Greetings!

I can’t say enough how excited and proud I was to see such an amazing turnout at the Inaugural UAPA Annual Conference! There were over 80 attendees represented by 26 states! There was clearly an energy that went beyond the city in which the conference was held. I was excited to hear how many of you talk about your desire to get more involved with UAPA. In addition to the CME offered at this meeting, there was an excellent exchange of ideas and networking that will prove to be invaluable now and in the future! I would like to thank our esteemed faculty for their outstanding presentations and teaching at the hands-on workshops. I would also like to thank our promotional partners for their support and look forward to their continued involvement with UAPA. Last but not least, I would like to thank our Planning Committee, WJ Weiser & Associates and the UAPA Board of Directors for their efforts toward making this such a successful inaugural meeting! It is the mission and vision of the UAPA to see continued growth and momentum in the coming months and years. It is our hope and wish that all the attendees will be excited to get more involved and help the professional and educational growth of our fellow PA colleagues in urology. We look forward to seeing you all in New Orleans in January 2013!!
It was truly an “ah-ha” moment. The dream of Dan Lamont and Dan Vetrosky more than 15 years ago was that the UAPA would have an event just like the one that we held in Las Vegas in January. When the UAPA was restarted in 2006, I said that we were not ready to put on that type of production. That was just WRONG! The meeting was outstanding. It was great to see old friends and meet new ones. What is more important was to be in an environment where we talked about what we do daily, and they got it! Comparing my technique versus those of others and learning new ways was extremely beneficial. I have already made many changes in how I manage some of my patients. The lectures were to the point and taught me different approaches to urology. Brad Hornberger and Todd Doran did a superb job in soliciting speakers that were on target for us and WJ Weiser & Associates put it all together without a hitch. I am really looking forward to meeting again in January 2013.

As I boarded the plane from New Hampshire to Las Vegas I anxiously anticipated what I knew could be a great meeting. I must say, the conference certainly was a success. On a personal level it was very nice to finally meet the other members of the UAPA Board after many different conference calls over the course of the last couple years. I think it’s always nice to be able to put a face to the voice. Of course it was quite an experience meeting so many other fellow urology PAs. The resounding message I heard from many participants was that it was good to be able to network with other PAs and see the wide range of practices we all belong to. I think it is always beneficial to hear someone is having similar problems or even successes and good to know that there are others in the same boat. Most attendees I interacted with enjoyed all the hands-on breakout sessions and “words of wisdom” from those already proficient in the area. All in all, in my mind, this first annual meeting was a great success and most members are already looking forward to next year. Lastly, the WJ Weiser & Associates staff was outstanding and all of them should be applauded for their expertise and great support. I know along with our two co-chairman, Brad and Todd, they played a pivotal role in the success of this conference. Looking forward to New Orleans!

As co-chairs of this event, Brad Hornberger and I want to thank the attendees, faculty, industry partners, the Board of Directors and WJ Weiser & Associates for a superb inaugural CME event. It is no secret that I have high expectations of myself and those I work with, but in all honesty this event exceeded mine and I expect yours. The Planning Committee is in the after action process to assess what went well and what may have missed the mark. The cystoscopy course was a highlight for most but we want to know what else really had broad appeal. We will be working with all of you as part of that assessment to make next year’s event in New Orleans January 2013 to be an even better event.

We are currently looking for Planning Committee members to assist us in determining the content for next year and developing a faculty to deliver it. You can expect that we will retain a robust hands-on content requiring coordination and faculty to pull it off. You can contact me directly at todd.j.doran@vanderbilt.edu if you’re interested in giving a presentation or volunteering for this committee. The committee meets via phone approximately once a quarter and then monthly right before the event. This is a chance to get involved with UAPA and interact with other peers.

In the case of a PA that is primarily clinically based, we use a system that pays a base salary and has a bonus compensation formula based on net revenue and a production quota (billing amounts and RVUs). In this case, the PA would be paid an agreed upon percentage of the net revenue above the production quota. This is in some cases negotiable. If such a formula is not in place, the employer has the “upper hand” initially because they are usually in sole possession of the production numbers. If they are willing to share the numbers with you, you can get a historical picture to see whether the PA has had increasing production over the years. This is important for the PA during salary negotiations.

It is a complicated process but it is slowly becoming clearer. The inherent problem in either scenario is the ever-changing climate of compensation for physicians and PAs with changes in Medicare and 3rd party payer reimbursement shrinking. The Medical Group Management Association (MGMA, www.mgma.com) has compiled excellent information regarding the benefits of adding a PA to a practice in spite of declining reimbursement. Hopefully my formulas will be able to factor in these changes or at least make it easier to negotiate salaries for PAs in urology.
Attendees would agree that a lot of thought and effort went into this breakout session. I’d like to thank fellow faculty Brad Hornberger, MPAS, PA-C, Lou Koncz, PA-C and Doug Milam, MD in delivering the session with expertise. I’d also like to thank Karl Storz Endoscopy, our industry sponsor, for providing the equipment. Most of the attendees understand the controversial nature of this delegated task, and prior to the conference, I met with AUA and AAPA representatives to put together a curriculum that would have broad appeal. The course objective was to familiarize attendees with flexible and rigid cystoscopy for those that assist with the procedure and those wanting to perform the procedure for difficult catheter placement and ureteral stent retrieval.

