Welcome to UAPA year 2016 – 2017!

It is an honor and a privilege to address all urology PA's across the country. It is now that we need to pay the most attention, do our best work and represent our profession the best we possibly can.

We have been fortunate to have great leaders, great people, and great pioneers paving the way for leadership for our organization; some of which are still involved and some of which have transitioned to different specialties, while others are professors and directors in various organizations throughout the country.

As a urology PA, I realize the challenges in front of us, the obstacles that came before us, and the current hurdles and barriers limiting our potential.

We have an evolving role that includes a mastery of clinical urology, demanding surgical skills that include intraoperative cystoscopy and robotic expertise; and inpatient and outpatient problem solving skills that require procedural and technical troubleshooting techniques in order to succeed.

How we work together as a team, how we function independently when no one else is around, how we converse with different providers in various specialties, and how we relate to patients on a personal and a professional level will indeed define our profession for years to come.

If you are new to urology, a seasoned clinician, partner in a large practice, or the only urological physician assistant in a 250 mile radius, you represent us, and we represent you, as a student of the game and a lifelong learner; and furthermore, a dedicated ally to nurses, physicians, hospital administrators, colleagues, and of course to patients throughout the country and beyond.

continued on following page
Past President’s Message
Charlene Kreiensieck, MPAS, PA-C

I realize that while I am writing this, legislation is changing hopefully in our favor from a state, national and local level; contracts are being negotiated with providers aware of their worth, their skillset and their value. Further, PA’s creating their own niches as urological medical scientists, directors of PA programs, designated representatives on medical boards, as hospital vice presidents, pharmaceutical clinical liaisons, and medical business associates.

While we should be proud of our accomplishments, i.e. five consecutive successful UAPA conferences, a soon-to-roll-out new website reflecting current strategies, growing members by the day, and an integrated board that has the urological physician assistant at its forefront, we still have a long way to go. We should not be complacent and must continue to strive to improve and be humble along the way.

Whether it is learning a new skill to help our practices, developing a new language to converse with patients (i.e. Spanish or sign language), being cognizant of medication prescribing practices to avoid pitfalls, or treating all patients the same regardless of race, gender, insurance brand, or previous history, it is our duty to do the right thing – the right thing for our patients, the right thing for ourselves, the right thing for our practice, and the right thing for our profession.

We would like to thank the members of the Program Planning Committee, the UAPA Board or Directors, WJ Weiser for continued support in executing our interests and strategies and managing our concerns; and of course, thank all of you who are reading this or who may have an interest in making our profession better.

We all look forward to seeing everyone in Las Vegas this upcoming year for what we hope and guarantee will be a fantastic experience for everyone. While the old saying goes, what happens in Vegas, stays in Vegas, we as a board hope you will actually take all the up-to-date information you learn home with you. From the conference, you will be able to obtain ideas, concepts, and strategies that you may even consider implementing into your current practices. Thank you for your time.

Sincerely,
Rick
Richard D. Ulstad, MS, PA-C, CCD

Treasurer’s Report
James R. Kovarik, III, PA-C

Financially, the UAPA continues moving forward thanks to our members and industry partners. The 2016 Annual Meeting in Orlando was another success. Thank you again to all of our industry sponsors, because without them we could not continue to provide the high-quality program we have come to enjoy.

I would also like to thank WJ Weiser & Associates for their continued support and management. Overall, I expect that our organization will continue to grow with the continued support of our members.

Secretary’s Report
Heidi Turpen, MPAS, PA-C

I am very excited to assume position of secretary for UAPA. It is so nice to have an organization that focuses on your specialty, specifically targeted to PAs. I look forward to helping UAPA grow and continuing to network with my colleagues around the country in the quest to advance the field of Urology for PAs.

With the upcoming annual meeting in Las Vegas, Nevada, I anticipate attending a conference where each lecture and breakout session contributes to expanding job specific knowledge and skills. I hope that as we all participate in the meaningful continuing education experiences from the annual meeting, we will share these experiences with other urology PA colleagues to help expand our organization.

