

12:30 – 1:20 p.m.

General Session – Medical Fraud in Men’s Healthcare

Professional Practice Gap:

According to the FDA, the agency does not require supplement manufacturers to demonstrate the safety of their products, and urologists are not aware of the fraudulent advertisements for these supplements, especially in the area of sexual function and dysfunction. Urologists need to be knowledgeable of the supplements marketed to patients with conditions related to male sexual function and dysfunction, in order to provide recommendations to protect patients from fraudulent advertisements.

Learning Objective:

Discuss specific recommendations for new legislation to protect the public from fraudulent advertising of supplements marketed for male sexual function and dysfunction.

1:35 – 2:20 p.m.

General Session – Urologic Workforce

Professional Practice Gap:

According to AUA census data, sixty percent of counties in the US do not have access to a urologist.

Learning Objective:

Explain proposed legislation to address urologist shortages, particularly in rural areas of the country.

2:20 – 3:05 p.m.

General Session – Prostate Cancer Care

Professional Practice Gap:

According to the American Cancer Society, African Americans and veterans are at higher risk of developing prostate cancer. The NIH indicates that there is not enough African American participation in prostate cancer clinical trials. The Veterans Health Administration does not have a comprehensive prostate cancer pathway program for veterans.

Learning Objective:

- Explain the effectiveness of the United States Preventive Services Task Force’s change to the grade recommendation for prostate cancer screening.
- Evaluate the United States Preventive Services Task Force Guidelines and existing data.
- Discuss strategies for increasing African American participation in prostate cancer clinical trials.
- Identify the gaps in prostate cancer care in the community, specifically within our veteran population. · Identify the gaps in prostate cancer care in the community, specifically for within our veteran population.

3:05 – 3:40 p.m.

General Session – Research Advocacy [Hill “ask”]

Professional Practice Gap:

There is a lack of overall research funding for urologic research within NIH as there no institute dedicated to urology. Urologic conditions such as urinary incontinence are not covered under any of the institutes. There is also a need to increase the standard investigations at the initial grants stage at the National Institute of Health (NIH) and Congressional Directed Medical Research Programs (CDMRP). These are grants used for conferences that support trainee and junior investigator development.

Learning Objective:

- Advocate for increased funding for urology research by the National Institutes of Health, and the DOD’s Congressionally Directed Medical Research Program.
- Explain the latest research into the prevention of urinary incontinence.

3:40 – 4:10 p.m.

General Session – Regulatory Relief (prior authorization) [Hill “ask”]

Professional Practice Gap:

The administrative burden of prior authorization [and step therapy] is attributable to the lack of a uniform format for the submission of prior authorization and requests. A higher administrative burden on physicians means less time with patients.

Learning Objective:

Discuss the role of step therapy and prior authorization, its impact on personalized medicine, and its barriers to care.

Concurrent Session 1A – Telemedicine

Professional Practice Gap:

A study sponsored by Avizia shows that after all of the hype about telemedicine being the future of medicine, the vast majority of patients still don’t take advantage of the technology, in fact, 82 percent of patients surveyed said they don’t use a telemedicine service.

Learning Objective:

- Discuss specific recommendations about how the AUA and the urologic community can use telemedicine to improve urology practice and patient care.
- Discuss how to integrate a telemedicine program within an existing urologic practice setting.

Concurrent Session 1B – Prescription Drug Shortages

Professional Practice Gap:

The focus in oncology has been on the current BCG shortage but it is much more than that. There are certain drugs, which have become prohibitively expensive. The BCG shortage is a result of a lack of value for the drug and thus urologists need to know why the drug is expensive and why there is a shortage.

Learning Objective:

- Explain the BCG shortage and how it impacts bladder cancer patients.
- Discuss what physicians can do to mitigate the burden of drug shortages for patients.
- Explain the need for possible drug price controls to be lifted to allow Medicare to negotiate with the pharmaceutical industry to provide discounted pricing for qualified patients.

Tuesday, March 17

General Session – State Advocacy (panel discussion on hot-button issues)

Professional Practice Gap:

Massachusetts has changed processes and forms for surgical consents. It must include all names of residents involved in the patient's surgery as well as any point(s) during surgery when attending may not be in the room, and why.

Learning Objective:

- Describe the surgical consent forms in the state of Massachusetts, and the potential for this practice to expand in other states; understand surprise billing policies being implemented around the country.
- Explain the value that state/local advocacy can bring to the practice of urology.