Attendees were taught how to put a rigid cystoscope together and successfully place it into the bladder of a simulated male model while using the working channel to retrieve a ureteral stent with graspers. Another station taught attendees to place a guide wire into a male bladder model using a flexible scope and placing Heyman dilators over the guide wire. Ultimately, a council tip catheter was placed over the guide wire into the bladder to simulate difficult catheter placement. This was a well-received course and the faculty will be looking at attendee feedback to improve upon the content. We look forward to giving this again in New Orleans.

I was responsible for the hands-on session that addressed penile prosthesis. The turnout to the hands-on sessions was excellent despite being at the end of a busy day. At my “station” we focused on the different types of penile prostheses and the various ways that physician assistants can become a more integral part of managing the patients who are interested in prostheses as an option for treatment of erectile dysfunction. I was quite amazed how few PAs are actually involved in counseling patients about the potential benefits of penile prostheses as an option for the treatment of ED. Most seemed to be involved in post-operative care but few discussed the details of prosthesis placement with patients or were involved in peri-operative patient management. I discussed ways that PAs can become more involved in prosthetic urology, and how their involvement can be a tremendous asset to their attending physicians. I believe this motivated several PAs to consider a more active role in this unique area of urology.

During the urodynamic break-out session two hands-on manufacturers were present. LABORIE was one company with equipment using wireless air charge catheters and Life Tech as the other with water charge catheters. The groups were split in half and rotated to each site during the session to obtain an understanding of both equipment types and uses. Urodynamic set up was reviewed, running a session and some trouble shooting techniques. Handouts were provided to the groups that included case studies and patient education about the procedure itself. We had several great questions. Hopefully in the future we can provide an interpretation course in addition to the hands-on.
Featured UAPA Member:
Kevin J. Torrens, PA-C

The UAPA features one member for each edition in the newsletter. We hope members enjoy this addition to the newsletter, as well as learn more about their fellow members and their practice.

Q: What first sparked your interest in becoming a urology PA?
A: When my father was diagnosed with BPH and an elevated PSA, I contacted one of my “go-to” urologists and had a long conversation about the significance of those diagnoses. That eventually led to another conversation about moving to urology...about a year later. Well, that was three years ago. I joined a great practice with nine physicians and now four midlevel providers.

Q: What is your biggest accomplishment since you have become a PA?
A: I spent four years in emergency medicine and six years in interventional radiology, now three years in urology and the biggest accomplishment since I have been a PA is to help patients understand their diagnosis in plain terms. All that medical jargon confuses patients. I generally have more time to spend with the patients and can eradicate some of the fear and confusion they face.

Q: How has the field changed since you first entered it? How do you see the role of the PA in urology changing in the future?
A: Each year I see more of my own patients. Each year I am performing more procedures. And to transition into the next question, PAs are being more thoroughly integrated into the practice of urology each year. We are very often the first contact patients have with the practice. We are a critical part of the liaison with other disciplines and I see that role expanding as the next decade brings very serious challenges to all practices attempting to deliver excellent medical care in an increasingly difficult world of managed care.

Q: What is the most satisfying part of your job?
A: I am fortunate to work with physicians who are very willing to teach, and that always translates to better service to the patients and the practice in general. I am also involved in some research, which also benefits patients and urology in general. But the most satisfying part of my job is assisting the patients in becoming more educated about their diagnosis.

Practice Profile:
Premier Medical Group
Poughkeepsie, New York

Q: What is the background and history of your practice?
A: We are a large multi-specialty practice with nine urologists and nine gastroenterologists. I am only one of four midlevel providers, two are PAs and two are NPs. We are the largest urology practice between Westchester and Albany, New York.

Q: When did you start at your current practice?
A: I began at the practice in July of 2009.

Q: What do you like most about your practice?
A: I work with excellent physicians who always put the patient first. We support five offices and three hospitals, and that’s not always the easy thing to do. I enjoy the challenge of a continuously evolving field.

Mark Your Calendar:

We are looking forward to the fast approaching AAPA meeting from May 26 - 31, 2012, in Toronto and wanted to keep you informed of two important UAPA opportunities:

**UAPA Member’s Cocktail Reception**
Monday, May 28th
6:30 p.m. - 8:30 p.m.
Churchill Room
Sheraton Hotel

The UAPA will be hosting a free cocktail reception and hopes all members can attend. We encourage all members to bring their Urology PA colleagues who are not yet members.

**UAPA Booth in Exhibit Hall**
If you are looking for another opportunity to help support UAPA, please click here to see a detailed schedule of when the UAPA booth will be set up in the Exhibit Hall.

If you would like to volunteer at the booth to help inform others about UAPA and the benefits of its membership, please email Christine at Christine@wjweiser.com in order to sign up for a time slot.

We look forward to seeing everyone in Toronto!

Call for Nominations

A call for nominations for officer positions on the UAPA Board of Directors is now open. The deadline for nominations is May 25th, 2012.

We strongly encourage any members who are interested in becoming actively involved in the UAPA to submit the following information to Sue O’Sullivan at the UAPA office via email to sueo@wjweiser.com.

Candidates should be sure to include:
1. Current CV
2. Letter of Interest