



Post-Convention NEWS



Mark Dabagia, MD, FACS
President

Message from the President

Congratulations to Dr. Chandru Sundaram on his reign as IUA president. He presided over two extremely successful meetings and continued growth of our society. I am grateful for his friendship and honored to walk into the presidency of the society behind him.

Our year started with election of the president-elect of the NCS. In the end we elected Dr. Sundaram with 80 percent participation from our state society. This is a phenomenal feat and I personally thank you all.

We are in the process of building a coalition to represent our interests in the state legislature. If you offer integrated services within your practice I strongly urge you to support this effort. With the tremendous effort of Dr. Knapp and our attorneys, we avoided what would have been a catastrophic attack on our ability to offer pathology services to our patients in house. Our coalition will be structured to continue to be watchdogs should similar attacks be attempted in the future.

Thank you to everyone, especially industry sponsors, who made this meeting a success. We will continue to grow, and the meeting agenda we are developing for 2012 will make everyone proud. Please make every effort to try to attend next year.

Respectfully,
Mark Dabagia, MD, FACS
Medical Director of Robotic Surgery, Lutheran Health Network
IUA President

President-Elect's Report

Under the expert leadership of IUA President Dr. Chandru Sundaram, the 2011 IUA Annual Meeting held in mid-April at the Westin in downtown Indianapolis was a huge success. Physician and mid-level provider attendance, as well as participation in the question-and-answer and discussion portions of the program, continues to improve each year. The topics: biomarkers for bladder cancer, robotic prostatectomy, urinary incontinence, ABU update, Provenge in the treatment of advanced prostate cancer, and a state legislative update, were relevant to all attendees and very well presented by the various speakers.

I encourage everyone present this year to invite one partner or colleague to attend with them in 2012. As someone who trained in a state with multiple residency programs (Ohio), the opportunities for urologists from across the state to come together for educational purposes were abundant. Our annual IUA meeting is one opportunity for the Hoosier urologic community to come together for socializing, exposure to important equipment/products and CME credit at a very affordable price.

I look forward to working with Dr. Mark Dabagia as our new IUA president and hope to see everyone at the 2012 meeting!

Respectfully,
Teresa Beam, MD, FACS
IUA President-Elect

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Secretary/Treasurer's Report

Indiana Urologic Association, Inc.
Administrative Summary of Financial Results
For the Six Months Ending June 30, 2011

Highlights to the Balance Sheet

Fund Balance

The IUA fund balance, as of June 30, 2011, totaled \$81,036. IUA operates on a calendar year, modified cash basis for accounting purposes. For the six months ended June 30, 2011, IUA had an operating surplus of \$22,199.

Assets

Cash held at Chase Bank – Checking

As of June 30, 2011 cash held in the Chase Bank checking account totaled \$80,045.

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 June 30, 2011, the year-to-date income excess was \$22,199.

Revenue

Year-to-date income for the period was \$62,480. This was comprised of membership dues of \$9,410 and meeting income of \$53,070.

Ninety-seven members have paid their 2011 dues. Thirty-three members remain unpaid.

Expenses

Year to date expenses totaled \$40,281.

Thomas A. Gardner, MD
IUA Secretary/Treasurer

Message from the President of the IUA NP/PA Association

Greetings! Many of you will not recognize my name, as I am new to this position. I have worked in the capacity of nurse practitioner for Northeast Indiana Urology for the last five-and-a-half years, and after this last annual IUA conference have decided to become more involved in this organization. I will be taking over for Janet Casperson, ANP, who has served in this position for the last several years, and has done a fantastic job in promoting mid-level provider participation in not only the IUA, but also at the national level.

I am excited to work with Dr. Dabagia in the coming year, and hope to encourage mid-level provider participation not only in the annual conference, but also to members in the organization.

Tracy Mullins FNP-BC

Message from the Representative to the NCS Board of Directors

The annual meeting of the Indiana Urologic Association was held at the Indianapolis Westin on April 15 – 16, 2011. The weather was kind to us and we had excellent attendance. We also had exceptional support from our partners in industry and the team from WJ Weiser.

president of the North Central Section, discussed urologists' efforts at the state and national levels to impact healthcare legislation. Dr. Thomas Gardner spoke on markers in bladder cancer. The residents' case presentations reflected the longstanding tradition of excellence.

