



LUGPA

ANNUAL REPORT
2018



LUGPA
Integrated Practices
Comprehensive Care

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MESSAGE FROM THE PRESIDENT

Dear Colleagues,

Serving as LUGPA President for the last two years has been both a tremendous pleasure and an honor. As a founding board member of the organization in 2008, I have been most fortunate to have served with many dedicated and talented colleagues.

As we consider our first decade of accomplishment, I am exceedingly gratified that our efforts have resulted in numerous advances and benefits for our member practices. Despite the headwinds which confront us, LUGPA leadership has strived to secure innovative and entrepreneurial opportunities to position our membership at the forefront of urologic care in the United States, and thus optimize the care of the patient populations we serve. The initiatives which LUGPA has undertaken to benefit your group, your patients and our specialty have proven invaluable for our member practices.

We have expanded our educational, administrative and political affairs opportunities, thereby increasing the rigor and breadth of our member practices expertise and engagement. Our clinical education initiatives have aimed to maintain our physicians and advanced practice providers in cutting-edge technologies, diagnostics and therapeutics. LUGPA was the first to promote advanced prostate cancer clinics of excellence and we repeated that same innovative spirit for advanced bladder and kidney cancer clinics of excellence. Our annual CME program as well as our Prostate and Bladder Cancer Academies have demonstrated LUGPA's leadership and innovation, which have been both lauded and emulated by other organizations and associations.

We continue to broaden our practice management initiatives, which has expanded programming for a wider array of clinical and administrative team members. We have been gratified with the response of our groups to these additional outreach efforts and look forward to their increasing involvement. In 2018, we introduced LUGPAOnsite, a program to bring the specialized clinical and administrative expertise of LUGPA thought leaders directly to member groups' home base.

Most important, we have continued our exceptional efforts and influence in health policy and in political affairs through the tenacious and dedicated efforts of the LUGPA leadership, our member volunteers and our talented consultants. Our presence and successes in Washington DC should be familiar to all of our members and we assuredly are grateful for their contribution and continued efforts for all of urology. We remain committed and dedicated to the LUGPA mission: to preserve and advance the independent practice of urology.

I am especially proud of our creation of LUGPA Forward, a segment of our existing members, physicians practicing within 15 years of having completed their residency, which has dedicated its efforts to not just expanding generational involvement and leadership but also to addressing demographic diversification as well as social and philosophical changes which will shape the present and future of our specialty. Moreover, we have expanded all of our membership engagement with LUGPA leadership and direction by expanding from 3 to 20 committees, and the attendant logarithmic growth of member participation. Alongside the expansion of member involvement, we have codified and enhanced transparency of board and committee member conflicts of interest as well as our associations sponsorship relationships.

As you review the 2018 LUGPA Annual Report, you will see that for an organization of our size, we continue to “punch above our weight.” I have no doubt that with your continued support, LUGPA will continue to fulfill its mission to “preserve and advance the independent practice of urology.”

Thank you for the privilege and honor to serve as your LUGPA President from 2017 through 2018.

With great appreciation,

Neal D. Shore, MD, FACS



MESSAGE FROM THE CEO

Dear Colleagues,

I am proud to have worked alongside Dr. Shore, the Executive Committee and the Board of Directors this past year. Along with a host of LUGPA members, we've worked to accomplish many of our goals in 2018 and LUGPA's staff have worked tirelessly to help make the initiatives and programs mentioned in this report a reality.

Our staff was especially gratified to be part of LUGPA's 10th Anniversary celebration, a truly meaningful milestone in our organization's history. Staff continues to work with the Board to strengthen the governance of the Association, as well as to continue to develop and implement the Board's strategic plan to make LUGPA an indispensable asset for all independent urology groups.

We've continued to make inroads in our communications vehicles, including the weekly *Media Monitor* email, now enhanced with pithy comments from our Communications Committee, daily Tweets, establishment of a LinkedIn profile and the addition of a monthly enewsletter – the *LUGPA News Stream*. We hope that you are following us on social media! In the coming year, we are also looking forward to refreshing our website. As we look back on 2018, thanks go to our leadership, staff and volunteers that make LUGPA's first decade of success a reality.

Celeste G. Kirschner, CAE

Chief Executive Officer



LUGPA'S 10TH ANNIVERSARY

Over its decade-long history, LUGPA is proud of its accomplishments to help our member groups confront the considerable challenges faced by independent urology practices. As we celebrate our successes, we remain steadfast, dedicated and flexible to assure the survival of the independent practice of urology.

Considering LUGPA's size, our association has been able to come together and persevere to chip away at government regulation affecting patient access to care. From advancing major policy initiatives to establishing ourselves as a prominent voice for independent urologists, LUGPA has proven that it is not only hospital systems that deserve to be heard.



2018 STRATEGIC PRIORITIES

LUGPA's Mission

Preserve and advance the independent practice of urology



LUGPA's Core Values

- **Quality:** Ensure the cornerstone of our profession by developing high quality products and services that allow member practices to best serve their patients.
- **Collaboration:** Work together to advance independent urology.
- **Innovation:** Help create the future of independent urology.
- **Integrity:** Advocate for and emulate high ethical conduct in all we do.



