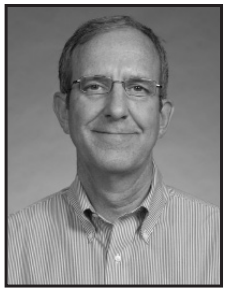
OUS NEWS
Ohio Urological Society

2011 Post-Convention News

President's Message

David W. Key, MD



I would like to thank everyone who either attended or was involved in the 2011 meeting. The format, with chief residents debating a topic and then followed with a guest lecturer, was well received. We were fortunate to have Drs. Steven Siegel, George Suarez and Kevin McVary as our lecturers. I also want to thank Sue O'Sullivan and WJ Weiser & Associates for another well-run meeting.

We have already begun planning the 2012 meeting which will be held at Hilton Columbus at Easton on April 13 – 14, 2012. This is your society and as the Board of Directors moves forward with planning the next meeting, we want to make sure that we are meeting your needs and concerns. Please contact me or any of the other Board of Directors with your ideas for next year's meeting. One thing that we heard loud and clear at the business meeting this year was that the society needs to get back to being involved and discussing socioeconomic issues. Since the April meeting, our society, along with numerous other state urologic societies, has joined forces with the AACU at the grassroots level by joining the AACU State Society Network. The AACU State Society Network promotes the interests of urologists in state legislatures and agencies across the country. As state issues arise, we will be informing the membership. Please visit their website at www.aacuweb.org and consider becoming an active member.

The Board of Directors and I are looking forward to seeing all of you in Easton next April. ▼

David W. Key, MD

MARK YOUR CALENDARS!

Plan to attend the
OUS 2012
Annual Meeting
April 13 – 14, 2012
Hilton Columbus
at Easton
Columbus, Ohio

In This Issue

OUS Industry Opportunities

Industry Partnerships are a vital part of our success. The OUS is currently seeking Industry Partners who share our commitment to growth and excellence in the field of urology in the state of Ohio.

The partnership packages we offer include additional marketing opportunities and enhanced exposure throughout the meeting. Through this program, we hope to work in tandem with our industry colleagues to identify ways to enhance our current member programs and implement new projects that will lead to improved patient care through better physician education and mentoring. Please invite your industry contacts to become OUS Industry Partners. Partnership packages are promotional opportunities and, unlike educational grants, are appropriate to discuss with your sales representatives. Please ask them to contact Donna Kelly at donna@wjweiser.com for more information.

If you have vendors you do regular business with, please ask them to become more involved with OUS.

Thank you for your help!

Secretary's Report

Bodo E. Knudsen, MD, FRCSC

The 2011 Ohio Urological Society Annual Spring Meeting was held at the Marriott Cleveland East in the Cleveland area. The meeting opened Friday night with a Welcome Reception in the Exhibit Hall that was well attended. The academic program began with a series of outstanding presentations from residents representing the numerous Ohio training programs. Dr. Andrew Smock from the Ohio State University Medical Center was awarded first place for his presentation entitled "Mullerian and Wolffian Duct Abnormalities Encountered During Robotic Prostatectomy." Some of the highlights from the sessions included Dr. Steven Siegel, from Metro Urology in St. Paul, Minnesota, presenting a stimulating lecture on the management of refractory OAB, Dr. Kevin T. McVary, from Northwestern University Feinberg School of Medicine, discussing new horizons in the pathophysiology and treatment of BPH and Dr. George Suarez discussing the somewhat controversial use of HIFU as an alternative for the treatment of prostate cancer.

Planning for the 2012 OUS Spring Meeting is underway with feedback from previous meetings being incorporated into the plans. The meeting will be held in Columbus, Ohio, on April 13 – 14, 2012, at the Hilton at Easton Town Center. Along with another strong academic program, a renewed focused will be placed on socioeconomics. The goal of the meeting will be to have content of interest to all attending urologists. Further details will be published both online (www.ousweb.org/) and in an upcoming newsletter.

