2015-2019

Advanced Practice Providers (APP)

FOR UROLOGIC CARE IN THE UNITED STATES





American Urological Association Advancing Urolog

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American Urological Association Advanced Practice Providers for Urologic Care in the United States 2015-2019 Linthicum, Maryland, U.S.A., October 19, 2020.

Preface

The American Urological Association (AUA) has conducted an Annual Census of its members since 2014. The Census results have become a vital source of information about the landscape of urological practice and employment patterns of urologists. As a comprehensive effort surveying both the breadth and depth of the urological community, the Census has helped to bridge gaps in knowledge as well as probe emerging trends, such as workforce size and composition, medical teams, compensation, and professional burnout.

For the first time, the AUA has published a report on Census data collected from advanced practice providers who practice in urology. The report, *Advanced Practice Providers for Urologic Care in the United States 2015-2019*, presents a unique snapshot of the demographics, roles and clinical responsibilities, compensation, and professional burnout of these members of the urologic care team. As a companion publication to the annual Census review, *The State of the Urology Workforce and Practice in the United States*, this report offers a valuable perspective on the needs of advanced practice providers, specifically the dynamic profile of physician assistants and nurse practitioners, and the future of the teambased urological workforce. Building a multidisciplinary medical team is especially important in helping address urologist shortages and increase the accessibility and effectiveness of urologic care delivery.

As the AUA Annual Census enters its seventh year of data collection, continued participation by the AUA community– particularly by advanced practice providers in urology–will help ensure that future editions of this report remain timely, representative and relevant. We encourage you to contribute to this important effort each year, and we also invite you to review past Census reports available at **AUAnet.org/Census**.

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EXECUTIVE SUMMARY

PURPOSE

As the population in the United States ages and the occurrences of urologic diseases increase, so does the need for urologic care. The purpose of this study is to understand the central role and various experiences of advanced practice providers (APPs), specifically physician assistants (PAs) and nurse practitioners (NPs), as part of a urologist-led medical team in the United States.

METHODS

Data were collected through the AUA Annual Census from 2015 to 2019. The Census launches each year in May at the AUA Annual Meeting and continues online through September. Unweighted sample analyses of PAs and NPs were performed from multiple angles.

KEY INDICATORS

- Advanced practice providers mainly consist of women, more than 68 percent in physician assistants and more than 91 percent in nurse practitioners (Table 1-1).
- PAs were nearly four years younger in age than their NP counterparts in 2019 (Table 1-3).
- Approximately 90 percent of PAs and NPs work in metropolitan areas (Table 1-6).
- APPs were most likely to practice in New York, California, Texas, Pennsylvania and Florida (Table 1-7).

- About 29 percent of PAs and 27 percent of NPs plan to retire fully after the age of 65 (Table 1-9).
- Most APPs primarily work in general urology while NPs are more likely than PAs to work in urology specialty areas such as oncology and pediatrics (Table 2-1).
- Specialty areas in which APPs are more likely to work are erectile dysfunction (61.4 percent of PAs and 53.4 percent of NPs), oncology (52.3 percent of PAs and 37.8 percent of NPs) and endourology/stone disease (47.2 percent of PAs and 34.3 of NPs) (Table 2-2).
- NPs are more likely than PAs to work in institutional practices (59 percent), like academic medical centers, medical schools, and hospitals (42 percent) (Table 2-3).
- About 70 percent of APPs work in urology groups with four or more urologists (Table 3-1).
- Nearly two-thirds of APPs have a dedicated medical assistant (MA) or nurse (RN or LPN) to support them when they see patients. PAs are more likely to be supported by a dedicated MA while NPs are more likely to be supported by a dedicated nurse (Table 3-6).
- Results show 34.1 percent of PAs and 28.3 percent of NPs work in four or more office locations. On average, about two-thirds of APPs work in more than one location (Table 3-8).
- Both PAs and NPs see a median number of 60 patients per week (Table 4-1).
- Both PAs and NPs spend a median number of 40 hours on clinical duties and 5 hours on non-clinical duties per week (Table 4-2 and Table 4-3).

- Approximately 30 percent of PAs and 24 percent of NPs take after-hour calls as part of their employment requirement (Table 4-5).
- A vast majority of NPs see office patients as part of their clinical responsibilities (Table 5-1).
- Compared to NPs, PAs are more likely to do postoperation evaluation, do procedures in the outpatient setting and perform pre-operation evaluation while also seeing patients in office (Table 5-1).
- More than half of the PAs and NPs independently perform intracavernosal injections for ED and bladder instillation (Table 5-3, Table 5-4 and Table 5-5).
- Nearly one in five APPs assist urologists in performing cystoscopy for difficult catheter placement (19.2 percent) and stent removal (19.2 percent) (Table 5-3).
- Straight salary is the most common compensation model for APPs (53.0 percent in PAs and 43.1 percent in NPs) (Table 6-1).
- Overall, nearly 40 percent of APPs made more than \$115,000 in 2018, higher in PAs (49.4 percent) and lower in NPs (32.8 percent) (Table 6-2).
- A vast majority of APPs reported their practices track their productivity, 91.7 percent for NPs and 83.8 percent for PAs (Table 6-3).
- Slightly more than one in four APPs experienced professional burnout in 2019, 25.3 percent of PAs and 26.7 percent of NPs (Table 7-4).
- Professional burnout in female APPs is nearly three times higher than their male counterparts (Table 7-6).
- No statistically significant differences in professional burnout rates were seen among APPs based on age, race, Hispanic ethnicity, the number of years practicing in urology, practice setting, metropolitan status and AUA sections (Table 7-5 to Table 7-11).