LUGPA's Strategic Priorities

- **Advocacy & Health Policy:** Continue to lead advocacy efforts for the independent practice of urology.
- **Value-Based Care:** Develop and distribute timely and practical information for independent urology practices to be successful.
- **Practice Management & Benchmarking:** Provide accurate and relevant practice management information urology groups, including opportunities to participate in operational and financial benchmarking.
- **Leadership Development:** Lead training and development opportunities for physicians and administrators.



LEADERSHIP



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LUGPA Committees

Bylaws

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LUGPA Forward

Practice Benchmarking

Guidebook Development

Active Surveillance

Communications

MedReviews

Nominating

Audit

Finance

Investment



ADVOCATING FOR INDEPENDENT UROLOGY

LUGPA is the leading voice of independent urology group practices in the United States. Our trade association continues to educate policymakers on the need for and benefits of integrated urologic care. Our leaders and members drive grassroots efforts by developing thoughtful analyses and engaging public officials on major legislative and regulatory proposals.

2018 Federal Legislative and Regulatory Priorities

Promote neutrality of physician reimbursement regardless of site of service.

LUGPA focused on ensuring that independent practices can compete with hospitals and offer efficient, high-quality care in patients' communities.

Promote Stark reform to allow independent practices to thrive under MACRA while maintaining the IOASE.

LUGPA supported enactment of legislation that would permit our practices to participate in Alternative Payment Models. In addition, LUGPA continued to defend the In-Office Ancillary Service Exemption.

Continue to monitor and provide comments to CMS regarding policies that affect Medicare fee schedules.

LUGPA advocated for changes to the Medicare physician fee schedule that benefit our practices and urology patients.

Advocate for physicians' ability to continue to provide in-office dispensing of pharmaceuticals.

LUGPA committed to protecting patients' ability to receive pharmaceuticals from their physicians when they so choose and allowed by state statute. Physicians are highly attuned to their patients' clinical needs and by integrating pharmaceutical dispensing into physician practices, care coordination is enhanced and patient compliance is better monitored.

Maintain patient access to physician-administered cancer therapy through Medicare Part B.

LUGPA committed to ensuring appropriate patient access to drugs with the belief that proposed changes should be considered and enacted by Congress.

Closely monitor CMS development of legislatively mandated radiation therapy bundles to ensure patient access to cancer treatment.

LUGPA worked with CMS to ensure that any proposed bundled payment for radiation services protects adequate patient access to care.

Monitor regulatory implementation of MACRA.

LUGPA encouraged CMS to reward high performers in MIPS and approve more APMs in which our practices can participate.

Promote reform of the USPSTF to allow for greater transparency and stakeholder engagement.

LUGPA supported legislation to provide greater transparency and accountability of the USPSTF. Given the substantial decrease in the number of men identified with prostate cancer, increased transparency and consultation with stakeholders in USPSTF decision-making is essential.

LUGPA's Political Efforts

In 2017, LUGPA authored the only urology-specific alternative payment model (APM) submitted to the Physician-Focused Payment Model Technical Advisory Committee (PTAC). This proposed APM for the initial therapy of newly diagnosed patients with organ-confined prostate cancer would have provided participating physicians with a monthly care management fee for active surveillance (AS) and share in the healthcare savings associated with an appropriate increase in the incidence of AS over their baseline.



In December of 2017, LUGPA presented its proposed APM to the PTAC. In March of 2018, PTAC recommended to HHS Secretary Alex Azar that the APM not be tested. Although PTAC agreed that promoting AS is important, they did not believe that the proposed APM should be based on the “total cost of care” of managing AS. While LUGPA believes that aligning financial incentives to promote guideline-based care, such as the implementation of active surveillance, is an important mission of potential APMs, PTAC disagreed, stating that delivering guideline-supported care is in the best interests of patients. In a continued effort to develop APMs, LUGPA has continued playing a role in modifying the PTAC process to be more collaborative, making APM proposals more likely to be approved.



On March 27, after a rapid mobilization of LUGPA and its Michigan-based member practices, the Michigan Certificate of Need Commission declined to broaden the definition of bone marrow transplantation (BMT) services to include treatments for other diseases. LUGPA and allied stakeholders successfully argued that the proposed changes were too sweeping in scope and risked inclusion of services that would have put prostate cancer patient access in jeopardy while increasing costs. Specifically, the expanded definition risked including cellular infusion services without assessment of needs or the development of quality standards. From a urologic standpoint, LUGPA was particularly concerned about the potential risk to patients with advanced prostate cancer, the majority of whom receive safe and effective treatment in their communities by physicians who in many cases, have been their caregivers for years.

On July 17, LUGPA's Past President and Advanced Payment Model Task Force Chair, Gary Kirsh, MD, appeared before the United States House of Representatives' Ways and Means Committee to testify on the need to overhaul the decades-old Stark Law. Kirsh emphasized the need to modernize Stark Law to allow practices to incentivize physicians to adhere to treatment pathways and agreed-upon clinical guidelines that improve patient outcomes and promote efficient use of healthcare resources in the context of an Advanced Payment Model (APM).



