Greetings all! It has been a very busy summer at UAPA. UAPA continues to grow in leaps and bounds and its relevance in the urology community continues to grow as well. UAPA had a strong showing at this year’s American Academy of Physician Assistants (AAPA) IMPACT 2012 in Toronto, Ontario. Several of the board members presented lectures on various urological topics which were well received. UAPA board members also attended the American Urological Association (AUA) Annual Meeting in Atlanta, Georgia, where again several presentations were given and greeted with a positive reception.

Elections this year yielded a return of all officers to their respective positions. We welcome the addition of Michele Huebner, PA-C to the board as our liaison to the AUA. The UAPA board is in the process of forming new committees that will serve to both strengthen our foundation and provide the necessary tools to accommodate our continued growth and importance within the urological medicine community. We encourage all members to consider volunteering for these committee positions. These positions we believe will help us utilize the talents of our membership and help develop the new leaders of tomorrow at UAPA thus ensuring continued growth and success.
The Education Committee is already hard at work at developing the curriculum for the 2013 annual meeting. The committee listened to the feedback from this year’s attendees and has done a remarkable job of ensuring that you will get all that you asked for and more! UAPA continues to strive to make our annual meeting the premier place for physician assistants to obtain the best continuing medical education in the field of urology.

Many important issues within urological medicine continue to provide challenges for all practitioners of urology. The controversies surrounding PSA testing, reimbursement issues, the Affordable Care Act and workforce shortage—just to name a few—continue to be at the forefront of challenges in urology. UAPA is committed to ensuring that our membership is aware of these and have a voice in the dealings with these issues. UAPA encourages all members to speak out or voice your concerns to us as well as your local state organizations regarding these important challenges.

Enjoy the rest of your summer and look forward to seeing you all in New Orleans!

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**Treasurer’s Report**
Charlene Kreiensieck, PA-C

The UAPA has grown tremendously since our first annual conference. The management services of WJ Weiser & Associates proved to be instrumental in providing a very successful conference with great support from industry and the acquisition of grant money. The end result was a positive addition to our bottom line.

**Secretary’s Report**
Wanda C. Hancock, MHSA, PA-C

Where has the year gone? The UAPA Board of Directors has met three times this year so far. We are all still pumped (no pun intended) about our CME conference. When I first joined UAPA there were barely 75 members. The one solidifying factor has been the conference this year, so of course much of our discussion at our meetings has been directed toward plans for the coming year. We met during the conference in Las Vegas, Nevada, and again during the AAPA conference in Toronto, Ontario. We reviewed budgetary factors and began on plans for the January 2013 conference that will be New Orleans, Louisiana. Further development is underway. The Education Committee is trying to pull together interesting, innovative, provocative and pertinent topics for our membership. Anyone who is interested is helping on the committee is encouraged to contact us.

Other initiatives being pursued by the UAPA are advocacy and professional development, membership development and communications. We want to tap the talents of those of you who would be interested in contributing to the organization which has become the most rapid and progressive small specialty organization of physician assistants. We are making a tremendous impact on the field of urology and want to have an organization that can be proactive in meeting the needs of those of us who work in the field. The only way we can accomplish this is to include all of you who want to maintain the physician-PA relationship as well as continue to support your own profession. With more than 800 PAs working in urology, we can control our destiny in a rapidly changing environment in our field.

I urge all of you to reach out to other PAs you work with daily to join UAPA and make plans to come to the conference in January. We need your input, participation and expertise. If you have an interest in any of our current activities or have an idea of other directions where we need to address, please contact us. We are all very busy with our work, family and personal development. More involved members makes for a more productive, richer and less work intensive experience for all.

Financially our organization is strong and membership numbers have tripled since the conference which is extremely encouraging both financially and also to add to our continued growth.

Once again, our relationship with WJ Weiser & Associates proves to be a very positive one and will be key to the continued growth of our organization.
The AAPA House of Delegates was held on May 26 – 28, 2012, in Toronto, Ontario. Many resolutions were taken up and debated on the floor of the HOD. Resolutions related to elections and allowing for electronic HOD voting was discussed. The resolution (2012-A-04) was adopted and will be the first steps towards a “year round” HOD. A resolution opposing specialty certification of physician assistants was adopted as was a position paper relating to PA to MD/DO “bridge programs.”

