



# The New York Section

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

December 2015

## President's Message by Robert Weiss, M.D.



The NY Section's Annual Meeting was held in Lisbon Portugal this past September 6-12. The picturesque venues and scientific session were excellent. Drs. James Eastham, Victor Nitti and Hossein Sadeghi- Nejad were the scientific chairman for the meeting. They did an outstanding job of organizing a diverse, comprehensive program featuring many of the talented faculty of the New York Section. Also, there were several presentations from the local Portuguese urologists. Dr. William Gee, President of the AUA attended the meeting and gave an informative lecture on the future economics of urology practice. The social agenda highlights included an evening cruise on a catamaran viewing the sites of Lisbon, a tour of the ancient city of Sintra, an afternoon luncheon along the Tagus River and the farewell dinner at the Sao Vincente Palace with after dinner Fado singing.



We held our Members Only Meeting in October 27 at the Central Park Boat House. Over 150 members attended and enjoyed the late autumn weather in Central Park. During the meeting, Dr. Frederick Gulmi, was honored with the Russell W. Lavengood Award for

*"distinguished service". Dr. Gulmi has been chairman of Urology at Brookdale Hospital for several years, past President of the NY Section of*

the AUA, past President of the NY Academy, Section of Urology and Vice Chairman for Resident Education of the National Urology Faculty of the AUA. Dr. Richard Macchia, who introduced the award in 1989, was present at the dinner. Dr. Felix Badillo was

honored for his past service as president of the NY Section. Also, Dr. Badillo presented the slate of nominees to fill vacancies on the Board of Directors of the NY Section.

We will have our annual Resident's Debate March 9 at 6:30. The guest judge will be Dr. J. Christian Winter. Dr. Winter is Chairman and Professor of Urology at Louisiana State University. He is also Vice Chancellor for Clinical Affairs and Interim CEO of LSU Healthcare Network. Dr. Michael Palese, Chairman at Mount Sinai Beth Israel will be the moderator for the debates. The debates will feature several controversial topics in urology and promise to be informative as well as entertaining.

The Valentine's Resident's Essay contest will be April 13, 2016. The guest judge will be Dr. Aria Olumi, Director of Urology Research at Massachusetts General in Boston. Dr. Olumi was named Chair of the Research Council by the AUA earlier in 2015. Resident essays are due in early January 2016 and I encourage all residents to submit a paper.



**Register early and be eligible to win an upgrade to a Junior Suite!!**

## **NYS 114<sup>th</sup> Annual Meeting**

**Four Seasons Hotel Ritz Lisbon,  
Portugal**

**September 11<sup>th</sup> – 17<sup>th</sup>, 2016**

**For More Details visit our website: [www.nysaua2016.com](http://www.nysaua2016.com)**



## **Scientific Chairmen:**

**Dr. Reza Ghavamian**  
**Montefiore Medical Center**

**Dr. Jaspreet Sandhu**  
**Memorial Sloan Kettering Cancer Center**

**Dr. Ojas Shah**  
**Columbia University Medical Center**



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**Mission Statement:** To promote the highest standards of urological clinical care through education, research and in the formulation of health care policy.

Finally, the New York Section has endowed money to the Urology Care Foundation Research Scholar Program. If you are a performing a post residency fellowship, you may apply for funding to help support your research. Please check the NY Section website or Urology Care Foundation website for further information.

I look forward to an exciting academic year for the NY Section in 2016. Best wishes to you and your family for the upcoming Holiday Season and New Year!



### *Report from the President-Elect* by Ivan Grunberger, M.D.

I want to congratulate Robert Weiss on putting together a terrific annual meeting in Lisbon. The meeting was successful both on the scientific and social aspects.

We are actively gearing up for next year's meeting, which will be held September 11<sup>th</sup>-17<sup>th</sup> in Prague (well away from both start of the school year and any major holidays). The venue and social programs are finalized, and I believe will be enjoyed by all. Prague is one of the jewels of Europe, untouched by World War II, very safe, and welcoming to visitors. Our website –

[www.nysaua2016.com](http://www.nysaua2016.com) is active and I encourage all of you to log in and register early (there are incentives for early registrants).



