessions on Intersex Advocacy Update, and Collaborative Approaches to Overcome Workplace Challenges in Urology. There were addresses by Senator John Barroso, MD(R-WY) and former Congressman Jason Altmire (D-PA) now from Florida. The latter has written a book: Dead Center about political polarization.

Dr. Duty met with members of Oregon to address the following:

- 1) Support Prostate Cancer Screening for High Risk Populations** – even though prostate cancer screening has been elevated from a D to C level by the USPSTF, it does not address the high risk populations (African Americans, patients with family history of prostate cancer and Agent Orange exposure). The main focus of the AUA, and Dr. Duty, was to recommend to Congress to fund National Cancer Institute (NCI) programs screening and studying men at higher risk for developing prostate cancer.
- 2) Support Prior Authorization Legislation** – The AUA has endorsed the “AMA Prior Authorization and Utilization Management Principles.” This is a set of 21 principles intended to “ensure that patients receive timely and medically necessary care and medications and reduce the administrative burdens.” The goal is to provide guidance to health plans concerning the standardization of prior authorization transactions, data collection and oversight. There needs to be extensive work and focus on the streamlining and standardization of prior authorization. In addition, accountability, data collection, reporting of Medicare Advantage prior authorization delays, time to approval, medication and procedural delays.
- 3) Support Federal Funding for Urological Research** – asking for increased support of DoD, Patient Centered Outcomes Research Institute (part of the Affordable Care Act (ACA) which is due to expire in September 2019) and National Institutes of Health (NIH) research. The NIH ask is for a 6.4% increase over current levels. Urological research is disproportionately funded compared to the burden of disease. Unlike prior years, there were no House or Senate bills attached to any of these, yet.

Day 3 had general session on Veterans’ Healthcare, Urological Workforce Issues, Negotiating Affordable Drug Prices and Alternative Payment Models.

Oregon Medical Association Update: Policies relevant to OUS

- 1) Transparency of Expert Medical Witnesses in Medical Liability cases. (holds that expert medical witnesses be present or named in all phases of physician/provider defendant testimony, and requiring transparency and accountability for the quality of their expert testimony.
- 2) Senate Bill 139 (SB 139) Utilization Management Transparency Act (eases administrative burden for providers with regard to prior authorization and STEP therapy.

Bill summary: Creates new requirements applicable to prior authorization, step therapy and other utilization review policies and procedures on insurers offering health benefit plans and health insurance, medical services contracts, multiple employer welfare arrangements, healthcare service contracts and pharmacy benefit managers. *Imposes restrictions and reporting requirements for utilization management of health services by commercial insurers, coordinated care organizations and state medical assistance program.*

Extends from 30 to 90 days period during which insurer's approval of prior authorization is binding on insurer. Authorizes provider to act on behalf of enrollee, upon request of enrollee, with respect to internal appeals and external reviews of adverse benefit determination concerning utilization review. Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization.

Current bill status: In Senate Joint Committee on Ways and Means.

- 3) House Bill (HB 2270) which would increase tobacco and e-cigarette tax to help fund Medicaid

Current bill status: The bill is in the House Committee on Revenue. No committee meetings are scheduled for the bill at this time.

- 4) CRNA ability to write prescriptions for longer than 10 days which is the current limitation Senate Bill (SB 136) is very concerning to the OUS, especially in light of the current opioid epidemic. The CRNA reasoning for the need to expand their current prescribing authority is based on a perceived rural access issue to MATs/pain management services. This bill allows for unlimited prescriptions of ALL controlled substances – including opioids.

Current bill status: Voted out of the Senate 19-6. Had a hearing in the House Health Committee on 4/16. Scheduled for a Work Session (vote to approve/not approve in committee) on April 23rd

- 5) Elimination of cap on noneconomic damages (HB 2014)

The OUS agrees that in cases where the unthinkable happens, patients and their families need to be made whole and be taken care of. However, already, there are no limits on economic damages, which are objective and fair and include such expenses past and future medical costs, lost wages and potential lifetime earnings and any other conceivable losses. Increasing or eliminating the cap on noneconomic damages will not help patients and their families. Instead it will raise medical costs and diminish access to healthcare for all, especially those in rural areas where access is already a problem.

Current bill status: Passed the House 36:22 (mostly a partisan vote—although Rep. McKeown voted no, and Rep. McLane voted yes). The bill is now in the Senate.

AACU Update: Highlights of work on the national level

NOTE: Brian Duty MD is 1/7 AACU State Advocacy Network Committee members.

1) AACU, Coalitions Defeat Bans on Pediatric Procedures

(excerpt from AACU Minute)

Throughout the first quarter of this year, the AACU played a key role defeating legislation in several states that proposed limiting access to medical information and treatment options for children born with variations in physical sex characteristics.

Activists representing a segment of the self-identified intersex community disseminated falsehoods and unscientific research in their quest to prohibit early surgical intervention for patients who are born with atypical genitalia - no matter the diagnosis. The proposals in California, Connecticut, Iowa, Nevada, and Texas would have had far reaching implications for the care of children affected by conditions as varied as congenital adrenal hyperplasia (CAH), hypospadias, and chordee.

In response, wide-ranging coalitions of national urology groups, urologic sub-specialties, state urology societies, state medical associations, and surgical and pediatric organizations demonstrated the clout of committed physicians across the United States.

