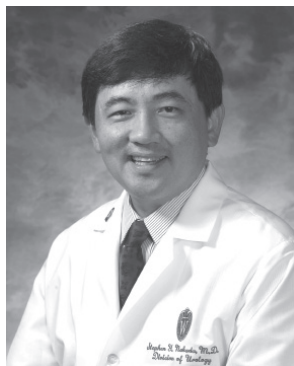


President's Message by Stephen Y. Nakada, MD



Stephen Y. Nakada, MD

These are challenging times in our great country, and now more than ever we should be thankful for the things we have, and the great privilege it is to be practicing urology. Deanna and I hope you had an enjoyable winter season, and we are delighted to invite you to the NCS Annual Meeting in Scottsdale, Arizona this November. The Camelback Inn is an absolutely beautiful resort, and it is wonderful to return there, after nearly twenty years. Indeed, the annual meeting is the highlight of our academic calendar, and this year it is a particular honor to preside over this great meeting and event. Rest assured, we will do our very best to make this a memorable meeting for you.

This year's academic program will focus on minimally invasive urology and stone disease, but the program will remain broad and with great depth. Moreover, this year we hope to have many of our past presidents at the meeting, as this is a perfect time to honor them as well as our honoree, Dr. David Uehling. Specifically, our secretary, Dr. Howard Winfield, has created a spectacular program using the resort format, with course offerings including health policy, robotics, and state-of-the-art presentations by Drs. Glenn Preminger, Dean Assimos, Ray Leveillee, Ronald Rabinowitz and Margaret Pearle, to name a few. Notably, we will have several AUA officers on hand, and we have planned a special session discussing "The State of Urology in 2009."

We plan to continue bizarre and interesting cases, the NCS Bowl, and flurries of diverse breakout sessions. My Presidential Address will be a history of the NCS for the past twenty years. Who knows, you may be included in the retrospective! Our local arrangements couple, Dr. and Mrs. Manoj Monga, have worked hard on a wonderful social program. Without a doubt, Scottsdale in November is a superb setting for countless leisurely activities to unwind at the end of the day.

It has been an honor to work with the Executive Committee, the Program Committee, and the Board of Directors. I would like to give special thanks to our adept treasurer, Dr. Peter Knapp, to our local arrangements chair couple, Dr. and Mrs. Manoj Monga and to Dr. Howard Winfield, our secretary. And last but not least, many thanks to WJ Weiser and Associates, who continue to do a simply outstanding job for our Section.

It has been most humbling and rewarding serving you as this year's president. Deanna and I look forward to seeing you and spending time together at the Camelback Inn this fall!

Secretary's Report

by Howard N. Winfield, MD

The 83rd Annual Meeting of the North Central Section will be held in the beautiful surroundings of the Camelback Inn, a five-diamond JW Marriott hotel in Scottsdale, Arizona, November 9 – 14, 2009. In preparation for another potentially harsh winter, this may be an ideal way to ease the discomfort. Furthermore, the warm weather will be augmented by the old and new friendships that are encountered at such meetings.



Howard N. Winfield, MD

**2009
Pre-Convention
News**

TABLE OF CONTENTS

President's Message.....	1
Secretary's Report.....	1
Treasurer's Report.....	2
From the Representative to the AUA.....	3
AACU Government Affairs Mid-year.....	3
Plan to Attend.....	6
Special Note.....	6



As has come to be expected, we are planning a very educational and fast-moving program with numerous podium/poster presentations, pro-con debates and round table discussions of controversial and cutting-edge topics, as well as early morning breakfast breakout sessions. This year the invited guest speakers include Drs. Margaret Pearle, Glenn Preminger, Dean Assimos, Ray Leveillee and Ronald Rabinowitz, all of whom are authoritative leaders in their respective subspecialty fields. Due to the increased importance of health care management, we are fortunate to have Dr. Steven M. Schlossberg who will be giving our AUA Course of Choice entitled, “*Urology Practice Presentation and Governance, Recruitment and Physician Phase Out*”. This will be held on Monday, November 9th from 9:00 a.m. – 12:00 p.m. and will certainly address many of the changes we can expect in health care reimbursement. In the afternoon on that day, (1:00 p.m. – 5:00 p.m.), we plan to have a new program of *unedited, raw* video of robotic surgical procedures, presented by four leading surgeons in our Section. It’s about as close to live surgery as we can come.

