



Meeting Addresses Challenges Facing Urology Groups in Cancer Care



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In recent years, many smaller urology practices have come together in medium- and large-sized communities across the country to consolidate resources and address the needs of a growing number of patients, especially in light of regulatory changes and an expanding range of available therapies.

To this end, the Large Urology Group Practice Association (LUGPA) was formed so that these larger urology groups could meet and discuss ways to address the challenges that lie ahead. The 2012 LUGPA Annual Meeting, to be held November 1-3 in Chicago, is expected to gather more than 100 such urology groups together to discuss administrative, technological, regulatory, and medical challenges facing these practices.

“This meeting enables groups to make decisions in bulk,” said Deepak A. Kapoor, MD, chairman and CEO of Integrated Medical Professionals, PLLC, and president of LUGPA. “You could have a urology meeting where 100 different urologists

from 100 different practices are making different decisions, or you could have 100 urologists from one group all on the same page.”

Kapoor said that while managing a large group of urologists has its benefits, there are several challenges that must be overcome in order to make these practices work. He said that they need to be able to adopt a standardized treatment paradigm that the entire team uses, and that requires knowledge of how to integrate new therapies and technologies into treatment as well as the proper sequencing of these various therapies.

“They come away with a whole new set of skills that enable them to run their practices more efficiently,” Kapoor said. “The goal is to have them be able to improve access, improve outcomes, and do it all at a lower cost.”

Kapoor said the 2012 meeting is especially important, since much of the discussion will revolve around the Affordable Health Care Act and the changes that these practices must implement in 2013. He noted that urologists who attend the meeting will gain an understanding of value-based reimbursement and how patient outcomes will be scrutinized more carefully.

With regard to prostate cancer, Kapoor said the number of new therapies available to treat advanced prostate cancer—including sipuleucel-T (Provenge), abiraterone acetate (Zytiga), and enzalutamide (Xtandi)—is encouraging but also raises questions of how to properly sequence all of these therapies. Additionally, Kapoor said that chemotherapy and radiation in these patients remains an important part of the discussion, including continued use of these therapies as patients live longer.

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“There are people who have seen some of these patients for a decade or longer and have established trust with these patients,” Kapoor said. “They need to be able to maintain trust with these patients so that they can continue to have informed discussions on how to manage prostate cancer.



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