

The State of the Urology Workforce and Practice in the United States 2014



American
Urological
Association

Advancing Urology™

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Preface

As the American Urological Association (AUA) and its members embrace the Data Technology Age, the AUA has sought to transform urologic care through meaningful collection, integration and utilization of data in order to generate knowledge and inform urologic practice, the nation's health care system in general and public policy. However, despite this transformation, significant knowledge gaps exist in the understanding of the urology workforce and its practice patterns. Because it recognized the demand for a credible source of data about the urology community, the AUA launched its Annual Census in 2014.

The AUA's Annual Census explores the profession of urology from multiple perspectives in one systematically designed survey by collecting data from practicing urologists and other urologic health care professionals. The AUA Annual Census provides physicians, policymakers and other groups with comprehensive information about urology, including workforce characteristics and practice patterns.

The AUA's Annual Census provides a wealth of data that will be used to generate complex analyses of urology workforce and practice patterns. This essential resource will provide comprehensive information for researchers, fellows, medical students and policymakers, thus enhancing the AUA's national and global impact. This annual publication, *The State of the Urology Workforce and Practice in the United States*, and the Census public-use micro dataset will be available upon request to AUA members and other stakeholders. More results on the responses from international members and members in other urology professions will be analyzed and reported on separately through the AUA website. The AUA will expand the AUA Annual Census in future years to focus more on the international segmentation.

The 2014 Census was a great success. To continue this important effort, please continue to participate in AUA's Annual Census online at www.AUAnet.org/TakeCensus from May to September each year.



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AUA Secretary

Professor and Vice Chair of Urology, Wake Forest University

Acknowledgements

The AUA Annual Census was initiated, implemented and reported by the AUA Department of Data Management and Statistical Analysis in the Division of Science and Quality, in collaboration with the AUA Data Committee.

The AUA would like to thank its Executive and Board leadership for supporting the concept of an AUA Annual Census and approving this specialty-wide, population-based complex survey; the AUA Data Committee for collaboration and guidance in the development of the Census from inception to publication; the AUA Science and Quality Council for oversight and approval of the AUA Annual Census report, along with AUA Sections and other partners for engaging and encouraging AUA members to participate in the Census.

Finally, the 2014 AUA Annual Census could not be successful without the support of AUA members. The impact of the Census will continue to grow and will eventually provide a wealth of data that will be used to generate complex analysis on urology practice patterns.

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Executive Summary



AUA ANNUAL CENSUS

AUA ANNUAL CENSUS

AUA
(AQUA) RESEARCH

FREQUENTLY ASKED QUESTIONS

WHAT IS THE AUA ANNUAL CENSUS?

The AUA Annual Census is a comprehensive survey of urologists and urology residents in the United States and Canada. It provides the most up-to-date information on the urology workforce.

WHY DO WE NEED AN ANNUAL CENSUS?

The AUA Annual Census provides the urology workforce with the most up-to-date information on the urology workforce.

HOW MANY UROLOGISTS PARTICIPATE IN THE CENSUS?

The AUA Annual Census is a comprehensive survey of urologists and urology residents in the United States and Canada.

HOW WILL THE CENSUS DATA BE USED?

The AUA Annual Census provides the urology workforce with the most up-to-date information on the urology workforce.

HOW WILL CENSUS DATA BE REPORTED?

The AUA Annual Census provides the urology workforce with the most up-to-date information on the urology workforce.

WHEN DOES THE AUA ANNUAL CENSUS TAKE PLACE?

The AUA Annual Census provides the urology workforce with the most up-to-date information on the urology workforce.

AUA TOWN HALL:
AGING, SIMULATION AND
ANIMATION IN MEDICINE

Millions of patients and their families in the United States are affected by urologic diseases and conditions. Therefore, urologists increasingly face tremendous challenges and opportunities, especially as the U.S. population ages and the demand for urology care and services grows. The AUA, with more than 21,000 members worldwide, is committed to providing the urologic community with the education, research and advocacy required to address these challenges. Consequently, data relating to the urology workforce and practice patterns are becoming increasingly important to inform urologic care and policy.

Some organizations, including the AUA, have attempted to describe the practicing urologist population in the United States. However, the 2014 AUA Annual Census is the first time the AUA has elucidated workforce and practice characteristics of the *entire* population of practicing urologists in the United States, rather than a small sample. The first specialty-wide AUA Annual Census was launched at the 2014 Annual Meeting, and the results are reported in the annual publication entitled *The State of the Urology Workforce and Practice in the United States 2014*. A total of 4,814 urologic care providers and other professionals, representing 98 countries from all five continents, completed the 2014 AUA Annual Census.

The AUA Annual Census presents a comprehensive portrayal of the urologic workforce in the United States and some characteristics of the global urologic community^a as well. This publication presents findings from U.S. practicing urologists. Responses from international members and other members of the urologic workforce will be analyzed and reported on separately through the AUA website. The AUA will expand its annual census in future years to focus more on the international segmentation.

This Census publication targeted U.S. practicing urologists and was adjusted for non-responses. Data were collected and two files were established: a population denominator file containing basic demographic, geographic and some certification information for all practicing urologists in the United States in 2014 as listed in the National Provider Identifier (NPI) master file¹, cross-checked against the American Board of Urology (ABU)² certification information from the AUA Membership database and the American Osteopathic Board of Surgeons certification information^b listed by the American Osteopathic Association (AOA)³; and a sample file containing information collected via the AUA Annual Census.

The Census is a novel data source that can be used to explore the profession of urology from multiple angles by collecting data from practicing urologists and other professionals worldwide. The primary goals of the Census are to provide a definitive source of data about the urologic community, such as demographics, geographic distribution, education, training, sub-specialization, employment status, practice settings and practice patterns; assist in identifying knowledge gaps and research needs; and, ultimately, help improve patient care.

RESPONSE AND METHODOLOGY USED IN REPORTING ON U.S. PRACTICING UROLOGISTS

Data Collection

The AUA Annual Census targeted the entire U.S. urologic population, ensuring all groups could then be weighted and compared with the “practicing urologist” population in order to address non-responses. The population file and the Census survey sample file were linked using post-stratification factors (i.e., gender, location, certification status and years since initial certification) to adjust for the contribution of each respondent in a Census survey by assigned proper sample weight. A total of 4,814 respondents completed the 2014 AUA Annual Census—3,171 of whom were from the United States. Of these, 2,204 respondents were confirmed to be practicing urologists in the United States.

Population Definition

Practicing urologists are defined as those with valid medical licensure reported in the NPI file as urologists/pediatric urologists or as surgeons/specialists if reported as certified urologists or urologic surgeons by the ABU or AOA. Urologists in residency training were excluded.

Justification for Non-Response

Census samples were weighted based on post-stratification techniques to adjust for the contribution of each respondent in the Census.

Statistical Confidence of Census Reporting

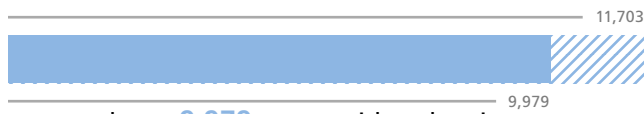
When reported findings were based on weighted Census samples, error estimates were also listed as margin of error (MOE) or confidence interval (CI), measuring precision of the reported values at a 90 percent confidence level. The difference was statistically significant when no overlap was identified between the two corresponding confidence limits.

^a Data specific to the global urologic community will be reported in future publications, and are not included in this report.

^b The certification board for osteopathic surgeons is the American Osteopathic Board of Surgeons (AOBS). Information obtained via AOA’s “DO Directory” is for public use.

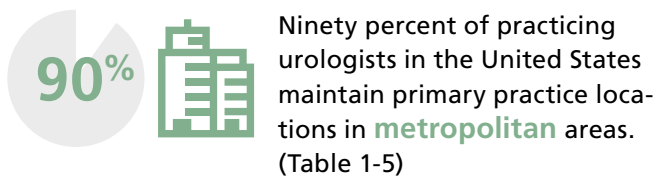
KEY FINDINGS

11,703 practicing urologists were identified in 2014 in the United States



among these, **9,979** are considered active practicing (have clinical duties for 25 hours or longer per week). (Table 1-1)

- New Hampshire, Rhode Island, Vermont and New York are the states with the highest urologist-to-population ratio. States with the lowest ratios are Utah, Nevada, Wyoming, Texas and New Mexico. (Table 1-2)



- Higher percentages of practicing urologists in the United States between the ages of 55-64 and 65 or older maintain their primary practice locations in non-metropolitan areas (micropolitan, small towns and rural areas), than those in other age groups. (Figure 1-5)
- The median age of practicing urologists in the United States is 53. (Table 2-1)
- The most common (median) age for completion of a urologic residency program in the United States is 32. (Table 3-2)



Sixty-four percent of practicing urologists in the United States are in **private practice** settings (including solo practice, single specialty urology group or multispecialty urology group). The remainder are in **institution-based** settings (including academic medical centers, public or private hospitals). (Table 4-1)

- Most practicing urologists in the United States did not have a primary subspecialty. For those practicing urologists who have a subspecialty, most specialize in oncology, endourology/stone disease and robotic surgery (combined), and pediatrics. (Table 4-5)

- The percentage of practicing urologists in the United States who perform inpatient surgical procedures decreases as age increases. (Table 4-7)

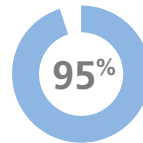


55 work hours



80 patients

Practicing urologists in the United States show a median of **55** work hours (Table 5-1), and **80** patients visits/encounters (Table 5-5) per “typical” week for both male and female urologists. However, female practicing urologists spend slightly more time in non-clinical hours than their male counterparts. (Table 5-4)



Nearly 95 percent of practicing urologists in the United States use **AUA clinical guidelines** when making clinical decisions. (Table 6-1)

- Nearly half of all practicing urologists offer in-house laboratory services. More than one-third provide diagnostic radiology services and employ a staff pathologist, and about one-quarter offer radiation oncology services. (Table 6-2)
- More than a quarter of practicing urologists use Epic as their primary electronic health record (EHR) system, followed by Allscripts™ (14.9 percent) and Urochart® (9.0 percent). (Table 6-6)

CONCLUSION

The Census will be conducted annually; each new version will be launched at the AUA Annual Meeting and remain available online until the end of September. The AUA strongly encourages all members to complete the Census each year at AUA’s Annual Meeting or online at www.AUAnet.org/TakeCensus. Future Census publications will expand on initial findings, report trends over time and identify cross-sectional and longitudinal variations across the specialty nationwide and globally with an increasing coverage on the international segmentation and other members of the urology community.

About the American Urological Association (AUA)

THE ORGANIZATION

Founded in 1902 and headquartered near Baltimore, Maryland, the AUA is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

AUA MISSION

To promote the highest standards of urological clinical care through education, research and in the formulation of health care policy.

AUA VISION

To be the premier professional association for the advancement of urologic patient care.

For more information about the AUA, please visit www.AUAnet.org.

The AUA Annual Census

As a premier urologic association, with over 21,000 members, the AUA is committed to serving the urologic community. The AUA supports the generation and dissemination of urologic knowledge through a systematic approach. The AUA's Annual Census is a systematically designed, specialty-representative survey of urology (similar to the U.S. Census). The results of the AUA's Annual Census are weighted to reduce non-response bias, accurately represent the entire specialty and address the broad urology landscape.

This inaugural publication serves as a benchmark for the urology workforce and functions as a foundation

for future reports in efforts to effectively convey the needs and demands of the urologic community. These findings also depict current clinical practice, including the use of various medical devices; electronic health records (EHRs) and mechanisms to report quality measures. Results from this publication provide an array of information that can assist in bridging knowledge gaps, providing data to meet increasing research needs and, ultimately, improving patient care. Future Census publications will expand on initial findings, report trends over time and identify cross-sectional and longitudinal variations across the specialty nationwide and, eventually, globally.

