

Does Urology Have A Future in Female Urology?

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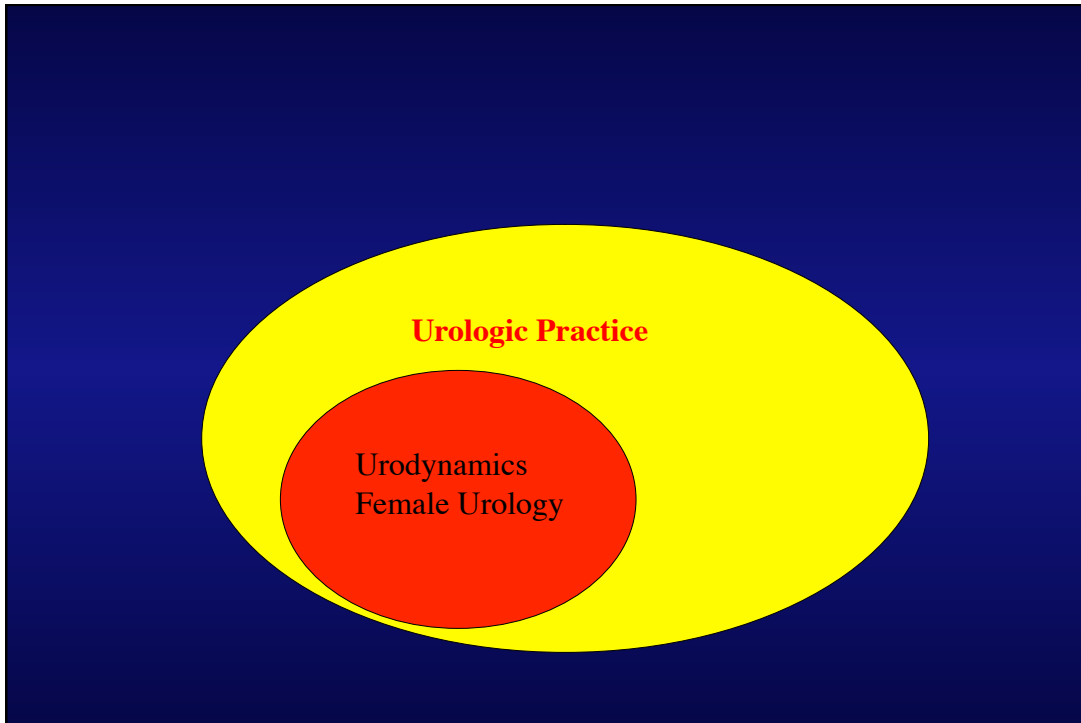


The Issues

- Demographics
- Training and sub – specialization (evolution of process)
- Technology and Safety
- Registries and outcomes

An Aging (and Numerically Decreasing) Specialty

- 9500 (about) maybe
- Mean age 56.5
- Annual retirement rates replaced by about 1/3
- Between 220 -230 graduates /year
 - 50% have unacceptable exposure to female pelvic reconstruction



Urology and Sub-Specialization

- Historically certifying authorities averse to granting certificates of added qualification (CAQs)
- Board of Urology certification viewed as comprehensive (urologists are trained for all aspects of genito-urinary tract disease and pathology)

Urology Redefined

- Pediatric Urology becomes first acknowledged sub-specialty
- Urologic oncology now has assessment examination
- ABU responds to competitive pressures for Female Urology

Female Urology Fellowships: The Present

Definitions

- **Accreditation:** A voluntary process of evaluation and review performed by a non-governmental agency of peers.
- **Certification:** A process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality care in that specialty.

http://www.acgme.org/acWebsite/about/ab_ACGMEglossary07_05.pdf

Subspecialty Certification

- Intent: ABMS policy that recognition of subspecialty certification should be primarily for individuals who are devoting a major portion of their time and efforts to that restricted special field.
- Subspecialty certification should only be granted after education and training in addition to that required for general certification in the discipline.

ABMS: 2004 Annual Report and Reference Handbook

ABMS Subspecialty Certification

- There is no requirement for a diplomat in a recognized specialty to hold a special certification in a subspecialty of that field in order to be considered qualified to include aspects of that subspecialty within a specialty practice.
 - Ex: a urologist will still be able to perform pediatric circumcisions.
- Under no circumstance should a diplomat be considered unqualified to practice within an area of specialty solely because a lack of subspecialty certification.