DISCUSSION

Findings from this study demonstrate the significant demographic and professional characteristics of APPs and the pivotal role they play in urologic care as part of a physician-led collaborative care medical team in the United States. The collaboration with physician assistants and nurse practitioners enhances patients' access to urologic care, frees urologists' time to concentrate on more complex cases, and improves the provision of quality care to patients through a costeffective team approach.

About the American Urological Association (AUA)

THE ORGANIZATION

Founded in 1902 and headquartered near Baltimore, Maryland, the AUA serves more than 22,000 members throughout the world as a leading advocate for the specialty of urology. The AUA is a premier urologic association that provides invaluable support to the urologic community.

AUA MISSION

The AUA mission is to promote the highest standards of urological clinical care through education, research and the formulation of health care policy.

AUA VISION

The AUA vision is to be the premier professional association for the advancement of professional urologic patient care.

ABOUT THE AUA ANNUAL CENSUS

The AUA Annual Census is a systematically designed, specialty-wide survey of urology. Its primary goal is to provide a reliable source of data surrounding the urologic community, such as providers' geographic distribution, demographic characteristics, education and training and urology practice patterns. The data collected assist with filling knowledge gaps and meeting research needs that will be used to improve patient care.

For more information about the AUA Annual Census, please visit AUANet.org/Census.

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INTRODUCTION

Due to population aging in the United States, the demand for urologic care will increase over the future decades. In 2013, the AUA developed a consensus statement on the utilization of advanced practice providers (APPs) to lessen the impact of the growing urologic care demand in various urologic settings.

WHAT IS AN ADVANCED PRACTICE PROVIDER?

Advanced practice providers (APPs) are a group of medical professionals that typically include physician assistants and nurse practitioners. APPs provide clinical care to patients as part of the physician-led healthcare team. APPs are highly knowledgeable and serve as an integral part of the development and implementation of our patients' personalized treatment plans.

WHAT IS A PHYSICIAN ASSISTANT?

A physician assistant (PA) is a graduate of an accredited PA educational program who is nationally certified and state-licensed to practice medicine with the supervision of a physician. PAs are educated on the medical model with an emphasis on primary care. All PAs rotate through the major specialties and complete a vast number of clinical rotations while in training. PAs are licensed to practice in all areas of medicine and even in surgery.

WHAT IS A NURSE PRACTITIONER?

A nurse practitioner [NP, also named advanced practice registered nurse (APRN) or clinical nurse specialist (CNS)] is a registered nurse with additional advanced clinical education and specialty expertise. NPs have completed a master's or doctoral degree program with expansive clinical hour rotations and are boardcertified. NPs are prepared to practice in an expanded role to provide health care in a variety of settings. They act independently and/or in collaboration with other medical professionals in the delivery of healthcare services. Nurse practitioners and clinical nurse specialists may be certified in a wide variety of specialties.

To further understand the critical role of an APP on a urologist-led medical team, the AUA incorporated questions specifically for these professionals in the AUA Census each year since 2015. For the first time, the results of these responses are presented in a multiyear report (2015 – 2019). The objective of this study was to characterize and compare the impact of PAs and NPs on urologic care across the nation. The findings are pertinent in constructing a successful and efficient medical team, informing urology workforce planning and implementation and, ultimately, improving national urologic care.

Data and Methods

DATA SOURCES

Data used in this study were collected from the 2015 to 2019 American Urological Association's Annual Census, a systematically designed annual survey of the urology field. The AUA Annual Census launches each year in May and remains online to both AUA members and non-members of the urologic community through September. Each respondent is assigned an identification number prior to the submission of responses to the Census questions.

Questions were analyzed and reported using the APP samples from the year, if they were asked in one year only, or by using combined samples if they were asked in successive years to increase sample size and statistical power to identify differences. In developing combined APP samples, their most recent answers were used in the analysis.

DATA ELEMENTS

Data collected from APPs include:

- Demographics (age, gender, race and ethnicity)
- Geographic location of practice
- Number of years practicing in urology
- Intended age at full retirement
- Primary and other subspecialty areas
- Primary practice setting
- Employment status

- Medical team composition and support
- Weekly patient encounters and numbers of hours of work on clinical and non-clinical responsibilities
- Clinical responsibilities
- Compensation and productivity
- Professional burnout.

DATA ANALYSIS

Descriptive analyses of sample data, including counts and percentages, were conducted using both IBM-SPSS 26.0 and MS Excel for this report.

LIMITATIONS

Due to the lack of a master file of advanced practice providers in urologic care in the United States, samples from APPs were directly analyzed without the adjustment for non-response bias. Relatively small sample sizes may only help draw conclusions on those APP respondents. Thus, the findings in this report may not be generalizable. In addition, most data elements collected in the AUA Annual Census were self-reported and are subject to recall bias.



As shown in the table below, 427 unique advanced practice providers in the United States, including 176 physician assistants and 251 nurse practitioners, completed at least one of the AUA Annual Census surveys from 2015 to 2019.