Definition of Terms

PRACTICE STATUS

In order to better understand the way this report classifies urologists, this Definition of Terms is provided:

- **UROLOGISTS^a:** Physicians and surgeons who are specially trained for the diagnosis and treatment of genitourinary and adrenal gland diseases in patients of any age and of either sex.
- **PRACTICING UROLOGISTS:** Urologists who maintain current medical licensures and treat patients with urologic conditions.
- **PRACTICING UROLOGISTS IN THE UNITED STATES:** Practicing urologists with primary practice locations in at least one of the 50 U.S. states or the District of Columbia.
- **ACTIVE PRACTICING UROLOGISTS:** Practicing urologists who treat patients with urologic conditions and work at least 25 clinical hours per week.
- **CERTIFIED UROLOGISTS:** Urologists who are certified by either the American Board of Urology (ABU) or the American Osteopathic Board of Surgery (AOBS).

LEVEL OF RURALITY

The zip code of each practicing urologist's primary practice location was converted to a rural-urban commuting area (RUCA) code based on RUCA3.10⁴ (developed collaboratively by Health Resources and Service Administration's Office of Rural Health Policy (ORHP),

^a Refer to AUA's policy statement for full definition: <http://www.auanet.org/about/policy-statements/definition-of-a-urologist.cfm>.

the United States Department of Agriculture's Economic Research Service (ERS), and the WWAMI Rural Health Research Center (RHRC) based on 2010 United States Census work-commuting data, 2012 United States Census Bureau revised urban area definition based on 2010 Census data, and 2013 ZIP codes).

RUCA3.10 codes were grouped into four levels of rurality: Metropolitan Area with population size $\geq 50,000$ and Non-Metropolitan area if the population size $< 50,000$. The latter group was further divided into Micropolitan Area (population=10,000-49,999), Small Town (population= 2,500-9,999) and Rural Areas (population $<2,500$).

Glossary

90% CI	90% Confidence Interval
AUA	American Urological Association
ABU	American Board of Urology
AOA	American Osteopathic Association
AOBS	American Osteopathic Board of Surgeons
DO	Doctor of Osteopathic Medicine
EHR	Electronic Health Record
ICD-10-CM	International Classification of Diseases, Clinical Modification
MD	Medical Doctor
MOE	Margin of Error
NPI	National Provider Identifier
RUCA	Rural-Urban Commuting Area

Methodology

Data in the AUA Annual Census were collected and analyzed using survey methodology developed by Groves et al.⁵ First, two data files were established, including: a population file containing basic demographic, geographic and certification information for all practicing urologists in the United States in 2014 and a sample data file containing a broad range of information collected from the Census. Then, the population file and the Census survey sample file were linked through post-stratification factors to adjust for non-responses and the contribution of each

respondent in a Census survey by assigned sample weight.

PRACTICING UROLOGIST POPULATION

Practicing urologists were identified from the NPI file, which includes all physicians in the United States who hold valid medical licenses, if the following criteria were met:

1. Either urology or pediatric urology was listed as medical specialty;
2. Those listed as either surgeon or specialist and matched to certification data as urologist by the ABU, per AUA membership database, or urological surgeon by AOBS, per AOA^a website³. Manual checks of all individual urologists' and urologic surgeons' websites were performed for those identified in this manner to confirm they provided urologic care in the census year;
3. Urologists in residency training were excluded;
4. Urologists who were identified as certified by the ABU or AOBS, but who were not listed in the NPI file were excluded to ensure only those currently practicing urology were included.

ORGANIZATION OF QUESTIONS

The census consists of "base" and "supplemental" questions. Base questions that target the entire urology specialty will be asked annually to develop cross-sectional and longitudinal patterns. Examples of base question topics include practice status, clinical practice setting, primary and secondary subspecialties, patient encounters, employer type, and employment status. Supplemental questions will vary each year and focus on emerging issues; these may be distributed to all or a subset of participants.

CENSUS TIMELINE

The AUA Annual Census officially launches at the AUA Annual Meeting in May and is available to respondents online through September. Census data are analyzed and reported in an annual publication, *The State of the Urology Workforce and Practice in the United States*, available in May of the following year.

^a The certification board for osteopathic surgeons is the American Osteopathic Board of Surgeons (AOBS). Information obtained via AOA's "DO Directory" is for public use.

CENSUS DATA COLLECTION

Data collection for the 2014 AUA Annual Census began May 14 at the 2014 AUA Annual Meeting and ended September 30, 2014. Each respondent was assigned an identification number prior to answering Census questions to ensure the results could be linked to the population file and to ensure no respondent was able to take the survey more than once.

A total of 4,814 respondents completed the 2014 AUA Annual Census—2,204 of whom were practicing urologists in the United States. Those who self-reported as practicing urologists were checked against the practicing urologist population file and removed if a match were not found. Those who were practicing outside the United States (n=1,398) were also removed from this study but their responses will be analyzed and reported separately, and available on the AUA website.

SAMPLE WEIGHTING

The purpose of a survey is to sample the entire population of interest, generalizing the collected data to the rest of the population. To achieve this aim, the sample needs to be representative (i.e., reflect the characteristics of the population from which it was drawn). Surveys often oversample some subgroups of the population and under sample others, however. In other words, unless a certain response rate is achieved, survey samples usually do not represent the population. The way a certain characteristic (such as age, education, race, sex, etc.) of sample is distributed in the survey data may differ from the way it is distributed in the population. Thus, sample weighting is performed to address this difference, utilizing post-stratification factors to assign smaller weight to those oversampled and greater weight to the under sampled, which corrects for these biases mathematically with reasonable statistical confidence. The post-stratification factors are those significant characteristics that distinguish urologists from the sample and from the population.

In order to adjust for non-response and its resulting bias in the 2014 AUA Census sample, a standard post-stratification weighting technique⁶ was used to identify post-stratification factors. Identified factors include gender, geographic location, certification status and years since initial certification. These factors were used to develop stratification cells for calculating sample weights.

CENSUS REPORTING WITH STATISTICAL CONFIDENCE

Results were based on either weighted Census samples or the practicing urologist population data. Reported statistics based on the population data was preferred because of the lack of sampling bias. In contrast, when reported findings were based on weighted Census samples, error estimates were reported in the form of either Margin of Error (MOE) or Confidence Interval (CI) measuring the precision of the estimate at a 90 percent level of confidence.

DATA ANALYSIS

After post-stratification weighting adjustment, the Census data were analyzed with IBM-SPSS Complex Samples 20.0.

MARGIN OF ERROR (MOE)

Estimates of characteristics of the practicing urologists from the AUA Census sample data can differ from those that would be obtained if all practicing urologists were surveyed. MOE at the 90 percent confidence level were used to measure and report the precision of each estimate, similar to that used in reporting the U.S. Census/American Community Survey. MOE is the difference between an estimate and its upper or lower confidence bounds.⁷

CONFIDENCE INTERVALS (CIs)

Estimates based on the AUA Census samples can differ from those that would be obtained if all practicing urologists were surveyed. A 90 percent confidence interval (90% CI) was used to mark the upper or lower confidence bounds of estimated parameter by census samples with 90 percent statistical confidence.

LIMITATIONS

The results of the AUA Annual Census are subject to the following limitations:

1. As a population-backed and weighted survey, the analysis of the AUA Annual Census data relied on the absolute number of responses to report statistics for small geographic, demographic and clinical categories. Women and racial/ethnic minority groups were not well represented in the urologist population and therefore were difficult to analyze;

2. AOBs certification of osteopathic doctors was obtained via the AOA's online urologic surgeon list without direct verification by AOBs; Information contained in the AOA's "DO Directory" (public list) is not the primary source for physicians' credentials verification;
3. The AUA Annual Census is subject to sampling and estimate errors. Thus, margin of error is the appropriate tool when comparing two groups;
4. The practicing urologist population in the United States was based on the assumption that urologists who maintain their medical licenses in the Census year are considered practicing urologists;
5. Geographic classifications, such as levels of rurality and state, were determined based on the primary office location in the NPI file. The actual geographic coverage of practice for each practicing urologist may be beyond the area reported;
6. Census data are self-reported, non-validated and are subject to bias or misrepresentation.

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Practicing Urologists *in the United States*

AUA ANNUAL CENSUS

FREQUENTLY ASKED QUESTIONS

WHAT IS THE AUA ANNUAL CENSUS?

The AUA Annual Census is a comprehensive specialty representative survey distributed annually to urologists and other providers that represents the urology profession.

WHY DO WE NEED AN ANNUAL CENSUS?

There are no specialty-wide representative data on the urologic workforce, the patterns of practice and patient characteristics available to date.

WHAT PRIVACY MEASURES ARE TAKEN TO SECURE THE DATA?

Data will be stored on a secure server at the AUA. No identifiable individual-level data will be reported or shared with a third party.

HOW WILL THE CENSUS DATA BE USED?

An annual publication, *The State of Urology Workforce and Practice in the United States*, will be produced to inform policymakers, the urology community, patients and the general public.

HOW WILL CENSUS DATA BE REPORTED?

Census data will be reported at an aggregated level so that privacy and confidentiality will be enforced.

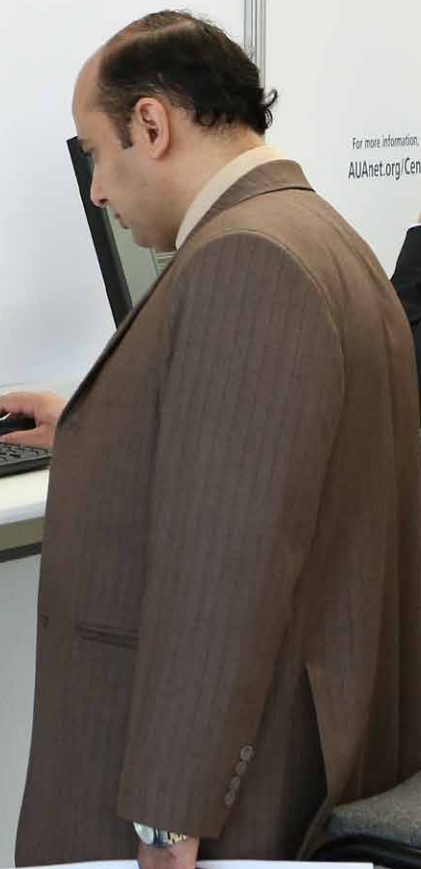
WHEN DOES THE AUA ANNUAL CENSUS BEGIN AND END EACH YEAR?

Each year, the Census will be launched at the AUA Annual Meeting in the spring and continue to be available online until the end of September. Census data will first be analyzed and findings will be reported by the end of the year.

For more information, visit
AUA.net.org/Census



American
Urological
Association



Section 1: Geographic Distribution

Primary Observations

- 11,703 urologists were identified as “practicing urologists” in the United States in 2014. Of those practicing urologists, 85 percent are “actively” practicing (Table 1-1).
- On average, the United States has a urologist-to-population ratio of 3.70 per 100,000 population. New Hampshire has the highest urologist-to-population ratio, while Utah has the lowest among 50 U.S. states (Table 1-2).
- The AUA’s Southeastern Section has the greatest number of practicing urologists in the United States (21.3 percent of the total practicing urologist population in the United States) (Table 1-3).
- Practicing urologists maintain a primary practice location in nearly 40 percent of all U.S. counties. (Table 1-4)
- Nearly 10 percent of practicing urologists in the United States maintain their primary practice location in non-metropolitan areas (Table 1-5), compared to 16.5 percent of Americans residing there according to the U.S. Census Bureau American Community Survey⁸ by applying RUCA 3.10 rurality approximation.
- Practicing urologists in the United States between the ages of 55-64 and those ≥65 are more likely to maintain their primary practice locations in non-metropolitan areas (micropolitan, small towns and rural areas) (Figure 1-5).