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8:45 – 9:15 a.m.

General Session – Advocacy “NUDGE” Theory

Professional Practice Gap:

There are legislative and regulatory decisions that affect the scope of urologic practices. Urology is a relatively small specialty and to be politically successful urologists need to learn the meaning of advocacy so that urologists can effectively participate in the legislative and regulatory process to ultimately improve their practices and treat patients at the highest level.

Learning Objective:

- Explain the AUA legislative priorities, and their benefit to urology practice and patient care.
- Discuss why urologists should participate and/or contribute to the AUA advocacy agenda.
- Participate in an advocacy activity that will benefit urology practice and patient care within their state and local community.

9:15 – 9:45 a.m.

General Session – Member of Congress

Wednesday, March 18

General Session – Practice Predicament: What’s on the Menu?

Professional Practice Gap:

According to a 2019 statement from the Health Resources & Services Administration (HRSA), 252 counties in the rural United States are without a single healthcare provider. According to the AUA Census, which is a systematically designed, specialty-representative survey of urology, reports that 62 percent of counties in the United States have no urologist and, as a result, the mortality rate for kidney, prostate, and bladder cancer are all higher in these counties.

Learning Objective:

- Examine best business practices for your urologic practice.
- Evaluate and determine the benefits of private equity acquisitions in the American healthcare system.
- Evaluate the role of urology for predicaments for the future of healthcare.

8:30 – 9:00 a.m.

General Session – Transgenderism

Professional Practice Gap:

According to an anonymous, online-based questionnaire was sent to members of the New York Section of the American Urological Association, and it was revealed that while urologists are comfortable with the subject there are still some misconceptions about transgenderism within urology. There is a tendency to blend intersex and transgenderism.

Learning Objective:

Outline the best practices in gender medicine, including gender-affirming surgery.

9:00 – 9:15 a.m.

General Session – Intersex Update

Professional Practice Gap:

According to an anonymous, online-based questionnaire that was sent to members of the New York Section of the American Urological Association, a total of 92 providers (83.7% male) participated in the study, of whom 78.3% (72) has been in practice for at least 15 years. With respect to physician attitudes, there was a trend toward greater comfort with a discussion of gender identity and counseling on gender confirmation surgery based on the total number of transgender patients cared for during the course of their career. Regarding knowledge, scores there were no significant associations with physician age, gender or years of practice. Despite the relatively weak self-reported fund of knowledge (2.64) and overall clinical competence (2.09),

there was no overwhelming support to incorporate transgender care into urology training curricula

Learning Objective:

- Explain the current advocacy efforts regarding disorders of sex development and intersex care at the state and local levels.
- Explain the difference between intersex and transgenderality.

9:15 – 10:00 a.m.

General Session – Infertility

Professional Practice Gap:

According to an article in Fertility and Sterility, the primary challenge to identifying and addressing barriers in access to care for male factor infertility is an accurate measurement of the prevalence of male infertility.

Learning Objective:

- Evaluate the sexual and reproductive health of veterans.
- Discuss the current shortage in appropriately trained urologists to treat adults with congenital conditions.

10:10 – 10:50 a.m.

General Session – Medicare Part B/D Reform

Professional Practice Gap:

There are increasing challenges of access to drugs and payment issues within Medicare Part B and D that affect all physicians including urologists.

Learning Objective:

- Analyze and apply regulatory implementation of MACRA/QPP to your practice.
- Understand need to modernize Stark Law and improve clinical outcomes via APMs.

10:50 – 11:20 a.m.

General Session – AUA Consensus Statement on APPs

Professional Practice Gap:

According to the AUA Consensus Statement on Advanced Practice Providers, a workforce shortage of 65,000 physicians is projected for both primary care and specialty medicine by the year 2025. In 2010, the Institute of Medicine (IOM) addressed the role of advanced practice providers and the impending physician workforce deficits within the document "The Future of Nursing: Leading Change, Advancing Health." The American Urological Association (AUA)

endorses the use of APPs in the care through a formally defined, supervisory role with a board-certified urologist under the auspices of applicable state law.

Learning Objective:

-Describe how to integrate Advanced Practice Providers (APPs) into urologic practices, and how employing APPs can make a positive impact on patient access and care.

-Familiarize and better understand the AUA's Consensus Statement on APPs.