



# 2023 | ANNUAL MEETING

Celebrating “U”rology: 15 years of Advancing Independent Practice

**Practice Administrators  
Workshop**

**November 2, 2023**

Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

lugpa.org    



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P H A R M A C E U T I C A L S

# Special Thank You

Practice Administrators Lunch and  
continued support of LUGPA in 2023

Thursday, November 2nd  
12:00pm-1:15pm  
Newport Ballroom East



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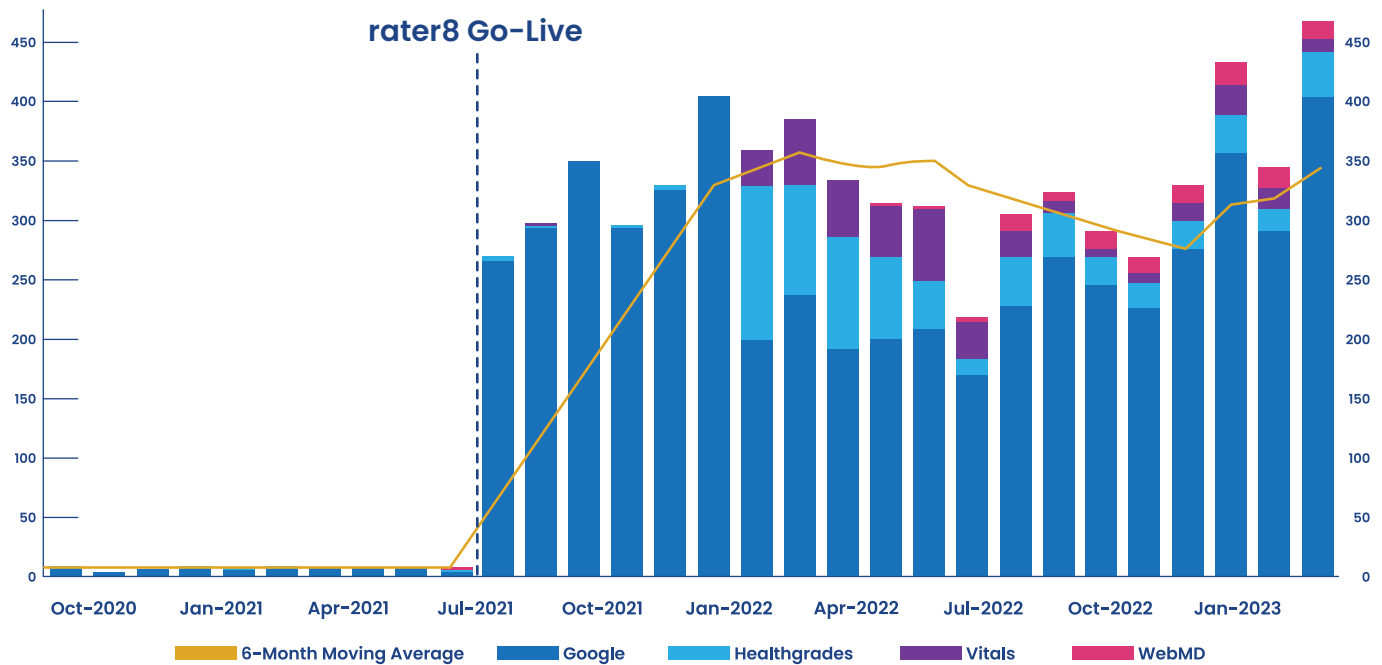


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– *JC Sandel, Director of Marketing, Urology Centers of Alabama, Homewood, AL*



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Carla Blue, MBA, MSP, FACMPE

Dan Fellner

Allison Griffin

Whitt Holder

John T. O'Connor

LeeAnn Shea



# Welcome from the Program Chair



### Dear Friends:

Welcome to the wonderful world of...LUGPA! It's our 15th anniversary and we are sharing ideas and information to improve the care we provide to our patients. It's time to celebrate our successes, learn from our challenges, and spend time networking with our friends.

In response to your feedback, we have restructured the 2023 Practice Administrators Workshop to be led by experienced administrators discussing a variety of topics in a casual panel atmosphere. We have even added a special "Disney" treat, as well.

This is your opportunity to not only learn from experienced panelists from a variety of Urology practice sizes and to walk away with tangible resources to implement in your own practice while expanding your professional network with whom you can interact throughout the coming year. We encourage you to ask questions and provide your insights about any of our agenda topics.

We begin the day discussing "**Growing Revenue and Reducing Costs**," identifying new service revenue ideas, focusing on payor contracting, and reducing costs through cost/benefit analyses. We then focus on the "**Administrative Management of APPs/Ancillary Staff**" from provider and staff recruitment, retention strategies, and compensation models.

After a short break, we move into a true "Disney" adventure as the Disney Institute addresses **Employee Engagement**, which helps shape organizational culture, design training strategies, and effect purpose-driven communication.

While there is no lunch time speaker, tables will be labeled with different topics in case you wish to share ideas with others from similarly sized groups and individuals interested in specific initiatives such as value-based strategies, managing mergers/acquisitions, pharmacy/IOD management, virtual care/telemedicine, EMR-specific discussions, physician recruitment, and marketing. We appreciate the support from "Verity Pharmaceuticals," sponsors of lunch.

After lunch, we will re-group and address a critical topic of "**Caring for Yourself, Your Physicians and Your Practice**" and learn about key strategies and tactics of "**Driving Operational Efficiency**." We will then hear from **Whitt Holder** and **Kirsten Anderson** about "**Compensation Plans**" before we move into the breakout sessions.

You will have the opportunity to attend one of four break-out sessions: "**New to LUGPA**" designed for administrators who joined a Urology practice within the past few years; **Planning a Strategic Retreat** to optimize both you and your board's time and initiatives. We also are offering the "**Open Mic**" session to ensure all your topics of interest are addressed. Our final break-out will be led by an experienced laboratory supervisor who will focus on how to identify the appropriate patients for **Urine PCR Testing** and ensure appropriate, compliant coding/billing for reimbursement.

We strongly encourage you to visit with our exhibitors during each break. Many are sitting at the back of the room so they can learn how better to meet the needs of Urology practices across the U.S. Without them, none of this is possible.

Thanks again for joining us. Let's get started!

Alan D. Winkler, MHSA, FACMPE  
Chair, LUGPA Practice Administrators Committee

**Thursday, November 2, 2023**

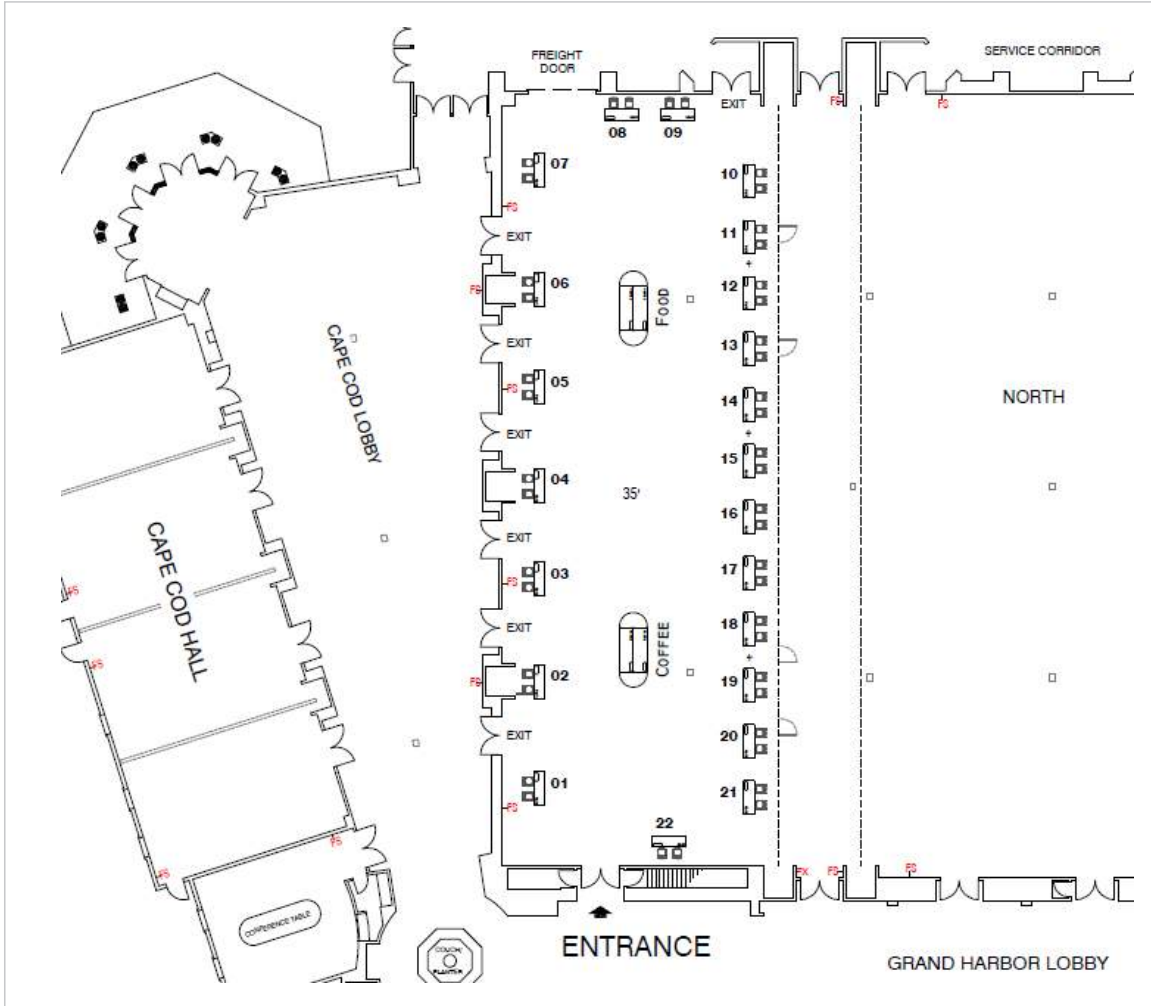
*\*Topics and Speakers Subject to Change*

TIME	SESSION TITLE	LOCATION
7:15am – 8:15am	<b>Breakfast Buffet</b>	Newport Ballroom East
8:15am – 8:30am	<b>Welcome and Introductions</b> Alan D. Winkler, MHSA, FACMPE	Newport Ballroom East
8:30am – 9:15am	<b>Growing Revenue and Reducing Costs</b> Kirsten Anderson   Les Cavicchi Jason Guagenti   Hector Santana	Newport Ballroom East
9:15am – 10:00am	<b>The Administrative Management of APPs/Ancillary Staff</b> Angela Motler   Lauren Passante Kimberly Ramsey   Mike Shannon	Newport Ballroom East
10:00am – 10:30am	<b>Break and Transition Time</b>	
10:30am – 12:00pm	<b>Disney Institute Program – Employee Engagement</b>	Grand Harbor Ballroom North
12:00pm – 1:15pm	<b>Practice Administrators Workshop Lunch</b> Sponsored by: 	Newport Ballroom East
1:15pm – 2:00pm	<b>Caring for Yourself, Your Physicians and Your Practice</b> Michelle Froehlich   Dan Fellner Kim Zenkere   Allison Griffin	Newport Ballroom East
2:00pm – 2:45pm	<b>Driving Operational Efficiency</b> Kyle Hussey   Nancy Nikolovski Hector Santana   Lori Tate	Newport Ballroom East
2:45pm – 3:00pm	<b>Break</b>	Grand Harbor Ballroom Salons 1-4
3:00pm – 3:45pm	<b>Compensation Plans</b> Kirsten Anderson   Whitt Holder	Newport Ballroom East