Sample Distribution

	APP Census Respondents					
APP Cohorts	Physician Assistants	Nurse Practitioners	Total APPs			
2015-2019 Census	176	251	427			
2016-2018 Census	123	178	302			
2019 Census	83	116	199			

Section 1: Demographics, Education and Geographic Distribution

TABLE 1-1

Advanced Practice Providers by Gender

	Physician Assistants and Nurse Practitioners					
	Physician	Assistants	Nurse Pra	ctitioners	То	tal
Gender	Count	Percent	Count	Percent	Count	Percent
Female	120	68.2	229	91.2	349	81.7
Male	56	31.8	22	8.8	78	18.3
Total	176	100.0	251	100.0	427	100.0

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 1-2

Age in the Most Recent Year the Census Was Completed

	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
Age Range	Count	Percent	Count	Percent	Count	Percent
≤ 35	65	36.9	59	23.5	124	29.0
36–45	53	30.1	75	29.9	128	30.0
46–55	33	18.8	57	22.7	90	21.1
> 55	25	14.2	60	23.9	85	19.9
Total	176	100.0	251	100.0	427	100.0

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 1-3 Age in 2019

	Physician Assistants and Nurse Practitioners					
Age in 2019	Physician Assistants	Nurse Practitioners	Total			
Youngest	26	27	26			
Average Age	42.7	46.6	45.0			
Median Age	41	46	43			
Oldest	71	76	76			

TABLE 1-4 Race

	Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total		
Race	Count	Percent	Count	Percent	Count	Percent	
White	144	81.8	206	82.1	350	82.0	
Asian	17	9.7	16	6.4	33	7.7	
African American/Black	8	4.5	9	3.6	17	4.0	
Other or Multiple Races	2	1.1	7	2.8	9	2.1	
Not Reported	5	2.8	13	5.2	18	4.2	
Total	176	100.0	251	100.0	427	100.0	

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 1-5Hispanic Ethnicity

	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
Hispanic Ethnicity	Count	Percent	Count	Percent	Count	Percent
Hispanic	15	8.5	12	4.8	27	6.3
Non-Hispanic	158	89.8	235	93.6	393	92.0
Not Reported	3	1.7	4	1.6	7	1.6
Total	176	100.0	251	100.0	427	100.0

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 1-6Is Your Primary Practice Located in a Rural Area?

	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
Level of Rurality	Count	Percent	Count	Percent	Count	Percent
Metropolitan Areas	161	91.5	226	90.0	387	90.6
Non-Metropolitan Areas	15	8.5	25	10.0	40	9.4
Total Reported	176	100.0	251	100.0	427	100.0

TABLE 1-7Top 15 States with the Largest Samples of Advanced Practice Providers

State	Number of Advanced Practice Providers	Percent
New York	39	9.1
California	38	8.9
Texas	29	6.8
Pennsylvania	24	5.6
Florida	22	5.2
Illinois	18	4.2
Michigan	16	3.8
North Carolina	15	3.5
Wisconsin	15	3.5
Georgia	14	3.3
Arizona	13	3.0
Massachusetts	13	3.0
Minnesota	13	3.0
Virginia	13	3.0
Ohio	12	2.8
Other States and District with Fewer APPs	133	31.2
Total	427	100.0

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 1-8 Number of Years Practicing in Urology after Completion of PA/NP Degree

	Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total		
Years of Practice in Urology	Count	Percent	Count	Percent	Count	Percent	
≤ 3	50	28.4	94	37.5	144	33.7	
4–9	67	38.1	80	31.9	147	34.4	
≥ 10	59	33.5	77	30.7	136	31.9	
Total	176	100.0	251	100.0	427	100.0	

TABLE 1-9Planned Age at Full Retirement

	Physician Assistants and Nurse Practitioners					
Planned Age at Full	Physician Assistants		ants Nurse Practitioners		Total	
Retirement	Count	Percent	Count	Percent	Count	Percent
≤ 60	45	25.6	69	27.5	114	26.7
61–65	79	44.9	114	45.4	193	45.2
> 65	52	29.5	68	27.1	120	28.1
Total	176	100.0	251	100.0	427	100.0

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 1-10 Education

	Physician Assistants and Nurse Practitioners					
	Physician	Assistants	Nurse Pra	ctitioners		
Type of Education	Count	Percent	Count	Percent		
Physician Assistant Program	176	100.0	1	0.4		
Nurse Practitioner Program	0	0.0	246	98.0		
PhD or Other Doctorate	3	1.7	5	2.0		
MBA	1	0.6	1	0.4		
MPH or MHS	9	5.1	2	0.8		

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

Respondents could select multiple anwers. MBA – Master of Business Administration; MPH – Master of Public Health; MHS – Master of Health Sciences

Section 2: Characteristics of the Urology Practice and Medical Teams

TABLE 2-1 Primary Specialty Area

Primary Specialty Area						
		Physiciar	Assistants a	nd Nurse Pra	ctitioners	
	Physician	Assistants	Nurse Pra	ctitioners	Total	
Primary Specialty Area	Count	Percent	Count	Percent	Count	Pe
General without Specialty	124	70.5	152	60.6	276	
Oncology	21	11.9	25	10.0	46	
Pediatrics	4	2.3	22	8.8	26	
Female Pelvic Medicine and Reconstruction Surgery	8	4.5	14	5.6	22	
Other Male Urology Areas^	4	2.3	16	6.4	20	
Robotic Surgery	7	4.0	9	3.6	16	
Endourology/Stone Disease	5	2.8	4	1.6	9	
Others	3	1.7	9	3.6	12	
Total	176	100.0	251	100.0	427	

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

^Other male urology areas include erectile dysfunction, male infertility and male genitourinary reconstruction

