



Chandru Sundaram, MD
President

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Message from the President

The annual meeting of the Indiana Urologic Association was held at the Hyatt Regency in downtown Indianapolis on February 5 – 6, 2010. We had a major snowstorm that Friday with several inches of snow. The weather adversely affected the attendance at the Welcome Reception. However, all our partners from industry and the able team from WJ Weiser were present at the exhibit hall. This tremendous effort is much appreciated; let us hope that the weather is kinder to us in 2011.

On Saturday, the CME meeting was very well attended and we had one of the highest numbers of registrations compared to recent IUA meetings. Dr. William Catalona from Northwestern University addressed contemporary management of prostate cancer, which stimulated interesting discussion. Dr. Patrick Woodman addressed management of stress urinary incontinence; Dr. William Monnig from Cincinnati discussed healthcare reform; Dr. James Lingeman provided an update on metabolic evaluation in stone disease; and Dr. Peter Knapp concluded the session with discussion on urologists' efforts at the state and national levels to impact healthcare legislation. With increasing government regulation expected in the future, it is important that we remain united and organized in our efforts. The residents' case presentations continued with the high standards set by the earlier speakers. The residents included Drs. Aaron Bey, Clint Cary, Rahul Mehan, Clint Bahler and Rishi Mhapsekar.

The evaluations were very complimentary. To briefly summarize the results of a survey of meeting participants: 100% felt that the meeting met the stated purpose and learning objectives and that the content was objective, balanced and evidence based; the diseases that were cited as being of most interest for the 2011 meeting are: prostate cancer (54.5%), female urology (54.5%), general urology (45.5%), BPH (36.4%) and bladder cancer (27.3%); technology that was of most interest included robotics/laparoscopy (72%).

At the annual business meeting, several positions were filled within our organization. Thomas Gardner, MD, was elected as secretary/treasurer, Kenneth Ney, MD, was re-elected as member-at-large and Janet Casperson, BS, BSN, MSN, ANP-C, was re-elected as the NP/PA association representative. The NCS representative positions were filled as well, with Teresa Beam, MD, as the Indiana representative to the NCS Nominating Committee, Chris Steidle, MD, as the alternate to the NCS Nominating Committee and Kenneth Ney, MD, as the Indiana representative to the NCS Health Policy Committee. We look forward to having them serve in these capacities for our organization.

As we begin planning for our next annual meeting, we are looking forward to seeing even more participation in 2011. We are hoping to see every region of the state represented. I will be delighted to hear from you with suggestions to strengthen IUA.

Sincerely,
Chandru Sundaram, MD
President
Indiana Urologic Association
Email: sundaram@iupui.edu



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President-Elect's Report

Our meeting this year was exceptional. Dr. Sundaram's efforts in planning were outstanding. Each speaker/session provided relevant information and induced spirited discussion. Attendance was challenged because of dangerous travel conditions throughout the state the first weekend of February. Thank you to all of you who attended, and for your contributions. I suspect as the winds of change blow like a hurricane on our political and professional lives, topics for discussion next year will be plentiful. Please stay engaged and involved. I look forward to aiding Dr. Sundaram this year, and look forward to seeing you all next year.

Respectfully,
Mark Dabagia, MD, FACS

"...I suspect as the winds of change blow like a hurricane on our political and professional lives..."

Secretary/Treasurer's Report

Indiana Urologic Association, Inc.
Administrative Summary of Financial Results
For the Three Months Ending March 31, 2010

Highlights to the Balance Sheet

Fund Balance

The IUA fund balance, as of March 31, 2010 totals \$74,939. IUA operates on a calendar year, modified cash basis for accounting purposes. For the three months ended March 31, 2010 IUA had an operating surplus of \$9,887.

Assets

Cash held at Chase Bank-Checking

As of March 31, 2010 cash held in the Chase Bank checking account totaled \$73,948.

Cash held at Chase Bank – Indiana Uropac Account.

The account balance as of the last statement date we received was \$990. We are not currently receiving statements for this account.