The most hotly debated resolution was related to establishing a task force to study the ramifications of a name change on the profession. Two other resolutions relating to the professional name change were withdrawn by the authors prior to debate. Over the course of the HOD session, the resolution was voted down, reconsidered, reopened, debated a second time and finally voted down again. In advance of the House meeting, AAPA staff prepared background material on the resolutions for delegates to help inform the discussions. The AAPA also generated a survey regarding a change in the profession’s title. The majority of PAs were either unsure or were in support of a change to our professional title. AAPA staff provided a state-by-state analysis of the legislative ramifications for a title change and an outline of a typical process for organizations considering a title change. The document laid out the pros and cons for consideration, but took no position on the issue.

A summary of actions can be found at: http://www.aapa.org/uploadedFiles/content/About_AAPA/Governance/Resource_Items/2012-SOA-Final.pdf

I look forward to seeing you next year in Washington, DC for the 2013 AAPA House of Delegates meeting.

Encourage your colleagues to become members of UAPA. Together we can make a difference! Click here for membership information and easy online application.
AUA Plenary Session from a PA Perspective

I recently attended the American Urological Association (AUA) meeting held in Atlanta, Georgia. During the meeting, a plenary session was held that addressed the integration of non-physician providers (NPP) in a urological practice. This session moderated by Dr. Barry Kogen offered viewpoints and information from the perspective of a physician and a non-physician provider. Dr. Alan Wein provided the physician perspective and Mary Mathe, PA-C provided the non-physician provider perspective. Specifically, Dr. Wein presented information on the changes currently being experienced in urologic practice. He discussed several important points including lower reimbursement, increasing demand for urologic services and the current and increasing manpower shortage. Ms. Mathe provided information on the respective training, certification and the enabling practice legislation for physician assistants (PA), nurse practitioners (NP) and advanced practice nurses (APN). The discussion then turned to debate on the role of a non-physician provider in a urologic practice. During Dr. Wein’s presentation, he addressed his perspective on the clinical usage of non-physician providers in a urologic practice. Specifically, he had one slide in which he showed his view of what he deemed to be appropriate clinical duties for NPPs in a urologic practice. His slide had two columns. The left-sided column had three duties listed that Dr. Wein deemed appropriate. However, on his right-sided column, he listed approximately 15 – 20 duties that he deemed inappropriate and further described the listed duties as his “hot button.” In many ways, I applaud the AUA for offering this plenary session on this very important topic. However, I would challenge the AUA on several key points with regard to how the session was conducted as well as what message was conveyed.

That being said, the following comments will only be from the perspective of a PA. I will not speak on behalf of NPs or APNs. Furthermore, I would encourage my NP colleagues who were in attendance to comment as they deem necessary.

First, Dr. Wein’s slide illustrating what he felt were inappropriate duties to be performed by a non-physician provider contained many of the duties that are already being performed by NPPs in a urologic practice. He further went on to comment (which he repeated several times) that “the train has already left the station.” My concern with such comments is that it portrays physician assistants inappropriately. On the one hand, Dr. Wein acknowledged that there is a shortage of urologists and that the AUA endorses utilization of NPPs to help solve the existing manpower shortage. However, Dr. Wein implied that non-physician providers were going to essentially encroach upon or compete with the practicing urologist and essentially take away revenue stream for physicians.

Historically, the birth of the PA profession was to address the shortage of physicians in rural areas and improve access to care. Dr. Eugene Stead, the founder of our profession, instilled into the foundation of our profession that we would always be dedicated to the enhancement of our physician’s practices by providing quality health care as part of the medical team that would provide care to patients. Consequently, we have always been in the business of assisting our physicians in any way they deem necessary. Existing practice legislation enables physicians to train and utilize us in any manner that they feel is safe and effective to the benefit of patient care. In other words, the physician drives the scope of practice of the PA not the other way around. It has never been, nor is it our future intention, to take over the role of the physician in a medical practice. The implication rather intended or not, is a completely inaccurate portrayal of both who we are and what we do. PAs that currently practice in urology entered those practices asking “Where can I help?” not presumptuously engaging in behavior that is to somehow fulfill tenants of a hidden agenda to take over or impose upon the physicians in the practice.