We would like to both thank the outstanding work of the outgoing officers who have helped make the Ohio Urological Society what it is today and welcome the new officers and members to the Society.

We hope to see all of you and your families at next year's meeting. ▼

Treasurer's Report

James F. Donovan, Jr., MD

Our current investment account is with UBS. As of May 31, 2011, our balance was $204,085. Our investments are currently invested in 68% Cash and 32% Equities. ▼

OSMA Report

Bipin N. Shah, MD

The OSMA 2011 annual meeting was held on April 3, 2011, at Hilton, Easton, in Columbus.

Charles J. Hickey, MD, a Columbus ophthalmologist, was inaugurated as the OSMA president. Dayton colorectal surgeon Deepak Kumar, MD, was elected OSMA president-elect.

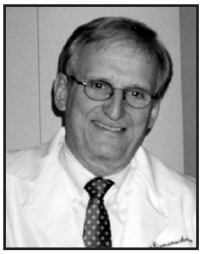
Several legislators attended the OSMA annual meeting including State Rep. Terry Johnson, DO, (R-McDermott) who discussed the prescription drug abuse epidemic in Ohio. Dr. Johnson and State Rep. David Burke (R-Marysville) are co-sponsors on HB-93, legislation aimed at curbing the epidemic. US Rep. Steve Stivers addressed members of the OSMAPAC reception and expressed strong interest in working with physicians.

An important resolution that was passed at the OSMA annual conference was removal of the mandate for joint state-county membership. Beginning in 2012, physicians will not be required to be members of the county society and OSMA.

After much discussion, members resolved that the OSMA and AMA will pursue legislative and regulatory reform to achieve universal health insurance access through free market solutions.

Delegates also resolved that the OSMA will petition the Ohio Legislature to introduce legislation to require all private insurers to standardize their payment policies whereby claims will be accepted for at least one year after the date of service.

All resolutions are available at www.OSMA.org; the next Annual Meeting of OSMA is scheduled for March 23, 2012. ▼



Report of the Health Policy and Medicare Liaison Committees

Herbert W. Riemenschneider, MD

Part B Transitions to New Intermediary

As of June 17, 2011, the Ohio Medicare Part B 3rd Party Intermediary changed from Palmetto BGA to Cigna Government Services (CGS). CGS offers a variety of services for Medicare beneficiaries, healthcare providers and durable medical equipment contractors and already provides Medicare Part A claims processing and customer support services in Kentucky and Ohio. CGS pays Medicare claims according to federal law and CMS rules and regulations.

CGS Medical Director Gary Oakes, MD, will implement this Part B transition to Jurisdiction 15. This means that all Medicare payments in Ohio and Kentucky fall under this jurisdiction. Local Coverage Determinations (LCDs) will be the same for Part A and Part B in both states. The LCDs for J-15 were consolidated per CMS instruction from both Kentucky and Ohio. These LCDs are not subject to Carrier Advisory Committee (CAC) review as a one-time exception from CMS.

Any future changes that restrict coverage or new LCDs will follow the usual protocol. At this time Dr. Oakes, expects to retain CACs in both Kentucky and Ohio. CGS posts current applicable LCDs online at its CMS Coverage Database (www.cgsmedicare.com). OH and KY have the same LCDs and will continue to do so. In addition, as we revise LCDs, they will begin to mirror those of other CMS jurisdictions. Each LCD was written and vetted by CMS to include Part A and Part B and each has been in effect in one or the other state for some time.

Long story short – times are changing! Former Ohio Part B Medical Director Bob Kamps was deeply interested in our patients and our unique geographic characteristics such as stone disease and there are clearly other examples. He focused on how providers found treatment strategies that were specific to Ohio patient needs, as well. He was available and open to providers' views, which were frequently incorporated into LCDs. It seems that as health system "reform" moves along, the bottom line is a much more objective criteria upon which decisions are to be made. It is therefore vital that the OUS remain engaged and prepared to comment when determinations occur.