We will have a unique situation this year at the Presidential Round Table Discussion on Friday, November 13th. In attendance will be the AUA President Dr. Bueschen, AUA Secretary Dr. Flanigan, AUA Treasurer Dr. Memo; AUA Secretary-Elect Dr. Preminger and AUA Past President Dr. Ross. This should be a real “shootout,” which I’m sure Dr. Nakada will incite.

The social events of the meeting are expected to exhibit fine Arizona hospitality, bathed with beautiful weather. Our local arrangements couple, Dr. and Mrs. Manoj Monga and our presidential couple, Dr. and Mrs. Steve Nakada have organized a fun and elegant program. Further details of the meeting will follow during the summer months.

At the recent Interim Board of Directors Meeting held in Chicago on January 31, 2009, congratulations were given to Dr. Rich Memo for his election as AUA treasurer and to Dr. Richard Williams who will be receiving the coveted Hugh Hampton Young Award in April at the AUA annual meeting. Dr. Dennis Pessis will be ascending to NCS Representative to the AUA in April.

Matthew Simmons, MD, PhD, was the inaugural recipient of the AUA North Central Section Endowment Research Scholarship Award. The research entitled “*Effects of RCC Derived Glycosphingolipids on T Lymphocyte Function*” will be carried out at the Cleveland Clinic.

The financial report, given by our treasurer, Dr. Peter Knapp, was not the high point of the meeting, but Peter is “holding the sails tight” and the Section is still in a good financial state. Of note to the membership is that our annual meeting and educational mission will not be compromised. We continue to offer \$1000 to supplement the expenses of each resident who will be presenting at the upcoming November meeting in Arizona. In addition, we will continue to fund our Section scholars and Young Leaders in their academic and professional endeavors.

A moment of silence was held in memory of the Section’s members who have passed away since our September 2008 meeting. Special mention was made for two of our true giants, Dr. Andrew Novick and Dr. John Donohue.

It is amazing to me how quickly time passes and that I am already half way through my three-year term as secretary. This means that I must be having a great time in this position and am truly blessed by the support of the other members of the Board, as well as my lovely wife Lori! Since my term ends in September 2010, we will therefore be taking nominations for secretary-elect to be determined at the upcoming annual meeting.

In closing, Lori and I wish you a wonderful summer and we look forward to welcoming you all in Scottsdale, on November 9 – 14, 2009.

Treasurer’s Report

by Peter M. Knapp, Jr., MD



Peter M. Knapp, Jr., MD

The NCS Board met at its interim meeting in Chicago, January 31, 2009, to continue work on the upcoming NCS Annual Meeting, November 9 – 14, 2009, in Scottsdale, Arizona. Our president, Stephen Nakada, MD, local arrangements chairperson, Manoj Monga, MD, and secretary, Howard Winfield, MD, are planning an exciting and educational meeting.

The Finance Committee met prior to the Board meeting to review the finances of the NCS. The 2008 NCS Annual Meeting in Chicago was both an academic and financial success. Registration at the Chicago meeting was high and expenses well managed, resulting in a significant meeting surplus. The Finance Committee recommended a portion of the surplus be transferred to the Educational Fund for future use.

The Educational Fund interest and dividend gains were offset by marked asset depreciation resulting from the general market decline of 2008. Cash overweight in asset allocation helped buffer the decline, but the Educational Fund posted a decreased value of -31.4%. The decreased valuation was consistent with the DJIA decrease of -31.9% and the S&P Index decrease of -37%. Asset allocation in the fund remains consistent with the long-standing NCS Board Guidelines of 50% - 60% equities, 20% - 40% fixed income, and 0% - 20% cash with the exception of a cash overweight of 30%. The Finance Committee recommended continuing with the established NCS Educational Fund Asset Allocation Guidelines as Merrill Lynch fund advisors prepared investment recommendations for 2009.

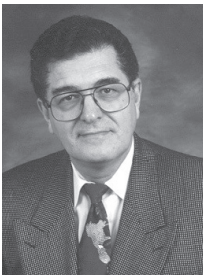
Funding for the NCS/AUAF 2009 – 2010 scholar was to come from the newly formed NCS/AUAF Scholar Fund. The negative asset performance experienced by the NCS/AUAF Scholar Fund did not provide funding for the 2009 – 2010 NCS/AUAF Scholar. The Finance Committee and the NCS Board approved a proposal from the AUA to have the AUA provide funding for the 2009 – 2010 NCS/AUAF Scholar in light of the negative fund performance.