**Thursday, November 2, 2023**

*\*Topics and Speakers Subject to Change*

CONCURRENT BREAKOUT SESSIONS		
3:45pm – 4:30pm	<b>Administrators New to LUGPA</b> Lee Ann Shea	Asbury Hall A
	<b>Planning a Strategic Retreat</b> Dave Carpenter   E. Scot Davis	Asbury Hall B
	<b>Open Mic</b> Carla Blue   Stephen Gabelich Dan Schonwald	Asbury Hall C
	<b>Urine PCR Reimbursement Issues</b> Jennifer Becker	Newport Ballroom East



Industry Partners	Table #
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Industry Partners	Table #
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# Prioritizing Partners

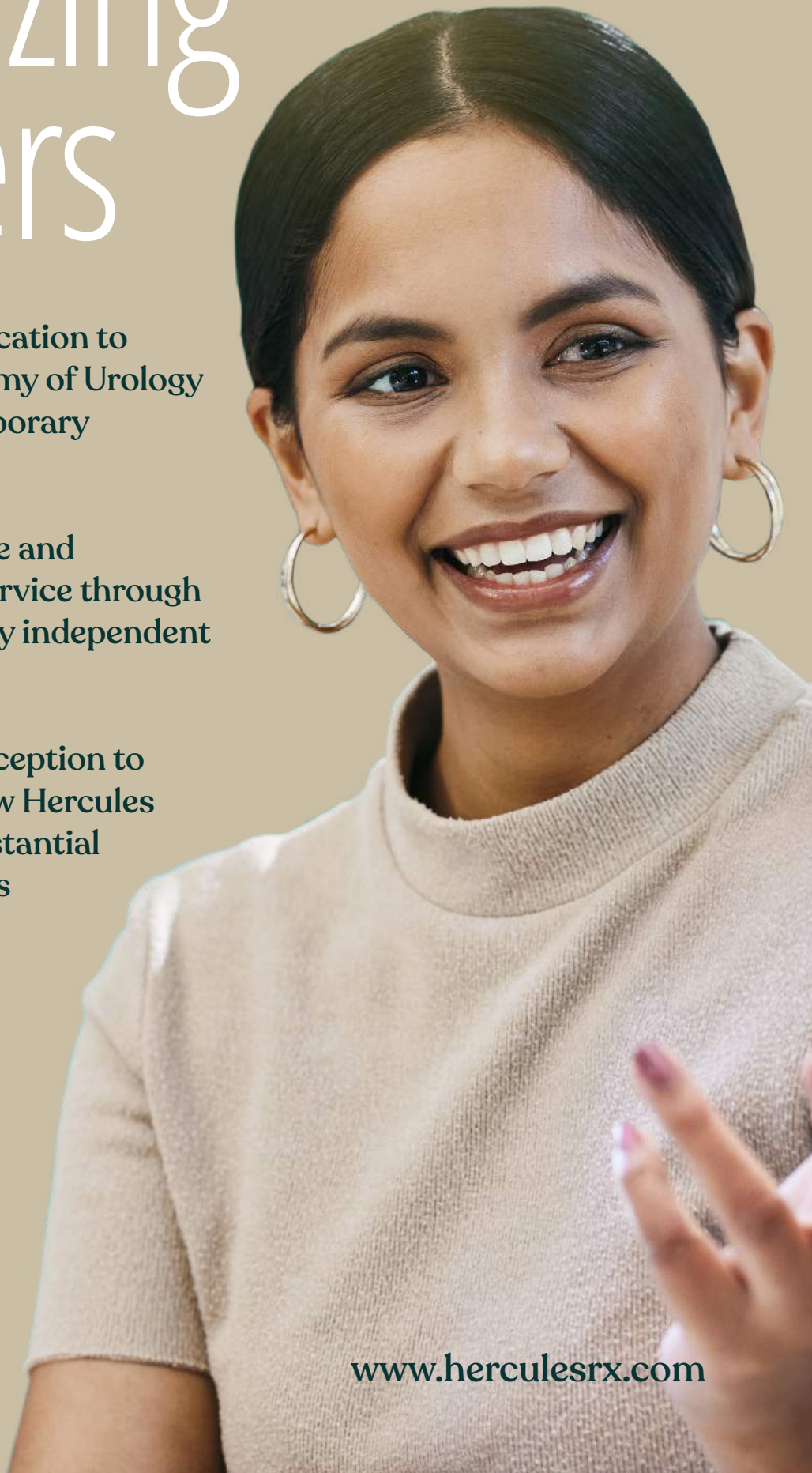
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**PROGRAM CHAIR**

**Alan D. Winkler, MHSA, FACMPE**

Board of Directors, LUGPA  
 Chair, Practice Administrators Committee  
 Executive Director, Urology San Antonio, P.A.  
 San Antonio, TX

With forty years of experience in healthcare, Alan D. Winkler has served as the Executive Director of Urology San Antonio, P.A. since October 2012. Alan holds a Master's degree in Health Services from the University of Arkansas for Medical Sciences and has worked in private and corporate settings with physicians of many specialties. Alan is a Fellow in the American College of Medical Practice Executives and served on its board of directors for nine years, concluding as its chair. Alan currently serves on the LUGPA Board of Directors.



**Kirsten Anderson, CMPE, CPC, CASC**  
 CEO

Oregon Urology Institute and  
 Oregon Surgery Center

Kirsten Anderson has a 20+ year record of achievement and demonstrated success leading physician practice and healthcare organizations including more than 15 years' experience specifically in Urology medical practices and surgery centers.

Kirsten received her Bachelor's of Science Degree from Virginia Tech and her Master's Degree in Health Administration from the Medical University of South Carolina. She is certified as a Medical Practice Executive (CMPE) by MGMA, a Certified Professional Coder (CPC) through AAPC, and a Certified Ambulatory Surgery Center Administrator (CASC) by ASCA and has served on several boards for Professional organizations. Born in Washington, DC, Kirsten moved to

Oregon recently from South Carolina to be closer to family. In her free time, she enjoys the outdoors, tennis, cooking, and traveling.



**Jennifer Becker, MLS**

Medical Laboratory Scientist (ASCP)<sup>CM</sup>  
 and the Laboratory Supervisor  
 Urology Nevada.

At the Urology of Nevada, their start up lab is performing urine PCR testing and she is collaborating with labs across the country to overcome the "blacklist" of scientific literature that the MoIDX program has said is unacceptable for the clinical utility of syndromic infectious disease panels. With cumulative 10 years' experience in the clinical laboratory, she has worked in nearly all laboratory departments including microbiology, blood bank transfusion service, molecular diagnostics testing, hematology, coagulation, urinalysis, pathology, and cytology and began her career in the lab as a phlebotomist and specimen processor. Jennifer has served on hospital nursing shared governance and ancillary services committees, transfusion and patient blood management committees, and is an active member of ASCP Laboratory Professionals Regional Workgroup. She has been a serving member for the AABB, serving two years each on the Patient Blood Management Subsection and the Clinical Hemotherapies Subsection workgroups. Jennifer is passionate and driven about the data-driven optimization of laboratory test utilization to improve patient care.



**Carla Blue, MBA, MSP, FACMPE**  
 CEO

Urological Associates of Western Colorado

Carla Blue has more than 20 years of healthcare management experience in both

hospital-owned medical group practice and private practice. Currently, she serves as the CEO of Colorado Surgical Affiliates. CSA has 44 providers (24 doctors) who focus on quality, cost-effective, local care by independent physicians advocating for their patients. Carla led the merger of this multi-surgical specialty group comprised of Urologists, Urogynecologists, Gynecologists, Radiation Oncologists, General Surgeons, Trauma Surgeons, Bariatric Surgeons and Critical Care. Urological Associates of Western Colorado is a Division of Colorado Surgical Affiliates.

Carla earned her master's degree in business administration and physics from The University for Foreigners in Perugia, Italy and is a Fellow in the American College of Medical Practice Executives. She serves on the boards of Urological Associates of Western Colorado, General Surgeons of Western Colorado, Western Therapeutics and Canyon View Wellness and Spa. Carla and her husband also volunteer at HopeWest Hospice with their service dog.



**David M. Carpenter**

CEO  
 Minnesota Urology

As the Chief Executive Officer of Minnesota Urology, the largest independent urology medical group in the upper Midwest, Dave is privileged to offer his experience as a medical group administrator and business leader.

Prior to arriving at Minnesota Urology, Dave spent 9 years as Chief Executive Officer of Physicians Neck and Back Clinics (PNBC), a Minnesota-based medical practice specializing in the non-operative treatment of chronic spinal disorders. Prior to PNBC, Dave was a company co-founder and Vice President of Prevention First, Inc., a healthcare solutions company offering programs to reduce workers' compensation costs associated with back and upper extremity injuries. Before arriving in Minnesota, Dave served eight years as a faculty member within the University of Florida College of Medicine. During his tenure at UF, Dave worked closely with

# Practice Administrators Workshop Faculty Biographies

the late Michael Pollock, Ph.D., and Arthur Jones, founder of Nautilus and MedX exercise/rehabilitation equipment, to develop international programs for the prevention and rehabilitation of chronic spinal disease. He has lectured and taught throughout the world in the area of resistance training and active spinal exercise rehabilitation and has authored and co-authored more than 50 scientific articles.

Dave holds a master's degree in Exercise Science from the University of Florida and is a certified facilitator of The 7 Habits of Highly Effective People. He and his wife Jenifer have a twin daughter (Chloe), and son (Hudson). Dave enjoys golf, woodworking, leathercraft, relaxing in his hand-built tree house overlooking the St. Croix River, and caddying for his son.



**Les Cavicchi, MPA, NHA**  
 COO  
 Greater Boston Urology

Les Cavicchi has been an active health care clinician and executive for over 50 years. Early in his career, he provided services to patients as an emergency medical technician and respiratory therapist. As time progressed, he became interested in the management responsibilities related to health care. He advanced through the ranks of hospital administration, ultimately becoming chief executive officer of Lakeville Hospital in Lakeville, Massachusetts.

Les Cavicchi joined Greater Boston Urology in 2014. Prior to GBU, Les was a management executive with Genesis HealthCare, LLC, where he was the Vice President of managed care services for more than 14 years. In his role, he traveled throughout the United States cultivating relationships with third party payors, hospitals, physician groups, and accountable care organizations.

As the Chief Operating Officer of Greater Boston Urology, LLC, he is the business executive managing the activity of urologists, as well as the pathological and molecular laboratory, which is owned and operated by the company. Mr. Cavicchi oversees the Central Business Office and

has centralized the Human Resources function. Additional programs targeted for centralization include information technology, purchasing and materials management, and real estate / space management operations. GBU opened its new Interventional Radiology Center in December 2022.

Les Cavicchi earned his Bachelor's degree as a pre-med major from Stonehill College, North Easton, Massachusetts, and his Master's degree in public administration from Suffolk University, Boston, Massachusetts. He has been an adjunct professor at the graduate level and senior fellow of the Moakley School of Public Management at Suffolk University for over 23 years. He is also a licensed nursing home administrator.



**E. Scot Davis**  
 CEO  
 Arkansas Urology

As its CEO, E. Scot Davis has played an instrumental role in the development and evolution of Arkansas Urology, located in Little Rock. Davis joined the practice as its CEO in May of 2013. Davis' extensive contributions to healthcare prior to Arkansas Urology include service as the CFO of Baptist Medical Group and CFO of Northeast Arkansas Clinic in Jonesboro. Davis is also a member of the Arkansas Medical Group Management Association and the American Medical Group Association.

Davis received a Bachelor of Arts in Political Science and a Master of Public Administration from Memphis State University. He also earned a Master of Business Administration from Christian Brothers University. Davis has over 25 years of physician practice management experience with expertise in operational efficiency, physician recruitment, joint venture arrangements and compensation modeling.