I look forward to serving this year, keeping you informed on happenings of UAPA, and wish everyone a great year ahead.

Past President’s Message
Charlene Kreiensieck, MPAS, PA-C
To keep our membership informed, we are reporting to you that you were represented during the AAPA House of Delegates (HOD) this year. We have two delegates, Wanda Hancock and Richard Ulstad. Only one seat is available in the HOD so therefore there is only one vote during the meeting. Richard Ulstad was the delegate representing UAPA. During this past year, the NCCPA presented a proposal to make yet another change to recertification requirements. In addition to the SA/PI program and ten years of comprehensive testing, it was proposed that there would be periodic take home tests in the general practice area with the comprehensive testing focusing in the specialty area of practice. While this initially sounded beneficial to the specialty areas such as urology, there are several logical concerns, such as cost, time, and purpose of the testing and documentation.

AAPA requested a delay for the close of comments from the profession so that this could be debated in the HOD during the AAPA conference in May. The NCCPA agreed to extend the comment period. There was considerable debate on this issue, and, in the end, there was overwhelming agreement in opposition to the proposal. The UAPA delegate was there for you to represent the best interest of the urology PAs.

The debated problems with the NCCPA proposal were related to the additional time, money, and effort that would be required by the extra testing. While this was initially justified as maintaining the flexibility in our profession, it in essence would limit our ability to move from one area to another. For instance, if my ten years was scheduled to end with successful completion of the periodic testing, SA/PI completion and passage of the Specialty examination next year but I decided to change to a Nephrology position or I only worked in the OR on robotics, the proctored examination would need to be in the NEW specialty or the entire field of urology rather than what you do daily. It is safe to say that movement would be limited or at best delayed. The periodic open book testing would be in general medical practice and would add an additional $2000 (estimated by NCCPA) to the certification process. There are also no tests that represent the multiple specialties in which we work, much less the multiple subspecialties of the urology specialty.

The following resolution was presented by the AAPA board of directors and after much debate, the following was adopted by the 2016 HOD:

continued on following page
2016-B-01 – Adopted
AAPA supports assessing general medical knowledge for initial certification and licensing of PAs.
AAPA supports the use of evidence-based alternatives to testing for maintenance of certification.
AAPA opposes any requirement that PAs take a closed-book, proctored exam in a specialty area for maintenance of certification.
AAPA opposes any requirement that PAs take multiple examinations during a ten-year recertification cycle.
AAPA supports uncoupling maintenance of certification requirements from maintenance of license and prescribing privileges in state laws.
AAPA urges NCCPA and the NCCPA Foundation to undertake rigorous and replicable research to determine the relationship, if any, between taking the NCCPA recertification test and patient outcomes, safety and satisfaction.

To date, NCCPA has yet to contact UAPA for input into the development of a test, or even our opinion on the subject of the already developed SA/PI segment of recertification process. While UAPA has developed some continuing education that was presented at the annual CME conference, there is paucity of PI course work and those are, for the most part, fairly expensive and time consuming. All of this adds additional time, money, and time away from seeing patients or family. NO OTHER MEDICAL PROFESSION HAS THIS TYPE OF SCRUTINY. For the Nurse Practitioners, taking a recertification examination is optional yet they have similar roles in health care. Most physician groups do not have to recertify, as their certification is maintained with CME. AAPA has discussed legal action for “restraint of trade.” It surely appears that this will hold us back from employment as physicians or practice managers opt to hire those with less cost and rigors of recertification. Our huge advantage at this point is that the physicians respect the “team or collaborative” model over the “independent practice” model.

