

The State of the Urology Workforce and Practice in the United States 2016



American
Urological
Association

Advancing Urology™

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Preface

The American Urological Association (AUA) continues to transform urologic care through meaningful collection, integration and utilization of data in order to generate knowledge and inform urologic practice, the nation's health care system and public policy. The AUA Annual Census has completed its third year of data collection and reporting and continues to serve as a cornerstone for these endeavors.

The AUA Annual Census provides an exciting opportunity to collect and disseminate workforce and practice data on the entire urologic community. The primary goal of the Census is to serve as a definitive source of data describing the urologic community, including geographic distribution of providers, demographic characteristics, education and training, licensing and board certification and patterns of practice. The Census explores the urologic profession in one systematically designed survey that longitudinally reports both cross-sectional variations and trends over time. The collected data assist in filling knowledge gaps and meeting research needs while ultimately improving patient care.

The State of the Urology Workforce and Practice in the United States, the annual publication summarizing Census findings, has emerged as a primary source of information about urology. Additionally, a de-identified public use Census dataset is available and researchers have used these data to conduct studies and generate publications on the urologic practice and workforce.

The AUA Annual Census is one of the AUA's primary data initiatives. Please visit the AUA Census webpage at www.AUAnet.org/Census for more information and results. To participate in the AUA Annual Census, you may access the survey online at www.AUAnet.org/TakeCensus from May to September each year or complete it in person at the AUA Annual Meeting. Annual participation is vital; all urology community members are encouraged to take part in this important data effort each year.



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The AUA would like to thank all members of the urology community for their continued support of and participation in the AUA Annual Census.

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Executive Summary



Urologists increasingly face tremendous challenges and opportunities, especially as the U.S. population ages,¹ and the demand for urologic care grows. The AUA, with more than 21,000 members worldwide, is committed to providing the urologic community with the education, research, advocacy and statistics required to address these challenges. Data relating to the urology workforce and practice patterns play an important role in generating knowledge to inform urologic care and workforce policy.

As a premier urologic association, the AUA is committed to providing a definitive source of data regarding the urologic community. In 2014, the AUA launched its first Annual Census, defined and estimated the practicing urologist population, and, for the first time in the history of urology, reported the workforce and practice characteristics of the entire population of practicing urologists.

Data collection for the 2016 AUA Annual Census began in May 2016 at the AUA Annual Meeting in San Diego, CA, and continued online until the end of September 2016. A total of 5,281 urologists and other urologic care professionals, representing 107 countries and regions throughout the world, completed the 2016 AUA Annual Census. The results on U.S. practicing urologists were adjusted for non-responses and are reported in this annual publication.

In analyzing and reporting Census results, two data files were established: a population denominator file containing basic demographic, geographic and some certification information for all practicing urologists in the United States in 2016 as listed in the National Provider Identifier (NPI) master file² and cross-checked against the American Board of Urology (ABU) certification information maintained by the American Board of Medical Specialties (ABMS)³ for allopathic physicians and the American Osteopathic Board of Surgery (AOBS) certification information listed by the American Osteopathic Association (AOA) for osteopathic physicians;⁴ and a sample file containing information collected via the AUA Annual Census.

The Census is a novel data source that can be used to explore the profession of urology from multiple angles through the collection of information from practicing urologists and other professionals worldwide. The data collected assist in filling knowledge gaps and meeting research needs while, ultimately, improving patient care.

RESPONSE AND METHODOLOGY USED IN REPORTING ON U.S. PRACTICING UROLOGISTS

Data Collection

The AUA Annual Census targeted the entire landscape of the U.S. urologic practitioner population, ensuring all sample groups could then be weighted and compared with the “practicing urologist” population in order to address non-responses. The population file and the Census survey sample file were linked using post-stratification factors (i.e., gender, location, certification status and years since initial certification) to adjust for the contribution of each respondent in a Census survey by the assigned proper sample weight. A total of 5,281 respondents completed the 2016 AUA Annual Census—3,332 of whom were from the United States. Of these, 2,301 respondents were confirmed to be practicing urologists.

Population Definition

Practicing urologists are defined as those with valid medical licenses reported in the NPI file as either urologists or pediatric urologists. Those who were reported as either surgeons or specialists in the NPI file were checked against the ABU certification records maintained by the ABMS and AOBS certification records listed on the AOA website. Urologists in residency training were excluded.

Justification for Non-Response

Census samples were weighted based on post-stratification techniques to adjust for the contribution of each respondent in the Census.