Throughout 2018 LUGPA members had the opportunity to join the Political Affairs Committee on five "fly-ins" to Washington, DC to promote LUGPA's 2018 legislative agenda. LUGPA's political events are small, intimate meetings between LUGPA members and members of Congress where the association can present LUGPA's legislative agenda in-depth to lawmakers and engage in a dialogue with them. LUGPA political affairs events are bipartisan and engage members of both the Senate and the House.

IMPACT

LUGPA's political advocacy work in 2018 advanced access to independent urology by:

- Leveling the playing field between hospitals and independent physicians
- Paving the way for new payment methodologies
- Deepening relationships with elected lawmakers
- Helping LUGPA groups navigate complex payment rules

LUGPA Groups Champion Political Fundraising

LUGPA groups organized contributions of more than \$1 million to members of Congress during the 2017-2018 cycle. Thank you to these LUGPA groups, whose physicians contributed to LUGPA's political efforts!

Academic Urology of Pennsylvania King of Prussia, PA	Frankel, Reed & Evans MDs Burien, WA	Urologic of Tupelo/Urology Associates Tupelo, MS
Advanced Urology Parker, CO	Garden State Urology, LLC Morristown, NJ	Urologic Specialists of Oklahoma Tulsa, OK
Advanced Urology Associates Joliet, IL	Genesis Healthcare Partners San Diego, CA	Urological Surgeons of Northern California, Inc. San Jose, CA
Advanced Urology Institute Oxford, FL	Greater Boston Urology Framingham, MA	Urological Associates of Western Colorado Grand Junction, CO
Advanced Urology Institute of Georgia Snellville, GA	Houston Metro Urology Houston, TX	Urological Associates, PC Davenport, IA
Advanced Urology, PC Parker, CO	Idaho Urologic Institute Meridian, ID	Urological Surgeons of Northern California, Inc. San Jose, CA
Amarillo Urology Associates, LLP Amarillo, TX	Kansas City Urology Care, P.A. Lenexa, KS	Urology Associates of Central Missouri Columbia, MO
Anne Arundel Urology Annapolis, MD	Lancaster Urology Lancaster, PA	Urology Associates of Dover Dover, DE
Arizona Institute of Urology Tucson, AZ	Las Vegas Urology Las Vegas, NV	Urology Associates of the Central Coast San Luis Obispo, CA
Arizona Urology Specialists, PLLC Phoenix, AZ	Metropolitan Urological Specialists, PC St. Louis, MO	Urology Associates, PC Englewood, CO
Florida Urology Partners Tampa, FL	The Urology Group Cincinnati, OH	Virginia Urology Centers Richmond, VA
Foothills Urology Golden, CO	Urologic Consultants of Southeastern Pennsylvania Bala Cynwyd, PA	Wichita Urology Group Wichita, KS

Arkansas Urology Little Rock, AR	Michigan Institute of Urology Saint Clair Shores, MI	Urology Austin, PLLC Austin, TX
Associated Medical Professionals of NY Syracuse, NY	Minnesota Urology Woodbury, MN	Urology Care Alliance Lawrenceville, NJ
Associated Urological Specialists Palos Heights, IL	New Jersey Urology Bloomfield, NJ	Urology Centers of Alabama, P.C. Homewood, AL
Associated Urologists of North Carolina, PA Raleigh, NC	Northeast Indiana Urology PC Fort Wayne, IN	Urology Consultants St. Louis, MO
Associated Urologists, PA Manhattan, KS	Northwoods Urology of Texas, PLLC Shenandoah, TX	Urology Consultants, Ltd St. Louis, MO
Atlantic Urology Clinics Myrtle Beach, SC	Oregon Urology Institute Springfield, OR	Urology Health Specialists, LLC Plymouth Meeting, PA
Bend Urology Associates Bend, OR	Physicians Clinic of Iowa Cedar Rapids, IA	Urology Nevada, LLC Reno, NV
Carolina Urology Partners Huntersville, NC	Pikes Peak Urology Colorado Springs, CO	Urology of Central Pennsylvania Camp Hill, PA
Center for Urologic Care of Berks County Wyomissing, PA	Pioneer Valley Urology, PC Springfield, MA	Urology of Indiana Greenwood, IN
Central Ohio Urology Group Gahanna, OH	Premier Medical Group of the Hudson Valley Poughkeepsie, NY	Urology of San Antonio San Antonio, TX
Comprehensive Urologic Care Lake Barrington, IL	Regional Urology Shreveport, LA	Urology of Virginia Virginia Beach, VA
Comprehensive Urology Royal Oak, MI	Rio Grande Urology El Paso, TX	Urology Specialists of Georgia Macon, GA
Dayton Physicians Network Centerville, OH	Tennessee Urology Associates Knoxville, TN	Urology Specialists of The Carolinas Charlotte, NC
Delaware Valley Urology Mount Laurel, NJ	The Conrad Pearson Clinic Germantown, TN	Urology Team, P.A. Austin, TX
First Urology Jeffersonville, IN	The Urology Center of Colorado Denver, CO	UroPartners Westchester, IL

LUGPA's Health Policy Efforts

The LUGPA Health Policy Committee advises the Board of Directors on health policy initiatives impacting independent group practice. The committee's leadership analyzes major legislative and regulatory actions to assure the best interests of patients and the independent urology groups that serve them are met. Despite its relatively small size, LUGPA has been able to provide information and testimony that has resulted in changes in federal health policy and legislation.