**Dan Fellner**  
 CEO  
 Georgia Urology

Fellner brings nearly 25 years of law practice and human resources experience to the table. He recently put his people centered approach to use as part of Georgia Urology's Coronavirus Task Force by supporting the retention of every Georgia Urology employee during the pandemic.



**Michelle Froehlich**  
 Administrator  
 North Idaho Urology, PLLC

Ms. Froehlich is the Administrative and Managing Director of North Idaho Urology, PLLC. In Coeur d'Alene, Idaho. Prior to that she was the Surgery Coordinator at North Idaho Urology. She has her Bachelor's degree in Business/Organizational Management from Whitworth University and a Master's degree in Organizational Leadership from Gonzaga University.



**Stephen Gabelich, MBA,**  
**FACHE, CMPE**  
 CEO  
 Urology Nevada

Stephen Gabelich is CEO of Urology Nevada, Reno's largest Urology Group. Prior to this role he was CEO of Placerville's largest multi-specialty group, CEO of Sacramento Valleys', largest Ophthalmology group and COO of two business application and development companies. With professional and family support he contributes back to the communities he serves by managing associations, sponsoring events, sitting on committees and boards. He holds a B.S. from Cal Poly, San Luis Obispo, CA and an M.B.A. from U.C. Davis.



**Alison Griffin**  
 Administrator  
 Urological Associates of Savannah and  
 Urology Surgery Center of Savannah

Allison's healthcare career spans over 36 years having worked in administrative positions in both hospital and private sector settings. She has worked in ENT, orthopedics, cardiology, gastroenterology, pulmonology, oncology and urology specialties managing large numbers of employees at multiple locations.

Allison has operated her own consulting firm, Griffin Consulting & Design, for the past nine years. She has healthcare design build experience with some of her prouder accomplishments being a 23,000 gastroenterology facility with ASC, converting a bank to a cardiology practice, renovating a veterinary hospital and four pediatric facilities. She designs logos, creates websites and mobile sites, designs

printed materials and markets and assists organizations with their policies and accreditations (JCAHO, AAAHC, ACR, CLIA, nuclear, echocardiography and ultrasound programs).

She has been employed for the past six years as the Administrator for Urological Associates of Savannah, a seven physician, four extender practice with 90 staff. She is also the Administrator over their single specialty, Ambulatory Surgery Center, Urology Surgery Center of Savannah, LLP.



**Jason Guagenti**  
 Chief Operating Officer  
 Central Ohio Urology Group

Jason Guagenti brings more than two decades of healthcare industry leadership to Central Ohio Urology Group. Mr. Guagenti was most recently with Riverside Radiology and Interventional Associates as practice leader for a group of more than 120 radiologists serving 35 hospital and 100 non-hospital organizations throughout Ohio and Iowa. His background includes years of experience in the OhioHealth system, most recently at OhioHealth Corporate as Senior System Director of Food and Nutrition, with responsibility for all 10 OhioHealth hospitals and many of the ancillary food and nutrition locations throughout the system.

During his tenure at OhioHealth, Mr. Guagenti was part of select group invited to participate in EXCEL, a leadership development program for rising executives. Mr. Guagenti previously served as Senior Director of Operations at Dublin Methodist Hospital and Grady Memorial Hospital where he had direct leadership responsibility for Surgical Services and Endoscopy, and indirect leadership of all of the Support Services at these two campuses. Mr. Guagenti created an Innovation Pathway for associates and physicians at both hospitals to bring forth creative ideas and develop them. He was also previously the Director of Radiology at Riverside Methodist Hospital and chaired the OhioHealth Radiation Safety and Quality Committee focused on standardizing and improving quality in radiology throughout the system. He also

served on the steering committee for the Neuroscience Center addition at Riverside Methodist Hospital.

Mr. Guagenti began his career as a radiologic technologist at Riverside Methodist Hospital and held various management positions there before being promoted to Director at Grady Memorial Hospital, also part of the OhioHealth system. A graduate of The Ohio State University, he received a bachelor's degree in Allied Medicine.

Mr. Guagenti also earned a master's degree in Business Administration from Franklin University. He is a member in the American Society of Radiology Technologists and Association for Medical Imaging Management. Mr. Guagenti is a featured speaker at national conferences on topics such as influencing people and process improvement centered on associate and patient satisfaction.



**Whitt Holder**  
 CEO  
 Amarillo Urology Associates and  
 AUA Surgical Center

Whitt Holder has been the CEO of Amarillo Urology Associates and AUA Surgical Center since 2013. He has more than 30 years of experience in various industries in accounting, operations, and management. In addition to a B.S. in Accounting and an MBA in Healthcare Management, he also is a certified Lean Six Sigma Black Belt and Master Black Belt.

# Practice Administrators Workshop Faculty Biographies



**Kyle Hussey**

COO

Urological Associates of Western Colorado

Possessing expertise in both operational and sales leadership, Kyle has led numerous successful initiatives in the healthcare and telecommunication technology sectors over a career spanning more than 15 years. Currently holding the position of Chief Operating Officer at Colorado Surgical Affiliates (Urological Associates of Western Colorado), Kyle employs a hands-on approach to steer organizational strategy, streamline operations, and encourage service expansion.

Having completed an MBA with a focus on finance and healthcare, Kyle consistently strives to integrate the latest academic insights with a rich history of practical, on-the-ground experience to foster success and innovation in the evolving healthcare landscape.



**Angela Motler**

Practice Administrator

Urological Institute of NENY

A lifelong resident of Upstate New York, Angela received her Bachelor of Science in Business Administration from The College of Saint Rose. She also holds an advanced banking certification from the BAI Graduate School of Retail Banking at the University of Wisconsin.

After many years in the banking industry, she transitioned to healthcare in 2014 when she became the Practice Administrator for a private ear, nose, and throat clinic. In 2021, she joined the growing Urological Institute of Northeastern New York, where she currently brings her strong leadership and management abilities in operations, finance,

and human resources to her role as Practice Administrator.

Angela and her husband Mark have been married for 37 years and enjoy traveling and spending time with their two adult children.



**Nancy Nikolovski, MHA, CMPE**

COO

Houston Metro Urology, PA

Nancy has been the Chief Operating Officer of Houston Metro Urology, Houston's largest independent urology group, since 2021. Nancy has over 25 years of extensive experience leading large medical group practices and ambulatory surgery centers. Prior to HMU, Nancy was the Vice-President of Operations for a conglomerate of companies in the gastroenterology space and was co-founder and managing partner of a successful revenue cycle management company. Her diverse expertise includes enhancing operational efficiencies, exceeding financial benchmarks and personnel motivation and development in primarily surgical specialties. Nancy is a member of several professional organizations and has achieved recognition as a Certified Medical Practice Executive (CMPE) by Medical Group Management Association (MGMA). She also serves as a Healthcare Consultant, Guest Speaker for the Master in Healthcare Administration program at Texas Woman's University and is an Advisory Board member.

Nancy earned her master's degree in healthcare administration from Texas Women's University and her bachelor's in healthcare administration from Southwest Texas University. In her free time, Nancy enjoys running, cooking and spending time with her teenage daughter, Sofia, and furbaby, Cora.



**Lauren Passante**

Director of Operations

Premier Medical Group of Hudson Valley PC

Ms. Passante serves as the Director of Operations at Premier Urology located in New York's Hudson Valley region. Premier Urology employs 15 Urologists, 2 Gynecologists, 8 mid-levels, and over 100 employees.

During her 10 years at Premier Urology, Lauren has been an integral part of the practice's growth by helping to expand services to 4 locations including a new, state of the art facility located in Poughkeepsie, NY that includes an on-site radiology department, phlebotomy and pathology lab. She was also instrumental in the development of Premier Urology's specialty centers: The Women's Health & Wellness Center at Premier, The Male Fertility Center at Premier, and The Prostate Cancer Center at Premier.

Lauren received her Master of Business Administration from Pfeiffer University in North Carolina and her Master of Science in Education from Mount Saint Mary College in New York.

She also actively volunteers with the Premier Cares Foundation which provides financial support, education, and awareness to those individuals in the Hudson Valley community lacking sufficient funds to address significant urologic and digestive issues including but not limited to prostate and colon cancer.



**Kimberly Ramsey**  
 COO  
 Urology of Virginia

Kim Ramsey has worked at Urology of Virginia for over 15 years. Her operational responsibilities include oversight of clinical staff and clinical processes and procedures. She also oversees the in-office dispensary and MIPS programs for the practice.



**Hector Santana, MBA, MAcc**  
 CFO  
 Rio Grande Urology

Hector Santana is the Chief Financial Officer for Rio Grande Urology in El Paso, Texas. Over the past 12 years, Mr. Santana has helped to lead the development of various projects, including a second radiation center, an Advanced Prostate Cancer Clinic, an in-door pharmacy, a clinical research partnership, and a Path-Lab partnership that incorporates AI technology. Mr. Santana has played an integral part in expansion of Rio Grande Urology and Rio Grande Cancer Specialists now consisting of 22 providers at five locations in both West Texas and Southern New Mexico. He has overseen an increase in productivity by over 40% during his leadership at RGU while maintaining a set core of values that advance the group's mission statement.



**Daniel Schonwald, CMPE**  
 Practice Administrator,  
 Comprehensive Urologic Care

As the Practice Administrator of Comprehensive Urologic Care, SC Mr. Schonwald believes in using technology and analytics to level the playing field between small practices and the large commercial payers, and continually improving processes to provide a rewarding environment for physicians and staff to deliver the best medical care to their patients.

Born and raised in Oklahoma City, OK, Mr. Schonwald earned his Bachelor of Arts degree from Brandeis University in Waltham, Massachusetts. He has been a private practice executive for 23 years serving clinics in Oklahoma City and in Chicago, IL where he currently resides. He has obtained his Certified Medical Practice Executive certificate from MGMA.



**Michael J. Shannon**  
 CEO  
 First Urology, PSC

Originally from Jacksonville Beach, Florida, Mike received his Bachelor of Science in Commerce from the University of Louisville (Go CARDS!!). He then went on to complete post graduate studies at Harvard Business School.

He has been in primary and specialty healthcare management for over 20 years, joining Metropolitan Urology in 2001. As Chief Executive Officer of Metro he was an integral part of the 2011 merger with Allied Urology. Assuming the C.E.O. position of First Urology, Mike has guided the practice to its current place as the largest privately owned medical practice in the state of Kentucky.

Mike and his wife Theresa have been married for 38 years and enjoy spending time with their three adult children and three granddaughters.



**LeeAnn Shea**  
 CEO  
 Urologic Specialists of Northwest Indiana

With over 20 years of healthcare experience in various capacities, LeeAnn is currently the Chief Operating Officer for Urologic Specialists of Northwest Indiana, a growing, 11-physician group. LeeAnn holds a Bachelor's Degree in Organization Communication from the University of Wisconsin and a Master's degree in Business Administration with an emphasis in Technology from Walton University. Prior to joining Urologic Specialists, LeeAnn worked primarily in non-profit healthcare.

LeeAnn brings a passion for developing staff to their highest potential and approaches management with a people-centered approach. She also finds excitement in new technologies and revolutions in the healthcare industry. Enhancing the patient experience for patients is her ultimate goal.



**Lori Tate**  
COO  
Georgia Urology, PA

Lori Tate is the Chief Operating Officer of Georgia Urology, which is the largest urology practice in Georgia and one of the largest physician-owned urology practices in the United States. With more than 70 providers and 25 locations across metro Atlanta, including 8 ambulatory surgery centers, Georgia Urology delivers personalized, compassionate, and leading-edge urological care to adult and pediatric patients. Lori brings to the role two decades of medical practice operational experience, including both corporate healthcare and private practice. As COO her responsibilities include supporting the practice's providers and team members, making sure the overall operations at Georgia Urology run smoothly.