The NCS Board approved continued support of the resident stipend for residents presenting an academic paper or poster at out of section annual meetings. The NCS Board also approved continued funding of the International Volunteers in Urology Fellow for 2009 – 2010. Despite historically low NCS Educational Fund Performance, the NCS Board looks forward to continued support of its educational objectives.

I would like to invite all members, residents, and guests to join our new president, Stephen Nakada, MD, for our 83rd NCS Annual Meeting on November 9 – 14, 2009 in Scottsdale, Arizona. Dr. Nakada and the local arrangements chairperson, Manoj Monga, MD are planning another outstanding NCS meeting to provide an exceptional educational opportunity, along with the opportunity to meet with friends and colleagues at a relaxing location. We look forward to seeing all of you at the upcoming Scottsdale meeting.

From the Representative to the AUA Board of Directors

by Richard A. Memo, MD



Richard A. Memo, MD

Springtime is prime time for the American Urological Association. Preparations for the annual meeting in our Section, in Chicago, Illinois, are complete. The meeting, held April 25 – 30, 2009, has met projections of attendance and sponsorship.

Education programs under the guidance of Dr. Robert Flanigan, AUA secretary, and Dr. Glenn Preminger, AUA education chairman, include the unveiling of the laparoscopic simulator

training course, more interactive and hands-on opportunities, and ninety-one instructional postgraduate courses.

On the research front, the American Urological Association Foundation continues to invigorate our research efforts. Hopefully, new money from the Congressional stimulus bill will give us the long-pursued urologic disease presence we have sought at the National Institutes of Health. Dr. Anthony Schaeffer and Dr. Richard Williams of our Section have been in key leadership roles with the Foundation. The 2009 Research Scholar Program had forty-nine applications, a record for the Foundation. Four of the thirteen awarded Research Scholars were from our Section: Matthew Simmons, MD, PhD, and Haihong Jiang, MD, PhD, from the Cleveland Clinic; Guang Jia, PhD, from the Ohio State University; and Joshua Meeks, MD, PhD, from Northwestern University.

Health policy issues continue to increase the attention of university and community urological practitioners. Governmental health policies, mandates, and regulations require the watchful eye and response of urological organizations, as well as individual providers. There will be plenty of interactive opportunities at the AUA and AACU activities.

On a personal note, with the nomination and support of the Section, I have been selected the nominee for the American Urological Association treasurer position. The election is held Wednesday, April 29, 2009. There are many people to thank for their support and effort to accomplish this opportunity.

If elected, I will give my best effort to represent the Section well. There is a tradition of the NCS providing strong leadership to the AUA and the AUAF. I thank the Section and its members for the opportunity. I'm available for comments or conversation at richmemo@yahoo.com. I want to keep the AUA one click or call away from its members.

Federal Affairs Update

by Bonnie Shadid, JD – AACU Federal Affairs Manager

Physician-Owned Hospitals

In January, Congress introduced HR 2, the main purpose of which was to extend the State Children's Health Insurance Program (SCHIP). As originally introduced in the House, however, it also included an extremely onerous provision that would have essentially ended physician-owned hospitals in this country. The section would have limited referrals to hospitals owned by the physician to only those facilities that had physician owners or investors on January 1, 2009 and were eligible for Medicare reimbursement through a provider agreement on that date. Even facilities already in place would not have been able to change the percentage of physician ownership as it stood on that date, nor could they have expanded, except in extremely limited cases approved by the department. Any referring physician owner or investor would also have been required to disclose that information to the patient prior to the referral. Medicare currently exempts physician-owned hospitals and rural providers from the self-referral restrictions for designated health services. This change, if it had become law, would have removed that exemption for all facilities not already operating and owned by physicians as of January 1, 2009.

After a strong advocacy campaign by several physician groups, including the AACU, the provision was not included in the Senate version of the bill nor was it included in the final negotiated bill, which was signed into law on February 4, 2009.