As a result of continued pressure from LUGPA and other urology associations, the United States Preventive Services Task Force (USPSTF) finalized its change from a Grade "D" to a Grade "C" recommendation for PSA screening of men aged 55-69. Although the change was welcomed by LUGPA, in a statement issued on May 8, LUGPA commented that the change was an improvement over the USPSTF 2012 one-size-fits-all recommendation against PSA-based screening for any man. LUGPA firmly believes that in order to optimize patient-physician shared decision-making for both diagnosis and treatment of prostate cancer, healthcare providers should have the ability to counsel patients upon evidence based best practices that consider the individual patient's specific medical condition and needs.



On July 16, LUGPA submitted a comment letter on a Department of Health and Human Services Request for Information (RFI) on drug pricing reform (HHS 2018 Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs). LUGPA's comments focused on two items in the RFI: site neutral payments and the 340B drug discount program.

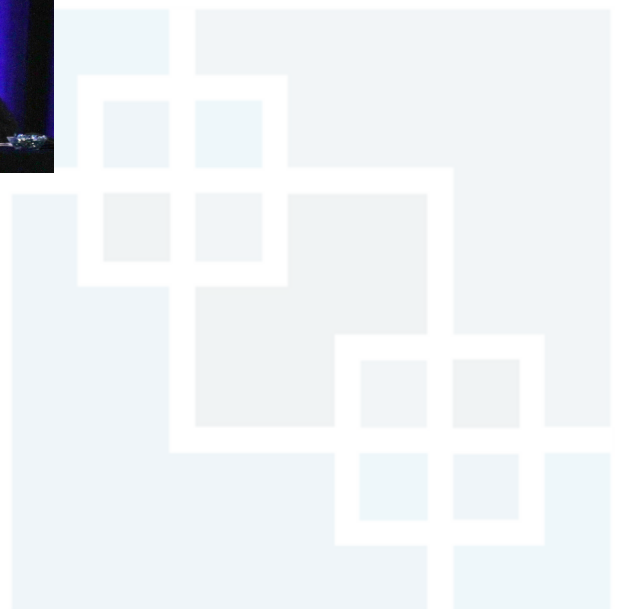


On August 24, LUGPA submitted a letter to Center for Medicare & Medicaid Services (CMS) Administrator Seema Verma on the Medicare Program Request for Information (RFI). This letter detailed a number of targeted modifications to the Stark law in the context of independent urology groups.

On September 10, LUGPA submitted comments to CMS on the Medicare Physician Fee Schedule and Quality Payment Program. This letter focused on specific recommendations to move beyond easing documentation requirements with the creation of a single payment rate for level 2 through 5 E/M visits.



On October 26, LUGPA submitted comments to the Office of the Inspector General on the RFI regarding the Anti-Kickback Statute and Beneficiary Inducements Civil Monetary Penalty. This letter provided recommendations to the OIG on how to address regulatory provisions that act as barriers to value-based care. This includes the creation of a single, comprehensive waiver of the anti-kickback statute as a rule as well as the OIG supporting passage of the Medicare Care Coordination Improvement Act of 2017 (HR 4206 and S 2051).



On November 16, Deepak Kapoor, MD represented LUGPA at a roundtable on Stark reform hosted by Deputy Secretary of HHS Eric Hargan. LUGPA was one of only seven stakeholders invited to discuss how regulations for Stark and anti-kickback laws could be updated to promote coordinated care delivery.



On December 10th, LUGPA held a webinar to discuss CMS's recent rule to move the CPT code 50590 for ESWL performed in an ASC setting to a new Ambulatory Payment Classification (APC). This change had the effect of cutting the facility payment by 22%. This complex issue had implications not only for lithotripsy, but many other procedures performed in an ambulatory surgical setting.



On December 31, LUGPA submitted a comment letter to CMS on the International Pricing Index Model for Medicare Part B Drugs. Despite LUGPA's commitment to payment reform, this letter expressed the association's significant concerns about the impact the proposed model would have on the ability of independent urology groups to provide essential cancer therapies.

IMPACT

LUGPA's work in health policy encouraged CMS to issue rules that proposed to decrease payments for hospital-owned physician practices.