Statistical Confidence of Census Reporting

When reported findings were based on weighted Census samples, error estimates were also listed as margin of error (MOE) or confidence interval (CI), measuring precision of the reported values at a 90 percent confidence level. The difference was statistically significant when no overlap was identified between the two corresponding confidence limits.

KEY FINDINGS

In 2016, there were **12,186** practicing urologists identified in the United States.



Among these, **10,954** were actively practicing (work at least 25 clinical hours per week) (Table 1-1).

- Among the 50 U.S. states, New Hampshire has the highest urologist-to-population ratio, while Montana has the lowest (Table 1-2).
- Among the 3,144 U.S. counties, practicing urologists maintain their primary practice locations in 1,149 counties (Table 1-4).
- The median age of practicing urologists in the United States is 55 years (Table 2-1). Practicing urologists are predominantly male (Table 2-2), non-Hispanic (Table 2-3) and white (Table 2-4).
- Three top areas for fellowship of practicing urologists in the United States are oncology, pediatrics and endourology/stone disease (Table 3-3).
- More than 87 percent of practicing urologists in the United States are certified by the ABU, the AOBG or both (Table 3-8).
- Practicing urologists in the United States have practiced urology for a median of 21 years, while nearly 30 percent of practicing urologists have practiced for more than 30 years (Table 3-9).

Nearly 59 percent of practicing urologists in the United States are in **private practice** (including solo, single urology or multispecialty groups) (Table 4-2).



- Significant gender difference exists with respect to primary work settings. Female practicing urologists are more likely to work in academic medical centers than their male counterparts (Table 4-3).
- Over 40 percent of practicing urologists in the United States have a primary subspecialty area (Table 4-6), with oncology being the most common subspecialty area (Table 4-7).
- Approximately 82 percent of practicing urologists in the United States perform inpatient surgical procedures. After age 75, fewer than half of practicing urologists perform inpatient procedures (Table 4-8).

- Practicing urologists in the United States work a median number of 56 hours in a “typical” week. More than 34 percent of urologists work over 60 hours a week (Table 5-1).

Practicing urologists in the United States have a median number of **70** patient visits/encounters in a “typical” week (Table 5-6) and work a median **48** weeks per year (Table 5-9), suggesting a total number of patient visits/encounters of 3,360 per year.



48 weeks/year



70 patients/week

- Approximately 36 percent of practicing urologists in the United States indicated high levels of professional burnout (Table 6-4).
- Approximately 33 percent of practicing urologists’ practices experience difficulty filling urologist vacancies (Table 7-1) due to lack of enough candidates (53.2 percent) and lack of funding (35.8 percent) (Table 7-2).
- Nearly 9 percent of practicing urologists participate in a telemedicine program (Table 7-3).
- Nearly 60 percent of practicing urologists participated in quality reporting programs over the previous 12 months (Table 7-5).

CONCLUSION

The AUA Census is conducted annually. Each new version is launched at the AUA Annual Meeting and remains available online until the end of September of that same year. The AUA strongly encourages all members to complete the Census each year at AUA’s Annual Meeting or online at www.AUAnet.org/TakeCensus. Future Census publications will expand on initial findings. As more Census data are collected, the AUA will report trends over time and identify significant cross-sectional and longitudinal variations across the specialty.

About the American Urological Association (AUA)

THE ORGANIZATION

Founded in 1902 and headquartered near Baltimore, Maryland, the AUA serves more than 21,000 members throughout the world as a leading advocate for the specialty of urology. The AUA is a premier urologic association, providing invaluable support to the urologic community by fostering the highest standards of urologic care.

AUA MISSION

The AUA mission is to promote the highest standards of urological clinical care through education, research and the formulation of health care policy.

AUA VISION

The AUA vision is to be the premier professional association for the advancement of professional urologic patient care.

For more information about the AUA, please visit www.AUAnet.org.

The AUA Annual Census

As a premier urologic association, the AUA is committed to serving the urologic community. The AUA supports the generation and dissemination of urologic knowledge through a systematic approach. The AUA's Annual Census is a systematically designed, specialty-representative survey of urology (similar to the U.S. Census). The results of the AUA's Annual Census are weighted in order to reduce non-response bias, to represent accurately the entire specialty and to address the broad landscape of urology.

This publication serves as a primary source of information for the urology workforce in its effort to effectively convey the needs and demands of the urologic community. The findings also depict current clinical practice, including the use of electronic health records (EHRs), mechanisms to report quality measures and medications and procedures to treat urologic conditions of interest to the urologic community. Results from this publication provide an array of information that can bridge knowledge gaps, provide data to meet increasing research needs and, ultimately, improve patient care. Future Census publications will expand on initial findings, report trends over time, and identify cross-sectional and longitudinal variations across the specialty nationwide and globally.



