

## Preface

# Embracing Change in Urologic Practice: Both Without and Within



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*Editor*

This is the only the second time that this prestigious publication has devoted an entire issue to the socioeconomics of health care. Given the upheaval associated with the global Public Health Emergency and the current political uncertainty in the country, the timing of the *Urologic Clinics* for such a review couldn't be more appropriate. The protective bubble that has sheltered physicians from the harsh economic realities other professions face has burst—not only have we seen our livelihoods threatened but also our very lives as front-line workers are at risk as we minister to our patients. In this environment, nascent issues of access, diversity, and leadership have been brought into sharp focus. It was a great honor to have been asked by Dr. Loughlin to serve as guest editor to review these matters in this august journal. I've had the distinct privilege of working with all the authors who have contributed to this issue in various capacities over the last several years, each of whom is an authority on their respective topic—their individual and collective contributions to the field are too numerous to list, and I am sure that you will find their insights invaluable.

This issue of the *Urologic Clinics* is loosely organized into sections generally focusing on workforce and enhancing access, novel practice structures and opportunities, advocacy, and finance. The first section starts with 2 studies of the present state of the urologic workforce, exploring not only the absolute need for urologic

services but also the increased pressure on access to care that results from physician burnout. These are followed by 4 reviews of possible methods to enhance access to care, through coordinated efforts in development of physician leaders, enhancing the role of women in urology, nurturing the next generation of urologic physicians, and the opportunities and challenges in expanding the use of advanced practice providers. The last article in this section covers the history and future of telemedicine, the role of which was catapulted into prominence over this last year.

The next section focuses on opportunities for urologists outside of traditional practice structures. This starts with the evolution of integrated care models, which now account for over a third of the nation's urologic services. This is followed by a study exploring the upsurge of private equity transactions in health care—over \$80 billion worth of deals closed in the health care space in the year prior to the COVID-19 crisis. Next is an overview of operationalizing research programs into clinical practice, an opportunity that most urologists do not avail themselves to.

The subsequent 2 articles start with a primer on engagement in advocacy, exploring different approaches taken by different urologic associations, mechanisms by which urologists can engage in the process, and case studies that illustrate the evolution of urologic advocacy—the adage “if you're not at the table, you'll be on the menu”

has never been truer. We move to an overview of the status of the Merit-based Incentive Payment System and current regulations to help readers comply with provisions of the Medicare Access and CHIP Reauthorization Act of 2012. Given the economic uncertainties faced by physicians, it seemed appropriate to finish this issue with an overview of basic financial planning, a subject that is sorely lacking in medical education.

While we are first and foremost scientists and practitioners of an ancient art, as the principal caregivers of the genitourinary tract, we must serve as advocates for both our patients and those that will follow in our profession. As such, we must ensure continued access to our services while securing professional satisfaction and economic security for current and future practitioners. To

do so, we must remain vigilant to changes in the practice climate, educate ourselves on issues affecting our specialty and our patients, and, most importantly, embrace our role as agents of change for the betterment of our patients and profession.

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