TABLE 1-1
Practice Status

Type of Urologist	Number of Practicing Urologists	Percent
Practicing Urologists	11,703	100.0%
Active Practicing Urologists	9,979*	85.3%

(Data source: National Provider Identifier 11/2014 file; ABU certification files and AOA DO Directory; *2014 AUA Annual Census; Active Practicing Urologists are defined as those who worked 25 or more clinical hours per week)

TABLE 1-2
Urologist-to-Population Ratio by State of Primary Practice Location

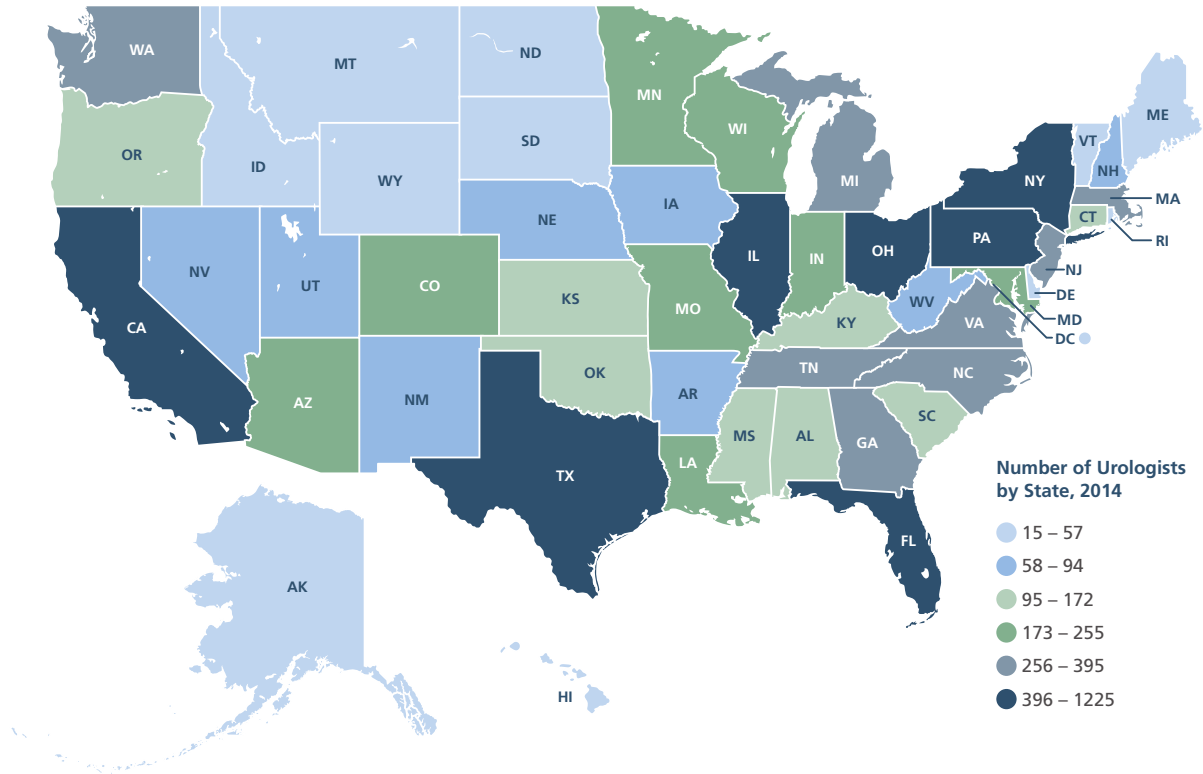
State	Number of Practicing Urologists	Urologist-to-Population Ratio*	Relative Position
U.S. (50 States & DC)	11,703	3.70	National Average
District of Columbia	57	8.82	High
New Hampshire	66	4.99	
Rhode Island	52	4.95	
Vermont	31	4.95	
New York	941	4.79	
Massachusetts	310	4.63	
South Dakota	38	4.50	
New Jersey	395	4.44	
Maryland	255	4.30	
Maine	57	4.29	

State	Number of Practicing Urologists	Urologist-to-Population Ratio*	Relative Position
Louisiana	198	4.28	Medium High
Pennsylvania	543	4.25	
Connecticut	151	4.20	
Florida	803	4.11	
Tennessee	267	4.11	
Hawaii	57	4.06	
West Virginia	74	3.99	
Oregon	156	3.97	
Washington	276	3.96	
Michigan	390	3.94	
North Carolina	385	3.91	Medium
Ohio	451	3.90	
Alaska	27	3.67	
Delaware	34	3.67	
Wisconsin	211	3.67	
Virginia	300	3.63	
South Carolina	172	3.60	
Illinois	456	3.54	
Kentucky	154	3.50	
Minnesota	189	3.49	
Missouri	209	3.46	Medium Low
Alabama	166	3.43	
Arizona	226	3.41	
Colorado	179	3.40	
Indiana	223	3.39	
Nebraska	63	3.37	
Kansas	97	3.35	
Montana	34	3.35	
California	1,225	3.20	
Oklahoma	123	3.19	
North Dakota	23	3.18	Low
Mississippi	95	3.18	
Arkansas	93	3.14	
Idaho	50	3.10	
Iowa	94	3.04	
Georgia	302	3.02	
New Mexico	63	3.02	
Texas	788	2.98	
Wyoming	15	2.57	
Nevada	69	2.47	
Utah	70	2.41	

(Data source: National Provider Identifier 11/2014 file; ABU certification files and AOA DO Directory; *Urologist-to-population ratio is per 100,000 population; Levels of urologist supply are relative.)

FIGURE 1-1

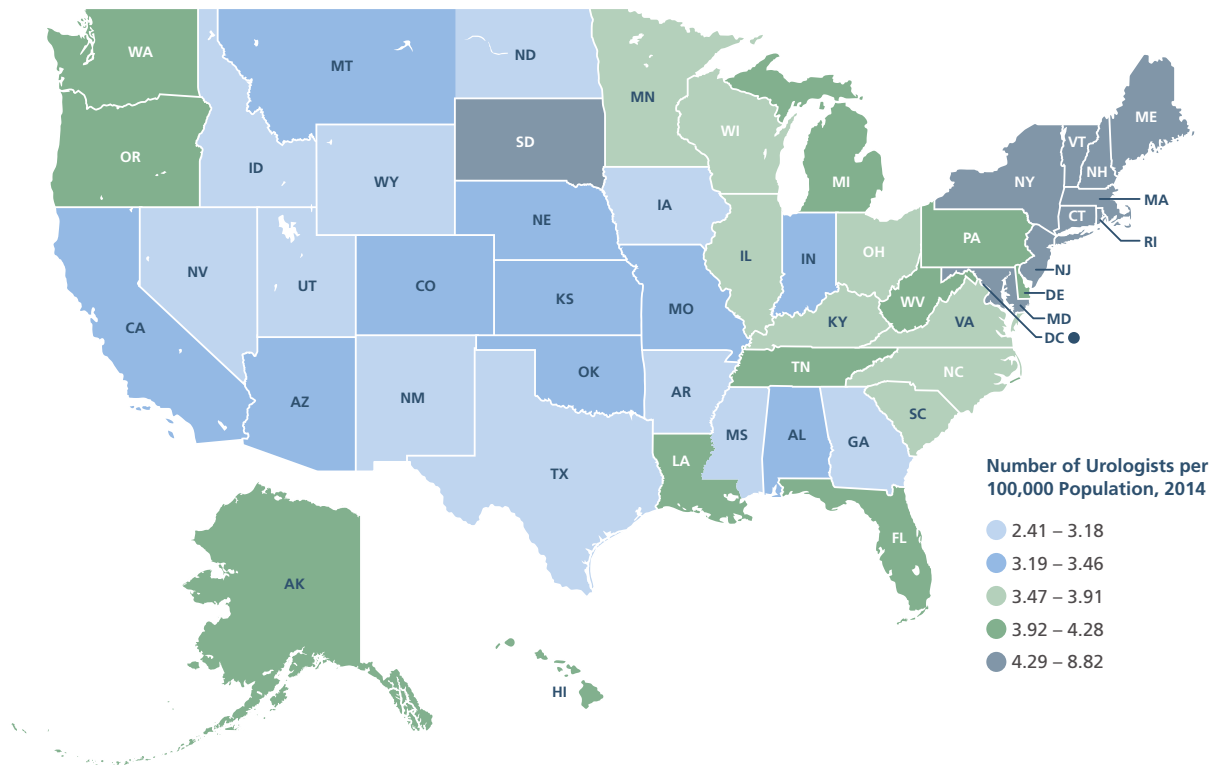
Number of Practicing Urologists by State of Primary Practice Location



(Data source: National Provider Identifier 11/2014 file; ABU certification files and AOA DO Directory)

FIGURE 1-2

Practicing Urologist-to-Population Ratio by State of Primary Practice Location

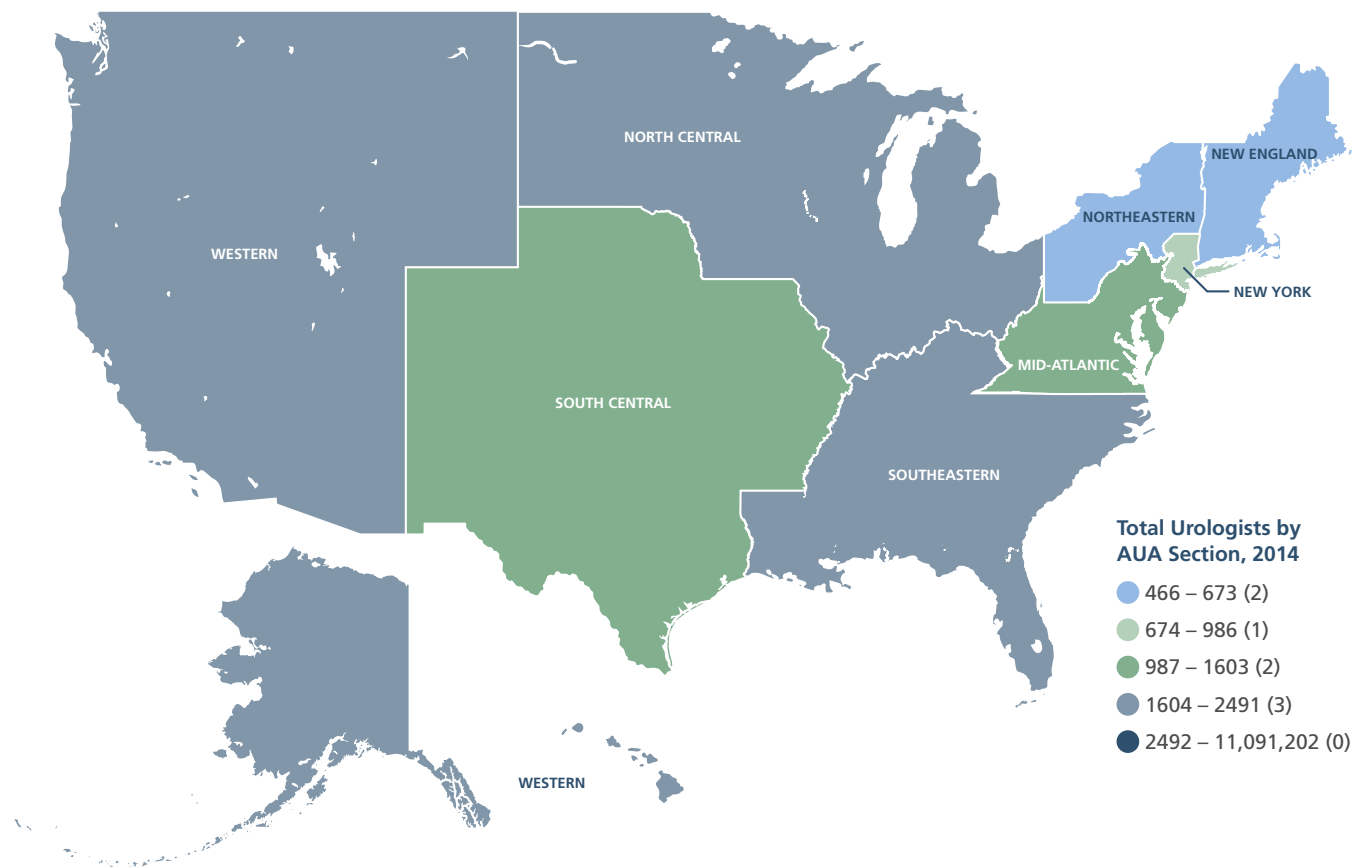


(Data source: National Provider Identifier 11/2014 file; ABU certification files and AOA DO Directory)

TABLE 1-3**AUA Section (United States Only)**

AUA Section	Number of Practicing Urologists	Percent
Southeastern	2,491	21.3%
Western	2,196	18.8%
North Central	2,086	17.8%
South Central	1,603	13.7%
Mid-Atlantic	1,202	10.3%
New York	986	8.4%
New England	673	5.8%
Northeastern	466	4.0%
Total	11,703	100.0%

(Data source: National Provider Identifier 11/2014 file; ABU certification files and AOA DO Directory)

