AUA Young Urologists Committee
Transitioning from Residency to Practice

American Urological Association, Inc.
Advancing Urology™

2ND Edition
PREFACE:
TRANSITIONING FROM RESIDENCY TO PRACTICE

Transitioning into your new practice after residency or fellowship will be one of the most exciting times in your professional career. Many young urologists do not know where to start and have found it difficult to navigate these waters. This information was put together from a variety of sources and personal experiences to develop the first edition of this transition manual. As previously stated, our aim is for this resource to be become a living document, evolving along with changes in practice patterns and being enriched by the shared, real-life experiences of other young urologists. As such, we are thankful for the many topic suggestions garnered from the online Young Urologist Community as well as direct communication to the Young Urologists Committee.

We have made several revisions and additions to the first edition of the manual. The section on determining what kind of practice to enter has been updated to provide more clarity and understanding and the Health Policy Section has been revised. In addition, more resources on Practice Management have been added. We have also added a new section on work-life balance for the urologist and understanding RVUs. We hope that you find these topics valuable.

Best of luck as you embark on this exciting new journey in your life!

John S. Lam, MD, MBA, FACS
Young Urologists Committee Chair (2016-2017)
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If you are moving, be sure to update your membership profile. Having your current contact information on record will ensure that you continue to receive the latest updates and member benefits!

Visit AUAnet.org/MyAUA or contact the AUA office at 410.689.3933 to make your updates.
1. DECIDING WHERE TO SETTLE

Research the geographic areas that you are considering. Is there a high density of urologists? Are the competitive markets already saturated with urologists or less competitive areas with fewer urologists? What are the typical payer mixes for these regions (i.e., what types of insurance do the patients have)?

2. DETERMINING WHAT KIND OF PRACTICE TO ENTER


The practice locations that you will have to decide on are divided into two broad categories – salaried-employment and private practice.

2.1 Salaried Employment

The decision to become a salaried physician can be seen as one way to escape increasing administrative burdens or achieve a more satisfactory lifestyle especially in a health care environment that is in flux. There are several advantages to working in this type of setting that include a guaranteed salary typically with an incentivized plan, often a built-in retirement plan, and lack of administrative issues (i.e. human resources, billing and collecting, rent and overhead, and daily operations). Some disadvantages include not being in charge, being told who you will see, possibility that compensation can be changed, and/or being judged by certain metrics (i.e. quality and patient satisfaction measures) that may be part of the overall compensation plan. However, you may be able to climb the career ladder and manage multiple practices or become the leader of the organization.

Hospitals may be a stand-alone or part of a hospital network, such as Kaiser Permanente, Mayo Clinic, Cleveland Clinic, Veterans Affairs, an HCA (Hospital Corporation of America) Affiliate, etc., These are all based on an employed salary model. It will be helpful to you to become familiar with the location’s track record of treating hospital-based physicians. One way to do this is by contacting other hospital-contracted physicians in the hospital. This will give you a better understanding of their satisfaction level with their current contracts. It also provides you with an opportunity to ask questions and to discuss any suggestions that may help you in your negotiations with the hospital.

2.2 Private Practice

Private practices can be organized in a corporate model where the physicians are shareholders, or where one or more physicians own the practice and employ other physicians or providers. Physician practices are usually organized into corporations for the tax benefits as well as protecting the owners from liability. The owners typically take a salary draw, split any receipts after all expenses are paid, and generally distribute receipts monthly or quarterly, and is often an “eat what you kill” model. These can include a solo practice, small or large single-specialty group, or multi-specialty group.

Private practice often gives one more control over how one individually practices. This includes control over the physical set up, the electronic health record (EHR)/health informatics system, employees, which patients are seen and how they are treated, so you can make decisions based your interests and not those of an entire health care system. You will have to work with your partners and learn to compromise, but that process is maybe easier than working with an employer who has many other concerns. Some other challenges in private practice include nurturing referral sources and partnering with hospitals for mutually beneficial outcomes.

2.3 Site Visit

During the site visit, the candidate will meet primarily with the physician recruiter if this is a salaried position. The recruiter will be your liaison during this process. He or she will be walking you through the many steps needed to complete the visit and the negotiations process.

You may also visit with the CEO, COO, CFO, CNO, OR supervisor, OR specialist (urologist) or members of the marketing department. You should be prepared for each of these interactions.

When interviewing for hospital-based opportunities, it is important that you do your homework on the practice opportunity. Is this hospital in an urban or rural setting? This is important because the reimbursements that hospitals receive in rural designations are generally higher than urban locations. Remember that the hospital can bill and collect for the technical component of the urologists’ practice and also for the professional portion.

2.4 Career Resources

• AUA JobFinder
  www.AUAnet.org/Jobfinder
• Elsevier eHealth Careers
  http://ehealthcareers.com/
• Veterans Affairs job postings
  http://www.va.gov/jobs/

2.5 Contract and Salary Sites
• National Managed Care Contract (NMCC) database
  www.ama-assn.org
• MGMA – ACMPE Physician Compensation Information
  www.mgma.com/industry-data

3. APPLYING FOR THE POSITION

3.1 The Resumé
The resumé should be a one-page attention getting summary of your background and training. Human resources or office managers receive numerous resumés. The resumé must catch the reader’s attention so that he or she wants to read it instead of simply moving onto the next one. A good resumé opens the door for an interview; a bad resumé closes the door. Physicians can increase their chances of getting the job interview by avoiding the top five most common resumé-writing mistakes.

1. **Spelling Errors, Typos, and Bad Grammar**
   Always proofread your resumé carefully. Do not count on spell check to catch mistakes that you may have made during the resumé writing process.

2. **Contact Information Is Wrong or Missing**
   Always double-check your contact information, especially if it has been updated recently. If an employer cannot contact you using the information on your resumé, then they won’t bother contacting you at all.

3. **Employment Dates Are Missing**
   You should always include employment dates (months and years) on your resumé. Potential employers need this information to determine your level of experience.