**Kim Zenkere RN, MSN**  
COO  
Oregon Urology Institute

Ms. Zenkere is seasoned medical professional with specialization in urology, previous experience in orthopedics, med/surg and oncology. Kim is currently the Chief Operations Officer at Oregon Urology Institute. As an Oregon native, she earned her bachelor's degree in human Physiology from the University of Oregon, she further expanded her academic education with a bachelor's degree in nursing from Oregon Health and Sciences University. Kim subsequently achieved her master's in nursing education from Grand Canyon University.

With over 20 years dedicated to the medical field, Kim has been instrumental in setting benchmarks and standards in her various areas of expertise. Her dedication to medical leadership is reflected in her 12 years of experience leading teams, guiding patient care strategies, and influencing policy directions. In 2022, her commitment to excellence and continuous professional development was demonstrated by her participation in the esteemed LUGPA Executive Leadership Program, equipping her with advanced leadership skills tailored to the medical sector.



**Practice Administrators Workshop**

# **Presentations**

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**2023** | **ANNUAL MEETING**

**November 2 – 4**

Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

# GROWING REVENUE AND REDUCING COSTS



## QUESTIONS?

**2023** | **ANNUAL MEETING**

**November 2 – 4**

Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

- What is most impactful thing your practice did this year to reduce costs?
- We're all looking for the next business opportunity in Urology. What new revenue streams are you considering currently? (PET CT, ASC, adding subspecialty like Med Onc, etc.)
- What, if any, restructuring of your physician and/or employee benefits have you implemented to affect meaningful savings for the practice?



## COST SAVING IDEAS

**2023** | **ANNUAL MEETING**

November 2 - 4  
Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

### **Brainstorming- Reducing Costs**

- Consolidation of leases, virtual employees
- Reviewing employee benefit plans (happening now and every year at this time)
- Outsourcing roles unable to recruit/fill (triage, call center)
- Reviewing opportunities to maximize tiering, rebates with vendors
- Reviewing supply costs and vendors at least annually
- Automating processes to save on staff costs, eliminating overtime, create greater efficiencies

3



## COST SAVING IDEAS

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### **Brainstorming- Reducing Costs**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

4



## GROWING REVENUE- OPPORTUNITIES

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### Opportunities

RCM Opportunities- easiest way to reduce overhead %, collect more \$\$

- Coding
- Patient Collections
- Claims/Denials
- How often are you reviewing payer contracts and renegotiating?

#### New Business Opportunities

- PET CT and PSMA PET
- Theranostics
- ASC
- Research
- Other Ancillaries
- Service Lines- Mens' Health, Womens' Health, Urgent Care Urology
- Maximizing provider schedules and workflows for throughput and increased patient volumes

5



## GROWING REVENUE- OPPORTUNITIES

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### Other Business Opportunities

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

6



## RESTRUCTURING

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**What, if any, restructuring have you implemented to affect meaningful savings for the practice?**

7



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## THE ADMINISTRATIVE MANAGEMENT OF APPS & ANCILLARY STAFF

Panelists:

Kimberly Ramsey, COO, Urology of Virginia, PLLC

Mike Shannon, CEO, First Urology, PSC

Lauren Passante, Director of Operations, Premier Medical Group of Hudson Valley PC

Angela Motler, Practice Administrator, The Urological Institute of Northeastern New York



**UROLOGY OF VIRGINIA**

**2023** | **ANNUAL MEETING**

**November 2 – 4**

Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

- **ADVANCED PRACTICE PROVIDER PROGRAM**
- **8 Nurse Practitioners (6 Office- 1 Hospital Rounding – 1 Nighttime Call)**
- **18 Physician Assistants (14 Office- 3 Hospital Rounding – 1 Nighttime Call)**
  
- **ANCILLARY SERVICE PROGRAMS**
- **Ambulatory Surgery Center (Joint Venture with Hospital)**
- **Pathology Lab**
- **Imaging (PET/CT, X-ray, Ultrasound)**
- **Physical Therapy**
- **Research**
- **Dispensary**

*Kimberly Ramsey, COO*



## UROLOGY OF VIRGINIA

**2023** | **ANNUAL MEETING**

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- **APP Program**
  - After 1 year of employment, may opt for alternate increased template to receive 2 days off per month.
  - Tiered Incentive Bonus if the average of number of patients seen during measurement period exceed required.
  - Can earn up to \$10K at end of year by meeting metrics (projects, performing procedures and evaluation each carry weight on total).
  - Required to round at hospitals on weekends/holiday from 8-12 (additional pay)
  - Can be trained to do cysto, cysto/stent removal, prostate biopsy, and Botox (all are optional).

3



## THE UROLOGICAL INSTITUTE OF NORTHEASTERN NEW YORK

**2023** | **ANNUAL MEETING**

November 2 – 4  
Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

- **ADVANCED PRACTICE PROVIDER AND ANCILLARY SERVICES PROGRAMS**
  - 6 Nurse Practitioners
  - 5 Physician Assistants
  - 2 Ultrasound Technicians
  - 1 Laboratory Technician
  
- **APP DUTIES**
  - New Patient, Follow Up and Post Op Patient Visits
  - Procedures
    - Newborn Circumcisions
    - Chemotherapy Instillations
    - Testosterone Injections
    - Cystoscopies

*Angela Motler,  
Practice Administrator*

4



**THE UROLOGICAL INSTITUTE OF  
NORTHEASTERN NEW YORK**

**2023 | ANNUAL MEETING**

November 2 – 4  
Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

- **ADVANCED PRACTICE PROVIDER COMPENSATION STRUCTURE**
  - Tiered base compensation based on years of licensure
  - Participation in Physician Quarterly Incentive Bonus Plan After 1 Year
    - Initial RVU threshold to earn a bonus
      - Incremental increase in dollars per RVU over each threshold achieved

Example below,  
Annual RVUs 5,354.  
Annual Incentive  
Earned \$17,124

RVU Production Model	Urology	Mouse, Minnie	Tier 1				Tier 2				Tier 3				Total Incentive Earned
	cFTE	Actual wRVUs	Tier 1	\$/wRVU	Incentive	Tier 2	\$/wRVU	Incentive	Tier 3	\$/wRVU	Incentive	Tier 3	Incentive		
Q1 Target		1295	500	\$4.00	250	\$ 1,000.00	750	\$5.00	250	\$ 1,250.00	1,000	\$6.00	\$ 1,770.00	\$4,020	
Cumulative Q1+Q2 Target		2781	1,000	\$4.00	500	\$ 2,000.00	1,500	\$5.00	500	\$ 2,500.00	2,000	\$6.00	\$ 4,686.00	\$9,186	
Cumulative Q1+Q3 Target		4049	1,500	\$4.00	750	\$ 3,000.00	2,250	\$5.00	750	\$ 3,750.00	3,000	\$6.00	\$ 6,294.00	\$13,044	
Cumulative Q1-Q4 Target	1.00	5354	2,000	\$4.00	1,000	\$ 4,000.00	3,000	\$5.00	1,000	\$ 5,000.00	4,000	\$6.00	\$ 8,124.00	\$17,124	



**FIRST UROLOGY, PSC**

**2023 | ANNUAL MEETING**

November 2 – 4  
Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

- **ADVANCED PRACTICE PROVIDER AND ANCILLARY SERVICES PROGRAMS**
  - 14 Nurse Practitioners (13 In-Clinic & 1 Hospital Inpatient)
  - 2 Physician Assistants
  - 2 First Assists
- **ANCILLARY SERVICE PROGRAMS**
  - Radiation – Two centers (2 vaults per center)
  - Ambulatory Surgery Center (3 ORs & 15 Procedure Rooms)
  - Pathology Lab (2 Pathologists + staff of 8)
  - Imaging (CT, X-ray, Ultrasound)

*Mike Shannon,  
CEO*





**PREMIER MEDICAL GROUP OF HUDSON VALLEY, PC**

**2023 | ANNUAL MEETING**

November 2 – 4  
Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

**Advanced Practice Provider**

- 1 Nurse Practitioner
- 6 Physician Assistants

▪ **APP Duties**

- **Office - APPs see new patients, follow ups and post op visits**
  - No call responsibilities
  - APPs specialize in urgent care, women's center, prostate cancer
- **Hospital - APPs round daily across 5 hospitals**
  - PAs are trained and credentialed by the hospital to place preoperative stents (limit to 1 per day, first case, no fluoroscopy)

*Lauren Passante,  
Director of Operations*

7



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▪ **Recruitment:**

- Career fairs – Hired 1 PA per year

▪ **Retention: minimal turnover**

▪ **Compensation:**

- Base salary
- 50% of PAs are on an incentive plan
- An incentive plan where they are paid bonuses based on RVU with higher \$/RVU reimbursement in the hospital over the office because of inefficiencies @ 1 year of employment

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**15<sup>th</sup> ANNIVERSARY LUGPA** Since 2008

**PREMIER MEDICAL GROUP OF HUDSON VALLEY, PC**

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**ANCILLARY SERVICE PROGRAMS**

- Pathology Lab (2 Pathologists + Laboratory Manager + 6 staff)
- Clinical Lab (1 Medical Director + 1 Laboratory Manager + 3 staff)
- PCR (1 staff)
- Phlebotomy (3 staff)
- Imaging (CT, X-ray, Ultrasound)
- 1 CT tech – One location, available 5 days per week
- 1 x-ray tech – One location, available 5 days per week
- 3 ultrasound techs –
  - For 2 locations, 5 days per week
  - For 1 location, 2 days per week
- Ambulatory Surgery Center (4 ORs & 1 Procedure Room)

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**15<sup>th</sup> ANNIVERSARY LUGPA** Since 2008

**PREMIER MEDICAL GROUP OF HUDSON VALLEY, PC**

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- **Recruitment:**
  - For lab positions: challenges with recruitment especially Histology Technologist, Med Technologist, Pathology Lab Assistants
  - For radiology positions: no barriers for recruitment
- **Retention:** Minimal turnover, adequate work life balance
- **Compensation:** Base pay - hourly

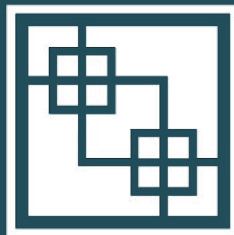
10



**PREMIER MEDICAL GROUP OF HUDSON  
VALLEY, PC**

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***THANK YOU  
ENJOY LUGPA 2023!***



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# CARING FOR YOURSELF, YOUR PHYSICIANS, AND YOUR PRACTICE



**2023** | **ANNUAL MEETING**

**November 2 – 4**

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*Michelle Froehlich, MBORGL, Administrator, North Idaho Urology, PLLC*

*Kimberly Zenkere, MSN, Chief Operations Officer, Oregon Urology Institute*

*Dan Fellner, CEO, Georgia Urology*

*Allison Griffin, Administrator – Urological Associates of Savannah, P.C. and Urology Surgery Center of Savannah, LLP*

## HOW DID WE ARRIVE HERE?

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- Blame it on COVID, the economy, politics –
- What we all realize is we took that left turn down the road 'never travelled' and it's been a hard, bumpy one!



3

## BUSINESS HAS CHANGED

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- Work is tougher than it's ever been
  - We had to navigate COVID
  - Disaster preparedness plans generally did not factor in a multi-year pandemic with such lingering effects
  - We had to maintain staff, patient volumes, adequate supplies and equipment inventories, and remain profitable
  - Society has become more aggressive and demanding (providers, patients, staff, visitors)
  - Some of us have had additional crises to manage (hurricanes, floods, large equipment failure, closure of offices due to staffing inadequacies, etc.)
  - The pace of business has accelerated
  - Work/life boundaries have steadily deteriorated

4

## FIRE FIGHTING CAN SEEM LIKE THE “NEW NORMAL”

---

- As leaders, we're problem-solvers accustomed to working at a fast pace to keep up with demand, but the stamina required to be a firefighter battling constant blazes is new to us
- Drinking from the fire hydrant has become our new normal
  - it's taking a toll on our minds, bodies and spirits
    - And speaking of spirits.... some of us have been indulging in more of those too
  - many of us are fizzling and slowly fading
  - health issues are quietly creeping in (high blood pressure, raised cholesterol levels, lower immune systems due to fatigue and continual stress)



5

## TO CARE FOR OUR PATIENTS, WE MUST CARE FOR OUR PEOPLE

---

- Leading our practices means caring for:
  - Ourselves
  - Our Providers
  - Our Team

6

## CARING FOR YOURSELF

---

7

## ARS QUESTIONS

---

Use this QR code to participate in polling throughout this session.



slido



**How many hours a week are you typically working?**

① Start presenting to display the poll results on this slide.