Liabilities

IUA has no outstanding liabilities at this time.

Highlights to the Operating Statement

Revenue/Expense Excess

As of March 31, 2010, the year-to-date income excess is \$9,887.

Revenue

Year to date income for the period was \$27,370. This was comprised of Membership Dues of \$7,130 and Meeting Income of \$20,240.

75 members have paid their 2010 dues. 46 members remain unpaid.

Expenses

Year to date expenses totaled \$17,482 and can be seen in detail on the Operating Statement. See "Fund Balance" notes above.

Thomas A. Gardner, MD
Secretary/Treasurer, IUA

IUA

Message from the President of the IUA/NP/PA Association

Due to inclement weather conditions, I was unable to attend the IUA annual meeting this year, as were many others. I had prepared a presentation on "Procedures and Job Function of Mid-Level Providers in Indiana." Here is a short summary.

It is estimated that there are approximately 22 MLPs in Indiana practicing in the field of urology. 18 responded to the survey, representing an 82% return rate. This was a great return. One male and 17 females responded. Education ranged from BSN to Post Master work. PA 10, with NP 8 responded. Overall experience ranged from 2.5 – 37 years with 0.75 – 21 years of experience in urology. MLP-reported areas of specialization of sexual medicine, urinary incontinence and vaginal prolapse, with the majority of MLPs practicing general urology.

The major area of focus of the study was on competencies and job functions.

The table on the following page represents the results of the study.

In conclusion; the role of the MLP is well established and is recognized for their dramatic impact on patient care and increased revenue for urology. The MLP requires specialized training for urology and this remains a challenge. This year at the AUA, several courses are being offered for the MLP. I encourage each of you to participate.

In closing, it has been my pleasure to have served as the president of the MLP for the IUA.

Janet M. Casperson, ANP
President of Mid Level Providers
Indiana Urology Association.

Procedure Competency/Job Function:	Yes	No	Supervise
Evaluation & Management-New Patients	18	0	0
Evaluation & Management-Established Patients	18	0	0
Office Administration	0	17	1
Teaching - Patients	18	0	0
Teaching - Staff	15	3	0
Teaching - Students	17	1	0
Teaching - Community	14	4	0
Case Management	3	14	1
Research Projects - Create	1	16	1
Research Projects - Conduct	9	9	0
Committee Work	7	10	1
Diagnostic Studies - Order	18	0	0
Diagnostic Studies - Interpret	16	2	0
Radiologic Studies - Interpret	15	3	0
Office Triage	11	4	3
Telephone Communication - Patients	16	2	0
Telephone Communication - Hospital	16	1	1
Telephone Communication - Other Physicians	18	0	0
Telephone Communication - Insurance Companies	4	10	4
Rounds - Hospital	14	4	0
Rounds - Nursing Home	4	14	0
Biopsy - Prostate	0	17	1
Biopsy - Vulvar	0	17	1
Biopsy - Endometrial	0	18	0
Pap Smears	4	13	1
Urodynamics - Perform	5	12	1
Urodynamics - Interpret	12	5	1
Uroflow Studies - Perform	7	10	1
Uroflow Studies - Interpret	12	5	1
Surgical Assistance - In Office	15	3	0
Surgical Assistance - In Hospital	8	9	1
Catheter Insertion/Change - Urethral	17	1	0
Catheter Insertion/Change - Suprapubic	17	1	0
Cystostomy Tube Change	11	7	0
Bladder Irrigation	18	0	0
Ureteral Stent Removal	14	4	0
Chemotherapy - Bladder Instillation	9	3	6
Administer IV Infusions	7	8	3
Insert/Remove Viadur Implant	10	8	0
Injection Zoladex	4	9	5
Aspirate Hydrocele	6	11	1
Urethral Dilatation - Female	18	0	0
Urethral Dilatation - Male	12	6	0
Intracorporeal Injections	15	3	0
Reduce Priapism	11	6	1
Penile Doppler	1	17	0
Bladder Scan for Residual Urine	17	1	0
Microscopic Examination of Urine	15	3	0
Microscopic Examination of Post Vasectomy Ejaculate	14	4	0
Remove Sutures/Staples	18	0	0
Remove Drains	18	0	0
KC1 Testing	4	12	2
Pessary - Fitting	12	6	0
Pessary - Maintenance	12	6	0
Electrical Nerve Stimulation - Abdominal/Pelvic Floor	3	14	1
Electrical Nerve Stimulation - Tibial	1	16	1
Pelvic Muscle Rehab	5	12	1
Bladder Training	11	7	0
Interstim - Assist with Insertion	1	16	1
Interstim - Programming/Reprogramming	6	11	1
Biofeedback	3	14	1
Cystoscopy	1	17	0
Post-Op Wound Care	18	0	0
Remove Genital Warts	8	10	0
Collect PCA3 Specimens	10	7	1
Estring Insertion	8	10	0
Male Clamp Measurement & Selection	2	15	1
Trigger Point Injections	1	16	1
IUD Placement	0	18	0
Preoperative Clearance	9	9	0
Bladder Distention	1	16	1
Testosterone Pellet Insertion	3	11	0