Additional interesting information: BlueCross BlueShield of South Carolina recently purchased the portion of CGS that provides 3rd Party Intermediary services to Ohio. BlueCross BlueShield of South Carolina also own other 3rd Party Intermediaries, including Palmetto GBA, which has been serving Ohio for the past decade.

Accountable Care Organizations

There appears to be a Jihad on Fee for Service.

Accountable Care Organizations (ACOs) are the Department of Health and Human Services' answer to cost control as formulated in the Patient Protection and Affordable Care Act. The problem is that ACOS are COMPLICATED AND EXTREMELY CAPITIAL INTENSIVE. Advantage – LARGE HOSPITAL SYSTEM AND LARGE INSURANCE SYSTEM.

The theory for ACOs is that hospitals, primary-care doctors and specialists will work more efficiently in teams, like Mayo and other top systems. ACOs are meant to fix health care's too-many-cooks predicament. The classic case study is Duke University Hospital, which cut the costs of treating congestive heart failure by 40% but then dumped the integration program because it lost big bucks under Medicare's fee schedule.

The irony is that the House-passed Medicare reform plan (the Ryan Plan) is far more likely to promote "accountable care." Under the proposed premium support payment system, seniors would be responsible for the marginal costs of care and most believe they will choose the most efficient (i.e., accountable) providers.

Excerpted from "The Accountable Care Fiasco," *The Wall Street Journal*, June 19, 2011, Electronic edition.

New Part B Medical Director Updates OUS

Herb,

Thanks for the email and your interest.

At this time I intend on retaining both the KY and OH CACs. Personally I believe that to benefit all at this point in time.

We have published future LCDs on the CMS Medicare Coverage Database (www.cignagovernmentservices.com/J15).

Near the top of the page is a links bar. Click on LCDs and the link to the MCD is listed therein.

Those practicing usual good medical practice should find no issues therein.

I strongly recommend that you sign up for the CIGNA Government Services J15 implementation list-serv (www.cgsmedicare.com). All pertinent implementation activity is published/promulgated on this list-serv...

...The [CMS-588 Electronic Funds Transfer form] has been updated by CMS and removes the section that allows for a single contractor and replaces it with language that [allows] CMS or its designated contractor to deposit funds, thereby foregoing the need to resign this form in the future should the contractor change with the next set of bidding in five years.

Also new PECOS credentialing will not be required. Those paper files and access to the online PECOS enrollment will transfer to CGS in June at cutover...

Stay tuned.

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Support Scholarly Study

These and many other socioeconomic issues will be discussed at the 2012 OUS meeting. OUS residents will be invited to participate in a Socioeconomic Paper Competition. Please consider supporting this research and analysis by sponsoring prizes for the best submissions. It is clear that the full weight of healthcare "reform" will fall squarely on the shoulders of these providers. ▼

Respectfully submitted,

Herb Riemenschneider, MD
OUS Health Policy Coordinator and Medicare Liaison
riemenschneider.2@osu.edu

Federal Affairs Update
MedPAC Releases Their June 2011 Report to Congress

Joe Arite, Associate Director of Government Affairs

MedPAC recently released their June 2011 report to Congress, in which they have recommendations on the "Appropriate Use of Ancillary Services." There is a real concern in the urological community that if implemented, these recommendations would undermine efforts to promote the delivery of integrated, patient-centered care that could improve outcomes and help curb rising healthcare costs.

According to MedPAC's "Report to the Congress: Aligning Incentives in Medicare," certain services provided by physicians have experienced quick volume growth over the past five years, contributing to Medicare's growing financial burden. MedPAC states, "Physician investment in diagnostic testing equipment has contributed to rapid growth of imaging and other tests under the physician fee schedule and has resulted in a high level of utilization that likely includes unnecessary services."

