AUA Staff Liaison
Idrissa Heard

Chair
Matthew E. Nielsen, MD, MS

Terms of Office
Chair: 4 years (non-renewable)
Members: 3 years (renewable once)

Committee Makeup
The voting members of the Science and Quality Council (S&Q Council) shall consist of the chair, approximately 6 members and the chairs of the designated component committees. The chair shall be approved by the Board of Directors for a two-year term (renewable once) and members serve a 3-year term (renewable once). The Public Policy Chair and Research Chair shall serve as an ex-officio members. Component committees include but are not limited to the Practice Guidelines Committee, Quality Improvement and Patient Safety Committee and Data Committee. (AUAER Bylaws, May 2023)

In addition, every other year an S&Q Fellow is selected in April to serve a 1-year non-voting term (Annual Meeting- Annual Meeting) on the S&Q Council and its subcommittees (PGC, QIPS, and Data).

Mission Statement
The Science and Quality Council shall oversee the science, quality and data components of the Association’s mission as requested by the Board of Directors. This includes but is not limited to the development, dissemination, and implementation of guidelines, physician performance measures, patient safety initiatives, registries, and data projects. (AUAER Bylaws May 2023).

Component Committees/Work Groups/Panels
Component committees include, but are not limited to: Practice Guidelines Committee (PGC), Quality Improvement and Patient Safety (QIPS) Committee, Data Committee and Measure Evaluation Panel (MEP).

Committee Meetings
The Science and Quality Council shall have in-person or video teleconfernece meetings in the Spring, prior to the AUA Annual Meeting and in the Fall, the weekend before Thanksgiving. Contact with committee members via phone calls, video teleconferences and email correspondence shall occur throughout the year on an as needed basis. The Council and committee chairs will meet on a quarterly basis throughout the year. The Council will monitor and provide guidance to S&Q programs to ensure effective and efficient implementation of projects. The Council will review new programs, Guidelines and Clinical Consensus Statements topics, etc. and make appropriate recommendations to the Board of Directors. The Council will be part of peer review and approval process for Guidelines and Clinical Consensus Statements and other documents as required. The Council will serve as an oversight group for vetting members for various panels and workgroups and coordinating conflicts of interest review with the Judicial & Ethics Committee and will provide guidance to the respective S&Q Committees. The Council shall coordinate with other AUA Councils on Science and Quality issues impacting health policy (e.g., AMA resolutions, Legislative Priorities, reimbursement and regulation, etc.).
Time Commitment
Chair: 10 hours per week
Member: Average of 8 hours per month

Qualifications/Responsibilities
Chair: The Chair is a compensated contracted position.
Members: Committee members should have an interest in or be directly involved in one (or more) of the subject matters covered by the committees that report to the Science and Quality Council or are part of the AUA’s Science and Quality Division’s purview: Practice Guidelines Committee; Quality Improvement and Patient Safety Committee; and the Data Committee.

Recent Accomplishments 2022

- **AQUA** - Centers for Medicare and Medicaid Services (CMS) approved the AQUA Registry as a Qualified Clinical Data Registry (QCDR) for seven years in a row for MIPS reporting. By the end of November 2022, approximately 2,200 urologic care providers from 225 practices actively participated in the AQUA Registry and the total number of patients in the AQUA Registry passed 10M. Ten research papers were published using the AQUA Registry and/or AUA Annual Census data.

- **AUA Census** - Three reports using the AUA Annual Census data were published in 2022, The State of Urology Workforce and Practice in the United States in 2021, Urologists in Training: Residents & Fellows in the United States 2020-2021 and Practicing Urologists in the United States by AUA Section. In addition, fifteen abstracts were developed and/or presented in 2022 using the AQUA Registry or AUA Annual Census data.

- **E-QIPS** - Seven new Engage with Quality Improvement and Patient Safety (E-QIPS) guides were approved and posted to the AUA website.

- **MIPS Program** - Measure Evaluation Panel members provided input on AQUA measures specifications as part of the 2023 CMS QCDR self-nomination process for the MIPS program and 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.

- **QIIB** - 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.

- **QI Summit** - 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.

- **Guidelines** - Guidelines webpages logged over 1.1 million views in 2022. Also, for 2022, two new Guidelines were published on Localized Prostate Cancer and Non-Ischemic Priapism in addition to updates to Interstitial Cystitis/Bladder Pain Syndrome, Recurrent UTIs in Women, and Vesicoureteral Reflux. A full list of available Guidelines can be found on the AUA Guidelines webpage [AUA Guidelines webpage](#).