TABLE 2-2 All Specialty Areas

		Physiciar	n Assistants a	nd Nurse Pra	ctitioners	
	Physician	Assistants	Nurse Pra	ctitioners	Total	
Specialty Area	Count	Percent	Count	Percent	Count	Percent
Erectile Dysfunction	108	61.4	134	53.4	242	56.7
Oncology	92	52.3	95	37.8	187	43.8
Endourology/Stone Disease	83	47.2	86	34.3	169	39.6
Female Pelvic Medicine and Reconstructive Surgery	57	32.4	78	31.1	135	31.6
Robotic Surgery	56	31.8	47	18.7	103	24.1
Male Infertility	35	19.9	46	18.3	81	19.0
Laparoscopic Surgery	38	21.6	41	16.3	79	18.5
Male Genitourinary Reconstruction	28	15.9	34	13.5	62	14.5
Pediatrics	19	10.8	33	13.1	52	12.2

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

64.6 10.8 6.1

5.2

4.7 3.7 2.1 2.8 **100.0**

TABLE 2-3 Primary Practice Setting

, ,		Physician Assistants and Nurse Practitioners							
	Physician	Assistants	Nurse Pra	Nurse Practitioners		tal			
Primary Practice Setting	Count	Percent	Count	Percent	Count	Percent			
Institutional Practices	74	42.0	148	59.0	225	52.7			
Academic Medical Centers/ Medical Schools	42	23.9	93	37.1	135	31.6			
Public and Private Hospitals	23	13.1	34	13.5	57	13.3			
Military Hospitals	9	5.1	21	8.4	30	7.0			
Private Practices	94	53.4	99	39.4	193	45.2			
Single Specialty Urology Groups	57	32.4	59	23.5	116	27.2			
Multi-Specialty Groups	32	18.2	33	13.1	65	15.2			
Solo (One Urologist) Practices	5	2.8	7	2.8	12	2.8			
Other	8	4.5	4	1.6	12	2.8			
Total	176	100.0	251	100.0	427	100.0			

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 2-4 Employment Status

	Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total		
Employment Status	Count	Percent	Count	Percent	Count	Percent	
l am the sole owner or a partner of my practice	2	1.1	6	2.4	8	1.9	
I am employed by other people	172	97.7	245	97.6	417	97.7	
l am both	2	1.1	0	0.0	2	0.5	
Total	176	100.0	251	100.0	427	100.0	

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 2-5Are You Interested in Becoming the Owner of, or a Partner in, Your Practice?

		Physician Assistants and Nurse Practitioners							
	Physician Assistants		Nurse Practitioners		Total				
Interests in Ownership	Count	Percent	Count	Percent	Count	Percent			
No	47	56.6	75	64.7	122	61.3			
Not Discussed	27	32.5	28	24.1	55	27.6			
Yes	9	10.8	13	11.2	22	11.1			
Total	83	100.0	116	100.0	199	100.0			

(Data source: Samples from the 2019 AUA Annual Census) Results presented are from employed APPs.

Section 3: Medical Team Composition and Support

TABLE 3-1

Medical Team Composition: Number of Urologists

	Physician Assistants and Nurse Practitioners							
	Physician Assistants		Nurse Practitioners		Total			
Number of Urologists	Count	Percent	Count	Percent	Count	Percent		
≤ 3	47	26.7	80	31.9	127	29.7		
4-6	56	31.8	86	34.3	142	33.3		
≥ 7	73	41.5	85	33.9	158	37.0		
Total	176	100.0	251	100.0	427	100.0		

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 3-2 Medical Team Composition: Number of Physician Assistants (PAs)

		Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total			
Number of PAs	Count	Percent	Count	Percent	Count	Percent		
1	80	45.5	185	73.7	265	62.1		
2-4	57	32.4	49	19.5	106	24.8		
≥ 5	39	22.2	17	6.8	56	13.1		
Total	176	100.0	251	100.0	427	100.0		

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 3-3

Medical Team Composition: Number of Nurse Practitioners (NPs)

	Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total		
Number of NPs	Count	Percent	Count	Percent	Count	Percent	
≤ 3	154	87.5	192	76.5	346	81.0	
≥ 4	22	12.5	59	23.5	81	19.0	
Total	176	100.0	251	100.0	427	100.0	

TABLE 3-4Medical Team Composition: Number of Nurses

		Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total			
Number of Nurses	Count	Percent	Count	Percent	Count	Percent		
≤ 3	82	46.6	119	47.4	201	47.1		
4-6	43	24.4	57	22.7	100	23.4		
≥7	51	29.0	75	29.9	126	29.5		
Total	176	100.0	251	100.0	427	100.0		

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 3-5

Medical Team Composition: Practice Managers, Medical Officers, and Practice Administrators

	Physician Assistants and Nurse Practitioners							
Number of Practice Managers, Medical Officers, Practice Administrators	Physician Assistants		Nurse Practitioners		Total			
	Count	Percent	Count	Percent	Count	Percent		
1	72	40.9	91	36.3	163	38.2		
2-4	61	34.7	101	40.2	162	37.9		
≥ 5	43	24.4	59	23.5	102	23.9		
Total	176	100.0	251	100.0	427	100.0		

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 3-6

Do You Have A Dedicated Medical Assistant (MA) or Nurse (RN or LPN) to Support You When You See Patients?