Over the years, legislative and regulatory changes have led to significant cuts in Medicare payments for advanced imaging and other diagnostic imaging procedures. As justification for yet another round of cuts in these services, MedPAC has pointed to "rapid volume growth" of 6.3% per year in the volume of these services per fee-for-service Medicare beneficiary.

Recommendations from the report that urology and other specialties are concerned about include:

- The secretary should accelerate and expand efforts to package discrete services in the physician fee schedule into larger units for payment.
- The Congress should direct the secretary to apply a multiple procedure payment reduction to the professional component of diagnostic imaging services provided by the same practitioner in the same session.
- The Congress should direct the secretary to reduce the physician work component of imaging and other diagnostic tests that are ordered and performed by the same practitioner.
- The Congress should direct the secretary to establish a prior authorization program for practitioners who order substantially more advanced diagnostic imaging services than their peers.

Of serious concern is the recommendation that seeks to penalize physicians when they order a test for their patient and then perform and interpret it in their own office. This recommendation goes well beyond any previous restrictions on physicians' ability to provide diagnostic testing in their own offices, and would substantially interfere with physicians' ability to utilize imaging along with other clinical information to diagnose their patients swiftly and accurately.

These recommendations could have a profound effect on patient care. They have the potential to limit physicians from performing these tests, and are problematic to patients who are seeking out integrated coordinated care.

While MedPAC's recommendations are not binding, Congress and CMS often take into account MedPAC's opinion when updating Medicare payment policies. ▼

AACU State Society Network Update - Ohio

Ross Weber, State Affairs Manager

Unlike most legislatures across the United States, the Ohio General Assembly meets year-round and will only recess over the summer months rather than adjourn sine die.

In recent months, lawmakers held myriad public hearings and meetings behind closed doors to consider the $55.8 billion state budget (HB 153). An early version of the omnibus bill included provisions of SB 26 to prohibit a clinical laboratory services provider from placing laboratory personnel in physician or group practice offices. After hearing from the OUS, AACU and the OSMA, the Senate stripped that section from the legislation. SB 26 may still be considered, although physicians' groups insist that we will mobilize against ultimate approval.

Medicaid reform has also been a focus of policymakers in 2011. Gov. Kasich created a special office to overhaul the program by promoting coordinated care and payments based on quality of care rather than volume. While 70 percent of the 2.1 million Ohioans receiving Medicaid benefits have transitioned to managed care plans over the last five years, the Governor plans to move the remaining 30 percent over as well. This population that remains in the fee-for-service model consumes 66 percent of annual spending. The Medicaid transformation team also plans to reduce payments to nursing homes and "poor-performing" hospitals. Physicians hope that these improvements will ease pressure to cut Medicaid reimbursements.

Medical liability reform seems to make the headlines in one form or another almost every week in Ohio. A mid-June appellate court decision declared the state's statute of repose to be unconstitutional. The statute of repose says if plaintiffs have not discovered an alleged injury or negligent act after four years, they cannot sue. The court allowed a family's claim to move forward, despite the alleged negligence having happened 10 years before. Representatives of organized medicine requested that the Ohio Supreme Court review this matter. That Court ruled in favor of tort reform measures a few weeks earlier, in mid-May 2011. The state's high court decided that a patient's emotional distress claim must be included in a medical liability lawsuit and cannot stand alone.

Swift action may be required by the court in light of a June 2011 Dept. of Insurance report which indicated that after four years of decline, malpractice suits are on the rise in Ohio. A total of 3,344 medical liability claims were reported in 2009, with only 5% going to trial that ended with a verdict. Less than 1% of the total resulted in a verdict for the plaintiff.

