



# The New York Section

A Newsletter for the New York Section of the American Urological Association, Inc. July 2015



## President's Message

by Robert Weiss, M.D.

I encourage you to attend our annual NY Section Meeting in Lisbon, Portugal, September 6-12, 2015. Lisbon is a beautiful European city only about seven hours flight from New York. The city itself is situated over seven hills overlooking the Tagus River. Its hilly topography and views of the water is very much like San Francisco. The history of Lisbon dates back over 2000 years. It was a great power in the 15th and 16th century when Portugal's explorers traveled around the world creating a huge empire. The setting of meeting will be in the exclusive Four Seasons Hotel at the center of Lisbon. It is within easy walking distance of many historical sites, restaurants and shopping. We will hold a Welcome Reception on the terrace at the Four Seasons on the night of arrival. Highlights of the trip will include an evening Catamaran trip on the River Tagus to view the city and monuments and a full day trip to Sintra to see the historic royal palace and afternoon seaside lunch. There will be an afternoon wine tour and the annual farewell dinner to be held at the historic Sao Vincente Palace.

Our scientific chairmen Dr. James Eastham, Dr. Victor Nitti and Dr. Hossein Sadeghi-Nejad have put together a world class academic program that will feature a range of state of the art lectures and updates on current AUA guidelines. Dr. William Gee, President of the AUA, will attend and lecture on healthcare policy. A number of local Portuguese urologists will also participate.

I have begun preparing the schedule for the NY Section's 2015-2016 events. The traditional Members Meeting will be held in October, while we will continue to have the popular Resident's Debate and Valentine's Contest. We recently had the first NY Section Residency Program Director's conference. The goal of the conference was to have a forum where program directors could suggest cooperation among programs and improve the activities that are presently being held by the NY Section. We are presently reviewing the program directors recommendations.

Finally, I wish to thank Drs. Sadeghi-Nejad, John Phillips and Jay Motola for their work on the NY Section Website. The site has been updated to include recent activities and should provide a source of information about future NY Section activities. If you have the opportunity, please take a look at the website: [www.nyaua.com](http://www.nyaua.com).

I look forward to seeing you at upcoming NY Section events.

## Upcoming Events:

**NYS 113th Annual Meeting Four Seasons Hotel Ritz Lisbon, Portugal September 6th - 12th, 2016**

**For More Details visit our website: <http://www.nysaua2015.com>**



## Congratulations To Our Chief Debate Winners!

**Simpa Salami, M.D.**

**Jason Van Batavia, M.D.**

**Billy Cordon, M.D.**

**Edan Shapiro, M.D.**

**Sarah Mitchell, M.D.**

**Ariel Schulman, M.D.**

**Susan MacDonald, M.D.**

**Charles Osterberg, M.D.**

## Congratulations To Our Essay Winners!

**Clinical 1st - Matthew Pagano, M.D.**

**2nd - Christopher Hartman, M.D.**

**3rd - Ghalib Jibara, M.D.**

**HM - Jennifer Ahn, M.D.**

**HM - Alison Levy, M.D.**

**Laboratory 1st - Neal Patel, M.D.**

**2nd - Jennifer Reifsnyder, M.D.**

**3rd - Amul Bhalodi, M.D.**

**Miscellaneous 1st - Danny Lascano**



The New York Section of the A.U.A.  
113th Annual Meeting

**LISBON, PORTUGAL**  
**SEPTEMBER 6 - 12, 2015**



## **Past President's**

### **Message** by Felix Badillo, M.D.

I would like to take this opportunity to thank the New York Section for the privilege and honor to have served as president. I Would like to mention several people for their support and hard work. Annual meeting: Thanks Dr.

Mitchell Benson (Scientific Chairman), Dr. Bernard Bochner (Co Chairman) and Dr. Matthew Mene (Co Chairman) for making the scientific Sessions a success. Members Only Meeting: Thanks to Dr. Carl Olsson for sponsoring us at the beautiful New York Yacht Club. It was a wonderful event and one of the largest attended meetings. Also congratulates once again Dr. Deepak Kapoor for receiving the Russell Lavengood Award. Valentine Essay Contest: Thanks to our Judges Drs. Jaime Landman, Edward Uchio and Jeffrey Cadeddu for their time and expertise. Congratulates to the Ferdinand C. Valentine Medalists - Drs. Jerry Blaivas and William C. de Groat. Resident's Debate: Thanks to Dr. Elizabeth Kavaler (Program Chair) and Dr. Thomas Jarrett for their time, effort and expertise in making the Debate a success.