		Physician Assistants and Nurse Practitioners					
	Physician	Assistants	Nurse Pra	ctitioners	Total		
Dedicated Support	Count	Percent	Count	Percent	Count	Percent	
No	27	34.2	36	33.0	63	33.5	
Yes	52	65.8	73	67.0	125	66.5	
A Dedicated MA	31	39.2	35	32.1	66	35.1	
A Dedicated Nurse	8	10.1	21	19.3	29	15.4	
Both Dedicated MA and Nurse	13	16.5	17	15.6	30	16.0	
Total Applicable	79	100.0	109	100.0	188	100.0	
Not Applicable	4		7		11		
Total	83		116		199		

TABLE 3-7 When Did You Start Having A Dedicated Medical Assistant (MA) or Nurse (RN or LPN) to Support You When You See Patients?

support rou when rou s		-						
	Physician Assistants and Nurse Practitioners							
	Physician Assistants		Nurse Pra	Nurse Practitioners		tal		
Time Frame	Count	Percent	Count	Percent	Count	Percent		
At the Beginning of Employment	36	69.2	37	59.7	73	58.4		
Shortly after the Beginning of Employment	7	13.5	18	24.7	25	20.0		
A While after the Beginning of Employment	6	11.5	17	23.3	23	18.4		
Upon Request Only	3	5.8	1	1.4	4	3.2		
Total	52	100.0	73	100.0	125	100.0		

(Data source: Samples from the 2019 AUA Annual Census)

Results presented are from those who receive support from a dedicated medical assistant or nurse.

TABLE 3-8Number of Office Locations

	Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total		
Number of Office Locations	Count	Percent	Count	Percent	Count	Percent	
1	57	32.4	86	34.3	143	33.5	
2-3	59	33.5	94	37.5	153	35.8	
≥ 4	60	34.1	71	28.3	131	30.7	
Total	176	100.0	251	100.0	427	100.0	

Section 4: Workload

TABLE 4-1

Number of Patient Visits per Week

	Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total		
Number of Patient Visits	Count	Percent	Count	Percent	Count	Percent	
≤ 40	47	26.7	62	24.7	109	25.5	
41-80	73	41.5	120	47.8	193	45.2	
≥ 81	56	31.8	69	27.5	125	29.3	
Total	176	100.0	251	100.0	427	100.0	
Median Number of Patient Visits per Week	60		60		60		

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 4-2 Number of Hours Spent on Clinical Activities per Week

	Physician Assistants and Nurse Practitioners							
	Physician Assistants		Nurse Practitioners		Total			
Hours on Clinical Activities	Count	Percent	Count	Percent	Count	Percent		
≤ 34	48	27.3	79	31.5	127	29.7		
35-40	76	43.2	113	45.0	189	44.3		
≥ 41	52	29.5	59	23.5	111	26.0		
Total	176	100.0	251	100.0	427	100.0		
Median Number of Clinical Hours per Week	40		40		40			

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 4-3

Number of Hours Spent on Non-Clinical Activities per Week

	Physician Assistants and Nurse Practitioners					
Hours on Non-Clinical	Physician Assistants		Nurse Practitioners		Total	
Activities	Count	Percent	Count	Percent	Count	Percent
≤ 2	63	35.8	83	33.1	146	34.2
3-9	63	35.8	88	35.1	151	35.4
≥ 10	50	28.4	80	31.9	130	30.4
Total	176	100.0	251	100.0	427	100.0
Median Number of Non-Clinical Hours per Week	5		5		5	

TABLE 4-4Number of Weeks of Vacation in the Previous Year

	Physician Assistants and Nurse Practitioners							
	Physician	Physician Assistants		Nurse Practitioners		tal		
Number of Weeks	Count	Percent	Count	Percent	Count	Percent		
≤ 2	59	33.5	84	33.5	143	33.5		
3-4	80	45.5	113	45.0	193	45.2		
≥ 5	37	21.0	54	21.5	91	21.3		
Total	176	100.0	251	100.0	427	100.0		
Median Number of Weeks of Vacation	3		3		3			

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 4-5

Do You Take After-Hour Calls as an Employment Requirement?

	Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total		
Take Calls	Count	Percent	Count	Percent	Count	Percent	
Yes	25	30.1	28	24.1	53	26.6	
No	58	69.9	88	75.9	146	73.4	
Total	83	100.0	116	100.0	199	100.0	

Section 5: Clinical Duties and Responsibilities

TABLE 5-1

Routinely Performed Clinical Duties

	Physician Assistants and Nurse Practitioners							
	Physician	Physician Assistants		Nurse Practitioners		tal		
Type of Service	Count	Percent	Count	Percent	Count	Percent		
See Office Patients	156	88.6	233	92.8	389	91.1		
Make Hospital Rounds	98	55.7	80	31.9	178	41.7		
Perform Pre-Operation Evaluation	110	62.5	146	58.2	256	60.0		
Assist at Surgery	69	39.2	38	15.1	107	25.1		
Do the Post-Operation Evaluation	142	80.7	157	62.5	299	70.0		
Do Procedures in the Outpatient Setting	116	65.9	130	51.8	246	57.6		
Take Biopsy or Cystoscopies	48	27.3	40	15.9	88	20.6		

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

TABLE 5-2Percentage of Time Spent on Selected Areas

		Physiciar	n Assistants a	nd Nurse Prac	titioners	
	Physician Assistants		Nurse Pra	ctitioners	Total	
Type of Service	Mean Percent	SD of Mean	Mean Percent	SD of Mean	Mean Percent	SD of Mean
Ambulatory Clinic	64.6	2.9	75.4	2.0	71.0	1.7
Inpatient	15.1	2.4	9.7	1.6	11.9	1.4
Procedures (including OR)	12.4	1.7	7.2	1.0	9.3	0.9
Non-Clinical Duties	7.2	1.0	6.6	0.7	6.9	0.6
Others	0.7	0.4	1.1	0.4	0.9	0.3
Total	100.0		100.0		100.0	