FIGURE 1-3**Practicing Urologists by AUA Section (United States Only)**

(Data source: National Provider Identifier 11/2014 file; ABU certification files and AOA DO Directory)

TABLE 1-4

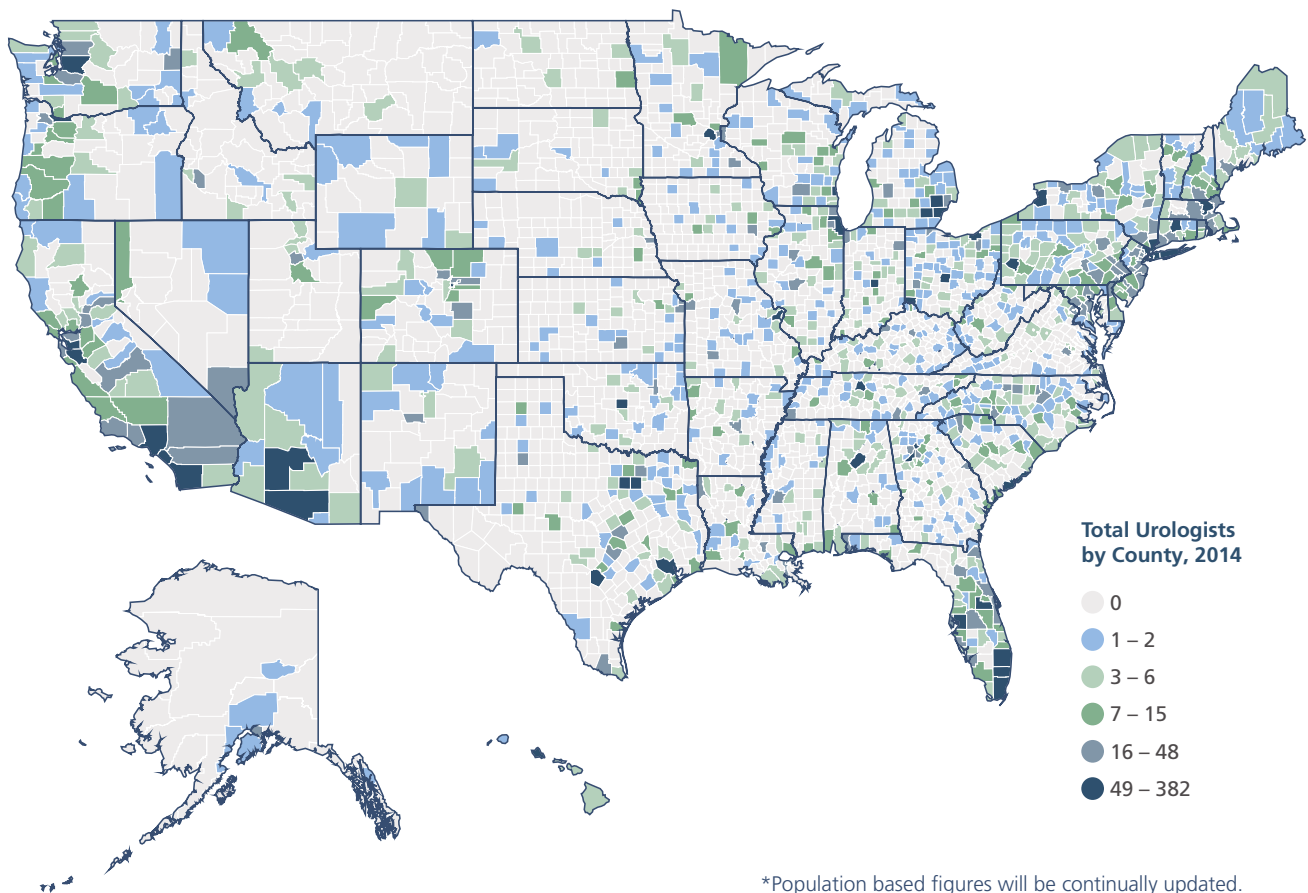
County of Primary Practice Location

Urologist Supply	Number of Counties	Percent
Counties without Any Urologists	1,956	62.2%
Counties with at least 1 Urologist	1,187	37.8%
Counties with 1 Urologist	315	
Counties with 2-3 Urologists	288	
Counties with 4-8 Urologists	293	
Counties with 9 or More Urologists	291	
Total	3,143	100.0%

(Data source: National Provider Identifier 11/2014 file)

FIGURE 1-4

Number of Practicing Urologists at County Level Based on Primary Practice Location



(Data source: National Provider Identifier 11/2014 file)

TABLE 1-5

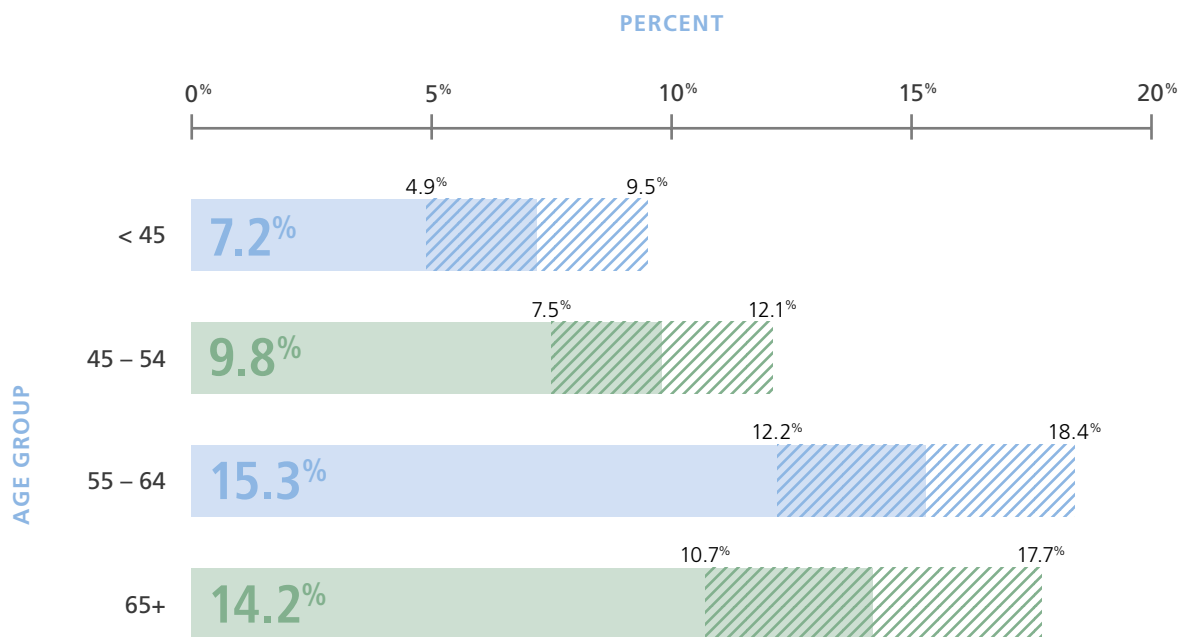
Level of Rurality of Primary Practice Location

Rurality Level	Number of Practicing Urologists	Percent
Metropolitan	10,585	90.4%
Non-Metropolitan Areas	1,118	9.6%
Micropolitan Areas	885	7.6%
Small Towns	192	1.6%
Rural Areas	41	0.4%
Total	11,703	100.0%

(Data source: National Provider Identifier 11/2014 file; Rural Urban Commuting Area Codes Data RUCA3.10)

FIGURE 1-5

Percent of Practicing Urologists Whose Primary Practice Locations are Outside the Metropolitan Areas (by Age) Group*



(Data source: National Provider Identifier 11/2014 file; Rural Urban Commuting Area Codes Data RUCA3.10;

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

Section 2: Demographic Characteristics

Primary Observations

- The median age of practicing urologists in the United States is 53 years (Table 2-1).
- The urologic workforce in the United States is predominantly male. Male and female practicing urologists represent 92.3 percent and 7.7 percent of the U.S. urologic workforce, respectively (Table 2-2).
- Higher percentages of females are observed in the younger age groups of practicing urologists (Figure 2-1). This data suggests an increasing number of females are entering the urologic workforce in the United States.
- There is a critical need for a diversified urology workforce and delivery of culturally and linguistically competent care to patients. The urologic workforce in the United States is predominantly non-Hispanic white (Table 2-3 and 2-4).

TABLE 2-1

Age

Age Group	Population Represented		
	Number	Percent	± MOE (%)
< 35	845	7.2%	1.2%
35 to 44	2867	24.5%	1.6%
45 to 54	2595	22.2%	1.1%
55 to 64	2700	23.1%	1.3%
≥ 65	2679	22.9%	1.2%
Total Reported	11,685	100.0%	
Not Reported	18		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median age is 53.0.)

TABLE 2-2

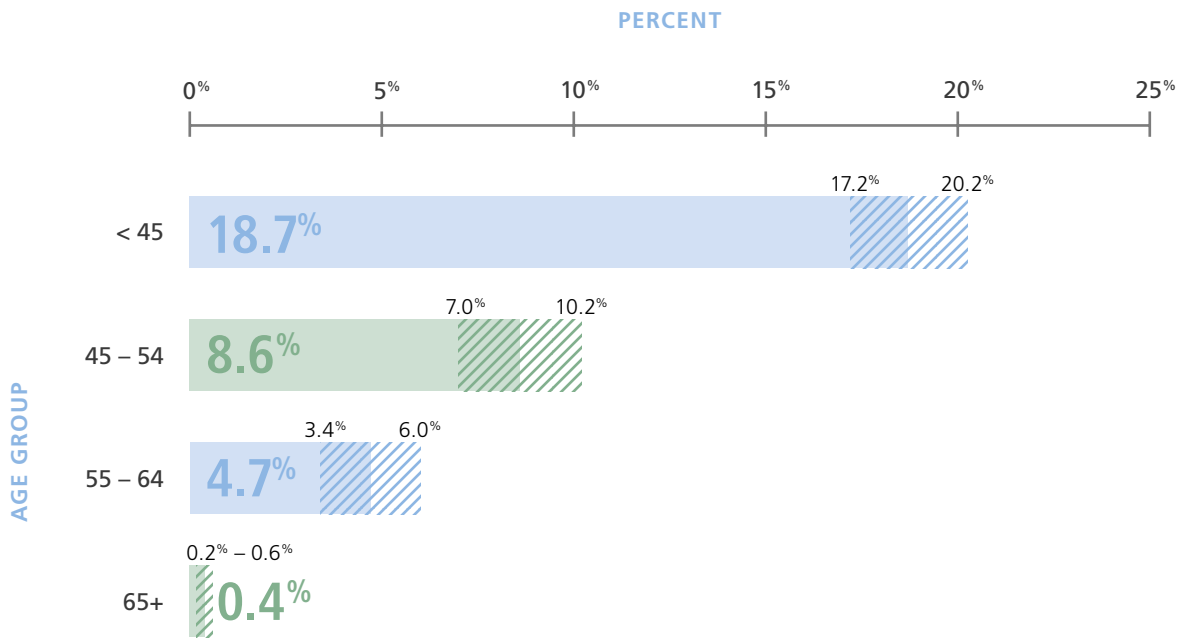
Gender

Gender	Number of Practicing Urologists	Percent
Male	10,806	92.3%
Female	897	7.7%
Total	11,703	100.0%

(Data source: National Provider Identifier 11/2014 file)

FIGURE 2-1

Percent of Female Practicing Urologists (by Age)



(Data source: Weighted samples from the 2014 AUA Annual Census; *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 2-3

Ethnicity

Hispanic Origin	Population Represented		
	Number	Percent	± MOE (%)
Hispanic	466	4.1%	1.0%
Non-Hispanic	10,931	95.9%	1.0%
Total Reported	11,397	100.0%	
Not Reported	306		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 2-4**Race**

Race	Population Represented		
	Number	Percent	± MOE (%)
White	9,241	83.4%	1.7%
Asian	1,466	13.2%	1.5%
Black	275	2.5%	0.7%
Other Races Including Multiple Races	99	0.9%	0.4%
Total Reported	11,081	100.0%	
Not Reported	622		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 2-5**Country of Origin**

Country of Origin	Population Represented		
	Number	Percent	± MOE (%)
North and South America	9,989	85.4%	1.7%
United States	9,394	80.3%	1.8%
Canada	238	2.0%	0.7%
Rest of America	742	3.1%	1.0%
Asia	1,277	10.9%	1.5%
India	535	4.6%	1.0%
Rest of Asia	742	6.3%	1.2%
Europe	296	2.5%	0.7%
Africa	141	1.2%	0.5%
Total	11,703	100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census)

Section 3: Education and Training

Primary Observations

- One in five practicing urologists completed their residency training in 1980 or earlier (Table 3-1).
- Nearly 64 percent of practicing urologists completed their residency training between the ages of 31-33 years (Table 3-2).
- The top three areas for fellowship of practicing urologists in the United States are (1) oncology; (2) endourology/stone disease and robotic surgery (combined), and (3) pediatrics (Table 3-4).