Thank you to the Board for their support and input throughout the year. I would personally like to thank Michele Paoli. Her determination, hard work and support is very much appreciated.

It was a pleasure having served as president, and I would like to congratulate Dr. Robert Weiss our next President. He has organized an exciting scientific and social meeting in Portugal and will be a great asset to our Section as President.

### **Secretary's Report** by Jay Motola, M.D.

I am honored to serve as the Secretary of our section. I was invited to attend the Secretary's meeting in New Orleans. It was also Dr. Gopal Badlani's last meeting as the Secretary of the AUA. Dr. Badlani, although not a member of the NY Section presently, holds our section dear to his heart. During his tenure, numerous successful changes were made by Gopal involving the format of the national meeting. Under his guidance, the membership of the AUA grew significantly, and the international membership has expanded significantly. We should all applaud his accomplishments. Dr. Manoj Monga, from the Cleveland Clinic is the new secretary and will certainly fill Gopal's shoes well!



Our new website ([www.nyaua.com](http://www.nyaua.com)) has made its debut and it is being well received by our members. We encourage feedback regarding the new format. We are presently in the process of the next phase of updates that will make it



### **Board of Directors** (2015-2016)

Robert Weiss, M.D.  
President

Ivan Grunberger, M.D.  
President-Elect

Jay Motola, M.D.  
Secretary

Mitchell Benson, M.D.  
Treasurer

Reza Ghavamian, M.D.  
Treasurer-Elect

Felix Badillo, M.D.  
Immediate Past President

George Owens, M.D.  
Past President

Lane Palmer, M.D.  
District I Representative

Jeffrey Weiss, M.D.  
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District IV Representative

Benjamin Fand, M.D.  
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Louis Kavoussi, M.D.  
Member-at-Large

John Phillips, M.D.  
Member-at-Large

Muhammad Choudhury, M.D.  
NYS Representative AUA

Robert Waldbaum, M.D.  
Historian

even more robust. We welcome any suggestions from the members regarding additional content that they would like included, as well suggestions for change that would further enhance it.

David Hoenig, M.D.  
SocioEconomics Representative

Michele Paoli  
Executive Director

**Mission Statement:**

To promote the highest standards of urological clinical care through education, research and in the formulation of health care



## **Secretary's Report (continued)**

The AUA has begun a new process to approve new members. Previously, members were approved on a quarterly basis, however now they will be reviewed monthly ensuring that applications are accepted in a more timely manner and are able to begin to enjoy their member benefits sooner.

We would like to welcome the following new members to the NY Section and welcome their participation: **Jim Hu, William Jow, Eugene Fine, Gina Badalato, Behfar Ehdaie, Sven Wenski, Ray Sultan, Jeffrey T. Schiff, Ephrem Olweny, Anthony Corcoran, Ervin Teper, Doreen Chung, Petar Ilievski, Jacob Cohen, Steven Sobey, Jessica Kreshover, Shawn Zimberg, Jessica Kreshover, Sarah Lambert, Genri Pinkhasov, Courtney Phillips, Gregg Zimmerman, Courtney Lee, Joseph Jamal, Seema Sheth Jaspreet Joneja, Farzeen Firooz, Brian McNeil, Anthony Casale, Christopher Barbieri Lauren Baldinger Schulz, Alex Shteynshlyuer**

It's that time of year. The race is on! Once again this year AUA is promoting AUA Annual Census through a Census "race" between AUA sections. This friendly competition between sections helps encourage participation in the 2015 AUA Annual Census.

Please take a few moments and participate in this important initiative to ensure the NYS section members are represented in the Census and section level analysis can be performed in the annual publication.

The AUA Annual Census will remain open until September 30th. We would like to request your continued support and assistance in promoting this important effort in your section.