As indicated above, the Ohio legislature remains in session throughout 2011. As an AACU Advocacy Affiliate, OUS members may access a legislative report at www.aacuweb.org. Click on the "Monitor Legislation Impacting Urology" image and page through relevant measures. Please also consider attending the State Advocacy Conference, scheduled for September 24 – 25 in suburban Chicago. Contact State Affairs Manager Ross Weber with questions on any of these matters.▼

Thank You to Our 2011 Promotional Partners

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Dendreon Corporation
The Doctors Company

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Thank You to Our 2011 Exhibitors

Allergan
American Medical Systems, Inc.
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Congratulations to the Following Winners of the 2011 Ohio Urological Society Resident Essay Contest:

First Place Winner

MULLERIAN AND WOLFFIAN DUCT ABNORMALITIES ENCOUNTERED DURING ROBOTIC PROSTATECTOMY

Presented By: Andrew Smock, Ohio State University

Receives: $1,000 plus travel to the NCS 2011 Annual Meeting

The rare embryologic abnormalities of Mullerian and Wolffian ducts can complicate robotic-assisted laparoscopic prostatectomy (RALP) by distorting normal anatomical landmarks. A prospective database of 908 RALP performed by a single surgeon (RA) from February 1, 2008 – 2011 was reviewed to identify patients with abnormalities of these structures unsuspected preoperatively. A total of 5 abnormalities (0.6%) were encountered in our series, which included unilateral atresia of the vas deferens and seminal vesicle, unilateral agenesis of the vas and SV, an ejaculatory duct cyst, and two Mullerian duct or prostatic utricle cysts. All procedures were completed with minor adjustments and without complication. Our findings indicate that, while rare, Mullerian and Wolffian duct anomalies encountered during RALP can be successfully managed but may pose challenges if not correctly identified.

Second Place Winner

SHOULD PATIENTS WITH GLAUCOMA BE OFFERED ROBOTIC PROSTATECTOMY

Presented By: Jeffrey Wilson, Ohio State University

Receives: $500

Robotic prostatectomy has become the most common surgical therapy for prostate cancer in the United States. The procedure causes facial edema and increased intraocular pressures in patients due to the need for Trendelenburg position, causing some surgeons and anesthesiologists to deny patients with glaucoma the option of robotic prostatectomy. We reviewed our experience with robotic prostatectomy in patients with a preoperative diagnosis of glaucoma or ocular hypertension based on our practice of not denying such patients robotic prostatectomy. We found a total of 19 patients with a preoperative diagnosis of glaucoma or ocular hypertension, in a prospectively-collected database of 830 robotic prostatectomies, performed from February 2008 to October 2010, by a single surgeon. There were no instances of visual disturbances or blindness in these 19 patients. We conclude robotic prostatectomy was safely performed in patients with a history of glaucoma or ocular hypertension without postoperative ocular complications and the absence of clinically evident sequelae does not support a practice of denying this surgery to patients with these eye diseases. We recommend keeping procedure time reasonable and the judicious use of intravenous fluids to minimize potential eye complications.

Third Place Winner

RECOVERY OF RENAL FUNCTION AFTER COMPLETE RENAL HILAR CLAMPING VERSUS PARTIAL ARTERY CLAMPING USING A NOVEL TITRATABLE CLAMP IN A PORCINE MODEL

Presented By: Ryan Mori, Cleveland Clinic

Receives: $250

Partial nephrectomy is the standard of care for small renal masses. Efforts to reduce renal ischemia time during partial nephrectomy to minimize the ischemic effects on kidney function have included early unclamping and off clamp approaches. We have developed a novel titratable clamp to allow partial occlusion of the renal hilum to test the hypothesis that near complete occlusion with some maintenance of blood flow and tissue oxygenation may limit renal dysfunction compared to complete hilar occlusion. We used a porcine model of solitary kidney to test this hypothesis. Each animal underwent a right nephrectomy followed by 120 minutes of left renal ischemia. Group 1 (n = 5) underwent 100% arterial and venous occlusion, group 2 (n = 3) underwent 80% arterial and 100% venous occlusion, and group 3 (n = 3) underwent 100% arterial occlusion without venous occlusion. Partial arterial clamping (80%) was associated with lower peaks in rise of serum creatinine and a faster return towards baseline. Further, vein patency with 100% arterial occlusion is associated with lower post operative serum creatinine peaks compared to complete hilar occlusion. Further experiments are planned to determine the technical feasibility of partial nephrectomy during partial arterial occlusion.