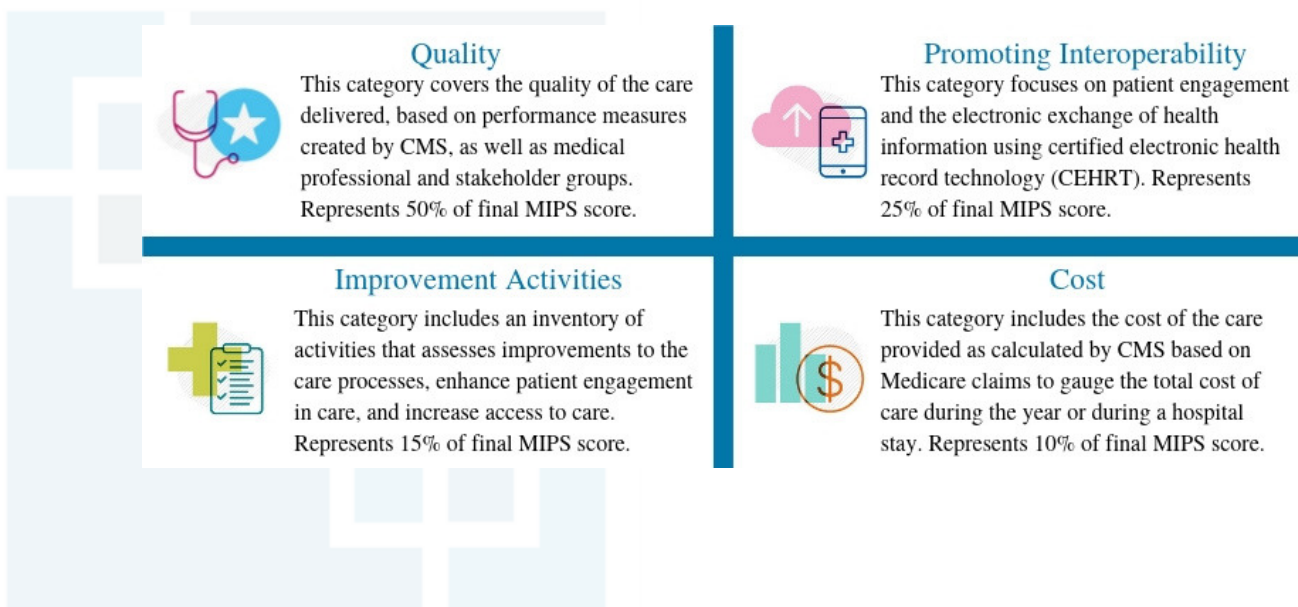
LUGPA's webinar on payments for ESWL in ASCs was essential for member groups to have a deeper understanding of this new information.

Development of Urology-Specific Electronic Clinical Quality Measures (eCQMs)

LUGPA's long-term commitment to demonstrating the quality and value of independent urology to legislators and regulatory agencies is demonstrated through the extensive analyses of proposed legislative and regulatory actions conducted by our Health Policy and Political Affairs Committees. We have worked with the Centers for Medicare & Medicaid Services (CMS) throughout LUGPA's 10 years on a range of issues relevant to the continued success of the independent urology groups, but implementation of the Quality Payment Program (QPP) in 2017 has resulted in increased need for urology-specific criteria.

The QPP was started on January 1, 2017 and was intended to reward value and performance provided by clinicians. The program's goal is to promote better accessibility, quality, affordability, empowerment and innovation across US healthcare.

The QPP evaluates and rewards physicians through either the Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs). Under MIPS, clinician performance is based on four essential categories: quality, promoting interoperability, improvement activities and cost.



With the majority of a practice's MIPS score driven by quality measures, choosing the most accurate measures is essential. In particular, electronic Clinical Quality Measures (eCQMs), or clinical quality measures intended to use data from electronic health records (EHR) or health information technology systems, can be especially useful for independent practices.

In an effort to provide independent urology group practices with quality-related performance measures that most accurately suit their needs, LUGPA lead the effort to develop urology-specific electronic Clinical Quality Measures (eCQMs). In fact, in 2017 LUGPA and our member group Oregon Urology Institute (OUI) were the first urologic entities to develop and submit urology-specific eCQMs for MIPS reporting. The new quality measure allows the electronic reporting of a bone-density screening for men who were prescribed androgen-deprivation therapy (ADT) with the intent to treat for a year or longer and was approved by CMS for 2018 MIPS reporting.

The development of urology-specific eCQMs such as this is essential to maintain a high quality of care in LUGPA practices. They directly impact clinics and clinicians, alleviating the burden on all urologists submitting reporting under MIPS.

IMPACT

LUGPA's efforts in developing eCQMs for urology ensure that urologists have meaningful quality measures and help independent urologists comply with quality reporting measures.

MEMBER PROGRAMS

LUGPA has continued to expand its programming on both clinical and business topics.

28th Annual International Prostate Cancer Update (PCU)

Serving as LUGPA's first Winter Meeting, PCU 28 was held January 24-27, 2018 in partnership with Grand Rounds in Urology™ at the Westin Riverfront in Beaver Creek, CO. This meeting hosted approximately 400 attendees to discuss topics such as screening, diagnosis and treatment of localized and advanced diseases, a review of the current status of ongoing clinical research and a series of discussions on the future of diagnosing and treating prostate cancer. LUGPA experts led discussions on current topics in prostate cancer research.



Bladder Cancer Academy

To provide LUGPA members with education on advances in bladder cancer treatment and patient management, the second annual Bladder Cancer Academy (BCA) took place March 1-3, 2018 in St. Louis, MO. This program was co-sponsored by LUGPA and MedReviews, LLC, publishers of *Reviews in Urology*®.