TABLE 3-1
Year of Completion of Residency

Time Period	Population Represented		
	Number	Percent	± MOE (%)
1980 or Earlier	2,338	20.1%	1.1%
1981-1990	2,451	21.1%	1.2%
1991-2000	2,493	21.5%	1.0%
2001-2010	2,696	23.2%	1.2%
2011 or Later	1,642	14.1%	1.4%
Total Reported	11,620	100.0%	
Not Reported	83		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 3-2**Age at Completion of Residency**

Age	Population Represented		
	Number	Percent	± MOE (%)
≤ 30	968	8.3%	1.2%
31	2,255	19.4%	1.7%
32	2,986	25.7%	1.8%
33	2,177	18.8%	1.7%
34	1,240	10.7%	1.3%
35	593	5.1%	0.8%
≥ 36	1,383	11.9%	1.3%
Total Reported	11,602	100.0%	
Not Reported	101		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median age is 32.0.)

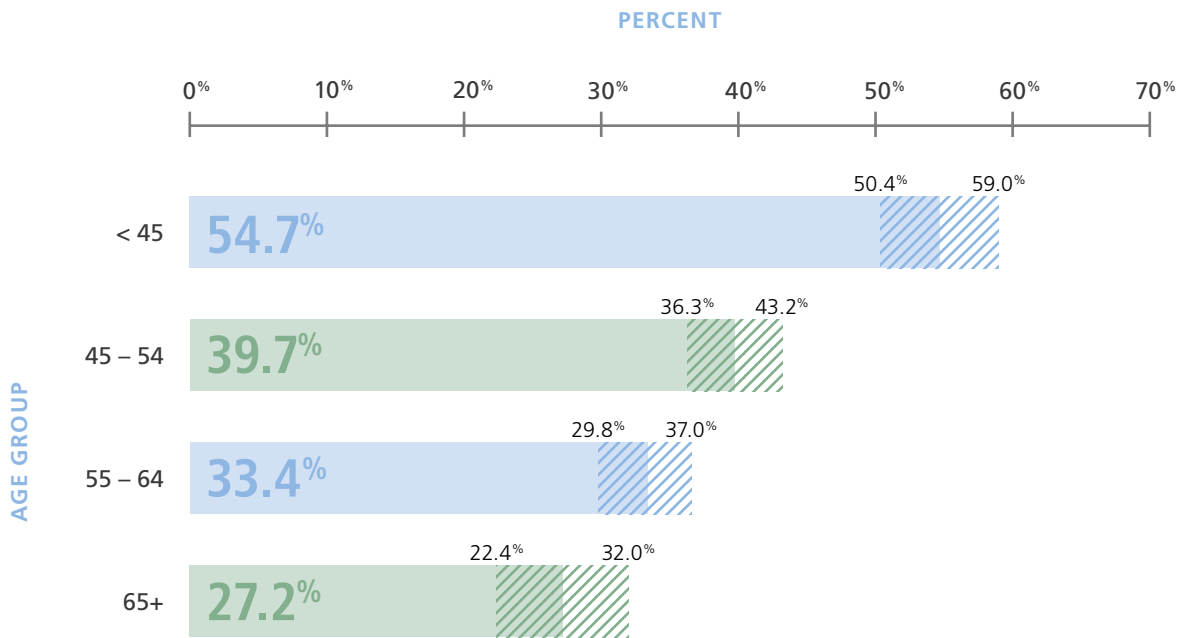
TABLE 3-3**Completion of Fellowship Experience**

Fellowship Experience*	Population Represented		
	Number	Percent	± MOE (%)
No Fellowship	6,992	59.7%	2.1%
Fellowship Trained	4,711	40.3%	2.1%
One	3,235	27.6%	1.8%
Two or More	1,476	12.6%	1.5%
Total	11,703	100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census;
*Any fellowship experience, regardless of length and area of training)

FIGURE 3-1

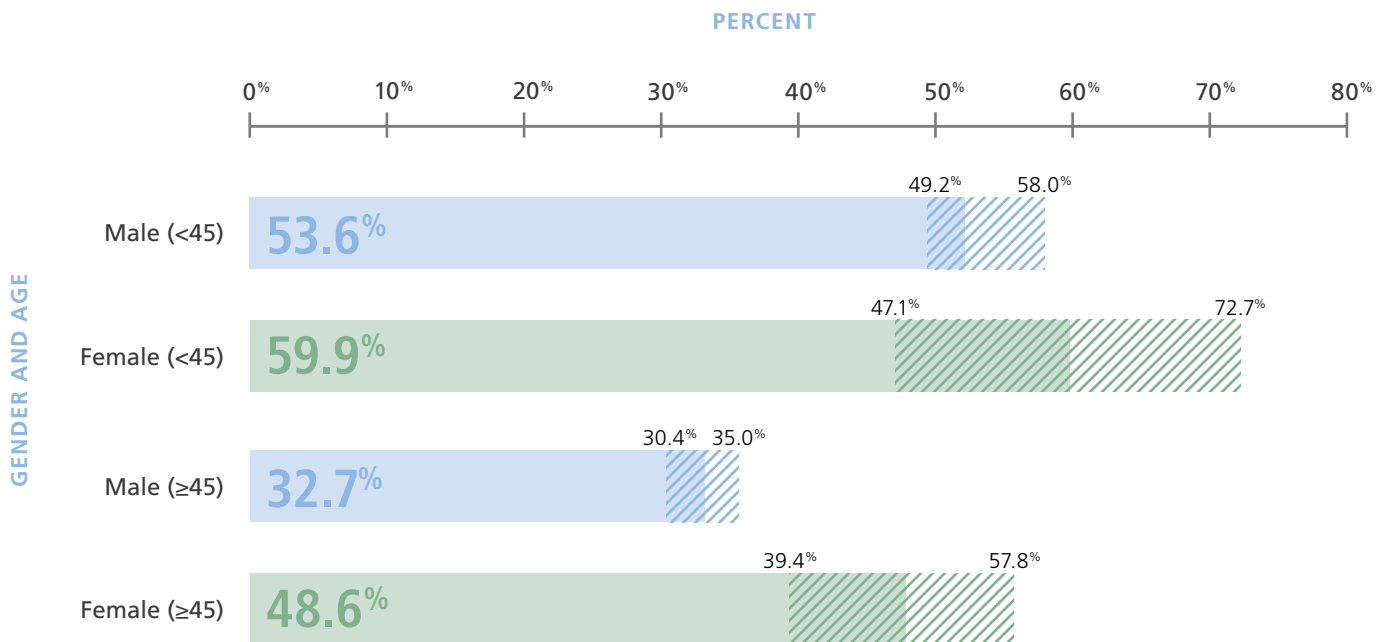
Percent of Practicing Urologists with Completed Fellowship Experience (by Age)



(Data source: Weighted samples from the 2014 AUA Annual Census; *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

FIGURE 3-2

Percent of Practicing Urologists with Completed Fellowship Experience (by Age and Gender)



(Data source: Weighted samples from the 2014 AUA Annual Census; *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 3-4
Fellowship Area

Area of Fellowship	Population Represented		
	Number	Percent	± MOE (%)
Oncology	1,484	12.7%	1.5%
Pediatrics	803	6.9%	1.2%
Male Sexual Health and Reconstructive Surgery (Combined)	706	6.0%	1.2%
Research	688	5.9%	1.2%
Endourology/Stone Disease	652	5.6%	0.8%
Robotic Surgery	651	5.6%	1.0%
Female Pelvic Medicine and Reconstructive Surgery	566	4.8%	0.8%
Infertility	365	3.1%	0.8%
Erectile Dysfunction	312	2.7%	0.8%
Renal Transplantation	275	2.4%	0.8%
Male Reconstruction/Trauma	281	2.4%	0.7%

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 3-5
Age at Completion of Most Recent Fellowship

Age	Population Represented		
	Number	Percent	± MOE (%)
< 32	650	16.1%	2.6%
33	761	18.9%	3.0%
34	810	20.1%	3.0%
35	578	14.3%	2.6%
≥ 36	1,235	30.6%	3.5%
Total Reported	4,034	100.0%	
Not Reported	677		
Not Fellowship Trained	6,992		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median age is 34.0.)

Section 4: Characteristics of the Urology Practice

Primary Observations

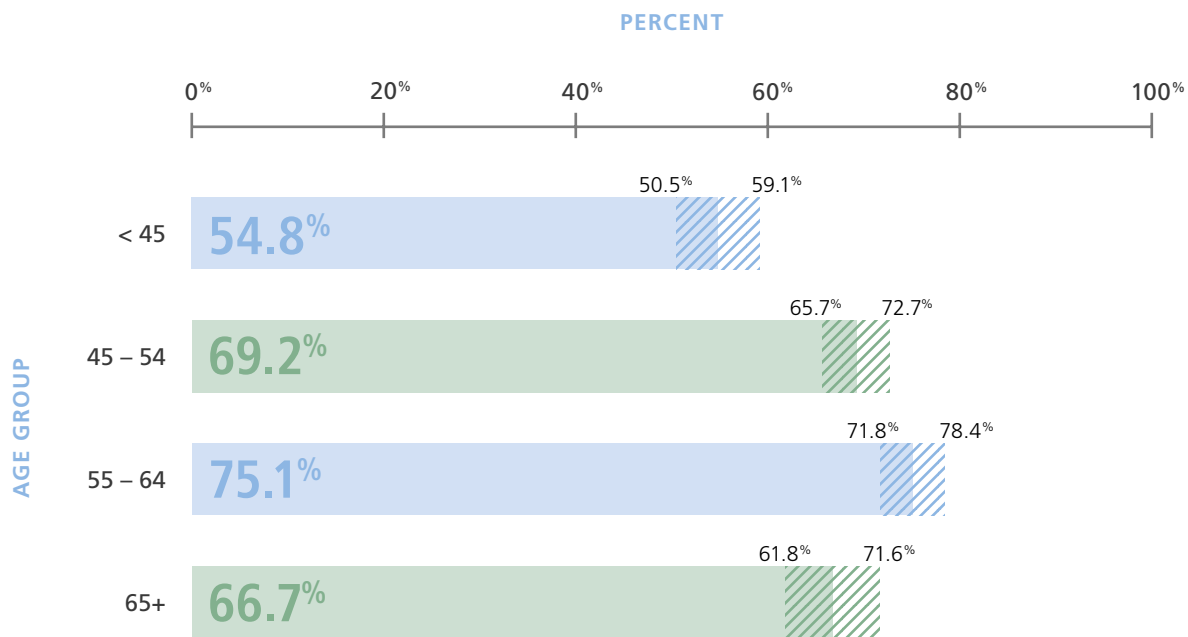
- Sixty-four percent of practicing urologists in the United States are in private practice (including solo, single urology or multispecialty groups) (Table 4-1). Practicing urologists aged 45 or older are statistically more likely to be in private practice than those in the younger group. No significant gender difference in this regard was found (Figure 4-2).
- Nearly 23 percent of practicing urologists in the United States in private practice are in “large” practice groups, with 10 or more urologists (Table 4-2).
- Practicing urologists in the United States are more likely to work in medical teams consisting of five or more urologists (52.3 percent). Nearly 28 percent of practicing urologists work in practices or medical teams with 10 or more urologists (Table 4-4).
- Sixty-three percent of practicing urologists in the United States do not have a primary subspecialty (Table 4-5).
- Practicing urologists in the United States whose primary practice locations are located in non-metropolitan areas are more likely to work as employees (Figure 4-4).
- Practicing urologists in the United States between the ages of 45 and 64 are more likely to be owners or partners in a practice than those in other age groups (Figure 4-5).
- A decreasing percentage of practicing urologists in the United States perform inpatient surgical procedures as they age. After age 75, fewer than half of the practicing urologists perform inpatient procedures (Table 4-7).
- Nearly 51.2 percent of practicing urologist in the United States either own their own practice or are a partner in a private practice (Table 4-9).
- More than half of employed practicing urologists in the United States are employed by hospitals (55.8 percent) and health care systems (31.3 percent). Fewer are employed by private practices (12.9 percent (Table 4-10).
- Female practicing urologists, age 44 or younger are more likely to work as employees than their male counterparts (Figure 4-6).

