Washington, DC, May 14, 2011 — Patient access to care, the role of telemedicine and quality issues are all key tenets in today’s healthcare debate, and five new studies being presented during the 2011 Annual Meeting of the American Urological Association will provide valuable data that will contribute to the national discussion. A special panel press briefing, to be moderated by Tomas L. Griebling, MD, MPH, will be held on Saturday, May 14 at 12:30 p.m. to highlight the data from these studies, which include:

Urologic Cancer Mortality Rates Stratified by Geographic Region and Physician Prevalence in the United States (#50): Physician density may correlate to ease of care for patients and translate ultimately into worse outcomes for certain urologic cancers, according to researchers at Tulane University. Using data from the Center for Disease Control and Prevention’s (CDC) National Vital Statistics System, study authors examined age-adjusted annual mortality rates for prostate (PCa), bladder (BCa) and renal and pelvis cancers (RCa) from 2003-2007, comparing it with data from the U.S. Census Bureau that provided key information on the number of physicians, population, health insurance status, poverty level and median family income. Data from the counties with the highest mortality rates for these designated cancers were compared to those with the lowest death rates. Key findings included a significantly higher rate of RCa mortality in areas with low physician density, as well as a negative and statistically significant - association between median family income as it relates to BCa and RCa.

New Care Coordination System Improves the Quality, Efficiency and Cost of Care for Patients with Hematuria (#314): Patients with blood in their urine (hematuria) may benefit from a care coordination system that helps ensure a complete referral to and evaluation by a urologist in a timely manner that may also result in fewer patient visits and cost savings overall, according to Northwestern University researchers, who will present a standardized “Hematuria Pathway” checklist to better guide primary care physicians’ assessment and referral of patients to urologists. According to the protocol, patients with hematuria should be provided both an order for a CT scan and a urology referral with cystoscopy as they transition from their primary care physician to a urologist (as opposed to receiving the CT order and cystoscopy referral during their initial visit with their urologist). Patients who were evaluated using this protocol were fully evaluated in a shorter amount of time that those who were not, and were able to complete their urology evaluation in a single visit. Given that an estimated 500,000 to 1 million hematuria evaluations are performed in the United States each year, removing this initial visit could save an estimated $50 million to $100 million per year, in addition to improving patient access to timely, quality care.

Urology Practices and Readiness for Medical Home Reforms (#81): Specialty practices – including urology practices -- are well positioned to serve as optimal medical homes for some patients, according to a new analysis by researchers at the University of Michigan in Ann Arbor. Using items from the 2007 and 2008 National Ambulatory Medical Care Surveys (NAMCS) and specific elements in the National Committee on Quality Assurance (NCQA) medical home standards, researchers examined the structural readiness of specialty practices, awarded points for each element passed, calculated scores and then estimated the proportion of practices that would currently achieve medical home status. Estimates were compared for urology vs. other surgical specialties vs. medical specialties. Urology practices outperformed other surgical and medical specialty practices on 10 out of 15 elements, including a higher percent of “must pass” elements (45.2 percent vs. 33.7 percent vs. 31.5 percent, respectively). Nearly three quarters of urology practices meet the NCQA standards for medical home recognition, compared to just half of other medical and surgical specialty practices.

NOTE TO REPORTERS: Experts are available to discuss this study outside normal briefing times. To arrange an interview with an expert, please contact the AUA Communications Office at the number above or e-mail wisett@AUAnet.org.

About the American Urological Association: Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is the pre-eminent professional organization for urologists, with more than 17,000 members throughout the world. An educational nonprofit organization, the AUA pursues its mission of fostering the highest standards of urologic care by carrying out a wide variety of programs for members and their patients.

Contact:
Wendy Waldsachs Isett, AUA
410-977-4770
wisett@AUAnet.org