Honorable Mention

POSITIVE FISH WITH NEGATIVE OR ATYPICAL CYTOLOGY: A DIAGNOSTIC CHALLENGE

Presented By: Joshua Nething, Northeast Ohio University College of Medicine

Receives: $100

FISH is FDA approved for the detection of bladder cancer, and has a higher sensitivity for detecting bladder cancer than cytology but a lower specificity. A diagnostic dilemma is created in patients with a positive FISH and a negative cytology in determining an appropriate follow up regimen. We reviewed our experience in this patient population to determine the number of patients ultimately identified with bladder cancer on follow up. Over a one year period, we identified 278 patients with a positive FISH, and of these patients 27 had a negative or atypical cytology. At one year's follow up data, only one patient has been identified with UC, at six months from initial positive FISH. These findings are interesting, yet far from complete. These patients will need to be followed further to evaluate for presentation of further UC to determine if FISH is cost effective and useful as an initial diagnostic utility for bladder cancer detection. ▼

Risk Management Tip: The Gathering Cloud(s): Potential Oversight Changes and ASPs

The more things change, the more they stay the same. The increasing use of Electronic Health Records (EHRs), "cloud-based" applications, Application Service Providers (ASPs), and offsite electronic storage has led to an increase in laws and court rulings governing them—and these could affect your practice.

Expect more oversight from federal and state governments. Two reports recently issued by the inspector general of the Department of Health and Human Services found that the drive to connect hospitals and doctors via EHR is being "layered on systems that already have glaring privacy problems." Audits of health systems in seven large hospitals in different states found 151 security vulnerabilities, most of which were classified as "serious."

Among the serious problems were inadequate passwords, computers that did not automatically log off inactive users, and unencrypted patient data on laptops. Most hospitals had problems with wireless access (an inability to detect unauthorized intrusion), lack of firewall and not updating computer software to defeat known bugs.

As security issues and oversight move through the electronic systems, one area of interest is sure to be external vendors providing ASP services, which have made EHRs possible. Web-based programs for medical records, charts, and financial information are discoverable, making doctors responsible for information to which they have reasonable access.

To protect your practice and your patients, strongly consider the following:

- Make sure that whatever model is used, there is data security and adequate encryption.
- Build in a backup service. How many times have you had trouble checking your email in the last year? Imagine how your office might be crippled if the service goes down.
- Review your contract with storage providers to limit data recovery costs in the event of a failure.
- Review your contract with EHR providers to clarify what should happen in the event of a subpoena of records.

To address the growing risk posed by the implementation and storage of EHRs, The Doctors Company leadership participated in the development of "Medical eRisk Considerations." These considerations are intended to help medical professionals with all aspects of liability concerning EHRs, including personal health records, social media, and electronic prescriptions. The complete "Medical eRisk Considerations," additional content, and tools for all physicians, including information about the EHRevent.org reporting system, free drug safety alerts, and CME through the PDR Network, are available at www.thedoctors.com/erisk.

Members of The Doctors Company have exclusive access to eRisk content and electronic practice management tools on the CyberGuard eRisk Management website at www.thedoctors.com/members. ▼

Ohio Urological Society
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Schaumburg, IL 60173

PLAN TO ATTEND

2011 NCS 85th Annual Meeting
October 18 – 22, 2011
The Westin Mission Hills
Rancho Mirage, California

2012 OUS Annual Spring Meeting
April 13 – 14, 2012
Hilton Columbus at Easton
Columbus, Ohio