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**Has your enthusiasm, drive, and energy level for your role declined over the last three years?**

① Start presenting to display the poll results on this slide.



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**Have you experienced health issues over the past three years that you feel could be attributed to your work stress level?**

① Start presenting to display the poll results on this slide.

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**Have your physicians been supportive of addressing non-provider burnout for you and your leadership team?**

① Start presenting to display the poll results on this slide.

## IMPORTANCE OF SELF CARE/TIME OFF



No tombstone ever read, 'She worked her butt off' or 'Amazing Overachiever' but rather they read, 'Faithful Friend', 'Loving Mom', 'Devoted Partner'

Be the leader that demonstrates the importance of work/life balance so others follow.

Schedule and prioritize your own health appointments (dental, health check-ups, etc.).

Seek convenient, online therapy as needed for yourself and encourage others (BetterHelp, Talkspace, Brightside, MDLive, and LiveHealth).

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## TOOLS THAT CAN HELP YOU SILENCE THE NOISE



Use morning time to start the day- organize thoughts and plans, catch up on reading.

Limit social media – resist comparison, wasting time in non-productive areas.

Unsubscribe to emails that distract and eat up minutes in your day.

Take a midday time out (Half-time).

Leave the office for lunch

Feel the sun

Breathe in fresh air

Refrain from answering emails or texts during this hour

Reflect on the half-way point in the day to gauge successes

Amend your to-do list for the second-half of your day <sup>18</sup>

## NIGHTS AND WEEKENDS

---

- Establish boundaries (not just a work/life balance) for the health and wellness of all
- Set the tone of expectancy for yourself, your providers and staff.
- Refrain from engaging in after-hours contact unless it is a true emergency.
  
- If you must work on weekends to keep pace with the demands of your role, do so in the early morning hours so no one steals the joy of your day.
  
- Our work is **what we do** – don't let it become **who you are**.
  
- Important to have restful sleep and a consistent pattern for winding down and settling in (even on weekends).

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## NIGHTS AND WEEKENDS

---

- Take a walk or engage in other exercise (develop a consistent routine).
- Take time for family connection.
- Eat together and interact in conversation (free from cell phones).
  
- Share only the positive highlights of your day (be brief as no one really wants you to recount your day and you don't need to re-live it).
  
- Engage in other enjoyable activities to keep your mind and body strong (meditation, prayer, yoga, communion with others, connect with nature, enjoy music or hobbies that calm and make you happy – golfing, swimming, fishing).
  
- John O'Connor of Five Valleys Urology in Montana is credited with sharing this wonderful article recently with the LUGPA group on list serv.  
- <https://www.letsroam.com/explorer/meditation-at-work/>

20

## RESOURCES



info@bks-partners.com

A go-to source for insightful wellness topics, expert advice, and thrilling monthly challenges that will elevate your health and boost your mindfulness.

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**Do you truly 'check out' when on vacation and refrain from checking emails, answering calls?**

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How have you set personal work boundaries to take care of yourself post-pandemic?

① Start presenting to display the poll results on this slide.



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## CARING FOR YOUR PROVIDERS

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**Have the changes in the medical environment caused you, your providers to rethink their retirement dates?**

① Start presenting to display the poll results on this slide.

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**What has your practice done to address physician burnout?**

① Start presenting to display the poll results on this slide.

## PROVIDER CARE

---

- Be sure you're not only managing the practice but also the providers – addressing their changing needs and desires
- Keep them informed by providing frequent updates about business initiatives, successes, and challenges
- Give consistent applause for their hard work – everyone wants to feel valued and appreciated
- Remember your APPs!

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## PROVIDER CARE

---

- Monitor and regularly communicate with Providers about their
  - Job satisfaction and needs
  - Ideas for solving problems facing the practice
- Be willing to try new approaches to address problems or needs
- Confront Provider behavior issues
- Create community

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## PROVIDER CARE

01

Providers must support you and create a workplace that does not tolerate staff, patients or visitors disrupting operations or care (Patient/Provider Agreement)

02

Ensure Providers take time off to rest and restore – no martyr mentalities allowed

03

Don't allow burnout to become the reason they retire early or leave your practice

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## EXPLORE EACH PHYSICIAN'S PRIORITIES

➤ Most administrators are open to part-time hours and schedule flexibility, both of which are important to physicians (Figure 8). However, administrators may be missing the impact of increased compensation in the form of retention bonuses or the opportunity to teach or mentor other physicians.

### WHAT MIGHT MAKE PHYSICIANS WANT TO KEEP WORKING?

When asked what would cause physicians to consider delaying full retirement (Figure 9), more than half said they would delay if offered part-time status (58%) or flexible schedules (52%). Reducing or eliminating on-call requirements would cause 42% to consider delaying retirement. When breaking these

responses down by age, older physicians are more likely to say teaching and mentoring opportunities would encourage them to delay. Younger physicians place more importance on retention bonuses.

### TAKEAWAY

Address burnout as a means of slowing physician retirements. Implement a robust physician retention plan that speaks to the issues causing burnout and strives to make physicians happier in their jobs. Provide options to physicians who are thinking about retirement and propose alternatives that address both workload (part-time schedule, flexibility, reduced call) and financial needs (retention bonus, reduced productivity requirements). Opportunities to teach and mentor other physicians may also be impactful for older physicians. Find out what is most important to retiring physicians and make adjustments that will increase job satisfaction and keep them working.

July 2023 MGMA Connection

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## PROVIDER CARE

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- When tensions rise and burnout is leading to bad behavior:
  - Share your Code of Conduct policy – require their signature yearly so it is date stamped
  - Remind them workplace protections apply to ALL workers – employees and physician owners

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## CARING FOR YOUR TEAM

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How often do you experience hostile behaviors (either from staff, providers, patients or visitors)?

① Start presenting to display the poll results on this slide.

## CRAZY IS NOW CUSTOMARY

---

- Managing people and their heightened emotions in the workplace have become a constant challenge:
  - Alan Funt (of **Candid Camera** fame) would have material for a year's show from just one week of following us
  - Each new day tends to one up the previous
    - A person attempting to bathe in our front fountain during business hours,
    - a man that got his head stuck beneath the armrest of one of our outside benches while trying to lay down (caught on tape after hours)
    - a non-patient that asked to speak with a manager then moved a chair against her office door and trapped her while he demanded funding for his schooling,
    - a visitor that had a PTSD episode that required law enforcement above our security officer to safely restore calm and seek safety for two small infants that were involved
    - .....I could go on but each one of you have similar stories
- Managing the unexpected (deaths, illness, staffing changes and challenges, hospital politics and issues)

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## OUR TEAMS CONTINUE TO EXPERIENCE CHALLENGES

---

- Our teams are directly impacted when patients and visitors regularly exhibit behaviors that once were taboo
- Day-to-day staffing challenges can leave our most dedicated workers overburdened for extended periods
  - Picking up additional work for colleagues who are absent
  - Training new workers

## SUPPORTING OUR TEAM BECOMES THE PRIORITY

---

### PATIENT/PROVIDER AGREEMENT

This is to advise you that Urological Associates of Savannah, P.C. is privately owned and operated. As providers of care and owners of this corporation, we reserve the right to discontinue services to patients who:

1. Are unwilling to follow medical recommendations or treatment plans
2. Are unwilling to schedule recommended follow-up visits or tests as prescribed by our providers or repeatedly miss scheduled appointments
3. Use vulgar, demanding, threatening or abusive speech towards our staff, providers, or other visitors to our facility,
4. Demonstrate abuse of medication, equipment or supplies
5. Damage our property or grounds
6. Display threatening behavior (by phone or in person) of any kind towards staff, providers, or other visitors to our facility. *(Note: Police will be called to remove unruly individuals from our premises and we will press charges to the fullest extent allowed by law.)*
7. Enter the clinical areas unescorted or otherwise violate patients' privacy rights as outlined under HIPAA
8. Are disrespectful of the needs of other patients visiting our facility

In addition to the above, should any visitor accompanying a patient display any of these behaviors, we reserve the right to discontinue service to the patient.

We feel the above actions are necessary to ensure a professional, safe, and secure environment and to ensure respectful and efficient business operations.

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## TOOLS THAT CAN HELP

Making sure you're tapping into your providers and staff throughout the day and making yourself available to listen and appropriately respond to their needs and issues

- Demonstrate through your actions that you truly care about them
- Have an open-door policy so you remain approachable



Using the LUGPA Practice Administrator's list serv to connect with and engage colleagues to share concerns, gain new insight and share ideas; also develop network of other leaders to utilize as resources



If you have an Employee Assistance Program, familiarizing yourself with what it offers and educating your providers and staff on those available benefits

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**Are you making health and wellness a priority for yourself, providers and staff?**

① Start presenting to display the poll results on this slide.

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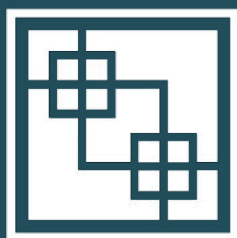
What practice-wide initiatives have you undertaken to help everyone (staff and physicians) to 'reset' themselves in a healthy environment so efficient and compassionate care can be delivered?

① Start presenting to display the poll results on this slide.



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# DRIVING OPERATIONAL EFFICIENCY



**2023** | **ANNUAL MEETING**

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## DISCUSSANTS

**Nancy Nikolovski**  
CEO  
Houston Metro Urology



**Kyle Hussey**  
COO  
Urological Associates of  
Western Colorado



**Hector Santana**  
CFO  
Rio Grande Urology



**Lori Tate**  
COO  
Georgia Urology



# SCHEDULING / SELF-SCHEDULING

Lori Tate

## SCHEDULING / SELF-SCHEDULING

---

**What scheduling changes have you made that drive operational efficiency?**

- A. Added a scheduling overlay to EMR.
- B. Developed standard appointment types across providers.
- C. Developed standard appointment length for each appointment type.
- D. All the above
- E. None of the above



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**What scheduling changes have you made that drive operational efficiency?**

① Start presenting to display the poll results on this slide.

## **SCHEDULING / SELF-SCHEDULING**

---

**Have you implemented a self-scheduling option for your patients ?**

- A. Yes
- B. No

## **SCHEDULING / SELF-SCHEDULING**

---

**If you have self-scheduling, what ways do you leverage it?**

- A. Patients only
- B. Referring physician offices
- C. Webinars
- D. Other

## **STANDARDIZATION ACROSS CLINICS**

Kyle Hussey

## **USE OF ARTIFICIAL INTELLIGENCE**

Hector Santana

## **NO SHOWS / THROUGHPUT**

Nancy Nikolovski

## **NO SHOWS/THROUGHPUT: TRACKING & POLICY**

---

Are you handling No-Shows any differently now than you did pre-pandemic?

- A. Yes
- B. No

## **NO SHOWS/THROUGHPUT: TRACKING & POLICY**

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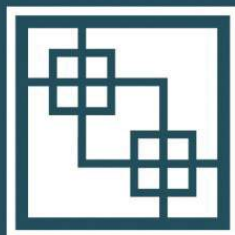
Choose your current method to reduce no-shows:

- A. Automated Reminders
- B. Pre-Paid Appointments
- C. Wait Lists
- D. No-Show Fees
- E. All the above

## **NO SHOWS/THROUGHPUT: TRACKING & POLICY**

---

Does your practice utilize pre-registration software (Phreesia, Epion, etc.)?