Second, any physician in attendance at this plenary session may have found the information misleading regarding the intentions of the practicing PA. Moreover, they would have received a biased description rather than an accurate description of who we are. I certainly acknowledge that Dr. Wein is entitled to give his perspective on the usage of NPPs in a urological practice, however, the format of this session allowed for a biased opinion with no opportunity for rebuttal either by the NPP or the attendees.

Third, future sessions on this subject should be conducted with another physician who may have a different or opposing opinion or experience with NPPs. Further, representation from the NPs and APNs should also be included. This would give a more balanced and accurate portrayal of our professions and allow the audience to make an informed decision regarding the usage of an NPP into their respective practices.

Kenneth A. Mitchell, MPAS, PA-C
UAPA President
Q: What first sparked your interest in becoming a urology PA?
A: My oldest son was diagnosed prenatally with bilateral hydronephrosis. Postnatally, he was diagnosed with bilateral grade IV-V/VUR bilaterally and ended up undergoing (successful!) bilateral ureteral reimplantation surgery at 15 months of age. This experience sparked my interest in urology and I am thrilled to say that my son is now four years old and is doing great!

Q: What is your biggest accomplishment since you have become a PA?
A: Honestly, I think what I am most proud of since becoming a PA is the small collection of thank you notes I have received from patients stating what a positive difference I have made in their lives. Helping to improve the quality of life for my patients is why I love doing what I do.

Q: How has the field changed since you first entered it?
A: I am the first PA who has joined our practice and I feel that there was definitely a niche that the group needed me to fill. I think having a provider available to help with many of the nonsurgical cases and for oncology/neurogenic/postoperative surveillance patients has not only helped to increase surgeon availability for new patients but has also helped improve continuity of care for patients and improved timely access for clinical appointments. I enjoy practicing autonomously within the framework of a knowledgeable and supportive group of physicians and I feel that my scope of practice is continually increasing as my knowledge base grows.

Q: How do you see the role of the PA in urology changing in the future?
A: There is such diversity of the roles that PAs are currently playing in the field of urology, this is a tough question to answer! I hope to see more formal certification and licensure opportunities in advanced procedural training for PAs in collaboration with the AUA moving forward.

Q: What is the most satisfying part of your job?
A: The most rewarding part of my job is helping to educate patients about their particular urologic issue and helping to improve their quality of life. I want them to know that I am always willing to help be an advocate for them to ensure they are getting the best possible medical care.

Practice Profile:
University of Minnesota Physicians
Institute for Prostate and Urologic Cancers
Minneapolis, Minnesota

Q: What is the background and history of your practice?
A: Established in 1930, our department has a long history of groundbreaking accomplishments. Recognized as one of the premier urology departments in the country, we continue to lead innovative efforts in cancer, stones, infertility and pediatric care. We are one of the national leaders in surgical education through simulated training through our Center for Research in Education and Simulation. We also have several strong and well-funded research programs in simulation, prostate cancer, bladder cancer, medical devices and incontinence.

Q: When did you start at your current practice?
A: I started with this practice in the fall of 2010 after working in adult internal medicine.

Q: What do you like most about your practice?
A: I really enjoy the autonomy I am afforded in this practice. I have my own diverse clinics and practice independently within a supportive framework of very talented physicians. I see a wide variety of urologic complaints and complete and interpret all of the video urodynamic studies for the department. The staff makes me feel like a valued member of our provider team and has never treated me with anything less than the utmost respect. I absolutely love my position here at the University of Minnesota and hope to stay for many years to come.
Save the Date!

2nd Annual Meeting
January 18 – 20, 2013
InterContinental New Orleans
New Orleans, Louisiana

A program designed specifically for the practicing urologic PA, featuring hands on breakout sessions, state of the art lectures and unparalleled networking opportunities.

A meeting you won’t want to miss! Program information and registration available online at: www.uapanet.org.

UAPA On the Move...

The UAPA has been invited to organize a special session for PAs and Advanced Practice Nurses at the 77th Annual Meeting of the Southeastern Section of the AUA under the leadership of UAPA member Mary Mathe, PA-C.

The SESAUA meeting will be held March 14 – 17, 2013 in Williamsburg, Virginia. If you are interested in taking part in this important breakout session, please contact Mary Mathe at pamary1968@gmail.com.

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