AUA Staff Liaison: Emily Calvert, MSN, RN

Chair: Greg Auffenberg, MD

Terms of Office:
Chair: 3 years (non-renewable)
Members: 3 years (renewable once)

Committee Makeup:
The QIPS Committee consists of the Chair and approximately 12 additional members appointed based upon knowledge and expertise in the subject matter. The Chair recommends committee members. The staff liaison and Chair work to ensure appropriate geographic and practice diversity. The Chair is appointed by the AUA President based on a recommendation from the Science & Quality Council Chair and approval from the AUA Compensation Committee.

Mission & Vision Statements:
Mission: To foster quality urologic care through the development of quality improvement initiatives such as developing and testing physician performance measures, addressing important and timely issues of concern to urology, and monitoring federal quality programs and alerting AUA members of these initiatives.

Vision: AUA, as a recognized leader for quality initiatives in urology, will continue to promote the highest standards of urologic care while guarding patient safety.

Committee Meetings:
The committee meets twice per year at AUA headquarters (or virtually, depending on the circumstances) -- once in the spring and once in the fall. There is email correspondence throughout the year; conference calls are scheduled on an as needed basis.

Time Commitment:
Chair: 10-15 hours a week/ approximately 600 hours per year
Member: 30-50 hours per year

Qualifications/ Responsibilities:
Chair: The Chair should have the ability to organize and motivate the committee towards common goals and work objectives, have a strong background in quality measurement and improvement, patient safety and health policy overall, and be able to coordinate the activities of the committee with the assistance of AUA staff. The Chair will oversee the committee’s work in responding to government and private payer healthcare quality initiatives and direct the AUA Board towards an action plan for responding to public and private quality and safety initiatives. The Chair should also keep abreast of regulatory and legislative issues that could have an impact on quality, safety and related issues, such as payment, in urology practice. The Chair also needs to engage and work with other members and outside organizations (e.g., LUGPA, SUNA, NQF, AHRQ) who have knowledge of this field.
Members: Members should have knowledge of healthcare quality and patient safety issues, including measure development and reporting, federal quality programs, electronic medical records, and quality improvement. Members must be willing to serve on at least one committee panel (such as a publication panel, QI Summit workgroup, the Measure Evaluation Panel or the E-QIPS workgroup), and when appropriate, be nominated to national quality or measurement activities.

Recent Accomplishments 2022

- Seven new Engage with Quality Improvement and Patient Safety (E-QIPS) guides were approved and posted to the AUA website.
- Measure Evaluation Panel members provided input on AQUA measures specifications as part of the 2023 CMS QCDR self-nomination process for the MIPS program
- Department staff conducted empirical reliability and validity testing for AUA urology-specific measures that are supported by the AQUA Registry for use in the CMS MIPS program
- The Quality Improvement Issue Brief (QIIB) panel updated the shared decision-making publication, *Implementation of Shared Decision Making into Urological Practice*.
- Panel members from the *Rationale and Strategies for Reducing Urologic Post-Operative Opioid Prescribing* publication developed an educational podcast and webinar on this topic titled *Controversies, Confusion, and the Future of Urologic Post-Operative Opioid Prescribing Reduction Strategies*.
- The department convened the in-person portion of a three-part Quality Improvement Summit on palliative care in urology. The in-person summit, *Laying the Foundation for Primary Palliative Care in Urology*, was convened in May as a part of AUA2022.