Our outstanding faculty presented robust talks on the most relevant topics, including all available preventive, diagnostic, therapeutic and management options for bladder cancer in a highly interactive format. BCA's program included didactic lectures and case-based discussions.

2018 Regional Meetings: Operationalizing Oncology

The 2018 LUGPA Regional Meetings helped our members pursue high-quality value-based care by providing educational sessions about advanced oncology and urology practice management. Like the 2017 series of Regional Meetings, LUGPA offered three educational, interactive forums in order to allow maximum flexibility for practices to attend.



The first Regional Meeting was held in Las Vegas, NV March 16-17, 2018 and featured special breakout sessions designed for physician extenders, urologists

and practice administrators. The second Regional Meeting was held in Miami, FL April 20-21, 2018 and featured breakout sessions for nurse navigators, research coordinators, practice administrators and urologists. The third meeting was held in New York City, NY June 1-2, 2018 and had additional breakout sessions for physician extenders, urologists and practice administrators.

Prostate Cancer Academy

Co-sponsored by LUGPA and MedReviews LLC, the 2018 Prostate Cancer Academy was held in Los Angeles, CA October 11-13, 2018. Attendees had the opportunity to gain the latest, most relevant information on prostate cancer treatment and management, delivered by experts in the field. Presented in an interactive meeting format, PCA included didactic lectures, case-based discussions and faculty panels. It also offered outstanding networking with urology residents, who were eager to meet independent practice physicians.

2018 Annual Meeting: Preserving the Future Through Innovation

LUGPA celebrated its 10th anniversary at the 2018 Annual Meeting in Chicago, IL November 1-3. The Annual Meeting was the most well-attended event on the LUGPA calendar, with over 500 individuals in attendance, representing more than 150 member groups throughout the United States. The first day of events featured multiple workshops for practice administrators, research coordinators, lab directors and medical directors. The extensive CME program, Disruptive Technologies – What to Know, included didactic presentations on topics including:

- Is There an Optimal Prostate Biopsy Technique?
- Is There an Optimal TURBT Technique, and the Color War?
- Focal Therapy: Ready or Not?
- What Is the Future of Prostate Cancer Care?
- Immuno-oncology: The Urologist's Role
- Hereditary Prostate Cancer Paradigm
- Practice-changing Applications of Radiology and Nuclear Medicine in GU Malignancies
- Nocturia Is NOT OAB?
- Is TURP Still the Gold Standard?



Christian Milaster, an expert on telehealth programs, discussed the obstacles and opportunities facing telehealth in the current landscape. He specifically focused on applications in urology, offering tips and advice for both outbound and inbound solutions. Dr. Stephen Beeson demystified innovation and spoke about the power of change management in independent practice.

The keynote lecture was given by leadership expert and #1 New York Times best-selling author, John Maxwell. Maxwell told us about the “leadershifts” he made over the course of his career that led to his current success and how leaders in the independent urology field can do the same.



Health policy and political affairs also took center stage with incisive commentary from Dr. Mara Holton of LUGPA’s Health Policy Committee and Dr. Gary Kirsh, Chair of Political Affairs, along with LUGPA’s DC-based lobbyists John McManus of the McManus Group and Tracy Spicer of DC Avenue Solutions. Other notable presentations included breakout sessions on innovations in urology group practice, featuring:

- Establishing a Women’s Pelvic Health Center
- Social Media and Digital Marketing
- Practice Buy-Ins & Buy-Outs
- Value of a Practice Annual Meeting on Culture, Team Building and Business Expansion
- Maximizing Productivity and Improving Patient Flow
- Physician Leadership
- Objective Evaluation of Private Equity Options for Urology Groups
- Secrets for Success: Incorporating Female Partners



UroCareLive

LUGPA continued to collaborate with PlatformQ Health offering members the opportunity to register and participate in this unique educational platform, UroCareLive. With LUGPA's Virtual Crossfire Event Series attendees can take advantage of live streaming panel discussions and debates, including real-time question and answer sessions with top faculty.

2018 On-Demand Presentations

Nocturia – It's Not Always OAB or BPH

David O. Sussman, DO, FACOS, Clinical Associate Professor Department of Surgery

Jennifer Miles-Thomas, MD, FPMRS, Assistant Professor, Urology

Neal D. Shore, MD, FACS, President

Scott A. MacDiarmid, MD, FRCPSC, Director

How to Effectively Create Partnerships and Collaborations

Mara R. Holton, MD, CEO/President

Britt McDermott, CEO

Earl L. Walz, CEO

Twila Puritty, CEO

LUGPAOnsite

LUGPAOnsite was a new member program introduced in 2018. Not everyone is able to attend LUGPA Regional Meetings or the LUGPA Annual Meeting. LUGPAOnsite was created to increase engagement and education by letting LUGPA bring the education directly to the member practice. LUGPA staff and leaders work directly with member groups to address practice-specific questions, allowing for timely, flexible and practice-specific agendas lead each program.

Reviews in Urology



Reviews in Urology®, LUGPA's official journal, is published on a quarterly basis and features essential clinic and business articles for LUGPA members. Members receive complimentary print and digital editions of the journal.