The census is available at [www.AUAnet.org/takecensus](http://www.AUAnet.org/takecensus).



## **Treasurer's Report** by Robert Weiss, M.D. and Mitchell Benson, M.D.

The financial status of the NY Section continues to be stable. Our endowment has grown over the year due to the favorable returns on market investments.

The NY Section has helped support a number of successful meetings between 2013-2014 including the Annual Meeting in Barcelona, Members Only Meeting, Chief Residents Debate and Valentine Award Night. We will also be sponsoring a NY Section member to participate in IVUMed - the international volunteer in urology organization.

The NY Section Board voted to increase the charge for the Annual Members Only Meeting to \$175.00 this year to cover additional costs of the meeting. Palisades, Inc. is the company which manages our endowment. Mr. Dan Veru, Chief Investment Officer addressed the Board of Directors at our June meeting. He reviewed the performance of our portfolio over the past year.

We continue to use a conservative growth strategy. Currently, the Board of Directors are considering alternatives to help us manage our endowment. We look forward to another successful year and hope you can join us.



## Report of the President-Elect

by Ivan Grunberger, M.D.

It has been an honor to serve as the Secretary of our Section. During my tenure, the Section Secretaries Membership Council, under the leadership of Dr. Badlani, was able to enact several positive changes to our Bylaws and procedures, including the process of selecting Section officers, changing the process for approving membership applications and redefining the Senior Membership category. A new membership category for Advanced Practice Provider Members, which includes Advanced Practice Nurses and Physician Assistants, was created to distinguish their role in urologic care from that of other Allied Healthcare Providers.

I want to thank Dr. Felix Badillo for his leadership and guidance in his role as the President of our Section and welcome Dr. Robert Weiss as our new President. I look forward to working with him throughout the year to serve our Section and urge all of you to join us at the upcoming Annual Meeting in Lisbon, which I am sure will prove to be a great educational as well as social event.



## AUA Resident's Bowl & Chief Debate

by David Golombos, M.D.



The New York Section was well represented at the resident-based events held this past May at the AUA annual meeting which took place in New Orleans, Louisiana. With each passing year the team jeopardy-style Resident Bowl continues to gain in popularity. This year, the resident committee added two new components: a skills challenge, where teams gained points toward their total score for posting the quickest time at various interactive hands-on challenges, and "phone a chair," where in the finals the team with the highest score from the skills challenge was given the opportunity to call on a department chairman for assistance, this year Dr. Murali Ankem, Chairman from the University of Louisville. These new additions, in combination with the interactive ask-the-audience questions, made this year's competition more exciting and entertaining than ever. Unfortunately, after a strong showing in the quarterfinals, in the semi-finals the New York Section team was defeated by the eventual champion from the Northeastern section. Congratulations to the entire bowl team, Simpa Salami (North Shore/LIJ), Erin Ohmann (New York University), Susan MacDonald (Albert Einstein), and Fatima Zehra Hussain (Mount Sinai) as well as our two international resident members from Egypt, Waleed Mohammad Ali Elsayed and Wally Mahfouz. Despite their

### The 2016 Urology Care Foundation Research Scholar Program Includes New York Section Award

The 2016 Urology Care Foundation Research Scholar Program competition is open! At least 27 awards are available for the 2016 competition, a record high and the leading funding opportunity available through the Urology Care Foundation. Of particular interest to the members of the AUA New York Section is an award available through the AUA New York Section Research Scholar Endowment Fund.

Funding is available for research training in all urologic disease areas and across all research types: basic, translational, clinical, and health services/outcomes. Some awards focus on the following specific research areas: Interstitial Cystitis | Endourology | Pediatric Urology | Sexual Medicine | Urologic Oncology

Research Scholar Awards are granted based on the objective evaluation of all

loss, the New York Section team did win the prize for the most creative team name, "The Brooklyn Skin Bridges."