4. **Not Enough Information**
   When listing your job experience on your resumé, try to include information about what you have accomplished.

5. **Too Much Information**
   Your resumé should feature education and work experience that is relevant to the job for which you are applying. Additional information, such as your scrapbooking hobby, can be left off. Most employers and human resource executives like one page resumés.

It is essential that your resumé highlight your skills and expertise as a medical professional. It should also highlight your education, licenses, affiliations and publications that will help you stand out as a medical professional and attract the attention of a practice, medical center, or hospital.

3.2 The CV
Doctors use a curriculum vitae (CV) to apply for employment. The CV is typically longer than a resumé and provides more detailed, relevant information to those who are seeking more knowledge about you and your achievements as a doctor. A CV is more common than a resumé in the academic world and within international medical communities. In order to make it effective, a doctor’s CV must be up-to-date and flexible enough to speak to any opportunity for which you are applying. Write a CV by listing your achievements, experience, skills, education, special research and publication credits.

There’s a formula you might use when crafting your CV. [www.wikihow.com/Write-a-Doctor’s-Curriculum-Vitae]

1. Begin with contact information. On the top of your first page, put your full name, address, phone numbers, pager number, fax number and email address.

2. Write a brief objective or career statement. This should be a one sentence summary of your current position and your professional goals. Example: I have completed a fellowship in minimally invasive surgery and have extensive experience in robotic surgery and wish to continue in the private practice environment as a urologic cancer surgeon.

3. List any board certifications, including the dates of national examinations that were taken and passed. Include a list of states where you are licensed.

4. List your educational history and your professional experience. Share your educational credentials by starting with the most recent institution you attended, and list the schools, degrees and years of attendance. Include any relevant activities you participated in while a student/resident/fellow. List all awards and honors you have received.

5. Include a section on special professional successes. You can list any research you have conducted, publications you have written,
teaching you have done and awards you have received.

6. List the names and contact information of three or four professional references. It is very important that you ask your references if they can be included on your CV and provide them with a copy of your CV in case they are contacted.

7. Include memberships of any professional organizations or associations, and any leadership roles that you may have within them.

8. If you have any gaps in your education or training, it is recommended that you explain the breaks as it may or likely will come up in your interview. Better for you to take control of the gap than to leave it without an explanation.

9. For first time job seekers, it is suggested that you include information about your residency and any relevant volunteer experience.

10. Share all languages that you speak, including your level of fluency.

3.3 The Cover Letter

This is probably the most important part of the résumé. If the cover letter does not attract the attention of the person reading it, the letter, résumé, and/or CV will get tossed and no interview will take place. Some tips for successful cover letters include the following:

1. Address the cover letter to a specific person, i.e., the person doing the hiring.

2. Use bullet points to differentiate yourself as someone who knows what the job consists of and what you can and will do in the position. Clearly define yourself and your unique skills so that the decision maker will want to meet you and, ultimately, offer you a position.
   
   Example: As an experienced male infertility and erectile dysfunction expert, I can:
   
   • Perform microscopic vasal anastomoses
   • Perform penile prosthesis surgery
   • Treat Peyronie’s disease with synthetic and auto grafts
   • Work with a reproductive endocrinologist for assisted fertility cases
   • Market and promote Andrology to the community and to potential referring physicians
   • Share with you multiple publications that I have written in peer-reviewed literature on these topics

3. Underscore your commitment to seeking the position by including that you will be calling the hiring manager at a specific time, usually within a week of him/her receiving the letter.

4. In your signature block, along with your name, include the following:
   
   • Phone number
   • Email address
   • LinkedIn profile link

5. Include a “P.S.” Market research has shown that eight out of ten people who open a direct mail piece will read the “P.S.” first before reading anything else in the letter. Be creative but relevant with your P.S. For example, P.S. I am also an amateur magician which brings smiles to my patients.

6. Send the letter to the decision maker by certified mail so that you know that the right person receives it, and in a timely manner.

3.4 The Interview Process

In today’s medical job market, urologists are in high demand. A tightening workforce in urology, combined with a need for hospitals to attract urologic care physicians (versus losing out to other centers in their geographic area), has caused the demand for well-trained urologists to skyrocket. A graduating urologist might get 9-12 job offers prior to selecting a particular location to practice.

To find a practice location, graduating residents in urology should begin the interview process as early as possible. The first step in finding a practice location for the graduating chief resident is to list his/her availability through the AUA JobFinder or other publications, such as _JAMA_, _The Journal of Urology®_ or _Urology Times_. It is also important to always have an updated CV published and accessible online.

Job postings are followed by frequent calls from various physician recruiters. Another avenue of opportunity is to place calls directly with the local hospital recruiter, especially if you already know the area where you wish to work.

The interview process is still considered crucial because it gives the two parties the unique opportunity to not only meet face-to-face but also to figure out if the proposed relationship is a good
match for both sides. One of the classic teachings when buying real estate is that the three most important things are location, location, location. Similarly, when interviewing, the three most important things are preparation, preparation, preparation. Nothing will influence the interview more in a positive or negative way than the preparation or lack thereof of the interviewee. When interviewing, you should know some of the history of the institution and be familiar with the individuals already in the practice and their area of interest or specialization. Most of this information can be easily found online.

Anticipate what questions might be asked during the interview. For example, “What can you or your skill set bring to the practice that we don’t already have?” or “Why do you think this practice would be beneficial to you?” These are questions that you should have already considered and be prepared to answer. Many times, the most helpful thing is to have three or four talking points on each of these responses rather than a complete or memorized answer so that the response will not seem rehearsed.

Try to connect with the person with whom you are interviewing on some level. This could be something having to do with the job or a particular interest in the medical practice. It could be on a personal level such as children, family, hobbies, or time spent outside of work. You could share the region of the country that you come from, places visited, or sports enjoyed. The bottom line is that a personal connection will make you stand out more in the interviewer’s mind. It will also show your sincere interest in the position and that you have done your homework in preparing for the interview.