TABLE 4-1
Work Setting

Work Setting	Population Represented		
	Number	Percent	± MOE (%)
Private Practices	7,504	64.1%	2.14%
Solo Practice	1,444	12.3%	1.5%
Single Urology Group	4,029	34.4%	1.8%
Multispecialty Group	2,031	17.4%	1.7%
Institutional Settings	3,971	33.9%	2.1%
Academic Medical Center	2,679	22.9%	1.8%
Public or Private Hospital	1,292	11.0%	1.5%
Other Settings	229	2.0%	0.7%
Total	11,703	100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census. Numbers and percentages may not add up to the totals due to rounding error.)

FIGURE 4-1
Percent of Practicing Urologists in Private Practice (by Age)



(Data source: Weighted samples from the 2014 AUA Annual Census; *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 4-2

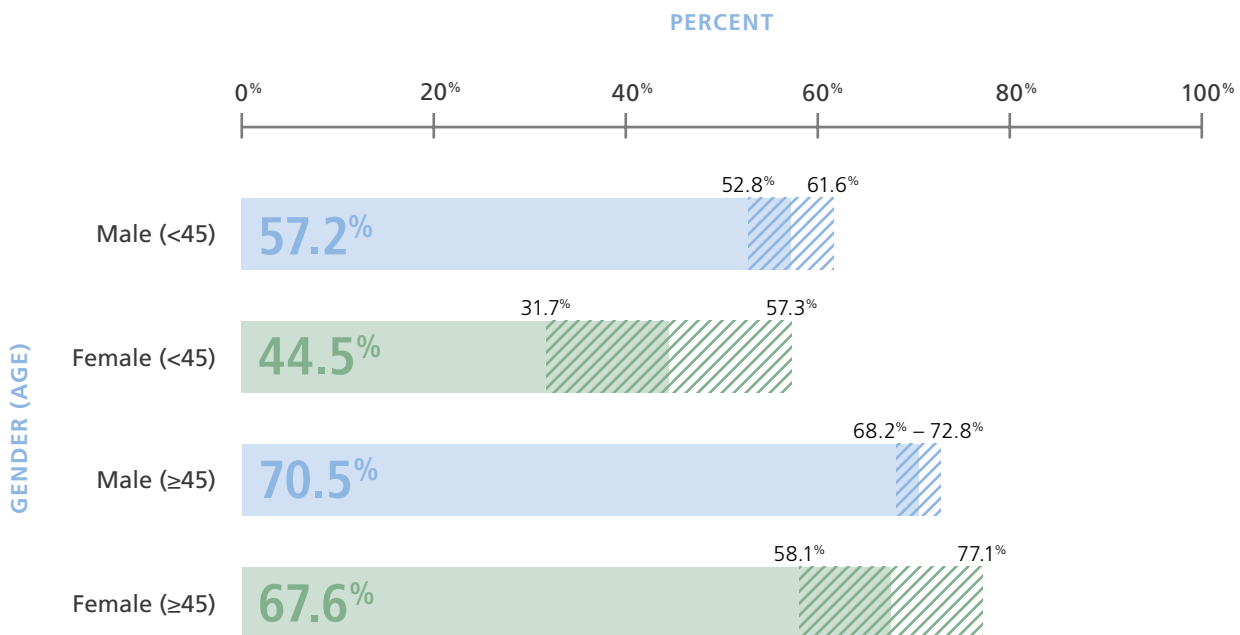
Number of Practicing Urologists by Work Setting

Number of Practicing Urologists	Population Represented		
	Number	Percent	± MOE (%)
Institutional Settings (Academic, hospitals and health care systems)			
1	317	8.4%	2.5%
2-9	1,964	52.2%	3.8%
10 or more	1,479	39.3%	3.8%
Total	3,760	100.0%	
Private Practices (Solo, single-specialty and multispecialty)			
1	1,771	24.2%	2.3%
2-9	3,867	52.9%	2.5%
10 or more	1,670	22.9%	2.0%
Total	7,308	100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census)

FIGURE 4-2

Percent of Practicing Urologists in Private Practice (by Age and Gender)



(Data source: Weighted samples from the 2014 AUA Annual Census;

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 4-3**Number of Office Locations Per Practice**

Number of Office Locations	Population Represented		
	Number	Percent	± MOE (%)
1	5,262	46.7%	2.1%
2	2,576	22.9%	1.8%
3	1,469	13.0%	1.5%
4	698	6.2%	1.0%
≥ 5	1,260	11.2%	1.3%
Total Reported	11,265	100.0%	
Not Reported	438		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median number is 2.0.)

TABLE 4-4**Total Number of Practicing Urologists Working in the Same Practice/Medical Team**

Number of Urologists per Practice	Population Represented		
	Number	Percent	± MOE (%)
1	2,119	18.8%	1.8%
2	1,061	9.4%	1.3%
3	1,141	10.1%	1.3%
4	1,034	9.2%	1.2%
5-9	2,703	24.0%	1.8%
10-15	1,665	14.8%	1.5%
≥16	1,524	13.5%	1.3%
Total Reported	11,246	100.0%	
Not Reported	457		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median number is 5.0.)

TABLE 4-5**Primary Subspecialty**

Primary Subspecialty	Population Represented		
	Number	Percent	± MOE (%)
General (without subspecialty)	7,412	63.3%	2.1%
Oncology	1,337	11.4%	1.3%
Endourology/Stone Disease and Robotic Surgery	825	7.0%	1.0%
Pediatrics	702	6.0%	1.0%
Male Sexual Health and Reconstructive Surgery	655	5.6%	1.0%
Female Pelvic Medicine and Reconstructive Surgery	553	4.7%	0.8%
Renal Transplantation/Laparoscopic Surgery	132	1.1%	0.5%
Other	86	0.7%	0.3%
Total	11,703	100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 4-6**Any Subspecialty**

Area of Practice	Population Represented		
	Number	Percent	± MOE (%)
Oncology	4,787	40.90%	2.10%
Endourology/Stone Disease	4,649	39.70%	2.00%
Erectile Dysfunction	3,781	32.30%	2.00%
Robotic Surgery	3,266	27.90%	1.80%
Laparoscopic Surgery	2,773	23.70%	1.70%
Female Pelvic Medicine and Reconstructive Surgery	2,530	21.60%	1.80%
Pediatrics	1,711	14.60%	1.50%
Infertility	1,608	13.70%	1.50%
Male Genitourinary Reconstruction	1,595	13.60%	1.50%
Renal Transplantation	254	2.20%	0.70%
Fetal Urology	221	1.90%	0.70%

(Data source: Weighted samples from the 2014 AUA Annual Census; respondents may have selected multiple subspecialties.)

TABLE 4-7

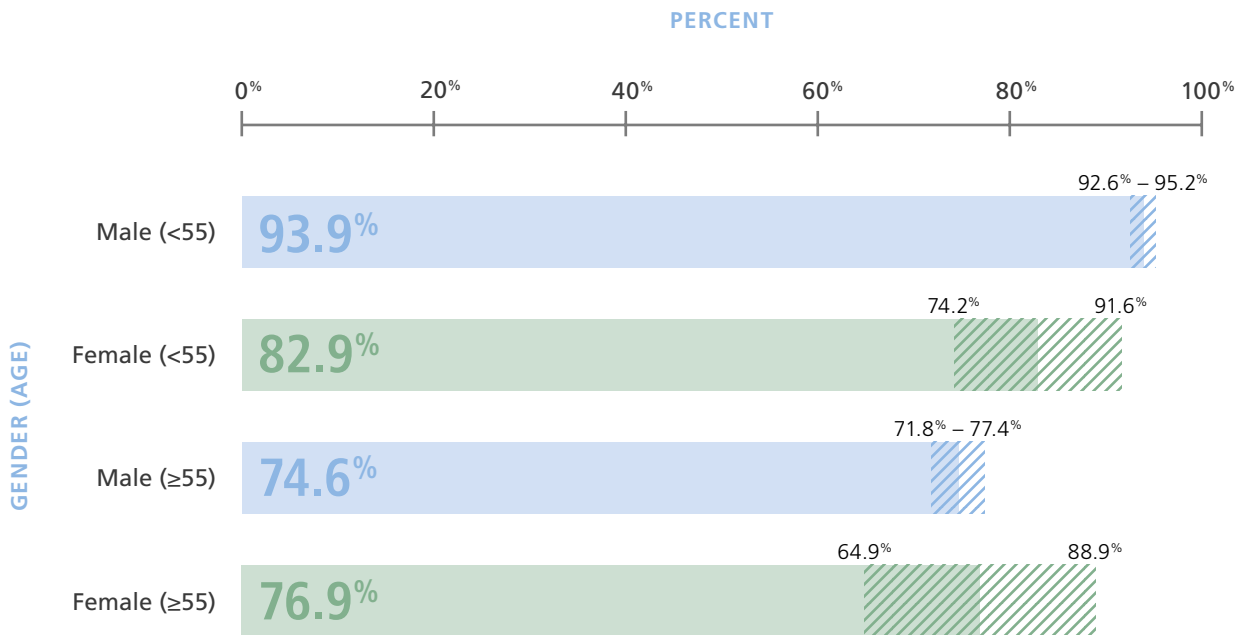
Performing Inpatient Procedures (by Age)

Age	Population Represented		
	Number	Percent	± MOE (%)
All Ages	9,716	84.2%	1.5%
<55	5,760	92.3%	1.7%
55-64	2,202	82.8%	2.8%
65-74	1,439	72.0%	4.8%
≥ 75	301	48.6%	11.0%
Total Reported	11,536	100.0%	
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census)

FIGURE 4-3

Percent of Practicing Urologists Who Reported Performing Inpatient Procedures (by Age and Gender)



(Data source: Weighted samples from the 2014 AUA Annual Census; *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 4-8

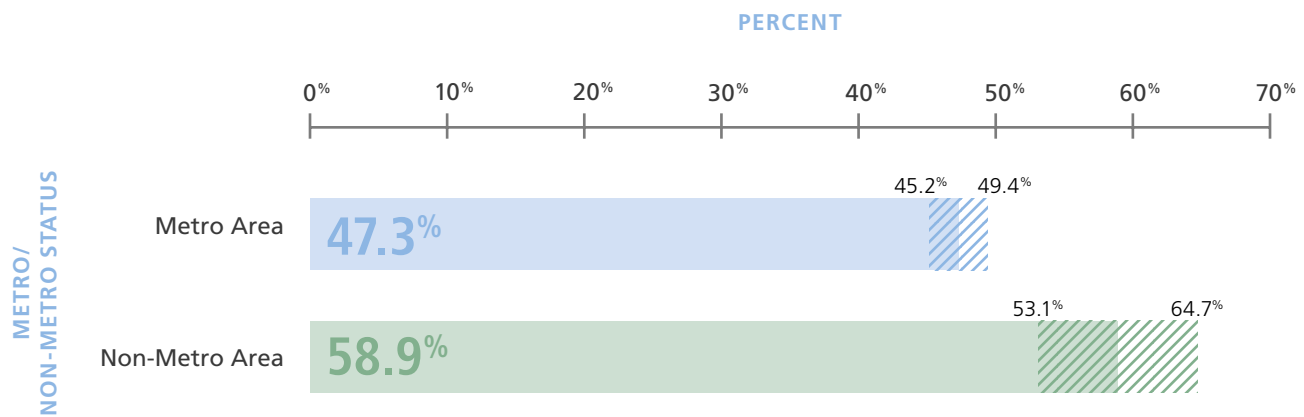
Other Professional Roles

Other Roles	Population Represented		
	Number	Percent	± MOE (%)
Educator	991	8.5%	1.2%
Researcher	801	6.8%	2.4%
Administrator/Practice Manager	255	2.2%	0.5%
Total	11,703	100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census)