My Scientific Committee, comprising of Drs. Jaspreet Sandhu (Memorial Sloan-Kettering Cancer Center), Reza Ghavamian (Albert Einstein/Montefiore) and Ojas Shah (Columbia University) are in process of putting together what I am sure will be an exceptional scientific content. We have had a lot of interest from well-respected urologists from other Sections, as well as the Czech urologic community in participating in our meeting. In addition, we are expecting increased industry presence at next year's meeting.

I look forward to seeing most of you at our upcoming New York Section events, and especially in Prague.



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



I am pleased to share with you the news that Tom Rechtschaffen was elected as the new Gallagher Health Policy Scholar. As a Gallagher Scholar, Tom will spend time away from his practice for training on a wide variety of key health policy issues. This training will include mentoring from other physicians involved with health policy, and participation in key meetings and conferences as well as complete a health policy project as outlined by the Public Policy Council.

Congratulations to Thomas Rechtschaffen.

Plans are well under way for the AUA in San Diego May 6-10. Please remember that as was announced by the AUA, the fees for this year's meeting have gone up. A fall-off in industry support for the meeting, the AUA registration fees were far less

compared to other specialty organizations when evaluating the fees on the basis of CME credits available for the meeting. The deadline for the early bird registration discount is February 19. Over 7200 abstracts were submitted for this year's meeting, which is a record number. The deadline for late-breaking abstracts is March 1.

This year's meeting has some changes. On Saturday afternoon, there will be a non-moderated poster session. New this year will be "Court is in Session". This session will be highlighted by mock medical malpractice trials with the involvement of local malpractice attorneys. The last day of the meeting, which is Tuesday will feature a Complicated Cases Panel that will precede the Take Home Message Sessions. The Urology Care Foundation fundraiser this year will feature the "Sticks and Stones" band and should be a fun evening. This band has played at several Endourology events, and this will be a fun evening for those attending.

Lastly, the Practice Management Seminar will be held on Thursday and Friday May 6 & 7. An innovative and exciting seminar is being planned. Those attending in prior years have found this meeting extremely useful with regards to the daily aspects of running a practice. It is intended for both practice managers and physicians as well. Although in prior years, much of the content did not address the academic practices, moving forward these practices will feel very included.

Best wishes for a Happy Holiday Season and a Happy, Healthy and Prosperous New Year.

## **Congratulations to**

### **Dr. Frederick A. Gulmi Recipient of the 2015 Russell W. Lavengood Award**

Dr. Russell W. Lavengood's constant contributions to the New York Section of Urology epitomized the concept of "distinguished service". Accordingly, it is most fitting that the New York Section establish the Russell W. Lavengood Distinguished Service Award, suggesting that it be awarded to a person with consideration of all virtues, not only academic contributions.



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

The financial status of the NY Section continues to be stable. As has happened to all of us, our endowment has been effected by the turmoil in the financial markets but owing to a conservative investment strategy through Palisades, Inc., we remain very solvent. The NY Section has helped support a number of successful meetings between 2014-2015 including the Annual Meeting in Lisbon, Portugal, the Members Only Meeting, the Chief Residents Debate and the Resident Essay Meeting/Valentine Award Night. The NY Section Board voted no increases in the charges for any of the meetings over the past year and our NY Section Annual dues remains constant.

Palisades, Inc. continues as the company which manages our endowment. The company reviews with the Board of Directors their performance on an annual basis. We continue to use a conservative growth strategy which certainly proved prudent over the past year. The Board of Directors has considered alternatives to help us manage our endowment, but none has proven superior to Palisades.

The Board of Directors is looking forward to another successful year and hope you will join us in as many events as possible.