Definition of Terms

PRACTICE STATUS

In order to understand the manner in which this report classifies urologists, a Definition of Terms is provided:

- **UROLOGISTS:** Physicians and surgeons who are specially trained for the diagnosis and treatment of genitourinary and adrenal gland diseases in patients of any age and of either sex
- **PRACTICING UROLOGISTS:** Urologists who maintain current medical licensures and treat patients with urologic conditions
- **PRACTICING UROLOGISTS IN THE UNITED STATES:** Practicing urologists with primary practice locations in at least one of the 50 U.S. states or the District of Columbia
- **ACTIVE PRACTICING UROLOGISTS:** Practicing urologists who treat patients with urologic conditions and who work at least 25 clinical hours per week
- **CERTIFIED UROLOGISTS:** Urologists who are certified either by the American Board of Urology (ABU) or by the American Osteopathic Board of Surgery (AOBS)

LEVEL OF RURALITY

The zip code of each practicing urologist's primary practice location was converted to a rural-urban commuting area (RUCA) code based on RUCA 3.10⁵ (developed collaboratively by the Health Resources and Service Administration's Office of Rural Health Policy [ORHP], the United States Department of Agriculture's Economic Research Service [ERS], the WWAMI Rural Health Research Center [RHRC] based on 2010 United States Census work-commuting data, 2012 United States Census Bureau revised urban area definition based on 2010 Census data and 2013 zip codes).

RUCA 3.10 codes were grouped into four levels of rurality. An area with population size $\geq 50,000$ was defined as a Metropolitan Area. An area with population size $< 50,000$ was defined as a Non-Metropolitan Area. The Non-Metropolitan Area was further classified: Micropolitan Area (population = 10,000-49,999), Small Town (population = 2,500-9,999), Rural Area (population $< 2,500$).

Glossary

90% CI	90 Percent Confidence Interval
AUA	American Urological Association
ABU	American Board of Urology
ABMS	American Board of Medical Specialties
AOA	American Osteopathic Association
AOBS	American Osteopathic Board of Surgeons
DO	Doctor of Osteopathic Medicine
EHR	Electronic Health Record
HMO	Health Maintenance Organization
MD	Medical Doctor
MOE	Margin of Error
NP	Nurse Practitioner
NPI	National Provider Identifier
PA	Physician Assistant
RUCA	Rural-Urban Commuting Area

Methodology

Data in the AUA Annual Census were collected and analyzed using survey methodology developed by Groves et al.⁶ Two data files were established. One file was a population file containing basic demographic, geographic and certification information for all practicing urologists in the United States in 2016. Another file was a sample data file containing a broad range of information collected from the Census. The population file and the Census survey sample file were linked through post-stratification factors to adjust for non-responses and the contribution of each respondent in a Census survey by assigned sample weight.

PRACTICING UROLOGIST POPULATION

Practicing urologists were identified jointly from the NPI file, which includes all physicians in the United States who hold valid medical licenses, ABU certification records maintained by the ABMS and AOBS certification records from the AOA website if the following criteria were met:

1. Either urology or pediatric urology was listed as the medical specialty.
2. A provider was listed as either a surgeon or a specialist and matched to either the 2016 ABU certification records as a urologist or the AOBS certification records as a urological surgeon. Manual checks of all individual urologists' and urologic surgeons' websites were performed to confirm that these physicians provided urologic care in 2016.
3. Urologists in residency training were excluded.
4. Urologists who were identified as certified by the ABU and/or AOBS but not listed in the NPI file were excluded in order to ensure inclusion of only currently practicing urologists.

ORGANIZATION OF QUESTIONS

The Census consists of “base” and “supplemental” questions. Base questions that target the entire urology specialty will be asked annually in order to identify cross-sectional and longitudinal patterns. Examples of base question topics include practice status, clinical practice setting, primary and secondary subspecialties, patient encounters and employment status. Supplemental questions will vary each year and focus on emerging

issues; these questions may be distributed either to all participants or to a random subset of participants.

CENSUS TIMELINE

The AUA Annual Census officially launches at the AUA Annual Meeting, and the Census is available to respondents online through September of that same year. Census data are analyzed and reported in the annual publication *The State of the Urology Workforce and Practice in the United States*, which is available in the spring of the following year.

CENSUS DATA COLLECTION

Data collection for the 2016 AUA Annual Census began on May 6, 2016 at the 2016 AUA Annual Meeting and ended on September 30, 2016. Each respondent was assigned an identification number prior to the submission of responses to the Census questions. This step ensured the results could be linked to the population file and no respondent could take the survey more than once.