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# 2023

## ANNUAL MEETING

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# PROVIDER COMPENSATION PLANS



## PROVIDER COMPENSATION

# 2023

## ANNUAL MEETING

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- ❑ Average age of Urologist: 56 years old
- ❑ Number of Urologists in US: 12,000-13,976 (10,000 practicing?); 5000 in private practice.
- ❑ Number of Urology Residency Programs/Positions: 144 programs graduating 325-386 each year.
- ❑ Planned Retirement Age of your Physicians?

**TABLE 2-6**  
Planned Retirement Age (by Gender)

Primary Practice Setting	Men Practicing Urologists Represented			Women Practicing Urologists Represented		
	Number	Percent (%)	+/- MOE (%)	Number	Percent (%)	+/- MOE (%)
< 60 years old	810	6.6	1.0	372	23.0	5.0
60-64 years old	1,911	15.5	1.4	388	23.9	4.2
65-69 years old	4,171	33.8	2.2	558	34.5	5.4
≥ 70 years old	5,465	44.2	2.1	301	18.6	4.1
<b>Total</b>	<b>12,357</b>	<b>100.0</b>		<b>1,619</b>	<b>100.0</b>	

Data source: Weighted samples from the 2022 AUA Annual Census.  
Median planned retirement ages for men and women are 68 and 65, respectively. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.



## PROVIDER COMPENSATION

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### Urology Benchmarking “50<sup>th</sup>” Percentile

- Compensation: \$530,000 - \$547,000
- Compensation per wRVU: \$56
- wRVUs: 8,400 - 11,000
- Average years in practice: 20

3



## PHYSICIAN COMPENSATION

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**Compensation Plans:** If you have seen one, you have seen one. If you find a perfect Compensation formula that motivates the right incentives and physicians are happy, patent it and retire!

- Based on revenue minus overhead (“Eat What You Kill) 80/20 with equal overhead split vs. 20/80 or in between.
- wRVU formula
- Equal pay split equally among partners
- Other
- Ancillary split (equally or based on other formula; consult with legal counsel)
- Surgery Center: Percent of shares/ownership
- Research: Are the physicians in the practice is willing to “own it” and build it?

4



## PHYSICIAN COMPENSATION

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### **New Physicians**

- 1-2 years, pathway to Partnership with share in Ancillaries
- Call Pay
- Call Schedule: 1 in 5 is very different than 1 in 10 when recruiting.
- Work schedule and work/life balance: 4 or 5 day work week

### **Compensation Plans**

- Straight salary stipend
- Hospital Guarantees: Does anyone have this model?
- Base Pay with bonus over threshold
- Other

5



## PROVIDER COMPENSATION

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### **Retiring Physicians**

- Operating Agreement
- Mandatory Retirement ages with ability to request extension
- No Call/No Ancillaries: Become an employed physician.
- Base Pay with Percent of Receipts Incentive
- Figure out retirement formula before its needed.

6





## PROVIDER COMPENSATION

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### **Advanced Practice Providers (APPs)**

- Competing with every other specialty in healthcare for APP talent
- Each Market is different, know the Compensation Medians
- PA and NP programs in area
- Straight Salary or Salary with Bonus Incentive- Receipts or wRVUs
- Call Pay
- Flexible work schedules
- Benefit packages
- Recruitment, Retainer fees, Sign-On bonuses, Moving expenses

7



## PROVIDER COMPENSATION

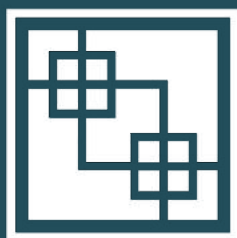
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### **Questions:**

- What type of comp plans do you have in place for physicians who wish to exit call or slow down their practice?
- What, if any, APP financial incentive plans have you implemented?
- What do YOU think needs to happen to your compensation plan (not what the physicians think needs to happen)?

8



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## NEW TO LUGPA – WHAT LUGPA CAN DO FOR YOU



### LUGPA WEBSITE

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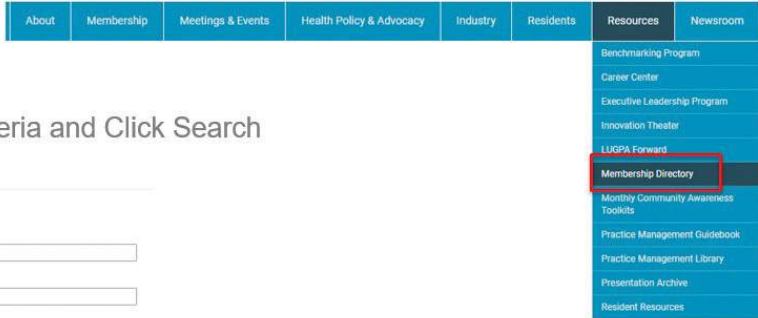
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- LUGPA Website – [lugpa.org](http://lugpa.org)
  - Membership Directory
  - Benchmarking through InfoDive
  - Practice Management Guidebook
  - Meetings & Events
  - Presentation Archives
  - Health Policy & Advocacy Details

## MEMBERSHIP DIRECTORY

- Luga.org -> Resources -> Membership Directory



- Then Enter Your Search Criteria and Click Search

LUGPA MEMBERSHIP DIRECTORY

Search for People or Organization

Contact Name

Organization

Address Office City

Address Office State

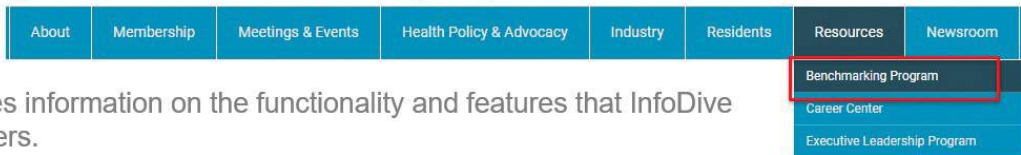


- Don't forget to update your My Profile Page so others can find you as well!

3

## BENCHMARKING WITH INFO-DIVE

- Luga.org -> Resources -> Benchmarking Program

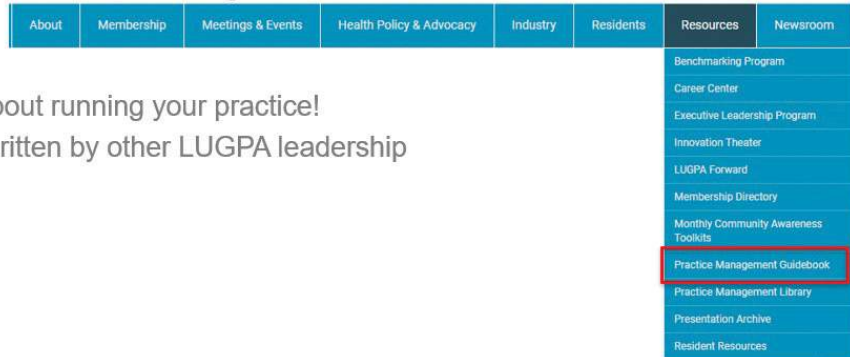


- Provides information on the functionality and features that InfoDive offers.
- See how you compare to other practices.
- Specific to Independent Urology Practices, but you can filter results for your needs.

4

## PRACTICE MANAGEMENT GUIDEBOOK

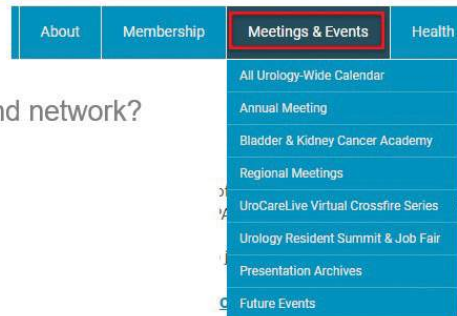
- Lugpa.org -> Resources -> Practice Management Guidebook



- A guide to everything about running your practice!
- Helpful hints and tips, written by other LUGPA leadership

## MEETINGS & EVENTS

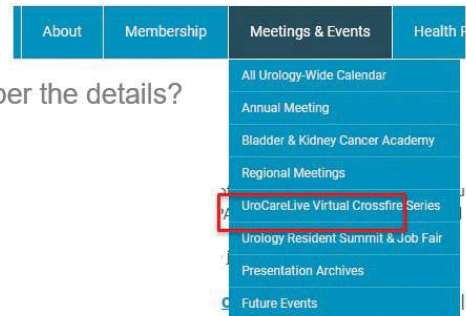
- Lugpa.org -> Meetings & Events



- Looking for details on upcoming opportunities to meet and network?
- Choose the type of event and get further details.

## PRESENTATION ARCHIVES

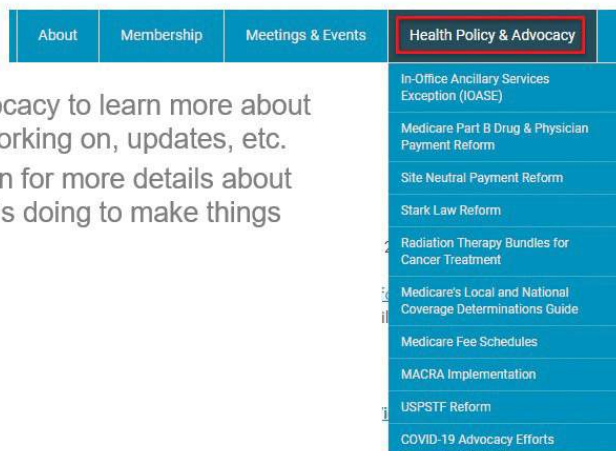
- Lugpa.org -> Meetings & Events -> Presentation Archives



- Know that you heard about something, but can't remember the details?
- Check out the Archives!

## HEALTH POLICY & ADVOCACY

- Lugpa.org -> Health Policy & Advocacy



- Click directly on the Health Policy & Advocacy to learn more about Current Initiatives that LUGPA is working on, updates, etc.
- Click on the specific topic in the dropdown for more details about that topic in general, what LUGPA is doing to make things favorable for us, etc.



## LUGPA PRACTICE ADMIN LIST SERV

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- What is the Practice Admin List Serv?
  - Types of Topics
    - Member Initiated
    - LUGPA Initiated
- Participating in the List Serv
  - How do I join?
  - Sending a Communication
  - Volunteering Information
- Archives of Previous Emails

9

## WHAT IS THE PRACTICE ADMIN LIST SERV?

---

- The List Serv is essentially a distribution list that goes out to any member of LUGPA who has signed up.
- It allows you to communicate with other Practice Administrators to pose questions you may have.
- Group messages with information about events and other happenings with LUGPA also come out using this same List Serv.

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## PARTICIPATING IN THE LIST SERV

- As your group’s roster is updated, Dan Kotheimer at LUGPA will add you to the ListServ. If you are not on the ListServ currently and would like to be, just e-mail [Dkotheimer@LUGPA.org](mailto:Dkotheimer@LUGPA.org).
- To initiate a communication, simply send an email to [LUGPA\\_Practice\\_Administrators\\_ListServ@lugpa.memberclicks.net](mailto:lugpa.memberclicks.net). Be sure to put an appropriate subject line so responses can be easily tied back to the topic.
- Emails will go directly to your email – no need to sign in to review them.
- The List Serv is only as beneficial as the members participating – if you have knowledge on a given topic area, be sure to reply and share your insights!



