

**Health Policy Council (HPC)
Conference Call to Discuss HCP Restructuring
Held August 17, 2004 8:30 p.m. EDT**

In attendance	Conflicts	Absent
Schlossberg	Stackpole	Middleton
Corcoran	Fallon	Weiss
Damico		S. Cohen
Wagle		
Lacy		
Kaufman		
Regan		
Slachta		
Sankey		
Fox		
Jones		
Ducote		
Naslund		
Dineen		
Fenter		
Gee		
McNett		
M. Cohen		

Dr. Gee opened the call and began with an overview of the history of AUA's involvement with health policy activities as well as a review of previous and current staffing levels of Government Affairs as well as Practice Management Department.

He then presented the participants of the rationale for moving to downsize the Council as well as plans to better educate and integrate the new members into AUA's processes and issues. As always, Dr. Gee explained that the HPC would continue with open-door meetings and the annual meeting and the various liaisons and consultants would always be invited to give their input on their own areas of interests and activities of the Council.

Dr. Jim Regan also outlined more information regarding the growth of budget, staff and issues. He emphasized that the idea of the new rightsizing was to get physicians more involved.

Dr. Larry Jones indicated that he had discussed with By-law Committee member, Dr. John Prince the existing structure as outlined in the by-laws and noted that changes would have to be approved by the By-laws Committee. He also noted that the Board of Directors governs all activities of the HPC. Ms. Megan Cohen reviewed with the Council the current status of the Health Policy Council reorganization, including that the By-Laws Committee has indeed already reviewed and approved restructuring. She then provided the Council with a Summary of the May Board of Director actions that tabled the current restructuring plan until the Sections had a chance to review and comment on the new structure. The new functions of the Council were outlined during the general council members discussion as including a second meeting in Baltimore in addition to the annual meeting as well as participation of HPC members in the Advocacy portion of the Leadership Conference.

An important question was raised about AACU's position on this issue. Dr. Fenter, current AACU President and HPC member, responded that the AACU wants to be a partner in this and they understood and supported the reasoning for the restructuring. Dr. Naslund echoed those comments and agreed that AACU should have one slot. Although it was added by Dr. Lacy that at the previous AACU board meeting there had been concerns expressed about retaining the current level of representation and it should be reconsidered this fall, but he personally supports the restructuring. Dr. Fenter also emphasized that AUA should be the final decision-maker on their own committees.

Summary of Council Member Comments

There were both constructive favorable comments as well as cautionary concerns expressed by all. There was universal acknowledgement that a smaller group would facilitate quicker action and facilitate more work being done as well as provide the opportunity for better input. Additionally, one member indicated that streamlining the Council would give the members more clout and raise their level of responsibility. It was also noted that all Sections should continue to name alternate representatives that could sit-in as needed and also be trained to step into the Council position. In general no problems with the philosophy or the direction of the changes were noted.

Overall, the group also reflected the concerns that communication on several fronts was key to being successful. This included the addition of one or more face-to-face meetings as well as other means of communication such as email listservs, teleconferences or any type of communication the group agreed was most beneficial. Communications to and from AMA House of Delegate members and UROPAC Board were also stressed. Suggestions also included that the Health Policy Members should in turn set up similar activities with the various states they represent.

A strongly held concern was the feeling of a disconnect between the Council and the Board of Directors as well as a belief that this in the long run would be detrimental to the AUA and its members. The socioeconomic representation is a primary concern to members and vital to maintaining membership. Concern about the current Board policy that does not include a presentation by the HPC Chair unless requested was thoroughly discussed. Dr. Fox agreed that these were vital concerns that needed to be considered.

Actions:

Following that discussion, Dr. Ducote moved that the Health Policy Council recommend that the Chair be more involved in board activities and present directly to the Board more often. The motion was seconded by Dr. Kaufmann and unanimously approved.

The HPC members whose Sections have upcoming meetings all agreed that they would take this discussion to their respective Boards for consideration so that feedback could be given to the Board of Directors at its February meeting.

Respectfully submitted,
Dr. William F. Gee, Chair
Cherie L. McNett, Dir. of Government Affairs, staff liaison