FIGURE 4-4

Percent of Employed Practicing Urologists in Metropolitan and Non-Metropolitan Areas



(Data source: Weighted samples from the 2014 AUA Annual Census;
*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 4-9

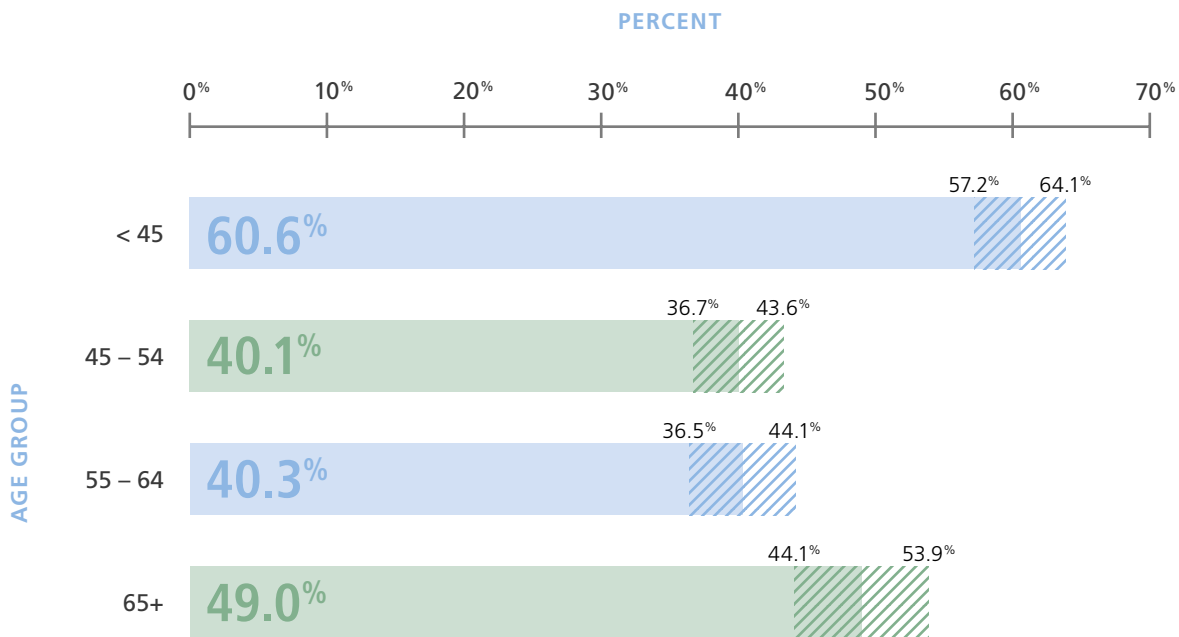
Employment Status

Employment Status	Population Represented		
	Number	Percent	± MOE (%)
I am Employed by Others	5,657	48.8%	2.0%
I am a Partner in My Practice	3,658	31.5%	1.7%
I am the Sole Owner	1,294	11.2%	1.3%
A Combination of the Above	992	8.6%	1.2%
Total Reported	11,601	100%	
Not Reported	102		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census)

FIGURE 4-5

Percent of Employed Practicing Urologists (by Age)



(Data source: Weighted samples from the 2014 AUA Annual Census;
 *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 4-10

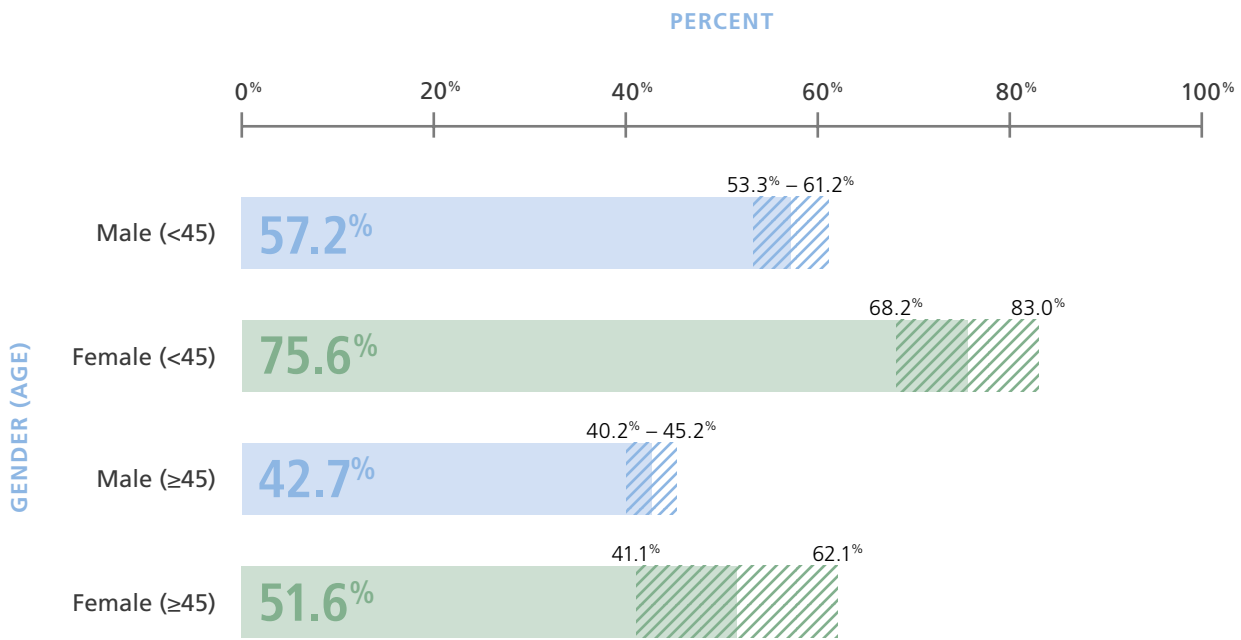
Type of Employer

Type of Employer	Population Represented		
	Number	Percent	± MOE (%)
University Hospital	1,928	29.0%	2.6%
Other Hospital	1,779	26.8%	2.8%
Regional Health Care System	1,132	17.0%	2.1%
Private Practice	858	12.9%	2.0%
VA and Military Systems	530	8.0%	1.7%
Other Large National Health Care System	422	6.3%	1.5%
Total Reported	6,650	100.0%	
Not Employed	5,053		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census)

FIGURE 4-6

Percent of Employed Practicing Urologists (by Age and Gender)



(Data source: Weighted samples from the 2014 AUA Annual Census;
*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

Section 5: Work Hours, Patient Encounters and Other Practice Characteristics

Primary Observations

- The median number of hours that practicing urologists in the United States work in a “typical” week is 55. Nearly 30 percent of urologists work more than 60 hours a week. (Table 5-1)
- Nearly 90 percent of practicing urologists in the United States are “actively” practicing (with at least 25 clinical hours per week). (Table 5-2)
- Both male and female practicing urologists in the United States spend about the same number of combined total hours of work per typical week; however, female practicing urologists spend a greater number of hours on non-clinical activity and fewer numbers of hours on clinical activity than their male counterparts. (Table 5-4)
- Practicing urologists in the United States have 80 patient visits/encounters (median number) per “typical” work week (Table 5-5) and work a median 48 weeks per year (Table 5-8), suggesting a total number of patient visits/encounters of 3,840 per year.
- Almost three-quarters of practicing urologists in the United States plan to fully retire between 60 and 70 years of age (Table 5-9). However, age of planned retirement increases as age of the respondent increases. (Table 5-10)

TABLE 5-1
Total Number of Work Hours in a Typical Week

Hours per Week	Population Represented		
	Number	Percent	± MOE (%)
<35	1,001	9.7%	1.5%
36-40	711	6.9%	1.3%
41-45	1,003	9.7%	1.3%
46-50	1,292	12.5%	1.5%
51-55	1,611	15.6%	1.5%
56-60	1,727	16.7%	1.7%
≥61	2,997	29.0%	2.0%
Total Reported	10,343	100.0%	
Not Reported	1,360		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. This table is based on a derived question summing work hours from both clinical work and non-clinical work. The median is 55.0.)

TABLE 5-2

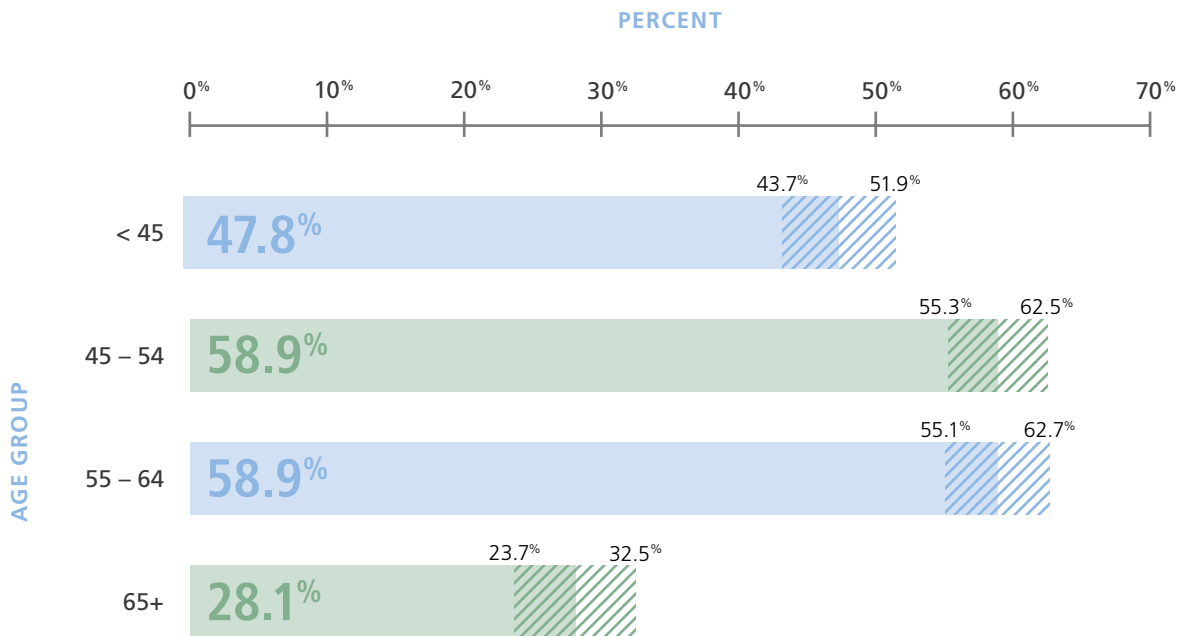
Number of Clinical Hours Directly Related to Patient Care in a Typical Week

Hours per Week	Population Represented		
	Number	Percent	± MOE (%)
< 25	1,152	10.3%	1.5%
25 or More (Active Practicing)	9,979	89.7%	1.5%
25-30	800	7.2%	1.2%
31-35	688	6.2%	1.0%
36-40	2,052	18.4%	1.7%
41-45	821	7.4%	1.2%
46-50	2,370	21.3%	1.7%
51-55	703	6.3%	1.0%
56-60	1,703	15.3%	1.5%
≥ 61	841	7.6%	1.2%
Total Reported	11,131	100.0%	
Not Reported	572		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median is 47.0.)

FIGURE 5-1

Number of Practicing Urologists Who Work 50 Clinical Hours or Longer in a Typical Week (by Age)



(Data source: Weighted samples from the 2014 AUA Annual Census; *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 5-3**Number of Non-Clinical (Administration, Teaching, Research, etc.) Hours in a Typical Week**

Hours per Week	Population Represented		
	Number	Percent	± MOE (%)
≤ 1	1,008	9.7%	1.3%
2-5	4,186	40.2%	2.1%
6-10	2,919	28.0%	2.0%
11-15	805	7.7%	1.2%
16-20	890	8.5%	1.3%
> 20	604	5.8%	1.2%
Total Reported	10,413	100.0%	
Not Reported	1,290		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median is 6.0.)