This may be obvious, but you should certainly arrive early to the interview, never show up late, and dress appropriately. If there is a question about the dress, it is better to overdress than appear to be too casual. At times, there may be some factor in a candidate’s background that is not entirely positive. For example, a DUI citation or arrest may come up. It is important to be truthful and upfront about such incidents. Nearly every practice will do a background check on you and you will not be able to conceal problems, issues or gaps in your training or work experience. It is far better for you to prepare a true explanation and give it a positive spin in your direction (what have you learned from it?).

One cardinal rule in the interview process is never to say anything negative about your former institution, colleagues, residents, or students. If you are negative about places you have been in the past, then it is likely that you will continue to be negative about your new institution.

One of the most important things that hiring institutions look for is evidence that a candidate is a team player. Positive examples of this would be participation in team sports, clubs or societies. Any leadership positions held in any of these activities are certainly worth emphasizing.

Smile. Sit up and lean slightly forward and act interested. Be enthusiastic but avoid being too flamboyant. It is desirable to be remembered, but you want to be remembered in a positive light, so don’t go over the top in trying to impress or make a statement.

It is a good idea to practice the interview process before you “go live.” Try scheduling mock interviews with your colleagues who are in the same position. If you currently work at a hospital, you can ask the human resources department to practice with you for an interview. Most departments will be happy to accommodate you and help you with interview preparation.

Finally, send a “Thank You” or “Follow-up” letter to each individual that interviewed you. You can do this either with a hand-written note that is mailed or through email. Be sure to include some specific information that was brought up during the interview, such as an anecdote or family connection.

### 3.5 Factors to Consider

One of the key decisions for residents is to choose a geographic location that is also acceptable to your spouse/significant other and family. Other considerations such as the partner’s employment opportunities and satisfaction with the location, is a critical decision that should be made together.

**Location**

Finding a city or a practice location where you will be happy is very important. Today’s physicians are concerned not only with coding and reimbursement matters but also lifestyle issues. A harmonious work-life balance is critical to your success. You should be well versed with the social opportunities in the vicinity. Dining, night/family life, educational system for children and other social activities play a significant role in choosing a place to practice.

After you have narrowed down your choices for practice locations, there will be an exchange of data and practice information, including your
residency experience. The interview process has changed significantly over past few years, and this initial process has become more of a “getting-familiar” event rather than something that would be a deal breaker.

It is important that you visit the sites on more than one occasion. The first visit should be planned to get familiar with the area and to meet the appropriate hospital or future practice managers. A second visit, that includes ones’ partner and family, is also important. Scouting and being familiar with the neighborhoods, decisions on renting versus purchasing a home, dining and social activities need to be addressed during these visits. After all, this will be your new home.

Compensation
Most of the time one can get a pretty good idea of the salary and benefits from publicly available documents. The benefits package for most universities will be clearly delineated and, likely, non-negotiable. In public institutions, salaries are a matter of public record, and you can get a good approximation of salaries of those already there. This may be a little more difficult to ascertain in a private institution where the data is not necessarily made public, but you can compare salaries at some nearby public institutions to get an idea of the salary range. Although salary and benefits are important, you do not want to spend the bulk of your time dwelling on these particular issues. In addition, do not bring up salary as the first question you have about the practice. An employer will expect to answer this question but don’t make it your first question or concern.

3.6 Resources
The following links will bring you to samples and more information about preparing a CV and cover letter, obtaining references and recommendations, and preparing for the interview.

- How to create a CV, plus samples of CVs and cover letters
  http://jobsearch.about.com/od/resumes/u/resumesandletters.htm
- Samples of CVs and cover letters, and ways to request references and recommendations
  http://jobsearch.about.com/od/curriculumvitae/a/curriculumvitae.htm
- Interviewing tips
  http://jobsearch.about.com/od/

4. NEGOTIATING CONTRACTS
After you have visited the potential practice location more than once and you have evaluated your practice locations, now is the time to focus on the contract negotiations. Remember, any contract you sign is a legal document. Thus, it is important to have your own legal counsel (or two) review the contract, in detail, so your interests are protected. Many new physicians recommend hiring a lawyer to assist in contract negotiations.

4.1 Needs/Requests
1. List Equipment Needs
   - Office-based equipment needs
   - Hospital-based equipment requirements
   - Special equipment, such as robot, intra-op ultrasound equipment

2. List Personnel Requirements
   - In your office: adequate nursing and ancillary staff members
   - In the hospital: Will they provide you with appropriate trained personnel for surgical procedures? It’s especially important for procedures such as robotic surgery to be staffed with a qualified first assistant or bedside surgeon.
4.2 Understand Compensation
Usually the hospital will guarantee your salary for one to two years. The suggested length of your initial contract should be negotiated for three years, with frequent evaluations and/or meetings to ensure that you are staying focused and close to target expectations and projections. Your interview process should clearly define your remuneration methodology.

Key questions to consider include the following:
1. Will you be evaluated on a quarterly basis?
2. What if there is overage?
3. Will you be paid additionally on a quarterly basis?
4. Will you be reimbursed based on your work Relative Value Units (RVUs)?
   - Though contracts will vary, the RVUs are based on national guidelines with an average RVU production of 9,000-10,000 per year. Academic positions usually have a lower RVU requirement to facilitate research activity.
5. If you exceed expectations, then how will you be compensated?
   - One suggestion is that you be paid 75% of any overage of professional fees collected and that the hospital will keep 25%.
6. Caution: It is important that you are aware of the billing and collections process, since the hospital may have several other physicians in different subspecialties on their payroll. Therefore, you should be mindful of the following:
   - Make sure that your billing and collections are handled promptly and appeals to third-party payers and are processed in a timely fashion.
   - Review and audit your own surgical case logs and RVUs.