A total of 5,281 respondents completed the 2016 AUA Annual Census—2,301 of whom were practicing urologists in the United States. Those who self-reported as practicing urologists were checked against the practicing urologist population file and removed if there were no matches found (n=51). Those who were practicing outside the United States (n=1,705) were also removed from this study, but their responses will be analyzed and reported separately with final analysis available on the AUA website.

SAMPLE WEIGHTING

The purpose of a survey is to sample the entire population of interest, generalizing the collected data to the rest of the population. In order to achieve this aim, the sample needs to be representative (i.e., reflect the characteristics of the population from which it is drawn); however, surveys often over-sample some subgroups of the population and under-sample others. In other words, unless a certain response rate is achieved, survey samples usually do not represent the population. The way in which a certain characteristic (e.g., age, education, race, sex) of a sample is distributed in the survey data may differ from the way it is distributed in the population. Thus, sample weighting is performed to address this difference. Post-stratification factors are used with lesser weight given to over-sampled data and greater weight given to under-sampled data. This

utilization provides a mathematical correction for these biases, and a key result is reasonable statistical confidence. The post-stratification factors are those significant characteristics that distinguish urologists from the sample and from the population.

In order to adjust for non-responses and resulting biases in the 2016 AUA Census sample, a standard post-stratification weighting technique⁷ was used to identify post-stratification factors. Identified factors include gender, geographic location, certification status and years since initial certification. These factors were used to develop stratification cells for calculating sample weights.

CENSUS REPORTING WITH STATISTICAL CONFIDENCE

Results were based on either weighted Census samples or the practicing urologist population data described earlier in this report. Reported statistics based on the population data were preferred because of the lack of sampling bias. In contrast, when reported findings were based on weighted Census samples, error estimates were reported in the form of either MOE or CI, with estimation of measurement precision at a 90 percent level of confidence.

DATA ANALYSIS

After post-stratification weighting adjustment, the Census data were analyzed with IBM-SPSS Complex Samples 22.0.

MARGIN OF ERROR (MOE)

Estimates of characteristics of the practicing urologists from the AUA Census sample data can differ from those that would be obtained if all practicing urologists were surveyed. MOE values at the 90 percent confidence level were used to measure and report the precision of each estimate. The MOE is the difference between an estimate and its upper or lower confidence bounds.⁸ The AUA reports both estimates and their associated MOE values in alignment with the U.S. Census Bureau in reporting the U.S. Census/ American Community Survey.

CONFIDENCE INTERVALS (CI)

Estimates based on the AUA Census samples can differ from those that would be obtained if all practicing urologists were surveyed. A 90 percent confidence interval (90% CI) was used to mark the upper or lower confidence bounds of estimated parameter by Census samples with 90 percent statistical confidence.

LIMITATIONS

The results of the AUA Annual Census are subject to the following limitations:

1. As a population-based and weighted survey, the analysis of the AUA Annual Census data relied on the absolute number of responses to report statistics for small geographic, demographic and clinical categories. Women and racial/ethnic minority groups were not well represented in the urologist population and, therefore, were difficult to analyze.
2. AOBs certification of osteopathic doctors was obtained via the AOA's online urologic surgeon list without direct verification by the AOBs. Information contained in the AOA's "DO Directory" (public list) is not the primary source for verification of physician credentials.
3. The AUA Annual Census is subject to sampling and estimate errors. Thus, the MOE is the appropriate tool when comparing two groups.
4. The practicing urologist population in the United States was based on the assumption that urologists who maintain their medical licenses in the Census year are considered practicing urologists.
5. Geographic classifications, such as levels of rurality and state, were determined based on the primary office location in the NPI file. The actual geographic coverage of practice for each practicing urologist may be beyond the area reported.
6. Census data are self-reported, non-validated, and subject to bias or misrepresentation.

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Practicing Urologists *in the United States*



Section 1: Geographic Distribution

Primary Observations

- In 2016, 12,186 urologists were identified as “practicing urologists” in the United States. Of those practicing urologists, 90 percent are “actively” practicing (Table 1-1), which is similar to what was reported in 2015 but statistically higher than the 85.3 percent reported in 2014.
- The overall urologist-to-population ratio increased slightly to 3.77 per 100,000 population in 2016 up from 3.70 in 2014 and 3.72 in 2015. Among the 50 U.S. states, New Hampshire has the highest urologist-to-population ratio, while Montana has the lowest (Table 1-2).
- The AUA’s Southeastern Section has the greatest number of practicing urologists in the United States (21.1 percent of the total practicing urologist population) (Table 1-3).
- Practicing urologists maintain their primary practice locations in nearly 37 percent of all U.S. counties (Table 1-4).
- Less than 10 percent of practicing urologists in the United States maintain their primary practice locations in non-metropolitan areas (including micropolitan, small towns and rural areas) (Table 1-5). Practicing urologists over the age of 55 are more likely to maintain their primary practice locations in non-metropolitan areas (Figure 1-5).

