

At-A-Glance

WHAT IS LUGPA?

The Large Urology Group Practice Association (LUGPA) represents independent urology group practices in the United States, with more than 2,100 physicians who make up more than 25 percent of the nation's practicing urologists, and provide more than 30 percent of the total urologic care in the U.S. LUGPA and its member practices are committed to best practices, research, data collection and benchmarking to promote quality clinical outcomes. LUGPA is dedicated to advancing value-based medicine by preserving and protecting the independent, integrated model of urological care.

LUGPA'S HISTORY

In 2008, LUGPA was established when physician leaders of integrated urology practices began to recognize the need for a formal association to help meet the healthcare challenges facing medical specialists.
LUGPA's purpose is to enhance communication among urology group practices, allow for benchmarking of operations, promote quality clinical outcomes, develop new opportunities and improve advocacy in the legislative and regulatory arenas.

What LUGPA Does

Since its founding, LUGPA has earned national recognition for the core support the Association provides to member practices, including:



PRACTICE
MANAGEMENT
RESOURCES

PRACTICE MANAGEMENT BENCHMARKING





POLITICAL ADVOCACY

TIME-CRITICAL MEMBER COMMUNICATIONS





LUGPA's Goals

LUGPA aims to help members enhance delivery of value-based urological care in the independent practice setting by:

- 1 Engaging policymakers to combat threats to independent practices and achieve relevant policy victories.
- 2 Sharing and networking with members in-person at LUGPA's Annual Meeting and LUGPA's ongoing Regional Integrated Urology Practice Forums, and virtually, on LUGPA's online member community.
- Providing timely communications on LUGPA's latest political advocacy efforts, practice management benchmarking and clinical data integration to members.
- 4 Developing practice management resources for members to assist them in strategic planning and improving patient/physician communications.

LUGPA'S MISSION

LUGPA's mission is to provide urological surgeons practicing in integrated group practices the means to access resources, technology and management tools that will enable them to furnish all services needed to care for patients with acute and chronic illnesses of the genitourinary system in an efficient, cost-effective and clinically superior manner, while using data collection to create parameters that demonstrate quality and value to patients, vendors, third party payors, legislators and regulatory agencies.

LUGPA's Key Advocacy Issues

Since its founding, LUGPA has earned national recognition for the core support the Association provides to member practices, including:



Medicare Access CHIP Reauthorization Act (MACRA) Implementation

LUGPA is focused on MACRA implementation to ensure that all member practices can succeed in the new payment framework of the Medicare Incentive Payment System and Alternative Payment Models.

U.S. Preventative Services Task Force

In 2012, without consultation with any stakeholders, the U.S. Preventive Services Task Force (USPSTF) issued guidelines assigning prostate-specific antigen (PSA) tests a "D" rating, meaning they are harmful to patients and should not be covered by Medicare or commercial insurers. LUGPA continues to fight this flawed ruling on PSA tests, and has worked with congressional representatives to develop and advance the USPSTF Transparency and Accountability Act, which requires the Task Force adopt a more transparent process in developing its recommendations in tandem with substantial stakeholder consultation and engagement.

In-Office Ancillary Services Exception (IOASE) Reform

The In-Office Ancillary Services Exception (IOASE) to the Stark law allows group medical practices to offancillary services such as advanced imaging, radiation therapy and pathology within their practices. Providing these services is integral to LUGPA's member practices' ability to serve patients, provide integrated and comprehensive care, and compete with mega-hospital systems.

Medicare Part B Drug Payment

LUGPA is closely monitoring the proposed Medicare Part B Drug Payment Model, which affects a large portion of physician practices and patients. The proposed model would test alternative drug payment designs for physician-administered drugs in an effort to reduce spending. The final Part B rule is due to be released in Fall 2016, and the hope and expectation is that CMS will scale back this model and preserve the ability of LUGPA member practices to administer the appropriate drug treatments based on patient needs.

LUGPA Spokespeople

Neal D. Shore, MD PRESIDENT

Dr. Neal Shore is the medical director for the Carolina Urologic Research Center in Myrtle Beach, South Carolina, where he practices with Atlantic Urology Clinics. He has conducted more than 250 clinical trials, focusing mainly on GU Oncology, and in addition to LUGPA, he serves on the executive boards of the Society of Urologic Oncology Board and the Society of Urologic Oncology-Clinical Trials Consortium.

Celeste Kirschner, CAE CHIEF EXECUTIVE OFFICER

Celeste Kirschner joined LUGPA in 2015 as its first CEO. Under her leadership the organization has launched a new subsidiary, LUGPA Healthcare Consulting Services, increased membership and added several new member benefits. Prior to joining LUGPA, Ms. Kirschner served a variety of senior leadership roles at the American Society of Anesthesiologists, including Perioperative Surgical Home Executive and Director of Membership and Subspecialty Society Services. Ms. Kirschner also served as Executive Director of the Illinois Physical Therapy Association, and led the American Medical Association's Division that is responsible for Current Procedural Terminology (CPT). She holds a degree in Health Services Administration from the University of St. Francis.

Richard G. Harris, MD PRESIDENT-ELECT

Dr. Richard Harris is a founding member and CEO of UroPartners, an integrated urology/oncology/radiation oncology practice with more than sixty physicians. He has served on the LUGPA Board since 2010. Dr. Harris' main interest in urology is prostate cancer, and specifically metastatic castrate resistant cancer. In addition, he is an assistant clinical professor of urology at Loyola University Medical Center.

Deepak A. Kapoor, MDCHAIRMAN, HEALTH POLICY

Dr. Deepak Kapoor is chairman and CEO of Integrated Medical Professionals, and president of Advanced Urology Centers of New York, based outside of New York City. He is one of the youngest physicians to have been certified by the American Board of Urology, and has served in leadership roles with some of the most respected urologic advocacy groups and associations, including LUGPA. His medical background is diverse with both laboratory and clinical experience, both in the academic and private sectors. Dr. Kapoor has published and lectured extensively on both clinical and business medical issues, and continues to enjoy an active clinical practice along with his administrative duties.