4.3 Contract Renewal
Review the hospital’s policy for continuing your contract. Contracts can be terminated based on factors such as performance, professionalism or surgical outcomes. It is important to have a 90-120 day notice so that you will have enough time to relocate and move to a new practice location, if necessary. Contracts usually suggest a 30-60 day window; this may be inadequate.

4.4 Vacation/Time off
Contracts usually give you 20 vacation days and national holidays as part of your time-off package. Make sure this is included in your contract. Emergency room coverage and in-home consult expectations need to be clearly defined. You should know if these duties will be shared with other urologists on the staff or if you are expected to be constantly on call. Some hospitals do not force urologists to be on call once they have reached 60 years of age. How will this impact your call schedules?

4.5 Credentialing Process
Begin the credentialing process for the hospital as soon as possible. Credentialing can take up to six months to complete. Be aware that each insurance carrier has its own credentialing process. You should be fully credentialed by the time you start your practice so that you can immediately treat patients. Be aware of additional state or medical board requirements including fluoroscopy or jurisprudence certification.

4.6 Malpractice Coverage
The hospital should be providing you with insurance coverage as per state or regional guidelines. Make sure that there is tail coverage to ensure you are protected, should you have to leave the practice.

5. Physician Compensation Models
Most providers are reimbursed for services through several “payers,” including federal and state government programs (e.g., Medicare, Medicaid) and insurance programs offered through employment and individual plans. Prior to the implementation of these programs, providers were paid directly “out-of-pocket” by patients themselves. Reimbursement often involves a payment as a percentage of the total bill received and is often impacted by standards set by Centers for Medicare and Medicaid Services (CMS) as well as on negotiations between the provider and regional insurance companies that the provider is contracted with. A co-payment is a small percentage of the bill paid directly by the insured patient. A premium is a monthly charge to the patient in order to stay covered. Various payment structures are described below:

There are two basic compensation models with variations: pure productivity and base plus bonus. Guaranteed total salary is not common, but several healthcare systems (e.g., Kaiser
The American Urological Association

Permanente), government positions (e.g., Veterans administration), and/or academic positions.

5.1 Fee-for-Service
The fee-for-service model compensates physicians based on the amount of services provided to a patient and is a common payment structure seen in both private and public practices. This varies from other payments structures such as the concept of capitation, which involves paying a provider a fixed amount of money per patient over a pre-specified period of time. Potential issues that arise with each of these payment methods relate to the possibility of incentivizing providers to “over-treat” or “under-treat” patients. New kinds of payment models are currently being tested and pay for performance has been a method that ties bonus payments to the quality of care of each patient rather than to how much or how little services are provided.

5.2 Relative Value Units
There are many models currently based on Relative Value Units (RVUs). This is a pay for performance model where the physician’s training, skillset and time expended to provide a given service are taken into account when establishing compensation. Compensation based on RVUs provides a model that focuses on value-based healthcare, more so than the fee-for-service volume-based model attached to the number of patients a provider sees or the amount of revenue the provider bills for or collects.

RVUs are determined as part of the Resource-based Relative Value Scale (RBRVS), which is a system for describing, quantifying, and reimbursing physician services relative to one another. The values in the RBRVS scale are reviewed periodically by a panel of physicians, known as the Relative Value Scale Update Committee (RUC), representing every sector of medicine.

The basic premise of work RVU compensation models is to align the provider’s compensation to the productivity (as measured by work RVU). This is completed with the use of independent compensation surveys and analyzing expected productivity. The most commonly used “government endorsed” surveys to accomplish this task are:

1. American Medical Group Association (AMGA) Medical Group Compensation and Financial Survey
2. Medical Group Management Association (MGMA) Physician Compensation and Production Survey

The most common methods of clinical compensation arrangements utilizing work RVU are:

1. Compensation per work RVU: Also known as an “eat what you kill” model. Providers are paid a set dollar conversion rate for each work RVU generated.

<p>| Example 1. |</p>
<table>
<thead>
<tr>
<th>Work RVU</th>
<th>$/Work RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,000</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

2. Graduated scale: Under this model, providers are paid dollar conversion rates per work RVU based on a graduated scale.

<p>| Example 2. |</p>
<table>
<thead>
<tr>
<th>Work RVU Scale</th>
<th>Work RVU</th>
<th>$/Work RVU</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2,666</td>
<td>2,666</td>
<td>$45.00</td>
<td>$119,970</td>
</tr>
<tr>
<td>2,667-5,333</td>
<td>2,666</td>
<td>$50.00</td>
<td>$133,300</td>
</tr>
<tr>
<td>5,334 +</td>
<td>2,666</td>
<td>$55.00</td>
<td>$146,630</td>
</tr>
</tbody>
</table>

APPROXIMATE TOTAL: $400,000

3. Base guarantee plus productivity bonus: Under this model, providers are paid a base guarantee and will receive incentive/productivity
compensation for every work RVU generated above a pre-determined threshold.

<table>
<thead>
<tr>
<th>Example 3.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base Salary</strong></td>
<td><strong>Threshold</strong></td>
</tr>
<tr>
<td>$266,650</td>
<td>$5,333</td>
</tr>
<tr>
<td><strong>Work RVU</strong></td>
<td><strong>$/Work RVU</strong></td>
</tr>
<tr>
<td>8,000</td>
<td>$50.00</td>
</tr>
<tr>
<td><strong>Bonus</strong></td>
<td><strong>Compensation</strong></td>
</tr>
<tr>
<td>$133,350</td>
<td>$400,000</td>
</tr>
</tbody>
</table>

5.3 Bundled Payments

The Bundled Payments for Care Improvement (BPCI) initiative was developed by the Center for Medicare and Medicaid Innovation (Innovation Center). The Innovation Center was created by the Affordable Care Act to test innovative payment and service delivery models that have the potential to reduce Medicare, Medicaid, or Children’s Health Insurance Program (CHIP) expenditures while preserving or enhancing the quality of care for beneficiaries. Provider and hospital expenses are linked to make a single payment for an episode of care with bundled payments models. There are four bundled payments models – Retrospective Acute Care Hospital Stay Only, Retrospective Acute Care Hospital Stay plus Post-Acute Care, Retrospective Post-Acute Care Only and Acute Care Hospital Stay Only.