ABMS: 2004 Annual Report and Reference Handbook

Urology

The Certification Process

- Candidates have five years from the end of residency to successfully complete Parts 1 and 2 of the certification process to become a Diplomate.
- Certification includes all domains of urology, including Pediatric urology.
- There is **currently one** subspecialty certification in this field.
- Certification is valid for ten years, by which time a physician must recertify to remain a Diplomate.

<http://www.abu.org/certification.html>

OB - GYN

- The ABOG examines and certifies nearly 1,700 obstetrician-gynecologists and subspecialists in maternal-fetal medicine, reproductive endocrinology/ infertility and gynecologic oncology each year. Additionally, more than 5,000 physicians are examined annually for the purpose of maintenance of certification.

www.abog.org

OB-GYN / Fellowships

- **APPROVAL OF FELLOWSHIPS**
 - One of the functions of the American Board of Obstetrics and Gynecology is to approve graduate medical education programs (fellowships) in subspecialties of obstetrics and gynecology.

CURRENTLY APPROVED SUBSPECIALTY FELLOWSHIP PROGRAMS

Gynecologic Oncology
Maternal-Fetal Medicine
Reproductive Endocrinology/Infertility
Female Pelvic Medicine and Reconstructive Surgery

www.abog.org

OB-GYN Accredited FPMRS fellowships

- **32 PROGRAMS (3 YEARS IN LENGTH)**
 - Currently, 6 programs have a Urologist as PD
 - The 3 year guidelines apply to Gynecologists entering programs. 2 year track for urologists

www.abog.org

Female Urology/ Reconstructive Fellowships

www.sufuorg.com

- 29 fellowships, 1-2 years in length
- SUFU endorsement
- Different focus among some programs
- Different challenge for Urology: Diversity of lower urinary tract dysfunction encountered by urologists – must be preserved in subspecialty training.

ABU-ABOG

- Combined accrediting board.
 - Designed to recognize contributions of urologists and urogynecologists in the treatment of female pelvic disorders.
 - Idea is to create a combined program under tutelage of female urologists and urogynecologists.
 - Programs are accredited by ABU-ABOG review board, and re-examined on periodic basis.
 - Much like RRC review of residency programs.

ABU-ABOG

Comprehensive educational program required

Case volumes / diversity

Didactics

Multi-disciplinary clinical activities

Research component mandatory

Certifying examination in early stages of preparation

Female Urology Fellowships: The Future

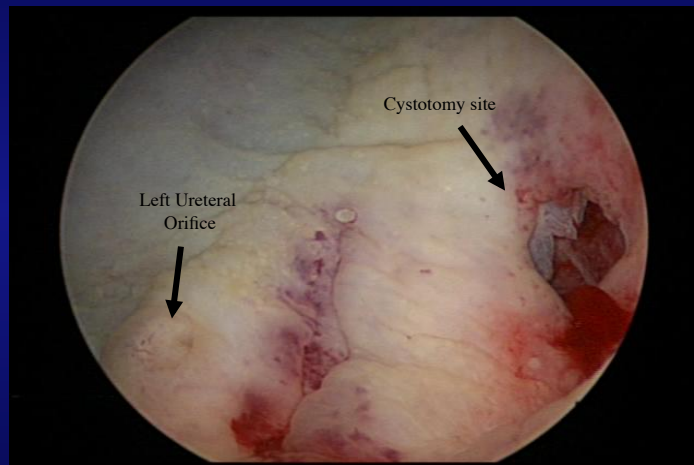
SUFU Acknowledgement

- **Designed for the purpose of providing standardized guidelines for fellowship programs in urodynamics, female urology and pelvic floor/voiding dysfunction.**
- **Idea: To advance knowledge and skills in this field of specialization beyond the requirements needed for board eligible/board certification in urology.**
- These fellowships are created with the understanding of the diversity of lower urinary tract disorders that urologists face, and facilitate advanced training in these areas:
 - 5 modules of training (4 required):
 - Urodynamics (mandatory)
 - LUTS and Urinary Incontinence – male and female (mandatory)
 - Pelvic Organ Prolapse
 - Voiding Dysfunction: neurogenic and non-neurogenic (together)
 - Genitourinary Reconstruction