**Indiana Urologic Association
Board of Directors
2010 - 2011**



OFFICERS

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Chandru P. Sundaram, MD
Indianapolis, IN

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Mark D. Dabagia, MD
Valparaiso, IN

Secretary/Treasurer

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Indianapolis, IN

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Kenneth G. Ney, MD
Carmel, IN

Christopher P. Steidle, MD
Fort Wayne, IN

BOARD OF DIRECTORS SECTION REPRESENTATIVES

President of the IUA/NP/PA Association

Janet Casperson, BS, BSN, MSN, ANP-C
Fort Wayne, IN

Representative to the NCS Board of Directors

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Indianapolis, IN

Executive Director

Wendy J. Weiser
Schaumburg, IL

Executive Director of Association Management

Sue O'Sullivan
Schaumburg, IL

Associate Director

Nathan Zastrow
Schaumburg, IL

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Message from the Representative to the NCS Board of Directors

Chandru Sundaram, MD

The 84th Annual North Central Section Meeting will be held September 29 – October 2, 2010 at the Sheraton Chicago Hotel & Towers, in Chicago. On September 29th, live surgery will be offered at Northwestern University. Please visit www.ncsuaa.org for more information.

Federal Affairs Update: Healthcare Reform Passes ... Now What?

Joe Arite, Federal Affairs Manager

Late on March 21st the U.S. House of Representatives passed the Senate's version of health reform by a vote of 219 – 212. A few days later, the Senate passed the House changes.

While the overall consensus of the medical community was something needed to be done regarding health care, many feel the legislation does not take into account some of the real issues plaguing it. And now, after a year of debate, many of the issues doctors were dealing with when we started are still here. The debate became more about winning and losing in Washington, and less about patients and doctors.

The cold hard facts are:

We are still being paid under a Medicare reimbursement system that is flawed. A repeal of the Sustainable Growth Rate (SGR) was not included in the overall legislation, and with each passing month, Congress continues to kick the can down the road.

Medical malpractice reform was not addressed to the degree we felt it should have been, including only \$50 million for demonstration projects. Even though the Congressional Budget Office (CBO) estimated \$54 billion in savings over the next ten years, Congress and the White House decided not to include it in the final bill. We as a country are never going to reduce healthcare costs until doctors are allowed to practice medicine the way they are supposed to.

An underlying concern, which this debate brought even more to light, is doctors fleeing from private practice. Every year healthcare providers leave private practice to enter into hospitals and health systems. According to the Medical Group Association, as recently as 2005, more than two-thirds of medical practices were physician-owned. But within three years, that share dropped below 50 percent, and now with the new health reform bill signed into law and more and more new physicians deciding against private practice, this mass exodus is becoming a harsh reality.