5.4 Resources

- https://www.amga.org
- https://www.sullivancotter.com
- https://innovation.cms.gov/initiatives/bundled-payments/

6. Private Group Practice

Details mentioned above, as it relates to hospital-based practice, are very relevant to private practice setup. Thus, carefully review some of the salient features mentioned above.

However, a major difference in private practice ventures these days is that these practice opportunities are decreasing. More and more private practice groups are being bought out by hospitals or are consolidating into larger groups. It is important that you are aware of such possibilities before you decide on joining a private practice group.

The items mentioned above including practice locations, the social setup of a given town, the practice opportunities, equipment available in your private practice office, equipment available in your hospital need to be reviewed. If appropriate equipment is unavailable, then you need to have that requirement placed in your contract prior to accepting the offer. Once you begin working, if it is not in writing, then it may not happen.

The other points that you need to be aware of in a private practice setup are as follows:

- How soon will you be a partner? Two years? If not, how long?
- What is the buy-in process and cost?
- Would you be part of the group retirement plan and additional benefits?
- If so, how soon can you be part of that?
- What is the on-call schedule?
- How many of the partners are taking emergency room calls?
- What is your vacation/time off schedule like?
- How is the revenue split/distributed?
- Is revenue guaranteed?
- What are the sources of revenue?
- Is there a production-based bonus schematic?

Some practices share revenue, on-call, etc. while some will let you keep only what you “kill”. Make sure there are no vague statements in your contract. The hallmarks of a successful interview process are knowledge of the proposed practice location, provision of equipment and tools to succeed, and a contract that you can live with and make you a successful urologist.

7. Wellness for Urologists

The amount of time physicians spend delivering direct patient care has diminished due to increasing administrative responsibilities from greater regulatory pressures and evolving payment and care delivery models. Increasing responsibilities and stress can lead to physician burnout, which plagues more than half of the U.S. physician workforce. Furthermore, urology has the distinction of being one of the most burned-out specialties in medicine today. Increasing rates of suicides, depression and burnout and decreasing personal and professional satisfaction among physicians emphasize the importance of creating a wellness culture within the health care profession and its organizations. Wellness consists of multi-dimensional aspects that in combination lead to optimal levels of health and emotional and social functioning. Increasing wellness and resiliency amongst physicians will lead to less stress and better engagement with their patients and provide higher quality care.
7.1 Speciality Related Stressors
Some reasons why urology has become one of the most stressed specialties:
• Drive for relative value units (RVUs), resulting in physicians’ being pushed to see significantly more patients in significantly less time
• Urologists are getting busier as the population ages and people are becoming more demanding
• Rising patient and public expectations and intolerance of complications and/or unsatisfactory outcomes
• Fear of litigation, investigation by medical boards or, worse, prosecution for “gross negligence manslaughter”
• Busy after-hours call
• Added clerical burden associated with electronic medical records
• General practitioners are unhappy and difficult to recruit so urologists are managing overflow office-based urologic conditions and impacting access

7.2 Effects of Burnout
Stressful work conditions and burnout can lead to:
• Increased clinician errors
• Reduced empathy for patients
• Reduced patient satisfaction
• Decreased patient adherence to treatment recommendations
• Increased physician intent to leave the practice

7.3 Mayo Clinic’s 5-Pillar Anti-Burnout Remedy
• Control over your life: partner with leaders and work with those who offer you a say in the organization’s direction
• Leadership: satisfaction increases when leaders communicate transparently, how appreciation, and are interested in ideas and career development
• ‘Pebbles’: determine the pebbles in your shoes and work to remove them through policy changes or quality improvement
• Camaraderie: meet with colleagues over a meal and talk about some positive aspects of the your career and professional issues
• Healthy habits: maintain habits involving diet, exercise, laughter, gratitude, forgiveness, mediation, and sleep

7.4 Wellness activities:
Suggested activities and workshops to help establish a culture of wellness:
• Sleep
• Exercise, such as running, yoga classes, etc.
• Movie nights or dinners
• Holiday potlucks
• Ballroom dancing classes that include spouses and significant others
• Charity work (e.g., volunteer at a soup kitchen)
• Mindfulness and meditation classes to promote stress reduction
• Sporting events (e.g., playing in a recreational league, watching a televised match or attending a university game)
• Painting or pottery classes
• Exploring the local culture

Workshop topics:
• Finding balance in personal and professional goals/life
• Understanding personality with the Myers-Briggs Type Indicator®
• The dark side of medicine: exploring the emotions of caring for sick and dying patients (e.g., Schwartz Rounds)
• Navigating interpersonal dynamics with “difficult” patients or colleagues
• Overcoming burnout and fatigue
• Violence in the workplace
• Leadership skills
• Mitigating conflict in a care team
• Perfectionism
• Difficult conversations: how to speak to a grieving family and write a condolence note

Resources
• STEPSForward.org (American Medical Association)
• www.jeffsmithmd.com
• www.TheHappyMD.com
• scpmgphysicianwellness.kaiserpermanente.org

8. DEFINING YOURSELF
As a junior partner, it is important that you prove yourself to your new colleagues, while also building a rapport with your patients. Relationships are
vital. Get to know your referring physicians. Introduce yourself to colleagues. Join hospital committees. Identify senior colleagues who you trust to act as mentors.

Below are a few questions to ask yourself as you begin to establish these important associations.

8.1 Define Yourself
1. What is your niche?
   • Is there something that you do that is unique?
2. What can you build that is lacking in your new practice?
   • What unique skills do you bring to your group?
3. Did you do a fellowship – if so, where did you train and is there something that they do which you can bring to this group? It helps to transfer the reputation of your previous program to your new job.
4. How can you support your group?
5. Think about new revenue streams.
6. Take on the challenging cases that others may not wish to tackle.