A second event, the AUA National Chief Resident Debate, also was a crowd favorite. Voted the top two debaters from our own sectional Chief Resident debate, Charles Osterberg (Weill Cornell Medical College) and Susan MacDonald (Albert Einstein) brought their debating skills to the national level in front of a packed crowd and esteemed panel of judges. Both participants brought strong arguments to the table, Charles arguing for simultaneous outlet reducing surgery and bladder diverticulectomy in a man with both a large bladder diverticulum and intravesical median lobe, and Sara arguing for use of a ureteral access sheath during ureteroscopy of a 1 cm proximal ureteral stone. Congratulations to both for their strong performances, as both produced well composed and strong arguments, and special congratulations to Charles for emerging victorious.

Thank you to all New York Section members who attended one or both events and we look forward to your continued support in both events at next year's annual meeting.

aspects of eligibility criteria, scientific review, and the financial portfolio available at the time the grants are finalized by the Urology Care Foundation. The Urology Care Foundation reserves the right for final approval for any/all awards provided through the program.

Research Scholar Program information and the application portal are available online. The application deadline is September 9, 2015. A letter of intent is strongly encouraged, but not required, and is due on August 12, 2015. Please direct any questions to grants@auanet.org.



**IVUmed** has provided over 150 urology residents with the opportunity to gain unique surgical experience in resource-limited settings through throughout the world.

The New York Section, AUA is please to support a scholarship to Dr. David Lee, a 4th year resident from New York Presbyterian Hosp/Weill Cornell Medical Center.

Dr. Daniel Lee will be traveling to Vietnam this year for 1-2 weeks.

While there, Dr. Lee will share and interact with residents from Vietnam, service abroad to underserved population and gain a greater insight of the international medical community.



## **Report of the NYS Representative to the AUA**

by Muhammad Choudhury, M.D.

### **New Appointments: American Urological Association:**

**Dr. Victor Nitti**, a member of the New York Section, will assume the position of the AUA Chair of Education effective July 1, 2015. This is a 4 year term.

**Dr. Aria Olumi** from Massachusetts General Hospital will assume the position of AUA Chair of Research effective June 1, 2015. This position also has a 4 year term.

**Dr. Inderbir Gill** has been selected as the AUA Chair of Global Initiative. In this position Dr. Gill will coordinate all of the international outreach activities for the AUA.

**New Guidelines:** Following guidelines are now under development: (1) surgical management of stone (2) urethral stricture (3) stress urinary incontinence (4) localized prostate cancer (5) male sexual dysfunction (peyronie's disease and erectile dysfunction). Following guidelines will be developed over the next one year: (1) non-muscle invasive bladder cancer (2) muscle invasive bladder cancer (3) renal mass and localized renal cancer (4) testosterone management (5) BPH/LUTS.

**AUA Quality Improvement Summit:** The next quality improvement summit will be held in January 2016. The topic will be "Implementing shared decision making for PSA testing into urological practice."

**AUA University:** AUAU is a comprehensive collection of AUA educational offerings including core curriculum, guidelines, white papers etc. Members can use this site for all of their educational needs, claim CME credits and track MOC requirements.

### **Update Your Membership Contact Information**

In order to best serve its membership, the New York Section of

the AUA must obtain accurate records for effective and efficient communication. Please update your contact information by email to Michele Paoli ([Michelelij@aol.com](mailto:Michelelij@aol.com)).

Thank You!!

*If you are interested in contributing or posting in the New York Section, AUA Newsletter, Please contact:  
Michele Paoli  
[michelelij@aol.com](mailto:michelelij@aol.com)  
Or by phone (516-520-1224)*

**AUA Quality Registry (AQUA):** In 2014 30 sites with 444 providers have joined the AQUA. Data Department is pursuing recruitment of more practices to practice in AQUA registry throughout the country.

**AUA Census:** Data gathered from 2014 annual census was released in May 2015 as "State of the urology workforce and practice in the US." A copy of the report was sent to each AUA member.

**Choosing Wisely Campaign:** The AUA Board has approved a second set of "2015 Choosing Wisely Campaign." • Don't prescribe antimicrobials to patients using indwelling or intermittent catheterization of the bladder unless there are signs of urinary tract infection. • Don't obtain computed tomography scan of the pelvis for asymptomatic men with low-risk clinically localized prostate cancer. • Don't remove synthetic mesh in asymptomatic patients. • Offer PSA testing for detecting prostate cancer only after engaging in shared decision making • Don't diagnose microhematuria solely on the results of a urine dipstick.