TABLE 1-1
Practice Status

Type of Urologist	Number of Practicing Urologists	Percent (%)
Practicing Urologists	12,186	100.0
Active Practicing Urologists	10,954*	90.0

(Data source: National Provider Identifier 09/2016 file, ABU certification records from the ABMS Directory of Board Certified Medical Specialists, AOA DO Directory. *2016 AUA Annual Census; active practicing urologists are defined as those who work 25 or more clinical hours per week.)

TABLE 1-2

**Urologist-to-Population Ratio by State of Primary Practice Location
(Ranked from High to Low)**

State	Number of Practicing Urologists*	Population ⁹	Urologist-to-Population Ratio [^]	Relative Position
U.S. (50 States & DC)	12,186	323,172,513	3.77	National Average
District of Columbia	67	681,170	9.84	High
New Hampshire	70	1,334,795	5.24	
New York	976	19,745,289	4.94	
Massachusetts	326	6,811,779	4.79	
New Jersey	409	8,944,469	4.57	
Pennsylvania	581	12,784,227	4.54	
Louisiana	212	4,681,666	4.53	
Maryland	267	6,016,447	4.44	
Tennessee	290	6,651,194	4.36	
Hawaii	62	1,428,557	4.34	
Connecticut	154	3,576,452	4.31	
West Virginia	77	1,831,102	4.21	
Florida	841	20,612,439	4.08	
Ohio	472	11,614,373	4.06	
North Carolina	409	10,146,788	4.03	
Michigan	400	9,928,300	4.03	
Oregon	164	4,093,465	4.01	
Vermont	25	624,594	4.00	
Washington	282	7,288,000	3.87	Medium
Illinois	490	12,801,539	3.83	
Wisconsin	216	5,778,708	3.74	
South Carolina	184	4,961,119	3.71	
Alabama	180	4,863,300	3.70	
Virginia	307	8,411,808	3.65	
Alaska	27	741,894	3.64	
Minnesota	199	5,519,952	3.61	
Indiana	239	6,633,053	3.60	
Rhode Island	38	1,056,426	3.60	
Missouri	219	6,093,000	3.59	
Kansas	103	2,907,289	3.54	
Arizona	243	6,931,071	3.51	

State	Number of Practicing Urologists*	Population ⁹	Urologist-to-Population Ratio [^]	Relative Position
Nebraska	66	1,907,116	3.46	Medium Low
Colorado	191	5,540,545	3.45	
Kentucky	150	4,436,974	3.38	
California	1298	39,250,017	3.31	
Maine	43	1,331,479	3.23	
Oklahoma	126	3,923,561	3.21	
Iowa	100	3,134,693	3.19	
Arkansas	92	2,988,248	3.08	
Mississippi	92	2,988,726	3.08	
New Mexico	64	2,081,015	3.08	
Georgia	313	10,310,371	3.04	
Texas	823	27,862,596	2.95	Low
South Dakota	25	865,454	2.89	
North Dakota	21	757,952	2.77	
Utah	82	3,051,217	2.69	
Wyoming	15	585,501	2.56	
Nevada	74	2,940,058	2.52	
Idaho	40	1,683,140	2.38	
Delaware	21	952,065	2.21	
Montana	21	1,042,520	2.01	