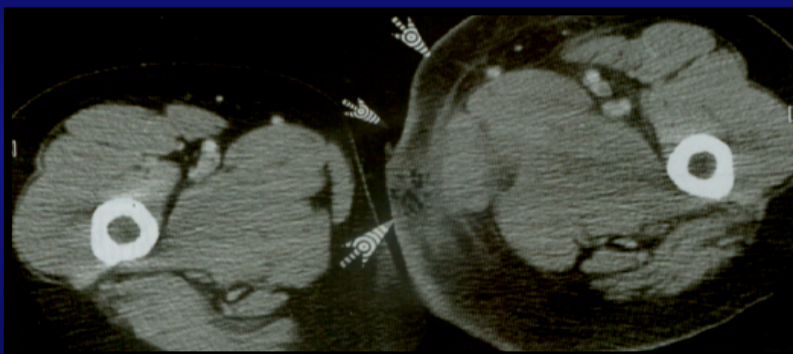
ABU-ABOG Certification

- Application before ABMS
- Once accepted, certification process begins
- Certification – At a point determined AFTER certification approved, will one have to complete an accredited fellowship to achieve a certificate of subspecialty training.

Cystotomy and Repair During Anterior Prolift Placement



43yo with left inner thigh abscess 9 months after TOT



Karsenty, Boman, Elzayat, Lemieux, Corcos Int Uroynecol J 2007; 18:207-212.

53 yo s/p TVT 5 years prior presented with recurrent abscess, no other symptoms:



Technology and Safety

- Rapid evolution of materials and techniques
- Inability to have expertise in all unique procedures
- Experience influences outcomes

Reasons for complications

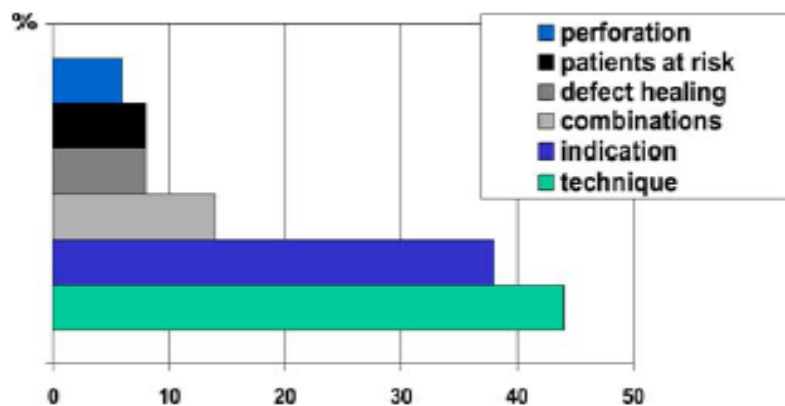
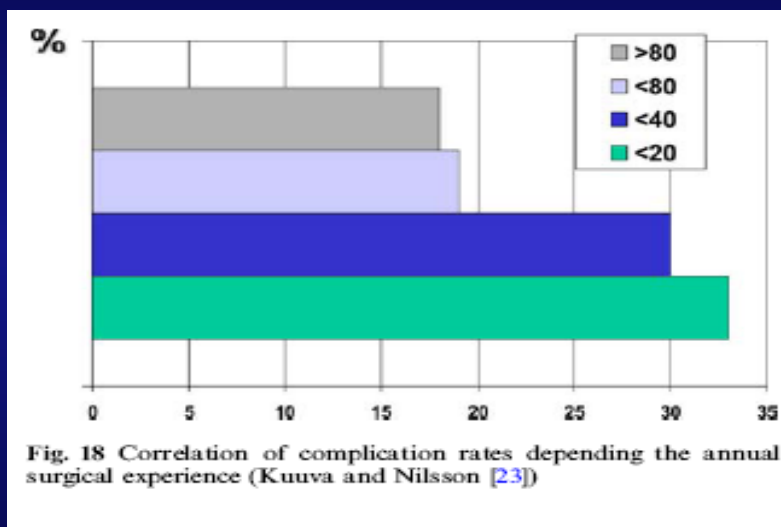