2016 AUA Annual Meeting: is in San Diego, CA from May 6 - 10, 2016.



## Health Policy Report by David Hoenig, M.D.

### New Practice Developments

The Texas Medical Board established new rules for telemedicine services (13:1 vote). The new rules require physicians to establish a "face-to-face" relationship with a patient before diagnosing conditions or prescribing medications via telemedicine, only allow telemedicine without a prior visit if a patient were at a health facility (hospital, clinic or pharmacy), and had another health-care professional PA or NP) physically with them. The new rules exclude mental health visits.

The Affordable Care Act is currently at the center of a case being heard in the Supreme Court, and the potential for overturn will depend on the Court's decision. Additionally, integral to the ACA's introduction, states were given the option to expand Medicaid eligibility to residents within 133 percent of the federal poverty limit, with the federal government picking up the majority of the tab for the increased enrollment. To date, 29 states have done so, leading to expansion of Medicaid services at the state level across the nation.

The Open Payments program is currently underway. During this review and dispute period, physician and teaching hospitals can review payments attributed to them before the data is made public on June 30, 2015, and dispute any data they disagree with.

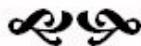
In the fall of 2014, CMS announced the creation of four new modifiers. They are XE - Separate Encounter, XP-Separate Practitioner, XS, - Separate Structure and XU -Unusual Non-Overlapping Service. The X modifiers are a subset of the -59 Modifier, but have not been fully implemented due to incomplete characterization. Private companies have raised challenges to have CMS better define these. As of now, the -59 modifier is still active, and is likely more useful than the 4 X modifiers until CMS addresses the current issues or the -59 modifier is de-activated.

PQRS: Opening of the 2015 Opening of the 2015 PQRS Group Practice Reporting Option (GPRO) registration period began April 1, 2015 and will remain open until June 30, 2015 at 11:59pm EST. Group practices with two or more eligible professionals can now register to participate in the 2015 PQRS GPRO using the physician values, physician quality reporting system (PVPQRS) registration system. These criteria are necessary in order to avoid the -2 percent PQRS payment adjustment in 2017. Groups can participate in the 2015 performance by selecting one of the GPRO reporting mechanisms available on the CMS website. Groups with 25 or more eligible professionals are eligible to participate in the web interface reporting option.

### JAC 2015 Report Legislative Priorities: Few changes from last year.

- Continued pressure for the USPSTF "Transparency and Accountability Act" to go into effect, for better oversight and control of position papers such as PSA screening.
- GME Increases- have been frozen for more than 10 to 15 years. 44% of the urology workforce is over age 55, and average Urologist age is 52.5. Gap between medical student and residency spots. Estimates of 20% of US pop age 65 or older by 2030- the projected need is 16K urologists by 2020. By 2030, nearly 4000 additional urologists projected to be needed additions to the work force for population needs.
- House Bill: "Training Tomorrow's Doctors Today Act" - Congressman Schock

- Senate Bill: "Resident Physician Shortage Reduction Act" - Nelson, Shumer
- Reality: many other legislative issues prioritized ahead by congress (ACA ruling in Supreme Court, funding road rebuilding)
- Increase of GME spots by 5000 per year over the next 3 years: 1st priority to new schools, to primary care focused, and hopes to maintain 50% for surgical and medical subspecialties
- Incentivizes hospitals which are already funding slots beyond their normal GME cap
- Transparency of how hospitals are using GME money (to avoid using GME reduction 'pay-for')
- IOASE (In Office Ancillary Services Exception) - the argument has been made that cost data now supports use of in office services, and that having those services are better for patient care and have not led to overuse. This appears to be well-supported in both House and Senate.
- Medicare Physician Payment -SGR- Very exciting development: it was repealed after 17 patches over 12 years!
- Malpractice Reform: Remains a priority for legislative action. Address by Senator Shelley Moore (R-WV), who addressed the conference. Done on state basis in WV with positive results on multiple levels. Likely to be brought to the senate at some point in the near future, but unclear that this is realistic to pass anytime soon.