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## LIST SERV ARCHIVES

- Lugpa.org -> Resources -> Practice Management Library

- Topics are grouped by category
- Click the link for the topic of your choice
- A new page will come up with the question and a listing of all responses

About	Membership	Meetings & Events	Health Policy & Advocacy	Industry	Residents	Resources	Newsroom
						<b>Human Resources</b> <a href="#">PTO for a New Physician Assistant - <i>New!</i></a> <a href="#">APP Supervision and Management</a> <a href="#">Finance Staffing Model</a> <a href="#">Surgery Schedulers per Provider</a> <a href="#">Active Shooter Resources</a> <a href="#">Dyad Leadership Model Resources</a> <a href="#">Benefit Eligibility</a> <a href="#">Managing workflow in Microsoft Teams</a> <a href="#">Call/PTO management software</a> <a href="#">Medical Assistant as Navigator</a> <a href="#">Mandatory COVID Vaccinations for Patients</a> <a href="#">Outsourcing HR services</a> <a href="#">Paid Time Off for Salaried Managers - <i>New!</i></a> <a href="#">Pay Increases/Market Adjustments - <i>New!</i></a>	<a href="#">Benchmarking Program</a> <a href="#">Career Center</a> <a href="#">Executive Leadership Program</a> <a href="#">Innovation Theater</a> <a href="#">LUGPA Forward</a> <a href="#">Membership Directory</a> <a href="#">Monthly Community Awareness Toolkits</a> <a href="#">Practice Management Guidebook</a> <a href="#">Practice Management Library</a> <a href="#">Presentation Archive</a> <a href="#">Resident Resources</a>

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## THE IMPORTANCE OF NETWORKING

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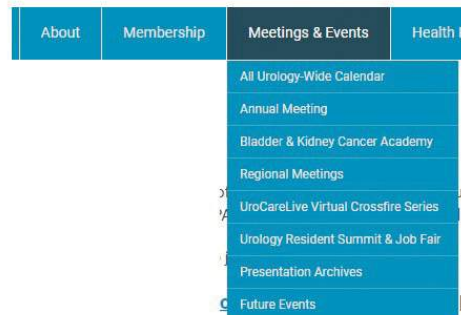
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- Official Offerings
- Outside of Meetings

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## OFFICIAL OFFERINGS

- Attend the various LUGPA Meeting Offerings to learn more about processes, tools, pathways, etc from others who are Subject Matter Experts
- Meetings include:
  - Annual Meetings
  - Regional Meetings
  - Prostate and Bladder Cancer Academies
- To learn more, go to [lugpa.org](http://lugpa.org) and click on Meetings & Events.



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## OUTSIDE OF MEETINGS

- Meeting Content contains a lot of great information, but nothing can replace getting to know your colleagues.
- Chat one on one with people to learn more about what they are doing in their practices, pick their brains on their successes, and learn from their experiences
- How and Where Can You Do This?
  - Industry Sponsored Meals and Events (including booths)
  - Hallway and Social Gatherings
  - Find Connections
    - Walk up and initiate a conversation
    - Hand out Business Cards
    - Get Involved!

**If you want to go fast, go alone.  
If you want to go far,  
go with others.**

*African Proverb*

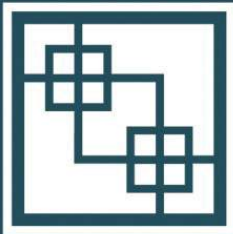
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# OPEN MIC



## DISCUSSANTS

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**Carla Blue**

CEO

Urological Associates of Western Colorado



**Stephen Gabelich**

CEO

Urology Nevada, LLC



**Dan Schonwald**

Practice Administrator

Comprehensive Urologic Care, SC

## ARS QUESTIONS

---

Use this QR code to  
participate in Q&A  
electronically for this  
Open Mic



slido



How have you integrated AI (Artificial Intelligence) into your practice?

① Start presenting to display the poll results on this slide.

## ARTIFICIAL INTELLIGENCE

---

- Scanning / mapping data into the EMR (Dan Schonwald)
- How are you using bots to better fill your schedule?
- Appointment Scheduling/Rescheduling (Carla Blue – If a patient replies to the text reminder that he needs to reschedule, the system contacts the next patient on the wait list)
- CHAT GPT for insurance appeal letters

slido



**What technique is your practice using to decrease patient outrage?**

① Start presenting to display the poll results on this slide.

## **PRESSING CONCERNS**

---

**What is your most pressing concern currently in your practice?**

- A. Physician retirements / recruitment,
- B. Staff turnover, especially among front office and clinical team members
- C. Stagnant reimbursement rates

## **EXPANDING THE APP ROLE**

---

**In the past twelve months, how have you expanded the role of the advanced practice provider?**

- A. Allowed them to perform cystoscopies
- B. Permitted them to see new patients

## **DISRUPTION IN ANESTHESIA COVERAGE**

---

**Many markets have experienced a disruption in anesthesia coverage, which directly impacts Urologists since the profession is driven by procedures / surgeries. How are you addressing it?**

- A. Brought anesthesia service in-house
- B. Working more closely with local hospitals
- C. Establishing a priority system for surgical cases

## **UNDER-UTILIZED REVENUE SOURCES**

---

**What do you see as your most under-utilized revenue source?**

- A. Clinical trials
- B. In-house labs
- C. Chronic Care Management
- D. Advanced imaging (CT, PET CT, MRI)



## **FILLING THE GAPS**

---

**When you can't find sufficient numbers of high-quality staff (clinical and non-clinical), what are you doing to fill the gaps?**

- A. Staffing agencies
- B. Hiring LPNs/LVNs in place of medical assistants
- C. Outsourcing some clerical services

## **MANAGED CARE/COMMERCIAL PAYOR AGREEMENTS**

---

Since so many contracts are tied to Medicare rates and since Medicare is cutting those rates regularly (or at least not increasing them to keep up with inflation), what steps have you taken to re-negotiate your managed care/commercial payor agreements?

## PHYSICIAN PARTNER ENGAGEMENT

---

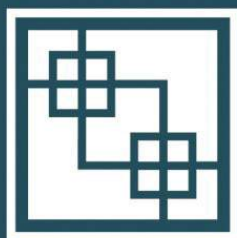
How engaged (or not engaged) are your physician partners in committee assignments or other Administrative/Physician team projects?

## FORMING A MANAGEMENT SERVICES ORGANIZATION

---

If your group would be interested in forming a Management Services Organization (MSO), which of the following services would your group consider for inclusion? (Mark all that apply.)

- A. Billing
- B. Contracting
- C. Credentialing
- D. Marketing
- E. Compliance
- F. Accounting
- G. HR/ Recruiting
- H. IT



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## Planning a Strategic Retreat

Dave Carpenter, CEO



 MINNESOTA UROLOGY

E. Scot Davis, CEO



 Arkansas Urology



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## How does your practice approach strategic planning (not operational planning)?

- 1) Annual **dedicated** process that produces a specific strategic plan with goals
- 2) No dedicated process, but part of governance meetings/discussions that produce plan(s) and goals
- 3) Loose discussions in governance meetings with no specific plan(s) and goals
- 4) No time/attention given to strategic planning



**“Have you ever been too busy driving around to stop and get gas?”**

**– Stephen Covey**

4

## Why?

- Dedicating time to affirm or redirect the company culture
- Road map to achieving competitive advantage (no plan = no direction)
- Aligns shareholders, management and employees with what's important and where you're going
- Identifies “must haves” vs. everything else
- Clarifies how company resources will be utilized (\$, people, time)
- Companies that have a strategic plan are more successful than those that do not



*“What if we don't change at all... and something magical just happens?”*

5

## Who?

- BOD/EC
- Shareholders
- Employed physicians
- C-Officers/Directors
- Company Accountant / Legal Counsel
- Consultants (the C word) / Facilitator(s)



6

## Where?



7

## Where?

1. Physicians are agreeable to dedicate time away from the practice to be fully engaged.
2. Consider locations well outside the practice location in order to avoid “meeting fleeting.”
3. Retain a meeting planner or rely on resources at dedicated retreat locations to facilitate logistics.
4. Pick locations that offer soothing scenery, team building opportunities, or fun activities.



8

## What?

1. Review planning process.
2. Review progress/success of current strategic plan.
3. Discuss industry, market and competitive forces that will shape our future.
4. Review customer (patient volume) trends along with marketing plan.
5. Conduct any necessary organizational requisites (approving budgets, conduct HIPAA training, election of officers).
6. Discuss/outline potential directions the organization may take and rationale.
7. Define strategic focus and organizational goals for coming year.



9

# How...

1. Leave titles/positions at the door.
2. Remain on task.
3. Be here now.
4. Stow distractions.
5. Avoid personal agendas.
6. Chase elephants, not rabbits.
7. Color outside the lines.
8. Reasonable people can disagree.
9. Support the collective.
10. Respect confidentiality.



*"Enough about me, let's talk about you. How do you like me so far?"*

10



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## Our Customer Data Tells a Story!

- Patient referrals by source...
  - Independent primary care
  - Hospital systems
  - Self referrals (by category)
  - Other
- Patient volume by insurance mix
- New patient volume by service line
- Patient visits by location (business trends)
- No shows/cancellations (by reason)

10011000101001101  
1110001110011000  
1000011001111  
10011000100111  
11101111001100  
1010011001001111

13

## Marketplace & Competitive Forces

- Who is our competition?
- What have they done in the last year to change the playing field?
- What /where is our competitive advantage?
- Consider obtaining CMS P.U.F. (Public Use Files) data for market share.
- What have we done in the past year to change the playing field?
- What are our strengths? Weaknesses? (Be honest)
- What do we most fear? What could knock us off our feet?
- Have we reviewed internet analytics, patient reviews to gauge market opportunities or threats?

14

## WIG Defined

### Important Goal

A goal with significance, consequence, or value.

### Wildly Important Goal

A goal that makes all the difference. Failure to achieve this goal renders any of our other achievements inconsequential.

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## Why WIGs?

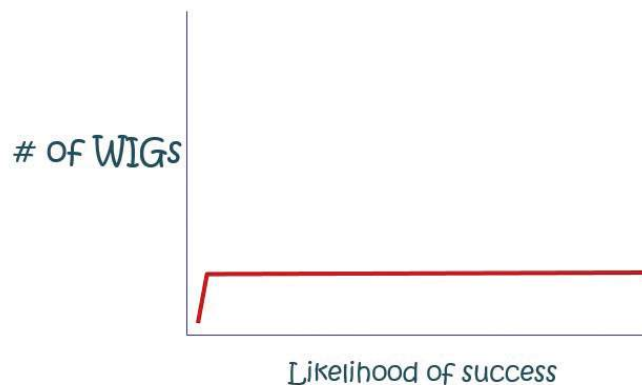


In the absence of clearly defined goals, we become strangely loyal to performing daily acts of trivia.

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## More is not better...

(and resources are not unlimited!)



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# Anatomy of a WIG

**S**pecifically clear

**M**easurable

**A**ttainable (by stretching!)

**R**elevant (to mission & strategic focus)

**T**imebound

18



*“I believe that this nation should commit itself to achieving the goal, before this decade is out, of landing a man on the Moon and returning him safely to the Earth.”* John F. Kennedy, May 25, 1961

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## Post Strategic Planning Work

- Brainstorming with employees by department: “What are the top 3 **measurable** goals we can focus on in our daily roles that can impact our WIGs?”
- Develop and post dashboards/scorecards!
- Monitor and publicize progress organization-wide.
- Department goals on every staff meeting agenda
- Celebrate successes! (food, casual dress day, PTO, bonuses)
- Strategic plan and WIGs are an agenda item on every shareholder and board meeting.
- Accountability: achievement of goals part of all performance reviews at all levels (esp. CEO)

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He who fails to plan is  
planning to fail.

—Winston Churchill

Thank you!