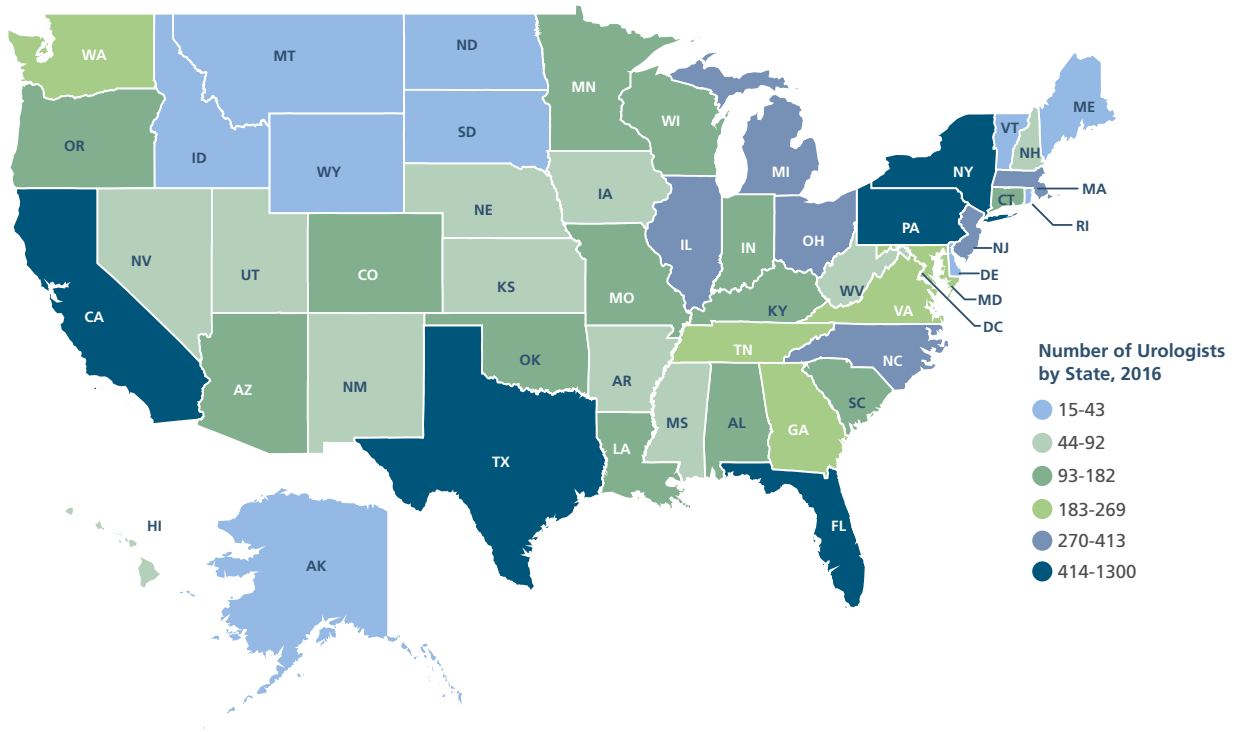
(Data source: National Provider Identifier 09/2016 file, ABU certification records from the ABMS Directory of Board Certified Medical Specialists, AOA DO Directory.

*In reporting results from the 2016 AUA Census, states with fewer than 50 reported urologists were manually checked against these urologists' web sites.

[^]Urologist-to-population ratio is per 100,000 population.)

FIGURE 1-1

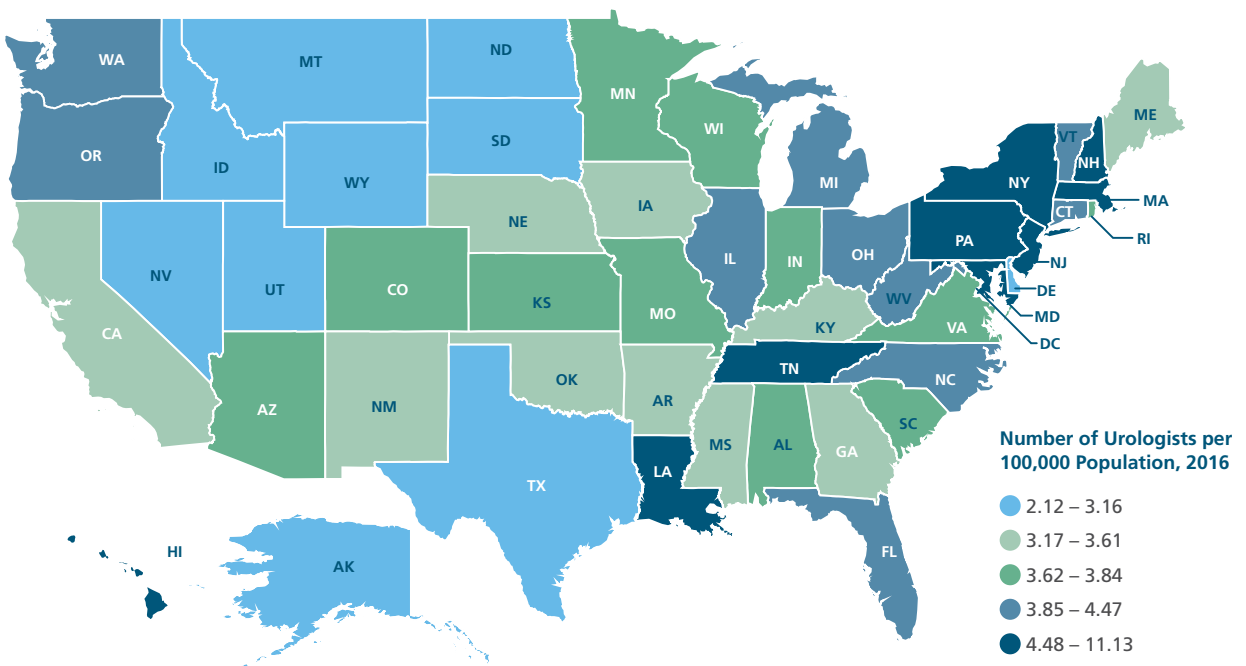
Number of Practicing Urologists by State of Primary Practice Location