### **IVUmed Traveling Resident Scholar Report**

The generous support of the New York Section of the AUA made possible Dr. Daniel Lee's recent IVUmed Traveling Resident Scholar experience in Ulaanbaatar, Mongolia. Dr. Joseph Smith from Vanderbilt graciously acted as Dr. Lee's mentor during the workshop.

Dr. Lee reported, "Access to quality urologic care and management is a large issue in Mongolia; there are only eleven trained urologists in a country of 3 million people, with all 11 urologists practicing in the capital city of Ulaanbaatar. The goals

of this trip were to assess the patient needs in urologic oncology, educate the surgeons in evidence based management and treatment of oncologic diseases, and establish a system for tracking patient data and outcomes.

# AUA Leadership Program

## BUILDING FUTURE AUA LEADERS – APPLY NOW!

The AUA Leadership Program matches aspiring leaders in the field of urology with experienced mentors, including past AUA presidents and committee chairs, who can share their career experiences as urologists and leaders of the AUA.

**1. Is the possibility of becoming a future leader of the AUA appealing to you?**

**2. Are you looking for an opportunity to become more involved with the AUA?**

**3. Are you curious about what goes on "behind the scenes" of the AUA and how your association conducts business to serve the needs of urologists?**

If you answered "yes" to any of the questions above and are board certified and one to 15 years out of training (including fellowship immediately following residency), you are a prime candidate to apply for the 2016-2017 AUA Leadership Program!

If you want to become more involved in the organization dedicated to advancing the field of urology, I encourage you to apply for the 2016-2017 AUA Leadership Program today! Click [here](#) to apply, or visit [www.AUAnet.org/Leadership2016](http://www.AUAnet.org/Leadership2016) for more information and to download an application.

**The application deadline for the 2016-2017 Leadership program is December 31<sup>st</sup>, 2015!**



Dr. Smith from Vanderbilt served as the supervising surgeon for the urologic-oncology patients. The first day involved a review of approximately 30-35 patients with differing presentations, several incidentally found renal masses, advanced prostate cancer, non-muscle invasive and metastatic urothelial carcinomas, and invasive penile squamous cell carcinomas. After reviewing those initial cases, we prepared about 6-8 cases that the urologists requested Dr. Smith to perform because of their technical difficulty and in order to train the other urologists. It became evident in reviewing the cases that the urologists in Mongolia were very well-trained and were very well acquainted with the standards of care for renal masses and penile cancers. However, there were some inconsistencies noted in the management of prostate and urothelial carcinomas that reflected systems problems, unique to Mongolia, and general lack of access to more recent data and gold standards for treatment.



There were signs of extensive delay from initial diagnosis to definitive treatment; the two radical cystectomies we performed there had an average delay of a year from initial diagnosis to presentation for cystectomy (without any previous intravesical or chemotherapy). When radical cystectomies are performed, patients only receive Mainz II (sigmoidorectal pouch) reconstructions with ureteral tunneling as the surgeons have only been trained in this reconstruction and are not familiar with ileal conduits, neobladder, or other continent

diversions. This represents a large area of need that could be easily modified with proper training, as ileal conduits have significantly decreased rates of ureteral stenosis and other complications. There is also a need to develop a system that can update data in real time and can be queried and analyzed.

Urologists in Mongolia are very well trained and technically excellent, however there are certain systems and care management issues that can be easily modified with continued education and easy access to resources. Hopefully, this trip will represent the first step in continuing the IVUMed mission to: 'Teach one, reach many'."



## AUA New York Section Research Scholar (2014-2016)

**Dr. Irina Debnath** is a postdoctoral fellow in the laboratory of Dr. Melanie M. Pearson at the New York University School of Medicine in New York. Her research is currently focused on the study of bacterial urinary tract infections (UTIs) which are among the most common human infectious disease. UTIs include infections of the lower urinary tract or bladder and upper urinary tract or kidney. They are a major public health burden as well as a financial burden incurring a healthcare expense of \$3.5 billion every year. In addition to this steep healthcare cost, there is an alarming rate of antibiotic resistance and no one has produced an effective vaccine against UTIs to date.