8.2 Develop Referral Patterns
• Biocard
• Face-to-face introductions that you have joined the local medical group, this is usually done by the practice manager.
• Remember everyone talks.
• There is nothing better than face-to-face interaction. Hospitalists often take care of inpatients and very few primary care doctors round on patients during the day. As such the “esprit de corps” has changed in the hospital and it has become harder to meet our medical colleagues. Some hospitals have “liaisons” to assist in these introductions. However, setting up a list for yourself and going out to meet referring doctors on your own will be well received. Offering email and cell phone contact information may also show that you are serious about addressing any patient concerns swiftly.
• Be nice to everyone. One bad interaction will spread much further than one good interaction. Let the operating room nurses know what your specific set of expertise is and set up lectures for the operating staff so they see what you are all about. Those referrals will grow quickly!

8.3 Staff Selection
Everything reflects back on you, which is why you should surround yourself with a high quality support staff.
• Nurse Practitioner – independent practitioner that can see patients and treat them while you are not in the office.
• Physician Assistant – dependent
• Nurses (RNs, LVNs)
• Medical office assistants
• Administrative Assistants

To learn more about how to integrate Advanced Practice Providers and Allied healthcare professionals into your practice, visit AUAnet.org/Allied.

8.4 Publicity
• Your highest degree of visibility will come from patients talking about you to their friends, family and their other doctors. However, when building a practice, one can further define themselves with publicity. Either the hospital or your group can advertise your arrival with mailings to the community, patients and affiliated physicians.
• Other ways to successfully introduce yourself can be established through grand round talks at the hospital. Some larger medical groups have their own lunchtime talks which can often be a great introduction to referring physicians.
• Talking to local advocacy groups, patient support groups and even the local high school can also assist in getting your name out there.
• Hospital announcements
• There are public relations staff at all hospitals and most practices have advertised in the past, so they will have a vehicle for you to get noticed.
• If you’re headed into academics, certainly presenting abstracts and developing a niche that one publishes on can give you and the hospital a reason to publicize your work. Free press!
• Local organizations
• Patients support groups
• Medical schools
• Colleges – participate in research projects or mentorships
• Lecture in the community
• Academics (All these aspects can elevate your status locally as well as nationally)
• Abstracts
• Courses
• Interviews and review articles in magazines and journals

8.5 Leadership and Mentorship Opportunities

There are numerous leadership opportunities available for one to get involved. These include various hospital communities (credentials and privileges, safety and quality, medical executive, etc.) as well as local, state and national medical or urology-specific organizations.

AUA Leadership Program

In 2004, the AUA and its Sections launched the AUA Leadership Program to identify urologists who have demonstrated effective leadership skills within organized medicine or the community. This program seeks applicants who are driven to tackle future roles of responsibility within the AUA. This is a call for younger AUA members to polish their leadership skills, take advantage of networking opportunities and become better acquainted with AUA programs and services. To date, 107 AUA members have participated in 1 of 6 different Leadership Program classes. We strongly urge you to consider entering into this important program.

Every two years, there is a selection process for the next incoming class of program participants. To qualify, you must be an American Board of Urology (ABU) (or equivalent) certified urologist, and 15 years or less out of training and have demonstrated leadership skills. You must have an interest in developing these skills to serve your Section and the AUA as a future volunteer leader. You must also be an Active member of the AUA and the AUA Section where you live and practice.

Benefits of the Leadership Program

• Develop your leadership skills
• Expand your network and accelerate your professional growth
• Learn about the AUA’s operations and sphere of influence
• Earn the recognition and prestige that comes with being an AUA Leadership Program graduate
• Be mentored by highly respected AUA Leaders
• Learn about the legislative process and advocate on behalf of the specialty
• Make significant contributions through a group project
• Be prepared to serve as a future leader in urology

Other AUA Programs to Consider

In addition to the AUA Leadership Program, the AUA offers several other important programs for you to consider joining. Each one offers unique opportunities and benefits to its members. Take a moment to learn more about each one.

Gallagher Health Policy Scholar Program

The Gallagher Health Policy Scholar, established by the AUA Board of Directors in 2006 to train the next generation of AUA health policy leaders, serves as a non-voting consultant for the Public Policy Council for one year (Jan-Dec) to learn the committee structure and health policy’s role within the AUA.

Science and Quality Scholar Program

The AUA launched the Science and Quality Scholars Program in 2015. This unique program is designed to advance the fields of guidelines, quality and data. This program will help residents and fellows develop insight into how the AUA develops and promotes the advancement of evidence-based science.

H. Logan Holtgrewe Legislative Fellowship Program

The Holtgrewe Fellow, established by the AUA Board of Directors in 2014 to train the next generation of AUA health policy leaders, serves as a non-voting consultant for the Public Policy Council for one year (May-April) to prepare and educate urology residents and fellows in the legislative aspect of health policy.

AUA Academic Exchange Program

The AUA’s Academic Exchange Programs provide junior faculty and residents an opportunity to interact with and learn from colleagues in different regions of the world. These funded fellowship programs encourage the interchange of urological skills, expertise and knowledge, which are critical to the continued success of urology worldwide.
In addition to a unique educational and cultural experience, academic exchange programs offer scholars the opportunity to interface directly with the leadership of the AUA and other international urological associations, which can lead to professional opportunities in the future. As technology continues to advance at a rapid pace, the exchange of knowledge will continue to increase resulting in a higher quality of care to our patients. However, Academic Exchanges provide face-to-face interaction and the ability to network, which remain critically important to the advancement of urology.

9. ADVANCING RESEARCH

The field of urology prides itself on being a champion of medical progress. Urologists have received two Nobel Prizes and have made numerous advances in the understanding of diseases and applications of novel technologies. In fact, contemporary urologic research takes on many forms. Pure basic science, translational science, clinical research, and health sciences/comparative effectiveness research are just some areas of scientific investigation that urologic clinicians pursue.