Fig. 3 Reasons for complications in 328 surgical revisions after tension-free slings

Petri, IUJ, 2006

Complications are related to experience



Petri, IUJ, 2006

How to Assess and Track Outcomes

- Level 1 evidence insufficient
- Literature replete with case series
- Spontaneous reporting relies upon motivation (and therefore is flawed)
- No current accurate method of capture
- Role of national guidelines / best practice policies

Evolution of Databases

- Based upon national experience in Scandinavia, Austria, and Portugal
- Web based protocol
- Relatively complete assessment of entire experience
- Requires motivation, ease of access and completion, and “ownership”
- Registry assessment for both prolapse and incontinence interventions

Outcomes

- How best to represent results?
- Critical to compare technologies and interventions in light of comparative effectiveness
- Consideration of balance of objective and subjective nature of outcomes for pelvic floor interventions
- AUA /ACOG role in PCPI

What is the Purpose of Measurement?

- Establish clear baseline
- Monitor performance over time
- Internal quality improvement
- Accountability
- Information for choice (purchasers, consumers, general public)

What is a Performance Measure?

- Some number or rating that enables you to monitor and track performance over time
- Examples: grades, body weight/height (BMI), poverty rate, Consumer Reports ratings of appliances

What is a Quality Performance Measure?

- Quality measure: a mechanism to quantify the quality of a selected aspect of care by comparing it to a criterion
 - Requires a numerator and denominator
 - Requires specifications

Guideline versus Measure

- Guideline establishes the standard of care—what is the best care you should provide (ceiling)
- Guideline provides compilation of latest science and how it affects practice--gives guidance to practitioner and to patient (study guide)
- Measure establishes the baseline for care—what is the care everyone should get? (floor)
- Measure is for monitoring by others to show them how you do (grade). Rewards based on results

Soundness of Measures

- To ensure that a measure will accomplish its aim of accurately assessing quality in a way that is meaningful, four areas must be addressed:
 - Clinical importance or meaningfulness
 - Scientific acceptability (precision, reliability and validity)
 - Usability (understandable by consumers)
 - Feasibility (can reportees get the data without undue burden)

How Are Measures Used?

- Some measures and their results are used solely for internal quality improvement and reported only to the providers (i.e. NSQIP)
- Conversely, other (more robust) measures are used for reporting provider performance to the public for comparative purposes (CMS Hospital Compare)
- Sometimes, the same measures and results are used for both purposes
- Most recently, focus is on measuring performance to apply payment differentials (P4P)

Need for Standardization of Measures

- If measures collected and reported on are not the same for single provider type, then lack the ability to compare across providers and inhibit development of market
- Have undue provider burden when must report on multiple measures to different payers

The Anatomy of a Measure

- Specify the numerator and denominator
- Example: DVT Prophylaxis for patients undergoing major urologic surgery
 - Patients who received DVT prophylaxis/everyone who underwent applicable surgeries
 - Examples of applicable surgeries: complete cystectomy (51590); retropubic radical prostatectomy (55845); radical nephrectomy (50230)

Types of Performance Measures OUTCOMES MEASURES

- Examples of outcome measures: rate of re-hospitalization; mortality rate; morbidity rate
- Providers are generally more supportive of process measures that have evidence tying them to outcomes (If diabetics receive the 5 recommended services, are they less likely to go blind, into shock, avoid amputations, live longer?)

Types of Performance Measures EFFICIENCY MEASURES

- Efficiency – when a given level of output (quality of care) is achieved at the lowest total cost
- Cost of Care measure – ratio of actual resource use to expected resource use, given equivalent high quality of care

Types of Performance Measures

PATIENT EXPERIENCE MEASURES

- Consumer Assessments of Health Providers and Systems (CAHPS) – assesses quality from the patient perspective
- CAHPS is the industry standard for health plans
- Surveys are based on the latest science and have been thoroughly tested and include the following areas:
 - Health plans
 - Hospitals
 - Nursing homes
 - Dialysis facilities
 - Individual clinician survey is under development

Is there a Future?

- Qualified yes
- Continued role if evolution of educational process
- Interaction with peers and governmental authorities
 - Policy and regulation development
 - Assessment of new technologies
- Critical role of mentorship for next generation