Even after all of the discussion at the HOD this year and the multitude of letters that have been submitted to the NCCPA, a recent email from them indicates there are no plans to change the proposal. It did indicate that it will take a while to do so, ten years or more. Many of us work in states that do not require ongoing certification, simply the initial testing. This does not solve the problem associated with privileging and reimbursement that do require current certification. Others will opt-out, meaning early retirement. That leaves our profession in a dubious situation since the baby boomers are at the time that retirement isn’t looking too bad. Another option for PAs is to add another option for the certifying body that would be equivalent to NCCPA. There would need to be a change of most state statutes to include “NCCPA or its equivalent,” but again, this involves enormous cost for the state chapters to make those changes to the practice laws. Of course this cost would be transferred to us in the form of increased dues to support the attorneys and lobbyist, not to mention the countless volunteer hours.

Know that UAPA is working in your favor to represent you in these matters. You have a voice in the AAPA that will always do what they think is best for the urology PA. I urge you to stay abreast of these issues and communicate your opinions to the board of directors. If you are asked to represent our group, I sincerely hope that you will step up to the plate. If you work with other PAs who are not members of UAPA, please ask them to join so that a greater voice can be heard. If the UAPA board of directors asks your opinion, please take a few minute to send an email to let us know your position.

Featured UAPA Member
Matt Steidl, MPAS, PA-C, Communications/Website Committee Chair

Q. Tell us a bit about yourself - why did you join UAPA and how long have you been a member?
I began my career in urology immediately following PA school in the UT Southwestern Medical Center Urology Department’s PA Fellowship. I wanted to connect with other PAs working in urology, so, joining UAPA was an easy decision. I’ve been a UAPA member since 2012.

Q. What do you like most about being a UAPA member?
The annual conferences are a great time for learning, reconnecting with former colleagues, and meeting new people.

Q: How long have you been committee chair for the Communications/Website Committee?
I have been Committee Chair for the Communications/Website Committee since 2013.

Q: What made you get involved in the committee?
My undergraduate degree is in computer science, and I worked as a software engineer for eight years prior to going to PA school. The committee seemed to be a good fit given my background and interests.

Q: What is the current initiative you are working on?
We are currently migrating the organization to NationBuilder. NationBuilder is much more than just a website – it is an operating system for communities.

Q: How do you hope it impacts UAPA members?
We believe that NationBuilder will give the UAPA leadership better tools to manage the organization, and UAPA members more opportunities to connect with each other and reach out to potential members. And you will be able to pay your dues easily online!

Q: How can UAPA members get involved and help?
We particularly need members who are interested in web and graphic design to join our team. We would love the help of any member who wants to improve the online and social media presence of UAPA. Contact me at matthew.h.steidl@gmail.com.

continued on following page
Q. Tell us a bit about yourself- why did you join UAPA and how long have you been a member?
I grew up and live in Southern California and graduated PA school in 2003. After three-and-a-half years in primary care, I decided to change jobs and “fell into” urology like many of us have. I have been specialized in urology for ten years now. I was the first PA in the group at that time and felt like I was inventing the wheel at every turn. I always wondered in those early years, “Isn’t there somebody else doing this too?” About four years later while at AUA, I heard about a group just for urology PAs like myself. I signed up right away and went to that first meeting in Las Vegas in 2012. I’ve been to every meeting since.

Q. What do you like most about being a UAPA member?
Being a member of the UAPA has shown me the diversity in practice we can have as specialized physician assistants. I have met some wonderful people at our annual meetings. Local general medicine meetings are always fine, but there is nothing better than getting together with my colleagues in Urology and discussing the latest techniques, practices, and just commiserating about daily practice.

Q: How long have you been committee co-chair for the Membership Committee?
I agreed to co-chair the committee at the UAPA Annual Meeting in 2015. I think Scott Young and I are the first to “co-chair” this committee, and I think it is a great partnership. We are both enthusiastic about UAPA, and we both feel that this organization can grow exponentially if we can just get the word out!

Q: What made you get involved in the committee?
I joined the committee back in 2014 as I really wanted to make a difference in this organization. I always think about how I found out about the UAPA – just by a chance meeting with a current member at the AUA annual meeting. I feel every Urologist and urology PA should know who we are and what we offer so that membership is a MUST, not an option.