UTIs are further divided up into two groups: uncomplicated (which occur in otherwise healthy individuals) and complicated (which occur in people who have developed an UTI caused by using catheters, or having a blocked or abnormal urinary tract, etc. Complicated UTIs that are caused by catheters have shown to be 1) the most common disease contracted by a patient while under medical care,

accounting for over 1 million cases in the US annually and 2) caused by a bacteria named *Proteus mirabilis* which can also cause kidney stones. Problems from kidney stones, including destruction of the kidney, may cause death. Therefore, it is critical to find out genes found on *Proteus mirabilis* that may be targeted and used in designing medications against UTIs. One particular gene of interest is the *MrpJ* gene found in the *Proteus mirabilis* bacteria which plays a critical role in ultimately assisting in the bacteria's movement and survival and is the focus of Dr. Debnath's research.

After her attendance at a panel session during the American Urological Association's Annual Meeting, she was inspired her to channel her training in immunology and microbiology to focus on infection control research in public health with an emphasis on UTI management as a future career goal.

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

by Muhammad Choudhury, M.D.

Dr. Frederick Gulmi was elected by the membership as the N.Y. Section Representative to the AUA Board of Directors at the annual members only meeting in October 2015. Dr. Gulmi is Chairman of the Department of Urology and Program Director at Brookdale University Medical Center. He has served the N.Y. Section Board of Directors for over 10 years including one year as



President of the section. He will serve a two year term starting May 2016. Members can contact Dr. Gulmi with any questions or suggestions at [fgulmi@yahoo.com](mailto:fgulmi@yahoo.com). Congratulations, Dr. Gulmi and best wishes for a very successful term as the N.Y. Section Representative.

Dr. Muhammad Choudhury will complete his second two year term as the N.Y. Section Representative to the AUA Board of Directors in May 2016.

- Intravesical Administration of Therapeutic Medication: Standard Operating Procedure: This document defines the performance guidelines surrounding the instillation of intravesical cytotoxic, immunotherapeutic and/or therapeutic drugs via sterile technique catheterization for patients with non-muscle invasive bladder cancer or interstitial cystitis/bladder pain syndrome. The document was approved by the Board and is now available in the AUA website.

- Robotic Surgery: Standard Operating Procedure: Additional updates to the document was approved by the Board and is now available in the AUA website. This document can be used as a guideline by the membership desiring credentialing for robotic procedure.

- Testosterone Replacement Therapy Position Statement was approved by the Board and is now available in the AUA website.
- AUA Quality Registry: AQUA: Participating in AUA Quality Registry will provide (i) Reimbursement support through submission of quality measures to the center for Medicare and Medicaid services (ii) Treatment and outcome association (iii) Patient reported outcomes (PRO) (iv) Physician performance reports based on clinically validated and comparative data (v) Maintenance of certification (vi) National benchmark for diagnosis, treatment and performance.

- AUA is strongly encouraging membership to participate in the AQUA data registry. For more information visit [www.auanet.org/aqua](http://www.auanet.org/aqua).

- Annual Meeting: 2016: San Diego, CA: May 6 – May 10. New features include: operative outcomes and patient safety sessions, second opinion, new surgical techniques etc.

- Statistical Services for Membership: This is a new fee for service to be provided by the AUA.

- Membership who need assistance for statistical services for their scientific work. Please call +1-410-689-4077 or [dataservices@auanet.org](mailto:dataservices@auanet.org).



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

### **New Practice Developments**

- CMS released the 2016 Medicare Physician Fee Schedule final rule established a reduction in the current conversion factor, which appears likely to be fully offset by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) with its 0.5% update.
- The Bipartisan Budget Act of 2015 eases budget caps allowing \$80 billion, raising the debt ceiling and blocking a significant increase in Medicare premiums for an estimated 15 million seniors. It also extends the 2% reduction in payments to doctors and hospitals for an additional year, through 2025.