(Data source: National Provider Identifier 09/2016 file, ABU certification records from the ABMS Directory of Board Certified Medical Specialists, AOA DO Directory.)

FIGURE 1-2

Practicing Urologist-to-Population Ratio by State of Primary Practice Location



(Data source: National Provider Identifier 09/2016 file, ABU certification records from the ABMS Directory of Board Certified Medical Specialists, AOA DO Directory.)

TABLE 1-3

AUA Section (United States Only*)

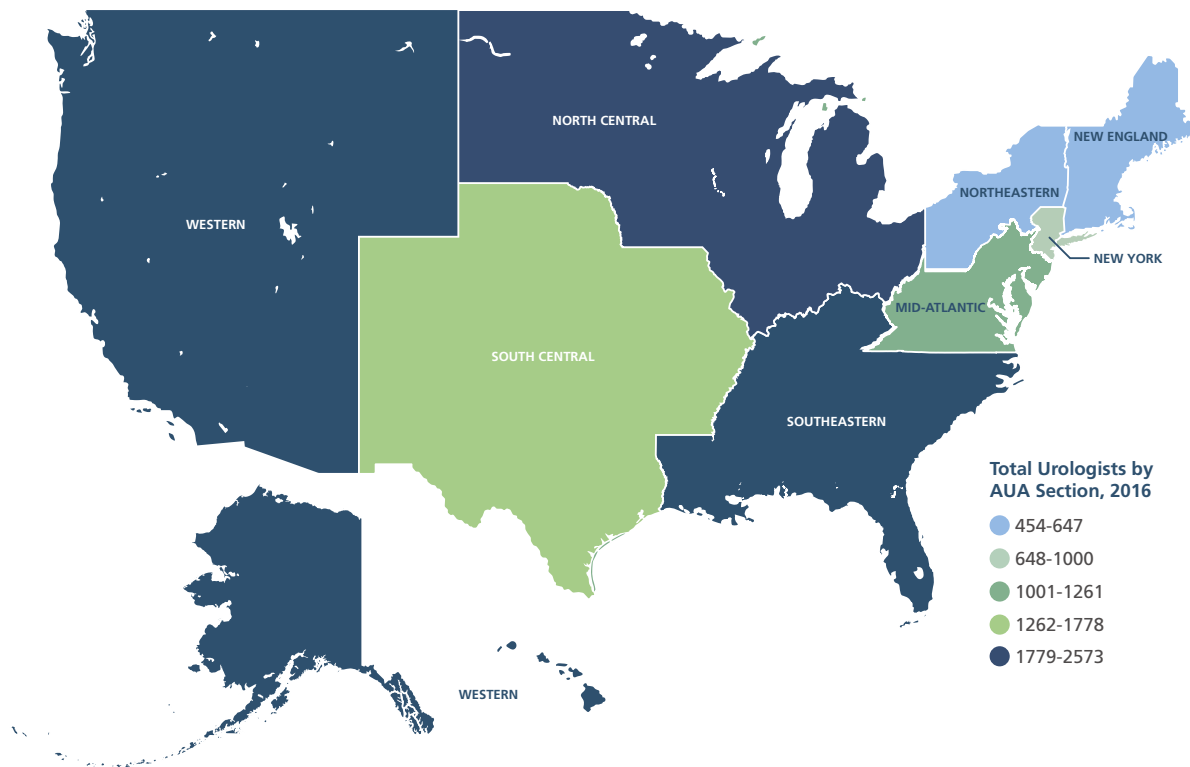
AUA Section	Number of Practicing Urologists	Percent (%)
Southeastern	2,571	21.1
Western	2,292	18.8
North Central	2,177	17.9
South Central	1,778	14.6
Mid-Atlantic	1,266	10.4
New York	999	8.2
New England	649	5.3
Northeastern	454	3.7
Total	12,186	100.0

(Data source: National Provider Identifier 09/2016 file, ABU certification records from the ABMS Directory of Board Certified Medical Specialists, AOA DO Directory.)