TABLE 5-4**Median Number of Work Hours per Week (by Gender)**

Hours per Week	Population Represented		
	Men	Women	Total
Clinical Hours	48	40	47
Non-clinical Hours	5	8	6
Total Work Hours	55	55	55

(Data source: Weighted samples from the 2014 AUA Annual Census; Median number of hours per week for male and female, combined, is 55.0)

TABLE 5-5**Number of Patient Visits/Encounters in a Typical Week**

Patient Visits/ Encounters	Population Represented		
	Number	Percent	± MOE (%)
50 or less	2,758	25.3%	2.0%
51-75	2,496	22.9%	1.8%
76-100	3,172	29.1%	1.8%
101-125	949	8.7%	1.2%
≥ 126	1,513	13.9%	1.3%
Total Reported	10,888	100.0%	
Not Reported	815		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median number of patient visits/encounters is 80.0.)

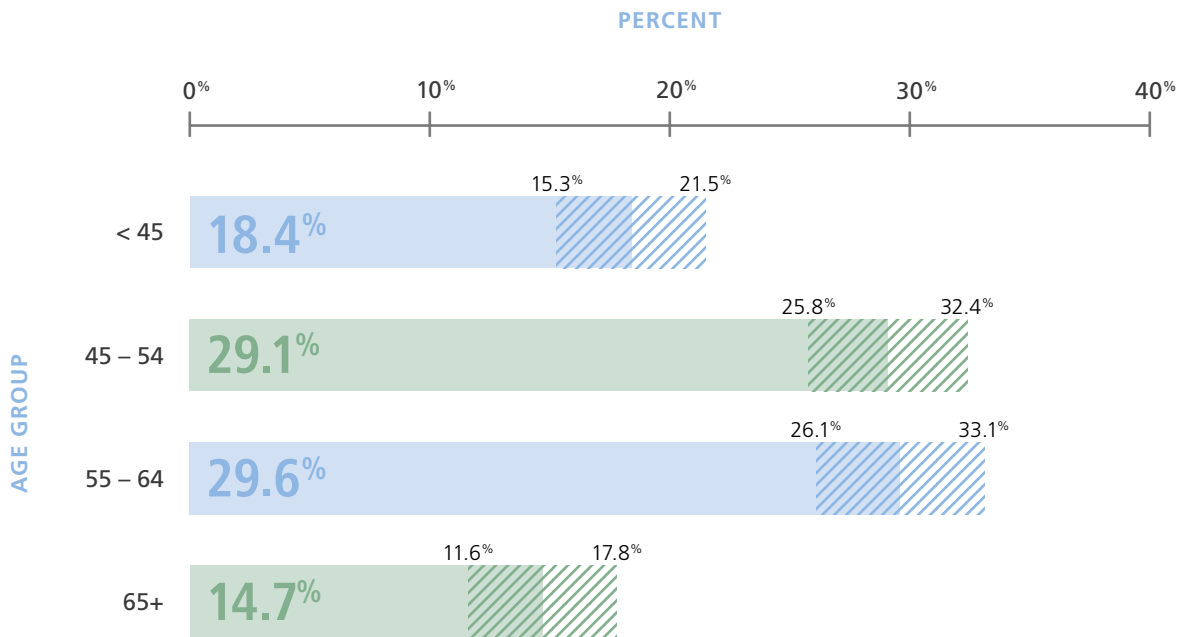
TABLE 5-6**Number of Patient Visits/Encounters in a Typical Week (by Gender)**

Patient Visits/ Encounters	Male		Female	
	Percent	± MOE (%)	Percent	± MOE (%)
50 or less	24.3%	2.0%	35.5%	6.9%
51-75	22.5%	2.0%	27.7%	7.1%
76-100	30.0%	2.0%	20.3%	6.1%
≥ 101	23.2%	1.7%	16.4%	5.1%
Total Reported	100.0%		100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census)

FIGURE 5-2

Percent of Practicing Urologists with More than 100 Patient Visits/Encounters in a Typical Week (by Age)



(Data source: Weighted samples from the 2014 AUA Annual Census;
 *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 5-7

Patient Visits/Encounters Made by Male Patients

Percent	Population Represented		
	Number	Percent	± MOE (%)
≤ 25%	658	6.1%	1.2%
26%-50%	2,087	19.5%	1.7%
51%-75%	5,717	53.3%	2.1%
> 75%	2,261	21.1%	1.8%
Total Reported	10,723	100.0%	
Not Reported	980		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median percentage of patient visits/encounters by male patients is 65.0%.)

TABLE 5-8**Number of Weeks of Vacation Leave in the Previous Year**

Weeks	Population Represented		
	Number	Percent	± MOE (%)
≤ 2	2,692	24.5%	2.0%
3	2,311	21.0%	1.7%
4	2,816	25.6%	2.0%
5-6	2,234	20.3%	1.7%
7 or More	934	8.5%	1.2%
Total Reported	10,987	100.0%	
Not Reported	716		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median number of vacation weeks is 4.0.)

TABLE 5-9**Age at Planned Full Retirement from Practice**

Retirement Age	Population Represented		
	Number	Percent	± MOE (%)
< 60	577	5.1%	1.0%
60-65	4,356	38.5%	2.0%
66-70	3,812	33.7%	1.8%
71-75	1,335	11.8%	1.2%
76 or More	1,237	10.9%	1.3%
Total Reported	11,316	100.0%	
Not Reported	387		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census. The median age at planned full retirement from practice is 67.0.)

TABLE 5-10

Age at Planned Full Retirement from Practice (by Current Age)

Retirement Age	Population Represented		
	Number	Percent	± MOE (%)
Current Age: 44 or Younger — Median planned full retirement age: 65.0			
< 60	331	9.4%	2.8%
60-65	1,944	54.9%	4.4%
66-70	1,040	29.4%	3.8%
71 or more	224	6.3%	2.0%
Total Reported	3,539	100.0%	
Current Age: 45-54 — Median planned full retirement age: 65.0			
< 60	198	7.9%	2.0%
60-65	1,362	54.3%	3.5%
66-70	780	31.1%	3.3%
71 or more	169	6.8%	1.7%
Total Reported	2,510	100.0%	
Current Age: 55-64 — Median planned full retirement age: 67.0			
< 60	48		
60-65	1,027	38.7%	3.6%
66-70	1,287	48.5%	3.8%
71 or more	294	11.1%	2.3%
Total Reported	2,655	100.0%	
Current Age: 65 and Over — Median planned full retirement age: 75.0			
< 60	0	N/A	N/A
60-65	23	N/A	N/A
66-70	702	26.9%	4.0%
71 or more	1,884	72.2%	4.0%
Total Reported	2,609	100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census; N/A=not applicable)

Section 6: Guideline Adherence, Electronic Medical Records, Coding and Quality Reporting

Primary Observations

- The vast majority of practicing urologists in the United States use AUA Clinical Guidelines when making clinical decisions (Table 6-1).
- Seventy-seven percent of practicing urologists in the United States have access to in-house ancillary services such as ultrasound (77.2 percent) and shock wave lithotripsy (40.2 percent) (Table 6-3).
- Nearly 92 percent of practicing urologists in the United States use an EHR system (Table 6-5).

TABLE 6-1
Utilization of AUA Guidelines in Clinical Decision-Making

Provider Employed/Service Provided	Population Represented		
	Number	Percent	± MOE (%)
Utilize AUA Clinical Guidelines	11,099	94.8%	1.0%
Do Not Utilize or Are Not Aware of AUA Clinical Guidelines	604	5.2%	1.0%
Total	11,703	100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 6-2**Practicing Urologists in Practices Employing Other Providers/Providing In-Office Services**

Urology-Relevant Provider Employed/Service Provided	Population Represented		
	Number	Percent	± MOE (%)
Relevant Services			
Laboratory Services	3,140	48.5%	2.6%
Pathology Services	2,639	40.7%	2.5%
Diagnostic Radiology Services	2,487	38.4%	2.5%
Radiation Oncology Services	1,639	25.3%	2.1%
Relevant Providers			
Pathologist	2,452	37.8%	2.3%
Radiation Oncologist	1,502	23.2%	2.1%
Total Reported (Non-Hospital / Non-Medical Center Employed)	6,481		
Not Applicable – I am Employed by a Hospital or Medical Center	5,222		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 6-3**Access to the Following Services (Including In-Office Ancillary Services) in Their Primary Practice Location**

Access to In-house Service	Population Represented		
	Number	Percent	± MOE (%)
In-office Ultrasound Other Than Transrectal Ultrasound	6,969	77.20%	2.00%
Shock Wave Lithotripsy (SWL)	3,631	40.20%	2.30%
Robotic Surgery	2,646	29.30%	2.10%
IMRT	2,425	26.90%	2.10%
Cryotherapy for Prostate Cancer	1,539	17.00%	1.80%
Cryotherapy for Renal Cancer	1,397	15.50%	1.70%
Proton Beam Therapy	328	3.60%	0.80%
Total Reported	9,033		
Not Reported	2,670		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 6-4**With an Ownership in Medical Equipment or Services**

Equipment	Population Represented		
	Number	Percent	± MOE (%)
Shock Wave Lithotripter (SWL)	5,038	43.0%	1.8%
Urodynamic Equipment	3,798	32.5%	1.8%
Ambulatory Surgery Center	2,384	20.4%	1.5%
Pathology/Lab Services	2,081	17.8%	1.3%
CT Scanner	1,424	12.2%	1.2%
IMRT	1,244	10.6%	1.0%
Laser Technology (e.g., Holmium, Greenlight)	981	8.4%	1.2%
MRI	235	2.0%	0.5%

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 6-5**Electronic Health Records (EHR) Use Status**

EHR Use	Population Represented		
	Number	Percent	± MOE (%)
One EHR System	9,226	78.8%	1.7%
Two or More EHR Systems	1,535	13.1%	1.5%
None (Use Paper Records)	942	8.1%	1.1%
Total	11,703	100%	

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 6-6**Type of EHR Used**

EHR Type	Population Represented		
	Number	Percent	± MOE (%)
Epic Systems Corporation	2,961	25.3%	1.8%
Allscripts™	1,738	14.9%	1.5%
Urochart®	1,052	9.0%	1.2%
Cerner Corporation	748	6.4%	1.0%
Meridian EMR, Inc.	662	5.7%	1.0%
NextGen Healthcare Information Systems, LLC	660	5.6%	1.0%
CPRS (VA System)	608	5.2%	1.0%
eClinicalWorks LLC	440	3.8%	0.8%
GE Healthcare's Centricity™	425	3.6%	0.8%
Greenway Medical Tech, Inc.	310	2.6%	0.7%
McKesson Corporation	271	2.3%	0.8%
Other EHRs	193	1.7%	0.5%
Homegrown Database	191	1.6%	0.7%

(Data source: Weighted samples from the 2014 AUA Annual Census; Multiple EHRs may be used in the same practice; Respondent may have selected more than one response for this question.)

TABLE 6-7**ICD-10 Implementation Status**

ICD-10 Implementation Status	Population Represented		
	Number	Percent	± MOE (%)
In the Process of Upgrade	6,084	52.0%	2.1%
Process Not Started	2,949	25.2%	1.8%
Fully Upgraded	1,323	11.3%	1.2%
Not Reported	1,347	11.5%	1.5%
Total	11,703	100.0%	

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 6-8**Annual Malpractice Premiums per Physician**

Premium Level per Physician	Population Represented		
	Number	Percent	± MOE (%)
≤\$20,000	2,585	35.4%	2.1%
>\$20,000	3,131	29.2%	2.0%
Malpractice Coverage is Provided by Employer	3,137	35.4%	2.2%
Total Reported	8,853	100.0%	
Not Reported	2,850		
Total	11,703		

(Data source: Weighted samples from the 2014 AUA Annual Census)

TABLE 6-9**Intended Mechanism to Report PQRS**

Report Mechanism	Population Represented		
	Number	Percent	± MOE (%)
Electronic Health Record (EHR) Direct Product	2,396	20.5%	1.7%
EHR Data Submission Vendor	1,098	9.4%	1.2%
Claims	979	8.4%	1.1%
Registry (Individual Measures)	834	7.1%	1.0%
Do not Submit or Plan to Submit PQRS Measures	662	5.7%	1.0%
Registry (Measures Group)	657	5.6%	0.8%
Qualified Clinical Data Registry (QCDR)	289	2.5%	0.7%
Other Mechanisms	148	1.3%	0.5%

(Data source: Weighted samples from the 2014 AUA Annual Census; Multiple mechanisms may be used in the same practice; A respondent may have selected more than one response for this question.)

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