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# PCR REIMBURSEMENT ISSUES: HOW TO NAVIGATE MOLDX, PAYER LANDSCAPE, AND AUDITS

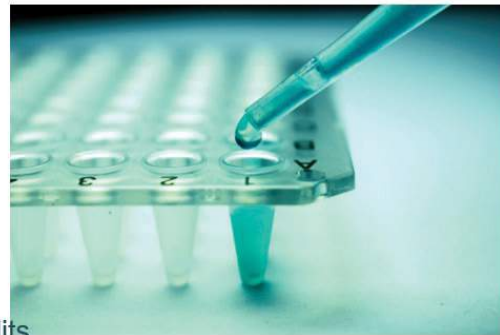


**PCR REIMBURSEMENT ISSUES**

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How to Navigate MolDX, Payer Landscape, and Audits

*Jennifer Becker, MLS(ASCP)<sup>CM</sup>*  
*Urology Nevada*  
*laboratory supervisor*  
[jbecker@urologynevada.com](mailto:jbecker@urologynevada.com)

## Urinary Panel MoIDX and Z-code Requirements:

- MoIDX is nothing new, its just new that it is applying to this testing
- Most urinary pathogen panels are LDT's (lab developed tests).
  - LDT tests are not generally FDA cleared. Components may even be FDA approved, but not the panel itself. FDA approval is also exhaustive process.
  - FDA approval does not guarantee avoiding Z-code coverage by CMS.
- What if you use a reference lab? You may **request sharing** of Z-code from the lab performing the testing.

3

## The Z code Process

- **Step 1:** Register all molecular tests/panels and any sub panels on Palmetto GBA Molecular Diagnostic Exchange (aka MoIDX)
- **Step 2:** When registration is approved, Z-code is assigned and nearly any panel with 5 or more targets will be requested to submit Technical Assessment (TA). You will have a strict deadline.
  - NOT covered yet
  - TA is EXHAUSTIVE. If you have an LDT panel, just start the TA as soon as you submit registration to give yourself more time
  - Familiarize yourself with Palmetto GBA FAQs and Requirements pages and check back frequently. Requirements are subject to change without warning.
  - Start with the TA Submission Checklist (GEN-CQM-003) and complete all listed documentation for your type of testing
    - Urogenital/urinary pathogen panels= Molecular Testing for Syndromic Infectious Disease (MID); must complete "Analytical Validity, Clinical Validation Summary Worksheet- MID-PF-019"
      - Includes ALL analytical and clinical validation, so have raw validation data as well as applied stats ready
    - All panels must complete "Technical Assessment (TA) Summary Form- GEN-PF-001"
      - "Tests with results that are either novel or have proprietary technology and/or algorithms. Tests that require and evaluation of clinical utility or clinical validity that is not already established in existing policies or standards of care."
      - This is where the blacklist must be considered. Do not reference any of the literature on the blacklist. (Titled "Insufficient Literature for MID-UTI Panels)
    - All panels must submit "Gapfill Worksheet- GEN-PF-010" for pricing. Make sure your billing team is handy to help.
    - Make sure to complete all tabs- most of the forms and worksheets have multiple tabs!
- **Step 3:** Submit and wait for MoIDX decision.



4



Went through all that and received an unfavorable decision?

We **all** did!



5

What does MoIDX want?

**Proof of Clinical Utility**

- Does PCR reduce/improve hospitalizations?
- Has PCR improved your antibiotic stewardship?
- Are patient's getting faster/better "cure" of their infection?

**What they DON'T accept or acknowledge as enough:**

PCR accuracy and sensitivity over culture- the "equivalent or better" paradigm

**MoIDX official stance: current scientific literature does NOT show clinical utility for urine PCR and they won't accept any current studies until large scale outcomes are surveyed.**

6



## PCR REIMBURSEMENT ISSUES

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### The elephants in the room...

- The Blacklist
  - 9 pages of peer-reviewed articles that MoIDX refuses to consider for validity of technical assessments
- Large scale commercial labs
  - Only Quest and Labcorp have received favorable outcomes for STI panels so far... and they have the resources.
- Non-MoIDX jurisdictions
  - Thinking of moving operations to a non-MoIDX state? PLEASE DON'T
    - Commercial payers will follow CMS/Palmetto GBA's lead!
      - United Healthcare- Z-codes required beginning Oct 1, 2023
      - Aetna already will not pay certain PCR codes at this time, deeming them "experimental"
      - Just don't bill insurers that require Z-codes? Not sustainable.
    - This will only work in favor of payers not paying in the long run.
- Appropriate test utilization: inappropriate use happened- now we have to fix it.
- Audits are coming for *all* clinical lab billing.
- DOJ is rolling out investigations.

7



## PCR REIMBURSEMENT ISSUES

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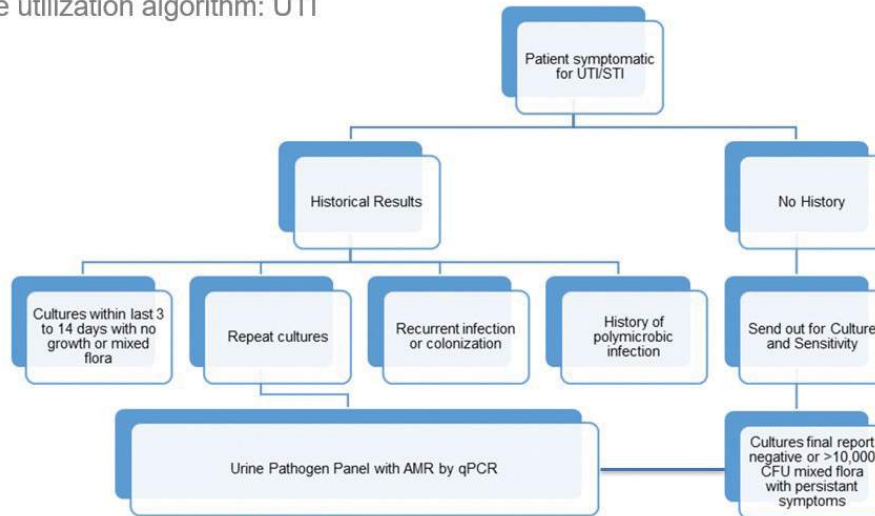
### Medical Necessity for Urine PCR

- Define recurrent UTI (ex: 3 or more visits for UTI symptoms in 12 mo.)
  - Define prostatitis parameters or surgical parameters.
    - Establish and document urine culture timelines
      - Include positive and negative cultures
      - Include frequency of mixed flora (mf) cultures
  - Define VD screening vs rule out with clinical assessment.
    - Document risk of VD and/or history of VD

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## PCR REIMBURSEMENT ISSUES

Example utilization algorithm: UTI



9



## PCR REIMBURSEMENT ISSUES

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What *can* we do?

- Cash Pay
- Advanced Beneficiary Notices (Option 2)(ABN) forms
  - Required at time of service so must be collected at the visit.
- Limited panel offerings for STI or smaller panels if you are able/if it is reasonable for the patient's clinical picture.
  - Remember, if there is not clinical utility, it will still not receive approval.
- Focus on metrics relatable to outcomes
  - TAT
  - Recollects
  - % Positivity
  - Test utilization
- Negotiate contracted payors with these metrics and begin to collect outcome data on appropriate patients.
- Providers and continuity of care: testing utilization algorithm based on medical necessity

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## COMING SOON TO A LAB NEAR YOU...

Payer audits  
Possible DOJ investigations



### PCR REIMBURSEMENT ISSUES

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#### How to prepare for payer audits:

##### Self auditing

- i. Pull minimum of 10 random patients per month
- ii. Ensure all the following are appropriate:
  - i. Front End Checks
    - i. ICD10 codes (include secondary, tertiary, etc)
    - ii. Date of Service and Date Completed
    - iii. Provider signatures
    - iv. Signed ABN form with appropriate option selected (if enforcing)
    - v. Test code ordered = test completed/reported
    - vi. CPT codes are mapping correctly
    - vii. Any additional appropriate documentation, such as UA result, progressor visit note, medical history, culture timeline, etc.

How to prepare for payer audits (continued):

- ii. Back end checks:
  - i. Denial trends (ex: C050 denial for lack of medical necessity)
    - i. Who
    - ii. Why
    - iii. How many
    - iv. Response/Appeal timelines
  - ii. Duplicate billing
  - iii. Use of modifiers (especially -59 modifier)

13

DOJ Investigation: What to do if they knock on your door

1. Above all, keep calm and carry on.
2. (You or your designee) Drop what you are doing, grab notebook/notepad, a pen, and business card and head straight to lobby/reception where agents should be waiting.
3. They must produce either a search warrant/official letter/Civil Investigative Demand (CID)/subpoena. All are typically hand-delivered by DOJ agents.
4. Introduce yourself (or designee) and ask to see them to a room with a table where you can be seated (unless they have warrant for a specific area, then the search must start).

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## Do's and Don'ts:

### Do:

- Ensure they establish that you or your designee is their point of contact for duration of investigation
- Take thorough notes, draft list of everything they say (*I recommend T-chart method!*)
- Get this documentation to senior management immediately.
- Avoid discussing anything to do with the investigation via email, text, or any messaging app. Any written communication can and will be submittable evidence.
- Promptly provide letter/CID/subpoena or copy of warrant to legal counsel. Await their instruction.

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## Don't (for all requests except search warrants):

- Read the document at the time it is served in front of the agents (they will be reading your facial reactions)
- Provide any documentation on the spot (explain that legal counsel will be given the list)
- Promise to provide anything specific (again, legal counsel will review)
- Neglect to take very seriously

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Example Response:

(at conclusion of sit down)

*"Thank you for that explanation. Obviously, this is an important matter. Our policy is to work with our legal counsel to respond to government inquiries; therefore, I am not authorized to provide you with any of your requests today. Please give me your name(s), agency, contact info, and a date by which you need our response. I will get everything to our legal counsel right away, and I am sure they will respond promptly. Let me give you my card so that you can call me if you need anything in the meantime."*

If they ask who your counsel is...

*"I am not sure exactly who will be responding, and I don't want to give you a wrong name" unless you are 110% sure.*

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## And now a hopeful message:

- Why are we fighting back?

If we all thought COVID was rough, the MDRO is nightmare-worthy

- The future of antimicrobial stewardship
- Resistance-guided reporting and therapies
  - Ex: An ESBL positive E. coli that is qnr negative- Ciprofloxacin may be used, but an ESBL positive E. coli that is qnr positive- Do Not treat with Ciprofloxacin.
- Molecular antimicrobial resistance surveillance at the sentinel lab level.
  - Carbapenem-resistant organisms
  - ESBL-positive organisms
  - Antibiotic-resistant *N. gonorrhoea* and *Mycoplasma genitalium*

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**PCR REIMBURSEMENT ISSUES**

**2023 | ANNUAL MEETING**  
November 2 – 4  
Disney's Yacht and Beach Club Resorts | Lake Buena Vista, Florida

## Credits and Resources: fighting the good fight

- CDC Global Antimicrobial Resistance Laboratory Response Network
  - HAI's carbapenem-resistant Enterobacterales: Global Action in Healthcare Network (GAIHN) protocols
  - Fungi- Candida spp., Candida auris and A. fumigatus: World Health Organization's Global Antimicrobial Resistance and Use Surveillance System (GLASS) protocols
  - Sexually transmitted diseases- N. gonorrhoeae: World Health Organization's Enhanced Gonococcal Antimicrobial Surveillance Program (WHO eGASP) protocols
- ASCP Choosing Wisely Committee proposal
- CAP Diagnostic Management Teams proposal
- Lighthouse Laboratory MolDX Coalition
- Dark Daily Report for up-to-date changes via newsletter and webinars as this evolves

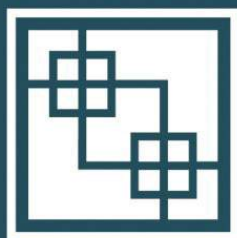
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## THANK YOU!

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# Practice Administrators Workshop Notes



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