IMPACT

LUGPA's expanded member programming gives independent urology groups the tools they need to succeed, including:

- Cutting edge clinical and practice management information helps groups remain competitive and maintain the legacy of independent practice
- Networking sessions at LUGPA's in-person meetings to develop relationships essential to the survival of independent groups

INDUSTRY SUPPORT

Dozens of companies provided financial support for LUGPA's mission. Through exhibits, sponsorship and education, these companies provided significant support for our association.

Corporate contributions strengthened many initiatives, including:

- LUPGA Regional Meeting in Miami, FL
- LUGPA Regional Meeting in Las Vegas, NV
- LUGPA Regional Meeting in New York, NY
- 2018 Annual Meeting in Chicago, IL
- CME Program
- Practice Administrators Program
- Practice Management for Urology Groups: LUGPA's Guidebook

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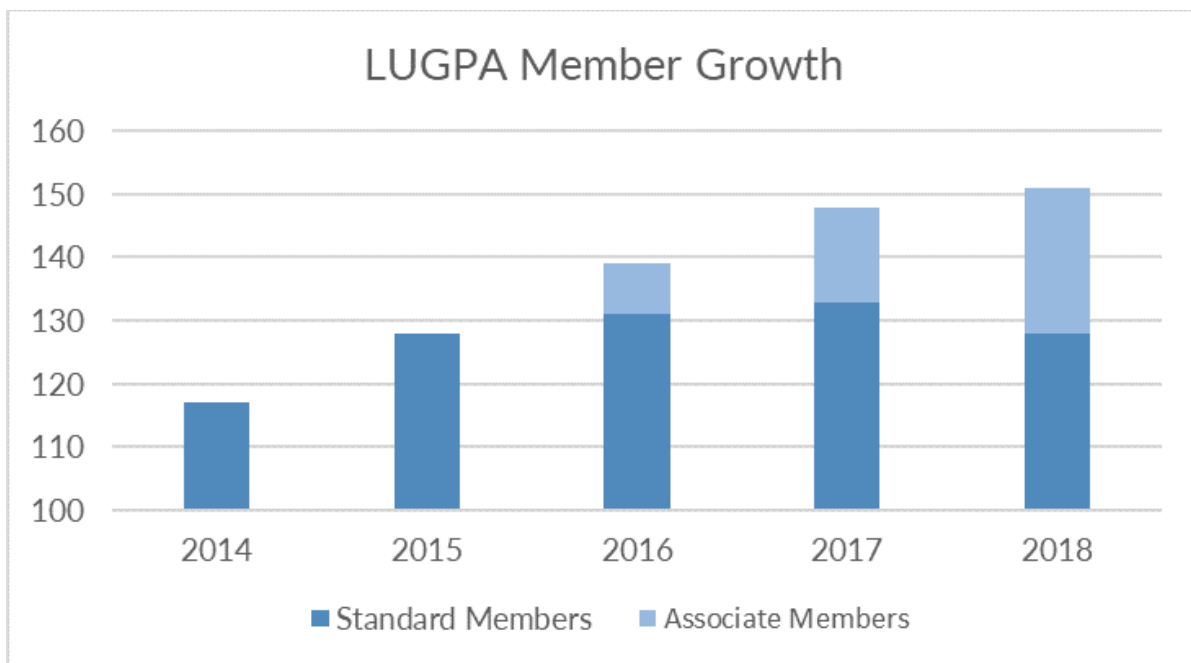


MEMBERSHIP

No longer exclusive to large practices, groups of any size engaged in the independent practice of urology are eligible to join LUGPA.

As the only nonprofit urology trade association in the US, LUGPA's mission is to preserve and advance the independent practice of urology. By working together, we can expand our influence for the benefit of our patients and protect our practices' ability to remain independent. Current market forces and healthcare's future in the United States remain uncertain, but by joining LUGPA your practice can take steps to help secure its future. As leaders in independent urology, our ability to collaborate is essential to assure the success of all LUGPA member groups. By sharing experiences and providing advocacy resources to advance our legislative priorities, we strengthen and continue LUGPA's victories for independent urology practices.

Membership grew by two percent between year-end 2017 and year-end 2018.



COMMUNICATIONS

LUGPA's goal in communications and outreach was to develop the association's reputation as the leading voice for independent urology in the United States. LUGPA worked through the trade press and national media to ensure the Association's advocacy successes and membership value gained audiences with members, prospective members, industry allies, government officials and consumers. Three examples of LUGPA's most widely-read coverage are below.



Surrounding Dr. Kirsh's testimony at the House Ways & Means Subcommittee hearing on Stark Law in July 2018, media outreach was conducted to ensure that LUGPA's viewpoint was top of mind with reporters. Joyce Frieden, News Editor of MedPage Today interviewed Dr. Kirsh onsite after the hearing.

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Changes Needed to Stark Law, House Members Told — But witnesses, lawmakers disagree on how much change is needed

by [Joyce Frieden](#), News Editor, MedPage Today
July 18, 2018



Dr. Kapoor authored this op-ed for RealClearHealth to advise Congressional members to be wary of hospitals' efforts in opposition to site-neutral payment legislation. This placement is especially significant because RealClearHealth is a highly valued media outlet covering policy and legislative issues surrounding healthcare.