Beneath all the resentment of what wasn't included in the bill, there are some possible silver linings out there though. While it is still unclear the overall affect this enormous piece of legislation will have on our healthcare system, and all the stakeholders involved, the new system aims to send a wave of paying patients to practices. Many of these individuals who did not have insurance prior to this legislation will now have some means to pay. This, theoretically, will create more revenue for the medical community.

The process of deciphering the ramifications of this bill will not be an easy task, and the fact is some of the provisions will have a negative effect on our groups. The bottom line is though; it is up to us as urology to voice our concerns. Stand up and capitalize on what works and fight to amend, or repeal, what doesn't. Not unlike the debate for the last year, the law will continue to have a lot of discussion. This is only phase one. Are you ready to be involved?

"... We are still being paid under a Medicare reimbursement system that is flawed..."

State Affairs Update

The state of Indiana concluded its legislative session for 2010 on March 11. With the state facing a budget deficit and unemployment on the rise, legislators had plenty issues to address without meddling too deeply into health policy. In fact, the politically split legislature (House-Democratically controlled; Senate-Republican controlled) sent Governor Mitch Daniels 115 bills this session, and he signed all of them. Nevertheless, there are a few pieces of legislation that could have affected urology that Indiana Urologic Association members should look at a bit more in depth.

House Bill 1022 aimed to stop health insurance companies from sending new patients to a contracted provider when that provider was not accepting new patients. It would have also required physicians to more accurately report when they were or were not accepting new patients. It did not pass before the session ended.

House Bill 1240 placed additional requirements on pharmacists to request written approval from a physician prior to substituting a refill with a generic equivalent drug. Additionally, the pharmacists must verbally inform the customer of the generic substitution. The physician would then respond with "may substitute" even if already indicated on a previous prescription. It passed the House, but not the Senate. It will not become law.

Senate Bill 326 specified requirements concerning health benefit payments under an assignment of benefits. The bill would have allowed patients to assign their benefits to out-of-network providers, requiring an insurer to reimburse the provider directly. It did not pass either house before the session ended.

AACU is planning to expand its State Advocacy Day program to Indiana in 2011. If you are interested in participating and meeting directly with your key state decision makers in 2011, please contact AACU State Affairs staff at statesociety@aacuweb.org.

Advocacy

Recently, four of your colleagues in Ohio and American Association of Clinical Urologist staff participated in the first-ever state urology advocacy day. This day allowed Ohio urologists to converse directly with the state legislators about the state health policies affecting patients and practice. Urologists met with the Ohio House Speaker and Senate President, who led their respective chambers, as well as other key Democrats and Republicans. It was an extremely valuable half day of meetings that allowed the urologic voice to be heard by key elected officials on health policy issues like those outlined above.

2010 Interesting Case Award Winners

The winners of the 2010 Interesting Case Competition were announced and congratulated.

1st Place winner \$500

Ma'am, We Cannot Help You

Clint Cary, MD

Indiana University School of Medicine

2nd Place winner \$300

Triplication

Rahul Mehan, MD

Indiana University School of Medicine

3rd Place winner \$100

In Need of GPS

Clinton Bahler, MD

Indiana University School of Medicine

Industry Partner

Thank You to Our 2010 Diamond Level Partner

Astellas Pharma US, Inc.

Exhibitors

Thank You to Our 2010 Exhibitors

Abbott Laboratories

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AmeriPath

Astellas Pharma US, Inc.

Aureon Laboratories

Auxilium Pharmaceuticals

Coloplast

Cook Urological, Inc.

E.C. Medical Products

Endo Pharmaceuticals

Ferring Pharmaceuticals

GlaxoSmithKline

Lilly USA

Matritech, Inc., A Division of Inverness Medical

Olympus/Gyrus ACMI

Pfizer, Inc.

QDx Pathology Services

sanofi-aventis

Watson Pharma, Inc.

MARK YOUR CALENDARS

It's Never Too Early to Start Planning...

2010 NCS Annual Meeting
September 29 – October 2, 2010
Sheraton Chicago Hotel & Towers
Chicago, Illinois



Two Woodfield Lake
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