Health IT Provisions

Legislation regarding HIT has been introduced both as independent legislation and as part of other, larger pieces of legislation. Most notably, the federal stimulus bill, signed into law on February 17, 2009, included incentives for physicians to use HIT in their offices and practices. The

law would provide payments over five years to practices that implement HIT in their offices. The maximum amount a physician could receive in HIT bonuses would be \$44,000 over five years, with the initial maximum payment of \$18,000 in the first year. There is no provision in the legislation regarding when the system was initially purchased, so those practices that have already invested in these systems are also eligible for these payments. Beginning in 2015, the legislation also imposes Medicare payment reductions, starting at 1%, for physicians who do not implement these systems, although there are exceptions for extreme hardship cases. While there is no specific mandate in the legislation for physicians to implement HIT systems, the payment reductions could have such an effect.

Health Care Reform

Health care reform is a perennial topic of legislation and this year is set to be one of the most active. Several bills have been introduced to create national health care systems. These single-payer health systems do not have bipartisan support, however, so their passage would require extensive negotiation in order to secure enough votes. The president convened his White House Forum on Healthcare Reform on March 5, 2009, which had over 120 participants, including members of Congress, as well as representatives from physician, consumer, insurance, labor, and employer groups. This meeting was an initial gathering of key participants in the health care debate and was meant to start the process toward a reform bill expected to be introduced this summer. The White House also announced that regional meetings in California, Iowa, Michigan, North Carolina, and Vermont would be held in the upcoming months, although specific dates have not been released. While the tone of this initial meeting was positive, discussions are expected to be contentious. Most recently, two labor unions – the American Federation of State, County and Municipal Employees (AFSCME) and the Service Employees International Union (SEIU) – have announced that they will no longer be participating in a coalition on health care reform. The coalition, known as the Healthcare Reform Dialogue, is headed by the American Hospital Association and includes representatives of physicians and other providers, consumers, insurers, drug companies and employers.

Kansas Governor Kathleen Sebelius was named as the new nominee for HHS Secretary on March 2, 2009. Governor Sebelius was an early name mentioned as a member of Obama's cabinet immediately following the elections, but removed her name from consideration, citing the need to remain in her state during difficult budget times. The Governor is in her second term and is legally prohibited from running for a third term. She is the former state insurance commissioner and director of the state's Medicaid program. Also on that day, the president announced that Nancy-Ann DeParle would serve as counselor to the president and director of the White House Office for Health Reform. Ms. DeParle was the CMS administrator (then known as the Health Care Financing Administration) under President Clinton and was commissioner of the Tennessee Department of Human Services, as well as a member of MedPAC. She is currently the managing director for health care at a private equity fund and has served on the boards of several healthcare companies, including Cerner Corporation (health IT), Medco Health

Solutions (pharmacy benefit management), and Boston Scientific.

President's Budget Proposal

The budget proposes a \$634 billion "reserve fund" to be created over the next ten years to finance health care reform. Roughly one-half of this amount would be raised by increased taxes on couples earning more than \$250,000 per year and individuals earning more than \$200,000 annually. The remainder of the money would be generated through cost reductions, mainly in Medicare and Medicaid expenses.

The proposal contains several issues of concern for physicians in general and urologists in particular, although there are no details at this point. First, the budget includes \$329.6 billion over the next ten years to reflect the administration's assumption that Congress will eliminate the scheduled Medicare physician payment reductions under the current SGR formula. The document also states, however, that this is only an assumption of what Congress will do and is not necessarily a statement as to the administration's position on this issue. It states, without explanation, that the administration supports "comprehensive, but fiscally responsible, reforms to the payment system." The Medicare cost savings proposals also include bundled payments for hospitals and post-acute care services and reductions in benefits for hospital readmissions.

The budget also includes a statement that it seeks to address "financial conflicts of interest in physician-owned specialty hospitals." There is no explanation of this statement and no dollar amounts it seeks to save with this proposal. Of great concern, it also proposes mandating the use of radiology benefit managers for imaging services and estimates that this change will save \$260 million between 2011 and 2019. Again, there is no further explanation of this proposal, although it would seem to be related to a 2008 Government Accountability Office report that recommended Medicare require prior authorization for imaging services.

"...Health care reform is a perennial topic of legislation and this year is set to be one of the most active..."

