

Health Policy and Advocacy



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KEYWORDS

- Advocacy • Health policy • Physician leadership

KEY POINTS

- Engagement in health policy and advocacy is critical to the future of the practice of medicine.
- The 3 major urologic organizations (American Urological Association, American Association of Clinical Urologists, and Large Urology Group Practice Association) evolved different pathways to engage the national and state legislative and policy apparatus.
- Urology engagement has resulted in significant impact on the practice of medicine on both state and federal levels from both legislative and regulatory perspectives.
- The importance of individual contributions from both time and money to political efforts cannot be overstated.
- Increasing diversity among those involved in leadership and advocacy is needed to amplify urologists' voice over the coming years.

PHYSICIAN ADVOCACY IN HEALTH POLICY—HOW? WHY NOW? AND WHY ME?

The scope of interest of those pursuing medical careers has greatly changed—30 years ago, other than the occasional associated PhD, medical students and physicians rarely pursued degrees beyond an MD. Physicians now commonly pursue additional studies outside of their medical training, whether it be degrees in law, business, hospital administration, or public health—the Association of American Medical Colleges reports that from 2006 to 2014, the number of physicians graduating from medical school with dual degrees increased by more than 50%,¹ amplifying the importance of expanded expertise to aspects other than direct patient care. The ability for practicing urologists to enter the arena of health policy and advocacy has expanded as their knowledge base and experience has increased; although it may not always seem the case, the input of practicing physicians of a variety of backgrounds is actively sought by legislators and regulatory agencies because this

input is essential for patients' access to the level of care that current knowledge and technologies.

As with most life endeavors, the most daunting step in political engagement is the first one. Many practicing urologists may feel unqualified to comment on health policy, may feel uncomfortable engaging with the political apparatus, and have very real concerns about whether this engagement can produce tangible results. Perhaps most importantly, even interested physicians struggle find time to be engaged effectively in this arena with commitments to amass relative value unit expectations, research activities, Centers for Medicare & Medicaid Services (CME) requirements and other certification burdens, and time for family life and personal pursuits. Given these constraints, typically, there is a perceived need or threat that overcomes these obstacles to engagement and overcomes inertia. Whether it be the historical threat to lithotripsy partnerships defeated by the American Lithotripsy Society,² the need to protect dedicated armed forces

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