9.1 Rewards and Challenges

Participating in research is central to the job satisfaction of many physicians. The opportunity to advance medicine, to live on the cutting-edge of clinical care and to be immersed in the world of ideas clearly satisfies some of the intrinsic rewards that many physicians sought when entering medicine. Furthermore, success in research also affords opportunities for leadership roles within one’s institution and professional groups, and often offers a seat at the table with policy makers and industry leaders. Importantly, clinician researchers continue to remain leaders in training the next generation of practitioners. Participation in research clearly has its well-known challenges, such as dwindling funding, significantly fewer like-minded peers, “publish or perish” pressures and a lack of successful role models and mentors. In addition, the research community is increasing outside of urology and, in some instances, the opportunity costs of foregoing income from clinical activities. As such, individuals motivated to establish a dynamic research career must be well informed and well prepared for the challenges ahead.

9.2 Research as a Job Function

After completing residency/fellowship, the new practicing urologist interested in pursuing research is faced with a new challenge–how to efficiently and productively manage both a clinical practice and a research program and how one can best assure long term success.

Two major goals of a clinical practice are to make sure one can provide effective, safe care and to be available to patients and their families. One of the major objectives of the research program is to pursue discovery that will impact the current knowledge, and contribute to the future well-being of patients. Nonetheless, both areas have to be financially viable and sustainable long-term.

When considering a career with a significant research component, junior faculty members need to have a clear understanding of several factors that are critical to success:

- Finding a mentor is the first and, probably, the most important step. He/she is someone who has “been there and done that” and can provide crucial career and research guidance to you.
- Know exactly what type of institutional support/commitment each potential job is willing to provide (i.e., startup funds, cost-sharing of salary shortfalls).
- Assess the types of resources that are available. For example, will you have to start your own tumor bank or can you draw on an existing one? Is there a database already established or will you need to build one on your own?
- Survey potential collaborations available institutionally or regionally (i.e., other institutes, industry) is key. The strength of each must be weighed against the type of research you want to pursue and your ultimate career goals.

9.3 Obtaining Funding

Numerous public and private sources support scientific studies and young researchers. These include the U.S. Department of Defense Research Program, U.S. Department of Veterans Affairs, foundation support for investigator-initiated grant awards, as well as the National Institutes of Health (NIH), which is the nation’s largest funder of academic research.

In addition to the federal and private foundation sources, there are local research grants (your own academic institution, local charities and organizations, health insurance companies/payers),
industry (pharmaceutical and medical device) and private donors (endowments, gifts, etc.) as well as crowdsourcing platforms.

The AUA is committed to supporting urologic research through funding, advocacy and scholarly exchange. Through Research Scholars Program and other internal and external funding awards, the AUA and Urology Care Foundation have been providing support to young urology researchers for 40 years! Please find more information at: www.AUAnet.org/research/funding-opportunities.cfm.

The NIH Guide (grants.nih.gov) is a comprehensive resource for funding opportunities and materials to guide researchers through the process. The Research Project Grant (R01) is the original and, historically, oldest grant mechanism used by NIH. The R01 provides support for health-related research and development based on the mission of the NIH. R01s can be investigator-initiated or can be in response to a program announcement or request for application.

The following NIH research awards are also available for beginning investigators:

• Mentored Research Scientist Development Award (K01)
• Independent Scientist Award (K02)
• Mentored Clinical Scientist Development Award (K08)
• Clinical Scientist Institutional Career Development Program Award (K12)
• Career Transition Award (K22)
• Clinical Scientist Institutional Career Development Program Award (K23)
• Small Grant (R03)
• Academic Research Enhancement Award (R15)
• Exploratory/Developmental Grant (R21)
• Clinical Trial Planning Grant (R34)
• Research Program Project (P01)

Grant applications are peer-reviewed by standing or ad hoc review groups and scored based on significance, investigator credentials, innovation and research approach and environment. Funding decisions are determined by the score, the “fit” with the mission of the institute and approval of the institute’s External Advisory Council.

9.4 Clinical Trials
Clinical trials to evaluate new drugs, tests and devices have traditionally been carried out in academic institutions, but private medical practices or healthcare organizations with little or no academic affiliation are also getting involved.

Dedicated staff is needed to provide support for the activities that will be performed. It is also necessary to have certain equipment and space, both of which vary depending on the nature of the clinical trial. The requirements for management of data, regulatory and institutional review board concerns, marketing, patient recruitment and documentation of clinical visits are different for clinical trials compared with clinical care.

10. MANAGING YOUR MAINTENANCE OF CERTIFICATION (MOC)

Beginning in 2007, the American Board of Urology joined the 23 other member boards of the American Board of Medical Specialties (ABMS) in implementing Maintenance of Certification. The MOC process will extend over a 10-year period, with some requirements in the process to be completed every two years.

Find out more information about MOC. Visit www.abu.org/maintenanceofcertification.aspx

10.1 Clinical Guidelines, Coding References and Patient Resources

There are a number of excellent resources to remain current with the practice of urology. AUAUniversity, a tool that provides access to all of your educational needs in one place, offers a robust educational program with numerous resources.

• AUA Clinical Guidelines
• NCCN Guidelines
• Coding Resources
• Patient Education
• AUA University

10.2 Clinical Guidelines, Coding References and Patient Resources

It is important to stay current on key coding issues. We highly recommend having your practices are up to date with yearly changes from Current Procedural Terminology (CPT). Using outdated books can lead to unnecessary denials or may result in delayed reimbursement. See the new
codes for 2017 below*. This will be updated again in November for January 2018.

Current Procedural Terminology (CPT®) has been revised to standardize coding placement under more appropriate headings in an effort to better categorize CPT® procedures. New, revised or deleted CPT® codes are listed below. Code revisions are noted in italics and new codes/additions are noted in bold.

**Revision**

Moderate Sedation symbol has been removed from 180 codes; these now have the revision mark in CPT 2017.

