

January 2005

Dear Colleagues:

I feel the start of this New Year 2005 can be best described as bittersweet. As I take the helm as President of the New York State Urological Society I am excited by all that we expect to accomplish this year, however I am disheartened, to say the least, when I think about issues such as the continual reduction in LHRH reimbursement and the effect it is having on our patients and our practices.

As I begin my term as President, my goal is to follow in the footsteps of my predecessors in continuing to educate our membership and fight to preserve the sanctity of our specialty. I feel it my responsibility to make you aware of the current issues involving our Society, our specialty and our profession.

What I would consider the most urgent and critical issue currently facing Urologists is the reduction in LHRH and the application of the Least Costly Alternative (LCA) policy. The reduction in LHRH is going to have a severe negative impact on our practices and our patients. Beginning January 1, 2005 the reimbursement for LHRH drugs is based on 3rd quarter 2004 ASP (average sales price) data plus 6%. This will cause an approximate 36% decrease in reimbursement from the 2004 payment. We are in a very grave situation that has inadvertently been created through continued application of the Least Costly Alternative (LCA) policy in the 2005 drug reimbursement environment of Average Sales Price (ASP) plus 6%. **It is crucial LCA be repealed or suspended immediately for the sake of all urologists and prostate cancer patients in NYS.** Every prostate cancer patient in NYS treated with LHRH therapy by a private urologist is at significant risk of having their care displaced back to the more expensive facility environment where Medicare still reimburses at Average Wholesale Price. The only solution is to transfer patient's oncologic care outside of the office, which will ultimately lead to increased costs, inconvenience and a decrease in the quality of care to patients. Dr. Datta Wagle has been working very hard with state Medicare Directors along with the National Health Policy Council to try and get the LCA repealed. In the upcoming weeks and months, we will update you as to the progress that is being made. **I urge each one of you to write to your Congressmen, Legislators and Medicare Carriers regarding this issue!**

The good news is with the advent of new technologies that Urologists can perform in the office settings, we can offset some of the financial loss we are facing while continuing to provide high-quality, cost-effective care to our patients. Various techniques of thermotherapy and laser techniques for prostate treatment are two treatment approaches that would be beneficial to investigate. In addition, there is a variety of treatment options for bladder and pelvic floor rehabilitation that can be performed in the office setting.

Medical liability reform is another issue by which we have all been intimately affected. It is our hope that the Senate will pass legislation that calls for reforming the nation's current medical liability system. Many states, including downstate New York State, premiums have increased dramatically and will continue to increase if something is not done. Although it may be necessary to compensate those who have been wrongfully neglected, there needs to be a system in place that is fair to both patients and physicians. We have members in our Society who are on the Board at the AUA and AACU who are actively lobbying for reform and we will continue to do so.

The AUA is working to put a stop to the American College of Radiology's fight to create an accreditation and credentialing process for all providers who want to perform radiology services in their offices in order to eliminate non-radiologists from performing services such as CT, PET and MRI (services such as prostate ultrasound is not targeted). We, as Urologists, are going to have to be sure that the guidelines established are reasonable and not set up solely for the purpose of excluding non-radiologists.

On a lighter note, I am pleased to report the New York State Urological Society, Inc. has developed a website that will allow members to find out who their Congressmen and local Legislators are. The site will also allow our members to view the Society's member listing, past newsletters and current socioeconomic issues relating to Urology on a state as well as national level. The website can be accessed by going to www.nysurologicalsociety.org. Our hope is that the website will continue to evolve providing useful as well as educational information to all our members. Please use the website for useful information and critical updates in addition to contacting our Executive Committee members regarding your questions, concerns and needs. As a member of the Society you can submit your concerns or ideas through the website and they will be addressed at the next bi-annual Executive Committee meeting. In the near future we will have a page on the site entitled "Coping with Coding" where Dr. Michael Ferragamo, Jr. will be giving us valuable coding tips and tools. You will be able to e-mail him directly with any of your coding questions.

The American Association of Clinical Urologists (AACU) has also committed to addressing our socioeconomic needs. They have formed a State Society Network to assist state societies in their local as well as national needs. You can also e-mail them at statesociety@aacuweb.org with your concerns and needs. It is important to get involved in order to make positive changes for our patients and our practices. I encourage you to attend the upcoming Washington Update being held in Washington D.C. on April 3 -5, 2005 and make your issues known.

There are no quick solutions to many of the issues facing us, but we can help facilitate these changes by getting involved, contacting our local, state and federal representatives, and encouraging our colleagues to do the same. I can promise you that as President of this Society, I will work with our Executive Committee, the AACU and the AUA to continue to fight to enact changes in systems that are flawed and to uphold the policies that allow us to continue practicing efficiently and cost-effectively while still maintaining the highest quality of care to our patients.

Sincerely yours,

Majid Eshghi, M.D.