(Data source: Samples from the 2016 to 2018 AUA Annual Census) SD=Standard Deviation

TABLE 5-3Level of Involvement in Performing Selected Clinical Procedures

	Physician Assistants and Nurse Practitioners							
	Perform Ind	ependently	Assist Physician		Not In	volved		
Procedures	Count	Percent	Count	Percent	Count	Percent		
Aspirate hydrocele	37	12.3	29	9.6	236	78.1		
Bladder instillation	154	51.0	7	2.3	141	46.7		
Chemotherapy injections	90	29.8	6	2.0	206	68.2		
Circumcision	9	3.0	39	12.9	254	84.1		
Cystoscopy for diagnostic or cancer surveillance	29	9.6	51	16.9	222	73.5		
Cystoscopy for difficult catheter placement	49	16.2	58	19.2	195	64.6		
Cystoscopy for stent removal	63	20.9	58	19.2	195	64.6		
Cystoscopy for bladder / prostate Botox injections	7	2.3	38	12.6	257	85.1		
Cystoscopy for bladder biopsy	9	3.0	38	12.6	257	85.1		
Intracavernosal injections for ED	161	53.3	9	3.0	132	43.7		
LHRH Antagonist Insertion	80	26.5	13	4.3	209	69.2		
Neuromodulation with Interstim programming	74	24.5	24	7.9	204	67.5		
Pelvic floor muscle rehabilitation +/- biofeedback	52	17.2	11	3.6	239	79.1		
Implant insertion (e.g., Testopel or Vantas)	48	15.9	19	6.3	235	77.8		
Percutaneous tibial nerve stimulation	115	38.1	8	2.5	179	59.3		
Priapism injection treatment	67	22.2	27	8.9	208	68.9		
Transrectal Ultrasound without biopsy	23	7.6	21	7.0	258	85.4		
Transrectal Ultrasound with biopsy	20	6.6	25	8.3	257	85.1		
Ultrasound: Renal	13	4.3	25	8.3	257	85.1		
Ultrasound: Scrotal	11	3.6	8	2.6	283	93.7		
Ultrasound: Penile Doppler	12	4.0	10	3.3	280	92.7		
Urodynamics (place catheters / perform test)	83	27.5	16	5.3	203	67.2		
Urodynamics interpretation	111	36.8	50	16.6	141	46.7		
Xiaflex injections	28	9.3	21	7.0	253	83.8		
Vasectomy	6	2.0	39	12.9	257	85.1		

TABLE 5-4Level of Involvement in Performing Selected Clinical Procedures by Physician Assistants

	Physician Assistants							
	Perform Independently		Assist P	Assist Physician		volved		
Procedures	Count	Percent	Count	Percent	Count	Percent		
Aspirate hydrocele	23	18.5	15	12.5	85	69.4		
Bladder instillation	64	51.6	3	2.4	57	46.0		
Chemotherapy injections	39	31.5	1	0.8	84	67.7		
Circumcision	4	3.2	22	17.7	98	79.0		
Cystoscopy for diagnostic or cancer surveillance	18	14.5	18	14.5	88	71.0		
Cystoscopy for difficult catheter placement	34	27.4	23	18.5	67	54.0		
Cystoscopy for stent removal	39	31.5	16	12.9	69	55.6		
Cystoscopy for bladder / prostate Botox injections	5	4.0	14	11.3	105	84.7		
Cystoscopy for bladder biopsy	6	4.8	19	15.3	99	79.8		
Intracavernosal injections for ED	71	57.3	4	3.2	49	39.5		
LHRH Antagonist Insertion	38	30.6	10	8.1	76	61.3		
Neuromodulation with Interstim programming	27	21.8	15	12.1	82	66.1		
Pelvic floor muscle rehabilitation +/- biofeedback	8	6.5	6	4.8	110	88.7		
Implant insertion (e.g., Testopel or Vantas)	28	22.6	10	8.1	86	69.4		
Percutaneous tibial nerve stimulation	45	36.3	3	2.4	76	61.3		
Priapism injection treatment	35	28.2	10	8.1	79	63.7		
Transrectal Ultrasound without biopsy	15	12.1	6	4.8	103	83.1		
Transrectal Ultrasound with biopsy	10	8.1	8	6.5	106	85.5		
Ultrasound: Renal	5	4.0	3	2.4	116	93.5		
Ultrasound: Scrotal	6	4.8	4	3.2	114	91.9		
Ultrasound: Penile Doppler	6	4.8	3	2.4	115	92.7		
Urodynamics (place catheters / perform test)	24	19.4	7	5.6	93	75.0		
Urodynamics interpretation	48	38.7	19	15.3	57	46.0		
Xiaflex injections	14	11.3	4	3.2	106	85.5		
Vasectomy	5	4.0	15	12.1	104	83.9		

TABLE 5-5Level of Involvement in Performing Selected Clinical Procedures by Nurse Practitioners