Q: What is the current initiative you are working on?
Scott and I have multiple projects in the works. Our current success has been to host a few regional UAPA meetings to drum-up more membership and interest in our organization. We partnered with some of our local PHARMA and device reps to host dinners in our home towns (Los Angeles for me and Phoenix for Scott). We are working on getting other committee members to do the same throughout the country.

Q: How do you hope it impacts UAPA members?
The meetings were well-received and our plan is to get other members to do the same to create a local network of PAs in urology. This will benefit us as specialized practitioners as well as growing UAPA membership.

Q: How can UAPA members get involved and help?
If any members are part of a big group practice, university or just know a number of urology PAs – they can help by directing them to our website or bringing in membership fliers. Hosting a local dinner is easy and also a lot of fun to get to know people in your city. Members can reach out to us at amogil.pa@gmail.com or scottyoungaz@gmail.com to find out how we have done it and how to ask for sponsorship.

Q. Tell us a bit about yourself- why did you join UAPA and how long have you been a member?
I graduated from the PA program at Central Michigan University in 2003 and have practiced urology for the majority of my professional career. The last ten years I have practiced in Phoenix. I am married to a primary care PA who works part-time, and we have four amazing children.

I joined UAPA in 2012 after hearing about the organization from a coworker. Having a group of like-minded individuals to rub shoulders with was reason enough for me to join. Since joining, I have realized there are many more benefits to membership than just that!

Q. What do you like most about being a UAPA member?
What I like most about being a member of UAPA is the comradery. Our practice patterns and habits are formed and shaped by so many external factors, and it’s nice to have a place to discuss these things and gain different perspectives. Iron sharpens iron as is said, and this organization helps us all by providing education and communication between professionals all over the globe to improve our current practices and patient interactions.

Q: How long have you been committee co-chair for the Membership Committee?
Since February of 2016.

Q: What made you get involved in the committee?
Upon returning home from the UAPA 2015 Annual Meeting, I did a little digging into local membership numbers and awareness in the Phoenix Metro area. Sadly, I found out my local area was very poorly represented within UAPA although there were quite a few PAs in urology. I then dug a little deeper and began contacting local PA programs to inquire about lecturing and mentoring opportunities. This ultimately fueled my desire to advance our specialty locally and nationally, so joining the membership committee seemed like the appropriate next step.

continued on following page
Q: What is the current initiative you are working on?
Adam and I had many discussions prior to and at the UAPA Annual Meeting in Orlando this past April about the current membership numbers and broke it down regionally and by AUA section. We quickly came to the conclusion that our membership numbers do not well reflect the volume of PAs in urology nationally – we have about 250-300 members at any given time, yet, per AAPA estimates, there are between 2000-3000 PAs in the field of urology. That discrepancy was too much to ignore. We decided it would be best to take a grass roots approach to improving membership and RETAIN members – this would best be accomplished by conducting regional UAPA meetings regularly to give members opportunities to discuss issues, socialize with other urology PAs, and provide more value to their membership. We currently have held regional meetings in the Los Angeles Metro area, Phoenix, and have one planned for Miami. If all goes well, we would like to have regular regional meetings at minimum in each AUA section, but preferably most major metropolitan areas!

Q: How do you hope it impacts UAPA members?
Our plans for how these changes will impact members differ for established members versus new members. For our established members, we are hoping by having regional meetings we can provide something different and new to increase the value to membership beyond our annual meeting, which we realize all are not able to attend. For our new members, our hope is they will plug into a local urological community that will support and provide a great resource to them early in their urological careers. In the future, we would like to provide a service to new members where we would have a local/regional representative from UAPA reach out to welcome and establish a relationship with them to become plugged into what UAPA provides.

Q: How can UAPA members get involved and help?
We would love to hear from more UAPA members, thus get involved with the membership committee. We also are looking for multiple individuals from each AUA section to take on the role of the ambassador for their area to help with organizing new regional meetings, welcoming new members and being the voice of the UAPA locally/regionally.