## Membership News

The AUA is seeking a highly-qualified member to fill the position of Treasurer. The Treasurer is a compensated position on the Board of Directors and carries significant responsibility to help manage and communicate the complexities of AUA's three corporate entities (American Urological Association, Inc., American Urological Association Education and Research, Inc. and the Urology Care Foundation, Inc.). The Treasurer is responsible, along with the Executive Director, Chief Financial Officer and Joint AUA/UCF Audit Committee, for safeguarding of AUA's financial assets and for regulatory reporting/compliance. The Treasurer serves on both the AUA Board and the Urology Care Foundation Board, and regularly presents the financial information to the Boards and the AUA membership. A full job description that includes details about time commitments is available online at [AUAnet.org/Treasurer](http://AUAnet.org/Treasurer). Interested individuals should apply directly to the AUA by submitting a statement of interest and Curriculum Vitae to the AUA Committee & Society Affairs Office, c/o Ms. Nancy Waid by July 31, 2015. Submissions may be sent by email to [nwaid@auanet.org](mailto:nwaid@auanet.org).



## Urology Coding Tips

There still remains confusion for the coding of a radical nephrectomy, using the open code, 50230 or the laparoscopic radical nephrectomy, code 50545.

A radical open nephrectomy as described for CPT code 50230 includes, nephrectomy including partial ureterectomy, any open approach including rib resection; radical with regional lymphadectomy and/or vena caval thrombectomy...and/or adrenalectomy

A radical laparoscopic nephrectomy as described for CPT code 50545 includes, (removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy).

Although the above CPT codes for radical nephrectomy also include the other stated procedures, in modern day urology radical nephrectomies often require a less extensive procedure (without compromising the outcomes). Therefore, for coding purposes, radical nephrectomy whether open or laparoscopic should be coded 50230 or 50545 whenever Gerota's fascia and the perinephric fat are removed with the nephrectomy itself even though an adrenalectomy, node resection, or vena caval thrombectomy are not also performed. As per the AUA coding consultants the fact that the latter procedures are not performed should not lead one to code a simple nephrectomy (50220 or 50456) or to reduce the radical nephrectomy procedure code by using the reduction modifier-52. However, if an adrenalectomy and/or regional node resection and/or thrombectomy are performed with the radical nephrectomy, the radical nephrectomy codes alone should be billed with no further additional codes.

In any event remember that as long as only the perinephric fat and Gerota's fascia are removed, this still represents a radical nephrectomy and CPT codes 50230 and 50545 should be billed.

For further information and for any other coding question, please call Michael A. Ferragamo MD, FACS at 516-741-0118



## **Male Pelvic Fitness**

Pelvic floor muscle exercises are a natural and non-invasive approach to improving many male urinary and sexual conditions. Pelvic floor muscle training has no side effects and is capable of empowering men. Dr. Arnold Kegel popularized pelvic floor muscle exercises to improve female sexual and urinary health after childbirth and there is no reason that these exercises should not achieve the status, traction and common use in men as they have in women.

Men have essentially the same pelvic floor muscles as do women and an equivalent capacity for exercising them, with parallel benefits. Achieving fitness of the pelvic muscles has the potential to help the following: stress urinary incontinence; overactive bladder; post-void dribbling; erectile dysfunction; ejaculation issues including premature ejaculation and other forms of ejaculatory dysfunction; and pelvic pain due to pelvic floor muscle spasm.

The Private Gym is a unique, FDA-registered, comprehensive, interactive, follow-along exercise DVD that teaches men precisely how to do pelvic floor muscle exercises. "Basic Training" strengthens the pelvic floor muscles with progressive "Kegel" exercises and "Complete Training" provides maximum opportunity for gains using patented resistance equipment. It is a simple and effective means of pelvic floor muscle training created by a team including urologists, pelvic physiotherapists and sexual health educators. [www.PrivateGym.com](http://www.PrivateGym.com) 20% discount to urology patients by entering UROLOGY20 at checkout. Andrew Siegel, MD

New York Section AUA member and author of Pelvic Floor Muscle Training in Men: Practical Applications (review article Gold Journal of Urology, July 2014) and author of the book Male Pelvic Fitness: Optimizing Sexual and Urinary Health.

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