**New Codes**

Category III Code: 0421T Transurethral waterjet ablation of prostate

Pathology and Laboratory/Chemistry: 84410 bioavailable, direct measurement (eg, differential precipitation)

Rationale: Code 84410 has been established in the Chemistry subsection to report measurement of bioavailable levels of testosterone. Previously, there was no specific code for this test. Therefore a new code was needed to describe the measurement of bioavailable testosterone levels, which may be used to differentiate secondary hypogonadism from primary testicular failure.

If you have any questions you may contact the AUA Coding Hotline at 1-866-746-4282 Opt 3 or via email CodingHotline@AUAnet.org.

11. UNDERSTANDING PUBLIC POLICY AND GOVERNMENT ADVOCACY

Health policy can be a very complex area for young urologists. However, the Public Policy Council of the AUA is made up of several committees and workgroups that essentially protect the interest of urology health care professionals. It is run by urologists for urologists. Learn more about the many urological resources that are available to assist you in understanding health policy and government advocacy by visiting www.AUAnet.org/advocacy.

The AUA is a leading advocate for the specialty of urology and maintains a consistent presence in Washington, DC, working with lawmakers and regulators to promote and preserve the interests of urologists. The AUA has a long history of promoting legislation and regulation that positively impact a urologist’s ability to provide quality patient care. The AUA’s advocacy efforts are varied to ensure that the interests of members are made known to a wide array of decision makers. Whether AUA is contacting lawmakers on Capitol Hill or federal officials in government agencies, the AUA is supporting and defending the practice of urology. In addition to independent advocacy activities, the AUA often joins with other like-minded organizations and specialty societies, collaborating on issues of mutual interest and concern. These efforts are especially important in both legislative and regulatory matters. Member involvement is critical to advocacy.

- Component committees of the AUA Public Policy Council include, but are not limited to the: Coding and Reimbursement Committee (serves as urology’s representative in the area of coding, terminology development and reimbursement as well as seeks new and updated codes to ensure accurate identification of urologic diseases and procedures).
- Legislative Affairs Committee (provides feedback on the continual refinement of the legislative agenda and its execution, provides advice and guidance regarding new opportunities for urology’s involvement, and represents the AUA to the government).
- Practice Management Committee (evaluates, investigates and advises on initiatives designed to improve the overall business operations of the urology practice).

Below is a list of terms and resources that may be helpful in understanding this area as it relates to both your professional and personal life.

11.1 Health Policy Terms

**APM** – Alternative Payment Models developed by the Centers for Medicare & Medicaid Services to replace current payment system.


**RUC** – relative value scale update committee (AMA)

**MAC** – Medicare administrative contractor (local Medicare carrier)

**MedPAC** – Medicare Payment Advisory Commission

**ACO** – accountable care organization

**PQRS** – physician quality reporting system
Medicare part A – hospital, SNF, hospice coverage
Medicare part B – physician services, lab, imaging services, and office medications
Medicare part C – proper ties to Medicare advantage plans (HMO)
Medicare part D – drug coverage
MIPS – Merit-based Incentive Payment Program
QPP – Quality Payment Program

11.2 Additional Resources (available at www.AUAnet.org/YoungUrologists)
• Gallagher Health Policy Scholarship
• Public Policy & Council Committees
• Policy and Advocacy News Briefs
• Centers for Medicare & Medicaid Services
• Department of Health and Human Services
• American Medical Association (AMA)

12. HANDLING FINANCIAL MANAGEMENT

Being financially proactive takes a little work but pays huge dividends later in life. Start planning today so that you can have financial success in your future. Experts with experience in advising physicians in these matters have noted the following successful characteristics:

• Have clearly defined goals
• Recognize what they make, need to save, and have to spend
• Know basic financial concepts
• See that it is not enough to have; you also have to protect
• Have a reasonable sense of urgency

Other Keys to Financial Success:

Start saving and investing early!
• Compounding interest is a powerful wealth accumulation tool. Take advantage by putting money aside now and investing it towards your future. The difference between waiting 5 or 10 years and starting to invest now could be hundreds of thousands of dollars at retirement.

Protect your most important asset!
• What is your most important asset? Is it your ability to practice as a urologist? If you became sick or injured and no longer able to practice urology, what would you do?

• Protect yourself and investigate a disability insurance policy. Such a policy can replace your income in the unfortunate event that you become disabled or ill and are unable to practice medicine for an extended period of time.

Protect your investments!
• What are you protecting them from? Yourself! Learn how to avoid the top reasons for investment loss. Some of these include having the wrong expectations, failure to understand investment risk (statistics), oversimplification of investing, having the wrong time frame, and failure to participate in the market and invest.

• Studies have indicated that asset class selection, or the decision regarding which broad asset classes to invest in, is the most important decision an investor makes over the long haul. Make certain you learn the differences between the various asset classes and design an investment strategy that lets you feel comfortable. Make sure you adhere to your investment strategy to avoid emotional mistakes. As time goes on, review your strategy to make sure it still fits where you are in your life cycle.

Protect your assets from outside threats!
• What would happen if you were found liable in a malpractice lawsuit? You could lose a portion or all of the assets you spent years accumulating. Consider transferring your large assets to your spouse or a family member in an irrevocable trust. This structure will help protect the assets in the event of a judgment against you.

The financial information in this section was contributed by MEDIQUUS Asset Advisors, Inc.

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The AUA JobFinder is free for all job seekers! We offer a variety of features and resources to help make your job search easy:

- **APPLY ONLINE**
  Search and apply for job openings directly from the site and use the confidential option to maintain your privacy.

- **CAREER PROFILE BUILDER**
  An enhanced career profile builder that allows you to upload a copy of your Curriculum Vitae or Resumé or recruiters to find you.

- **JOB SEARCH AGENT**
  Create an email tool that allows you to have jobs that match your preference emailed directly to your email inbox.

**FIND YOUR PERFECT OPPORTUNITY TODAY!**

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