AACU State Advocacy Network Chair William C. Reha, MD, MBA, who oversaw the active part played by the AACU, asserted, "The Societies for Pediatric Urology invested an incredible amount of time and resources into these efforts and we were honored to work with incredible partners like the AUA, California Urological Association, Nevada State Medical Association, Northern California Chapter of the American College of Surgeons, and districts of the American Academy of Pediatrics."

AACU Past President and SPU Board Member Patrick H. McKenna, MD, FAAP, FACS, continued, "Each campaign demonstrated the diverse strengths of the AACU and our professional associations. These are fantastic examples of how we can succeed by working together - Individual urologists who become members of the AACU, and the AACU when we work with other organizations."

2) Support of GME funding and Stark Law (Reform) Modernization

The Medicare Care Coordination Improvement Act of 2019 (S.966 / H.R.2282) would substantially improve care coordination for patients, improve health outcomes, and restrain costs by allowing physicians to participate and succeed in alternative payment models.

MEMBER ACTION ITEM: AUA requests members to send a letter of support to their Congressional Members. Visit aacuweb.org Advocacy tab, then Action Center.

3) Seeking solutions to drug shortages

The AACU joined the AUA, LUGPA and Urology Care Foundation in bringing concerns about BCG shortages to the US Food and Drug Administration.

(excerpt from AACU Sentinel)

The AACU represents the interests of more than 3,000 urologists across the United States and supports the highest standards of urological clinical care through education, research and the formulation of healthcare policy. In service of that mission, the AACU is committed to working

with lawmakers, regulators and the urologic community to identify immediate and enduring solutions to shortages of medically necessary drugs.

In February 2019, the AACU joined the American Urological Association, Bladder Cancer Advocacy Network, Society of Urologic Oncology, LUGPA and Urology Care Foundation to express extreme concern about the shortage of TICE BCG and its effects on the care of patients with bladder cancer. Although Merck, the sole supplier of BCG to the United States, is exploring options to increase their production of TICE BCG, they expect this global supply constraint to continue throughout 2019. Efforts to engage the U.S. Food and Drug Administration to approve additional strains and supplies of BCG are ongoing and all these organizations continue to communicate with Merck for up-to-date information on this issue.

Until the shortage has been resolved, the following strategies may help maximize the care for patients with Non-Muscle Invasive Bladder Cancer (NMIBC), subject, as always, to physician judgment in individual cases:

1. BCG should not be used for patients with low-risk disease.
2. Intravesical chemotherapy should be used as the first-line option for patients with intermediate-risk NMIBC. Patients with recurrent/multifocal low-grade Ta lesions who require intravesical therapy should receive intravesical chemotherapy such as mitomycin, gemcitabine, epirubicin or docetaxel instead of BCG.
3. If BCG would be administered as second-line therapy for patients with intermediate-risk NMIBC, an alternative intravesical chemotherapy should be used rather than BCG in the setting of this BCG shortage.
4. For patients with high-risk NMIBC, high-grade T1 and CIS patients receiving induction therapy should be prioritized for use of full-strength BCG. If not available, these patients and other high-risk patients should be given a reduced 1/2 - 1/3 dose, if feasible.
5. If supply exists for maintenance therapy for patients with NMIBC, every attempt should be made to use 1/3 dose BCG and limit dose to one year.
6. In the event of BCG supply shortage, maintenance therapy should not be given and BCG-naïve patients with high-risk disease should be prioritized for induction BCG.
7. If BCG is not available, a preferable alternative to BCG is mitomycin (induction and monthly maintenance up to one year). Other options such as gemcitabine, epirubicin, docetaxel, valrubicin or sequential gemcitabine/docetaxel or gemcitabine/mitomycin may also be considered with an induction and possible maintenance regimen.

8. Patients with high-risk features (i.e., high-grade T1 with additional risk factors such as concomitant carcinoma in situ, lymphovascular invasion, prostatic urethral involvement, or variant histology) who are not willing to take any potential oncologic risks with alternative intravesical agents should be offered initial radical cystectomy if they are surgical candidates.

Read more online at www.tinyurl.com/aacu-bcg

4) Prior Authorization Reform

While traditional Medicare generally does not require prior authorizations, Medicare Advantage plans are much freer to utilize the practice. Sources indicate that U.S. Reps. Suzan DelBene (D-Wash.) and Mike Kelly (R-Pa.) are drafting legislation that requires MA plans to file a report with regulators that details what items are subject to prior authorization, the rate of approval, and the time average time for approval. Regulation of the electronic prior auth process itself would build upon a law that was passed last October. The SUPPORT Act mandated that Medicare Part D plans accept medication prior authorizations via the NCPDP SCRIPT Standard when submitted by a prescriber. Patient and physician advocates expect Reps. DelBene and Kelly to introduce their bill this summer.

- 5) **Senator “Wyden floats adding prescription drug comparison tool to EHRs”**
<https://www.healthcarediver.com/news/wyden-floats-adding-prescription-drug-comparison-tool-to-ehrs/551495>

OUS Membership Update:

OUS reaches more than 200 urologists and allied health practitioners throughout the state of Oregon.

Please encourage others in your practice or community to join and be a part of the discussion!

Becoming a member is easy.

Visit the home page of the OUS: OregonUrologicalSociety.org

Hotlink to the membership application is found

BE A PART OF THE SOLUTION to Oregon and national medical policies and regulations. We need YOU to consider joining our board or assist on one of our committees. Time commitment is minimal, return is great. Contact Debi Johnson at djmgmt@gmail.com or Dr Rob Skinner at robertskinner6178@msn.com if you are interested.