

## **Changes in the Practice of Medicine**

The past decade has witnessed a dramatic change in the practice of medicine. It's no secret that decreasing reimbursements, increased practice costs and liability issues have placed enormous pressures on physicians. These factors are obstacles that we face daily and strain the sacred physician-patient relationship.

We have also been subjected to a significant loss of autonomy in our practices. Urologists at one time routinely provided laboratory and radiological imaging for their patients in their offices. This allowed us to achieve a quick and accurate diagnosis and start immediate therapy. Now, we have to spend time and resources obtaining pre-certification and approval for studies that can only be done at designated imaging centers contracted with the HMO. This process frequently delays the study by days and sometimes weeks.

An essential part of urologic practices today is the use of office ultrasonography. We can evaluate a patient with renal colic and quickly determine the presence of hydronephrosis. We can provide our BPH patients with a measure of their residual urine. Patients with elevated PSA levels can undergo tranrectal ultrasonography and ultrasound guided biopsies to determine the presence of malignancy in the prostate. Scrotal sonography as well can be used to evaluate testicular pathology.

Urologists in New York State can rest assured that their state society will continue to ensure that they can continue to provide office ultrasound imaging and be fairly reimbursed. Last year, GHI decided to limit in office ultrasound reimbursement for the determination of residual urine volumes. Through intense lobbying by members of the NYSUS, GHI subsequently reversed this policy. We cannot afford the loss of any more autonomy in our practices. I urge members to periodically log on to the NYSYS website. The site will be periodically updated and members can send in questions and comments.

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