On Saturday, the CME meeting was very well attended and we had one of the highest numbers of registrations compared to recent IUA meetings. Speakers included local as well as national experts. Dr. Gopal Badlani, the secretary of the AUA, discussed guidelines and minimally invasive treatment options for management of stress urinary incontinence. Dr. James Peabody, from Henry Ford Hospital, is part of the team that introduced and refined the technique of robotic prostatectomy and is one of the most experienced. He spoke on technical aspects to improve the trifecta in patients undergoing robotic prostatectomy. Dr. Michael Koch, as a past president of the ABU and the chair of the RRC, provided a most interesting update on residency training and the American Board of Urology. Dr. Peter Knapp, the

At the annual business meeting, several positions were filled within our organization. Changes in the positions included: Dr. Teresa Beam, IUA president-elect; Dr. Timothy Masterson, IUA member at large; Tracy Mullins, FNP-BC, IUA mid-level provider's representative; Dr. Thomas Gardner, representative from Indiana to the North Central Section

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Board of Directors; and Dr. Chris Steidle, Indiana representative to the NCS Nominating Committee. Inclusion of this considerable talent is great news for our association.

It has been a distinct privilege for me to have been president of the Indiana Urologic Association for the last two years. The organization continues to grow with increasing participation from our colleagues throughout the state. I truly appreciate the effort from the Board of Directors including Past President Dr. Sam Thompson. I am sure the IUA will further grow under the leadership of Dr. Mark Dabagia.

I truly appreciate your support during my recent election as president-elect of the North Central Section of the AUA. Please do not hesitate to contact me directly at sundaram@iupui.edu or call (317) 278-3098 or (317) 698-0997 if I can be of any assistance in Indianapolis or at the North Central Section. Looking forward to seeing you from October 18 – 22, 2011, at the annual meeting of the North Central Section in Rancho Mirage, CA. **We encourage members to show their support of incoming President-Elect Dr. Peter Knapp. This year the NCS has expanded its spouse program and we encourage you to view the activities and register online at www.ncsuaa.org.**

Chandru Sundaram, MD

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, which includes recommendations on the "Appropriate Use of Ancillary Services." There is a real concern in the urological community that if implemented, these recommendations could 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.

Indiana Urologic Association

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2011 - 2012



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- 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.

“...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...”



State Affairs Update

Ross Weber, State Affairs Manager

The Indiana General Assembly adjourned April 29, 2011, after an eventful legislative session that impacted the practice of medicine.

Once Democrat legislators returned from their five-week walkout, lawmakers focused on the \$28 billion budget and various health, labor and education bills. Of particular interest to Indiana urologists, House Bill 1071 would have outlawed the type of pass-through billing utilized by many laboratories to charge for services performed at an outside lab. The measure would have also prevented in-office laboratories from hiring pathologists. IUA members led by Peter Knapp, MD, engaged legal representation, testified at the final hearing and secured an amendment to permit contracting with outside pathologists and pass-through billing. (Please see President Mark D. Dabagia's June 13 report on this matter.)

Among the other 230 bills that made it through the legislative process (of more than 1,000 introductions), three items of interest include: mandatory background checks for health professionals that may ultimately increase licensing fees (SB 363); streamlined Medicaid codes and forms (HB 1171); and a study on possible prohibitions on insurer activities related to outpatient benefits (SB 178).

The outpatient benefits issue will be considered by the Health Care Finance Commission over the summer and early fall, with a report issued by November 1, 2011. That commission will also study whether a pharmacist should be required to notify the prescribing physician and inform the patient if the pharmacist selects a drug other than a prescribed brand name drug; and

the establishment of a state-based health insurance exchange.

A similarly-organized Interim Study Committee on Insurance will consider health plan access to healthcare providers; healthcare service prices and information; and healthcare provider office billing in connection with hospital charges.

Each of these topics was approved by lawmakers in specific bills. Measures that urologists may be interested in that failed this year include an assignment of benefits bill to require insurers to make benefit payments directly to non-contracted providers when the patient does not have a choice of provider (SB 65). SB 416 would have required that nonparticipating providers notify patients in advance that they may be billed for any amount unpaid by their health plan.

For more information on any of these matters, please contact Ross Weber at the IUA Executive Office. As an AACU Advocacy Affiliate, IUA members are also encouraged to attend the State Advocacy Conference from September 24 – 25 in suburban Chicago, Illinois. This day-and-a-half event combines hands-on training and engaging policy presentations to make this meeting one of the most valuable for any urologist who wants to impact state health policy.



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5th Annual IU Resident's Competition Winners

The winners of the 5th Annual IU Resident's Competition were announced and congratulated.

1st Place Winner \$300
David Gilley, MD

2nd Place Winner \$200
Jerome Hackney, MD

3rd Place Winner \$100
Clint K. Cary, MD





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MARK YOUR CALENDARS

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

2011 NCS Annual Meeting

October 18 – 22, 2011
The Westin Mission Hills
Rancho Mirage, California

2012 IUA Annual Meeting

April 20 – 21, 2012
The Westin Indianapolis
Indianapolis, Indiana