#### 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 ([michelelilij@aol.com](mailto:michelelilij@aol.com))

Thank You!!

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

In addition, this law is set to equalize Medicare payments among service settings by limiting hospital-acquired practices which are not integrated into a hospital's main campus to billing under less lucrative payment systems. This would apply to satellite offices more than 250 yards from main campuses, is expected to take effect in 2017, and save an estimated \$9 billion over 10 years. It may also provide a disincentive to hospitals for continuing to acquire practices, and potentially begin curbing that practice trend.

- CMS published the final rule for Stage 3 of Meaningful Use, and modifies Stage 2 for 2015 through 2017. As proposed, CMS adopted a 90 day reporting period in 2015, however for 2016 and 2017, only new providers can report on a 90 day period—all others must report a full calendar year during those years.
- ICD 10 transition should be complete for all practitioners- ICD 9 should only be used for services on or before 9/30/15. For hospital inpatient claims, CMS instructs to use the date of discharge rather than date of service to determine whether to use ICD 9 or 10.
- On 9/30/15, The Building a Health Care Workforce for the Future Act was introduced in the senate, offering incentives for primary care and specialists to practice in underserved areas, create scholarship programs in which recipients agree to serve in designated shortage areas, and similar incentives. It also commissions a future study for less burdensome documentation requirements for Medicare. These changes are all geared towards addressing the workforce needs of both primary care and specialists, and remains a priority for the AUA.



### Urology Coding Tips:

The coding for the treatment of a bladder neck contracture has recently changed in part with the addition of the new ICD-10 coding system. The correct coding is based on the etiology of the contracture in the male patient.

For a congenital contraction use ICD-10 diagnostic code Q64.31, *congenital bladder neck obstruction* and for the incision of the congenital bladder neck contracture use CPT code 52400, *cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital hypertrophic mucosal folds*.

When the bladder neck contracture is secondary to benign prostatic hypertrophy (BPH) localized predominately at the bladder neck, code 52450, transurethral incision of the prostate...bladder neck to the verumontanum, 52450-52 for transurethral incisions just at the bladder neck, or 52500, *transurethral resection of bladder neck*. Use ICD-10 diagnostic code N32.0, *bladder neck obstruction*.

For a postoperative bladder neck contracture such as after a TURP, 52601, report 52640, *transurethral resection of postoperative bladder neck*, 52640-52 incisions only at the bladder neck, or 55214, laser incisions of the bladder neck.

Recently "postoperative bladder neck contractions" occur most frequently after a radical prostatectomy. However, although one often refers to a bladder neck contracture occurring after the prostatectomy, the bladder neck has been removed with the whole prostate gland during the radical prostatectomy and what we really have is a stricture at the anastomosis of the urethra and bladder, (a new "bladder neck")...a stricture at the membranous urethra, ICD-10 diagnostic code N99.112. For coding for the treatment of this stricture use CPT code 52276, *cystourethroscopy with direct vision urethrostomy*.

For further information on the proper coding of the treatments of bladder neck contracture or any other urological coding problems, call Michael A. Ferragamo MD, FACS, at 516-741-0118.

## Membership News:

**Save the Date - AUA 2016 Annual Meeting, May 6<sup>th</sup> – 10, 2016**  
**San Diego, CA – Registration opens in December**



**REGISTER EARLY AND BE ELIGIBLE TO WIN AN UPGRADE TO A JUNIOR  
SUITE!!**

*The New York Section, AUA Presents:  
The 114<sup>th</sup> Annual Meeting, Prague Czech Republic  
September 11<sup>th</sup> – 17<sup>th</sup>, 2016*

Meeting President: Dr. Ivan Grunberger (New York Methodist Hospital)  
Scientific Chairmen: Dr. Reza Ghavamian (Montefiore Medical Center)  
Dr. Jaspreet Sandhu (Memorial Sloan Kettering Cancer Center)  
Dr. Ojas Shah (Columbia University Medical Center)

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