	Nurse Practitioners							
	Perform Ind	lependently	Assist Physician		Not In	volved		
Procedures	Count	Percent	Count	Percent	Count	Percent		
Aspirate hydrocele	14	7.9	14	7.9	150	84.3		
Bladder instillation	90	50.6	4	2.2	84	47.2		
Chemotherapy injections	51	28.7	5	2.8	122	68.5		
Circumcision	5	2.8	17	9.6	156	87.6		
Cystoscopy for diagnostic or cancer surveillance	11	6.2	33	18.5	134	75.3		
Cystoscopy for difficult catheter placement	15	8.4	35	19.7	128	71.9		
Cystoscopy for stent removal	24	13.5	31	17.4	123	69.1		
Cystoscopy for bladder / prostate Botox injections	2	1.1	24	13.5	152	85.4		
Cystoscopy for bladder biopsy	3	1.7	25	14.0	150	84.3		
Intracavernosal injections for ED	90	50.6	5	2.8	83	46.6		
LHRH Antagonist Insertion	42	23.6	3	1.7	133	74.7		
Neuromodulation with Interstim programming	47	26.4	9	5.1	122	68.5		
Pelvic floor muscle rehabilitation +/- biofeedback	44	24.7	5	2.8	129	72.5		
Implant insertion (e.g., Testopel or Vantas)	20	11.2	9	5.1	149	83.7		
Percutaneous tibial nerve stimulation	70	39.3	5	2.8	103	57.9		
Priapism injection treatment	32	18.0	17	9.6	129	72.5		
Transrectal Ultrasound without biopsy	8	4.5	15	8.4	155	87.1		
Transrectal Ultrasound with biopsy	10	5.6	17	9.6	151	84.8		
Ultrasound: Renal	8	4.5	6	3.4	164	92.1		
Ultrasound: Scrotal	5	2.8	4	2.2	169	94.9		
Ultrasound: Penile Doppler	6	3.4	7	3.9	165	92.7		
Urodynamics (place catheters / perform test)	59	33.1	9	5.1	110	61.8		
Urodynamics interpretation	63	35.4	31	17.4	84	47.2		
Xiaflex injections	14	7.9	17	9.6	147	82.6		
Vasectomy	1	0.6	24	13.5	153	86.0		

Section 6: Compensation and Productivity

TABLE 6-1

Method of Compensation

		Physiciar	n Assistants a	nd Nurse Prac	titioners	
	Physician Assistants		Nurse Practitioners		Total	
Method of Compensation	Count	Percent	Count	Percent	Count	Percent
Straight Salary	44	53.0	50	43.1	94	47.2
Base Salary plus Education Funds	27	32.5	43	37.1	70	35.2
Base Salary plus RVU-based Bonus	12	14.5	16	13.8	28	14.1
Other	0	0.0	7	6.0	7	3.5
Total	83	100.0	116	100.0	199	100.0

(Data source: Samples from the 2019 AUA Annual Census)

TABLE 6-2Compensation Level in 2018

	Physician Assistants and Nurse Practitioners					
	Physician	Assistants	Nurse Pra	ctitioners	То	tal
Compensation Level	Count	Percent	Count	Percent	Count	Percent
≤ \$85,000	2	2.5	5	4.5	7	3.7
\$85,001-\$100,000	14	17.7	29	26.4	43	22.7
\$100,001-\$115,000	24	30.4	40	36.4	64	33.9
\$115,001-\$130,000	22	27.9	18	16.4	40	21.2
> \$130,000	17	21.5	18	16.4	35	18.5
Total Reported	79	100.0	110	100.0	189	100.0
Not Reported	4		6		10	
Total	83		116		199	

TABLE 6-3Does Your Practice Track Individual Productivity?

	Physician Assistants and Nurse Practitioners						
	Physician	Physician Assistants		Nurse Practitioners		tal	
Track Individual Productivity	Count	Percent	Count	Percent	Count	Percent	
Yes	62	83.8	100	91.7	162	88.5	
No	12	16.2	9	8.3	21	11.5	
Total Reported	74	100.0	109	100.0	183	100.0	
Not Reported	9		7		16		
Total	83		116		199		

(Data source: Samples from the 2019 AUA Annual Census)

TABLE 6-4

If Your Practice Tracks Individual Productivity, How Often Do You Receive Your Productivity Reports?

	Physician Assistants and Nurse Practitioners						
Frequency of Receiving	Physician Assistants		Nurse Pra	Nurse Practitioners		Total	
Productivity Reports	Count	Percent	Count	Percent	Count	Percent	
I Do Not Receive Reports	25	40.3	28	28.0	53	32.7	
I Receive Reports Monthly	20	32.3	34	34.0	54	33.3	
I Receive Reports Quarterly	12	19.4	23	23.0	35	21.6	
l Receive Reports Annually or Semiannually	3	4.8	12	12.0	15	9.2	
l Do Not Know	2	3.2	3	3.0	5	3.1	
Total	62	100.0	100	100.0	162	100.0	

(Data source: Samples from the 2019 AUA Annual Census) Results presented are from those who reported their practice tracks individual productivity.

TABLE 6-5

Are You Interested in Receiving Your Individual Productivity Reports?

	Physician Assistants and Nurse Practitioners					
Interested in Receiving	Physician	Assistants	Nurse Practitioners		Total	
Productivity Reports	Count	Percent	Count	Percent	Count	Percent
Yes	55	88.7	88	88.0	143	88.3
No	4	6.5	7	7.0	11	6.8
l Do Not Know	3	4.8	5	5.0	8	4.9
Total	62	100.0	100	100.0	162	100.0

(Data source: Samples from the 2019 AUA Annual Census) Results presented are from those who reported their practice tracks individual productivity.