Congress Must Resist Hospitals' Efforts Against Site-Neutral Payments

By **Deepak Kapoor**
October 25, 2018

This piece in Becker's Hospital Review is one of multiple excellent placements surrounding the LUGPA-sponsored hospital mergers and consolidation survey. This article included a link to a corresponding infographic on LUGPA's website, further directing readers back to the Association.



Hospital mergers seen as threat to affordable care, most U.S. survey respondents say

Kelly Gooch - Tuesday, December 4th, 2018

Americans are concerned about the potential effects of hospital mergers and acquisitions on their healthcare, according to a [survey](#) from LUGPA, a trade association that represents independent U.S. urology group practices.

FINANCIAL HEALTH

Statement of Financial Position

For the year ending December 31, 2018

Assets

Cash and cash equivalents	\$2,983,929
Receivables	245,631
Prepaid expenses, deferred charges and deposits	76,330
Investments, at market value	1,475,906
Total Unrestricted	4,781,796
Grants, Restricted	183,487
Total Assets	\$4,965,286

Liabilities

Accounts Payable	\$11,807
Other Liabilities, accrued expenses and deferred income	474,283
Total current Liabilities	\$486,090

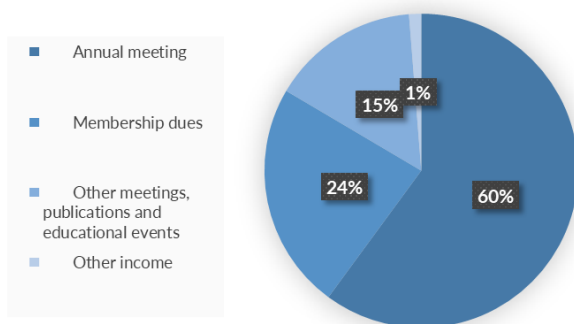
Net Assets

Unrestricted Funds	\$3,997,914
Net Income	\$481,280

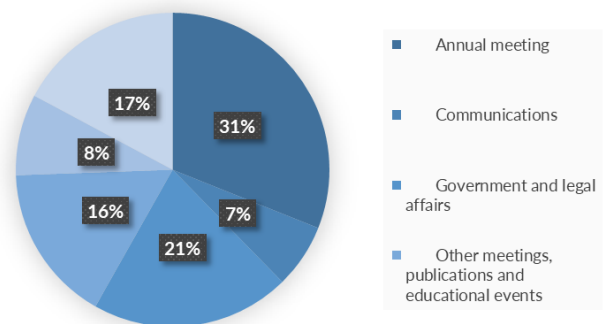
Total Liabilities and Net Assets

\$4,965,286

Revenue FY18



Expenses FY18



Statement of Activities

For the year ending December 31, 2018

Revenues

Annual meeting	\$2,780,134
Membership dues	1,082,765
Other meetings, publications and educational events	705,881
Other income	58,204
Total Revenues	\$4,626,984

Expenses

Program Services

Annual meeting	\$1,287,321
Communications	274,411
Government and legal affairs	850,593
Other meetings, publications and educational events	673,925
Governance	347,252
Total Program Services	\$3,433,502

Supporting services

General and administrative	\$712,201
Total Expenses	\$4,145,703
Change in unrestricted net assets from Operations	\$616,510

Nonoperating activities

Net investment (loss)/gain	(\$135,230)
Change in net assets	\$481,280

STAFF



Celeste Kirschner, CAE
Chief Executive Officer



Morgan Cox
Manager, Governance,
Membership & Advocacy



Maya Menon
Manager, Marketing &
Communications



Rachel Rusch
Manager, Member Programs

MESSAGE FROM THE INCOMING PRESIDENT

Dear Colleagues,

2018 was a pivotal year for LUGPA. As we complete our first decade as an Association, we are energized to continue to develop the resources and services independent urology groups need to be successful in the 21st century. Although significant threats still exist to the independent group model, we continue to work to provide services and important advocacy to protect independent urology.

Even though we hear much about groups being acquired by hospitals and health systems, there remain a substantial number of independent groups that have withstood these pressures. LUGPA's sustained, significant advocacy efforts on site neutral payment policy are making progress against the unfair advantages that hospitals and health systems have. Continuing to advocate for and elevate the independent group remains foremost on our agenda.

As our organization continues to mature, we will be focusing on our infrastructure and governance activities to ensure that we can fulfill our mission. LUGPA now has four full-time staff members who work in partnership with our consultants in meeting management, advocacy and health policy. Our Board is also continuing to hone its skills by undertaking critical activities, such as a Board self-assessment, CEO/President workshops and other developmental activities.

I look forward to collaborating with our staff and leadership to reinforce the strong foundations of our association while redoubling our efforts in programs services and advocacy to advance independent urology practice. In the coming year, you can look forward to new and revitalized programs like our practice management benchmarking program, cutting edge clinical education and more practice management information.

I welcome the challenges and opportunities that will present themselves next year and in the future. With our combined talents and initiative, we will maintain our commitment to supporting independent urology groups with the knowledge, skills and tools that are needed for success.

Richard Harris, MD