Plan to Attend:

**NCS 83rd
Annual Meeting
November 9 – 14, 2009
Camelback Inn,
A JW Marriott Resort & Spa
Scottsdale, Arizona**



**For more information,
visit: www.ncsuaa.org.**

State Government Affairs Update: AACU State Society Network for the North Central Section of the AUA

by Matt Swentkofske AACU State Affairs Manager

For more information about these bills or any other state legislation, visit the AACU website at www.aacuweb.org or email statesociety@aacuweb.org.

Overall

2009 promises to be an active year for state legislatures around the country. All fifty states plan to be in session, with Democrats in total control of twenty-seven states and Republicans in control of fourteen states. Eight more legislatures are split with Republicans holding onto power in one house while Democrats control the other house. A few power shifts occurred in the past November elections in states within the North Central Section. The **Wisconsin** Assembly shifted from Republican control to Democratic. The **Wisconsin** legislature and governorship is now all controlled by Democrats. The **Ohio** House also flipped with Democrats taking over power with a few seats to spare.

Pathology and Ambulatory Surgery Centers

In **Indiana**, Rep. Frizell introduced HB 1231 in January 2009. The bill prohibits providers from directly billing for the technical component of anatomic pathology services that are not performed by the provider or under his or her supervision. In **Illinois**, Senator Heather Steans introduced Senate Bill 1617 which will place the same charity care requirements on Ambulatory Surgery Centers (ASCs) as have always been placed on hospitals.

Balanced Billing

With health care costs continuing to soar, while reimbursement continues to decline, urologists keep getting reimbursed less and less for the services provided to patients. Typically this occurs when an insurance plan covers less than what the service actually costs. States are continuing an onslaught against urologists by banning this practice outright. However, there is some light at the end of this tunnel. **Minnesota**, which banned this practice two years ago, is looking to repeal it in House Bill 1027.

Medical Liability Reform

With medical malpractice insurance rates for **Illinois** physicians actually stabilizing, some in the Illinois General Assembly believe this is the time to reverse this trend. Senate Bill 184 is legislation being pushed by the trial attorneys that will impose prejudgment interest on medical malpractice and other verdicts. SB 184 will unnecessarily increase payouts in medical malpractice litigation, blemish innocent physician's records and drive up insurance costs.

Certificate of Need

As you already know, certificate of need (CON) laws are attempts by state governments to artificially restrain health care costs by government over-regulating the planning of new services and construction. The basic assumption underlying CON regulation is that excess capacity (in the form of facility overbuilding) directly results in health care price inflation. Certificate of need laws in fact do not reduce health care costs and, to the contrary, impose additional costs and may lead to anti-competitive actions. In **Iowa**, House Study Bill 191 will study changing existing certificate of need regulations including eliminating the current exemptions for the construction, modification, or replacement of non-patient care services, including parking facilities and medical office buildings, and other projects of a similar nature.

“...As you know more than 186,000 men in the United States will be diagnosed with prostate cancer this year, and the best way to confront this disease is with early detection...”

Prostate Cancer

As you know more than 186,000 men in the United States will be diagnosed with prostate cancer this year, and that the best way to confront this disease is with early detection. A few states across the country are taking heed of these statistics. **Illinois** House Bill 1033 provides for Medicaid eligibility for uninsured persons who are not otherwise eligible for medical assistance that have been screened and found to need diagnostic evaluation or treatment for prostate or testicular cancer.

Save the Date: State Society Network Advocacy Conference

Thank you for the efforts of all urologists across the country. Your active participation will be the only way to achieve legislative success in 2009. The 2009 State Society Network Advocacy Conference is scheduled for September 11 – 13 in Chicago, Illinois. If you have any questions or would like more information, please log on to the AACU website at www.aacuweb.org or email questions to statesociety@aacuweb.org.

NCS WOULD LIKE TO RECOGNIZE AND
THANK OUR 2008 CORPORATE MEMBERS:

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Pfizer, Inc.

Special Note:

At the interim meeting, the Board of Directors agreed to accept the new pattern of resort style meeting (Tuesday through Saturday), which will go into effect in 2011.

- Tuesday: Board/Committee Meetings and Seminars
- Wednesday: Full day of Scientific Sessions
- Thursday: ½ day of Scientific Sessions and the Young Urologists Program
- Friday: ½ day of Scientific Sessions
- Saturday: ½ day of Scientific Sessions and Conclude



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Post-Convention News 2007