Section 7: Professional Burnout

TABLE 7-1 Emotional Exhaustion

	Physician Assistants and Nurse Practitioners						
Level of Emotional	Physician	Assistants	Nurse Practitioners		Total		
Exhaustion	Count	Percent	Count	Percent	Count	Percent	
Low	56	67.5	76	65.5	132	66.3	
Moderate	17	20.5	24	20.7	41	20.6	
High	10	12.0	16	13.8	26	13.1	
Total	83	100.0	116	100.0	199	100.0	

(Data source: Samples from the 2019 AUA Annual Census)

TABLE 7-2 Depersonalization

	Physician Assistants and Nurse Practitioners						
	Physician Assistants		Nurse Practitioners		Total		
Level of Depersonalization	Count	Percent	Count	Percent	Count	Percent	
Low	39	47.0	61	52.6	100	50.3	
Moderate	24	28.9	29	25.0	53	26.6	
High	20	24.1	26	22.4	46	23.1	
Total	83	100.0	116	100.0	199	100.0	

(Data source: Samples from the 2019 AUA Annual Census)

TABLE 7-3 Personal Achievement

	Physician Assistants and Nurse Practitioners						
Level of Personal	Physician Assistants		Nurse Practitioners		Total		
Achievement	Count	Percent	Count	Percent	Count	Percent	
Low	67	80.7	93	80.2	160	80.4	
Moderate	13	15.7	13	11.2	26	13.1	
High	3	3.6	10	8.6	13	6.5	
Total	83	100.0	116	100.0	199	100.0	

TABLE 7-4 Overall Burnout Rate^

	Physician Assistants and Nurse Practitioners					
	Physician Assistants N		Nurse Practitioners		Total	
Burnout	Count	Percent	Count	Percent	Count	Percent
Burnout	21	25.3	31	26.7	52	26.1
Total	83	100.0	116	100.0	199	100.0

(Data source: Samples from the 2019 AUA Annual Census)

^Overall professional burnout is defined as high if high in either emotional exhaustion or depersonalization

TABLE 7-5Burnout Rate by Age

Age	Advanced Practice Providers	Count of Burnout	Percent of Burnout
< 35	49	14	28.6
35-44	62	15	24.2
45-54	38	13	34.2
≥ 55	50	10	20.0
Total	199	52	26.1

(Data source: Samples from the 2019 AUA Annual Census)

TABLE 7-6Burnout Rate by Gender

Gender	Advanced Practice Providers	Count of Burnout	Percent of Burnout
Female	162	48	29.6
Male	37	4	10.8
Total	199	52	26.1

(Data source: Samples from the 2019 AUA Annual Census)

In the gender comparison of professional burnout, p value < 0.05.

TABLE 7-7Burnout Rate by Race

Race	Advanced Practice Providers	Count of Burnout	Percent of Burnout	
White	169	42	24.9	
Non-White	20	10	33.3	
Total	199	52	26.1	

TABLE 7-8Burnout Rate by Hispanic Ethnicity

Ethnicity	Advanced Practice Providers	Count of Burnout	Percent of Burnout
Hispanic	18	4	22.2
Non-Hispanic	178	46	25.8
Total Known Ethnicity	196	50	25.5
Ethnicity Unknown	3		
Total	199		

(Data source: Samples from the 2019 AUA Annual Census)

TABLE 7-9

Burnout Rate by Number of Years Practicing in Urology

Number of Years of Practice in Urology	Advanced Practice Providers	Count of Burnout	Percent of Burnout
≤ 3	62	14	22.6
4-9	68	22	32.4
≥ 10	69	16	23.2
Total	199	52	26.1

(Data source: Samples from the 2019 AUA Annual Census)

TABLE 7-10

Burnout Rate by Metropolitan Status

Metropolitan Level	Advanced Practice Providers	Count of Burnout	Percent of Burnout
Metropolitan Areas	179	47	26.3
Non-Metropolitan Areas	20	5	25.0
Total	199	52	26.1

TABLE 7-11Burnout Rate by AUA Section

AUA Section	Advanced Practice Providers	Count of Burnout	Percent of Burnout
Northeastern, New England, New York and Mid-Atlantic	59	11	18.6
North Central	41	12	29.3
South Central	26	10	38.5
Southeastern	41	11	26.8
Western	32	8	25.0
Total	199	52	26.1

Discussion

Findings from this study demonstrate the significant demographic and professional characteristics of advanced practice providers and the pivotal role they play in urologic care as part of a physician-led collaborative care medical team in the United States. The collaboration with physician assistants and nurse practitioners benefits patients' access to urologic care, frees urologists to concentrate on the more complex cases that urologists are trained to handle, and provide quality care to patients through a more cost-effective team approach.

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AUA Statistical Services Program

The AUA Data Management and Statistical Analysis Department, under the direction of the AUA Data Committee, is committed to transforming urologic care through the meaningful collection and use of data.

To support urologic research, the Department offers a comprehensive statistical consulting services program that includes, but is not limited to: study design, data collection and linkage, data analysis and statistical modeling and support of the development of conference abstracts, presentation slides and manuscripts. Services are fee-based, and members receive discounted rates as part of the AUA's member benefits. The AUA ensures satisfaction with current best practices: prompt turnaround times, state-of-the-art methods, expertise in clinical and health services research and publication.

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Should you require data or statistical support, please contact the AUA Data Management and Statistical Analysis Department at dataservices@auanet.org.

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