*Some AUA sections have non-U.S. members who were not included in this report.)

FIGURE 1-3

Practicing Urologists by AUA Section (United States Only)



(Data source: National Provider Identifier 09/2016 file, ABU certification records from the ABMS Directory of Board Certified Medical Specialists, AOA DO Directory.)

TABLE 1-4

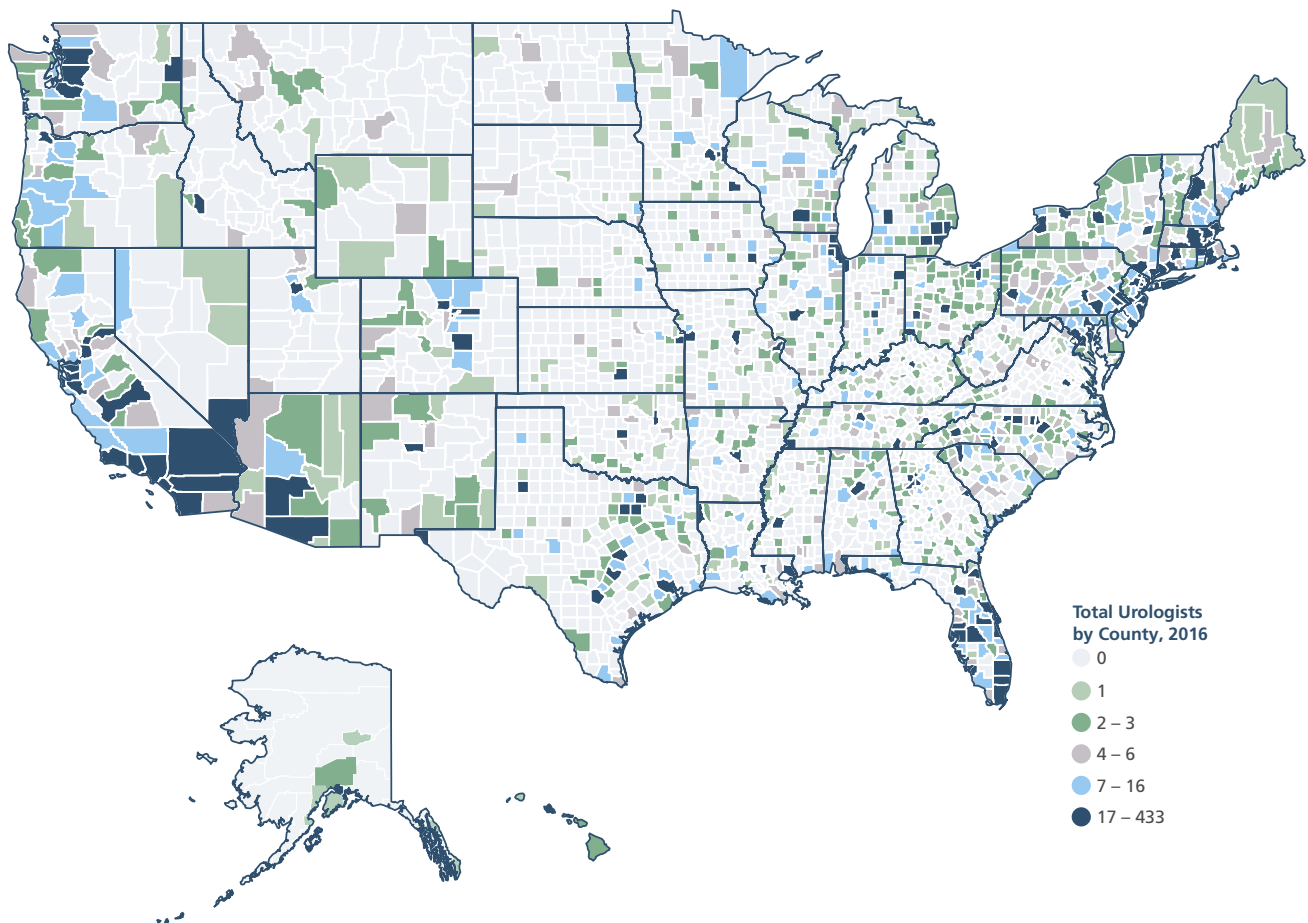
County of Primary Practice Location

Urologist Supply	Number of Counties	Percent (%)
Counties without Any Urologists	1,995	63.5
Counties with at Least 1 Urologist	1,149	36.5
Counties with 1 Urologist	310	
Counties with 2-3 Urologists	287	
Counties with 4-8 Urologists	259	
Counties with 9 or More Urologists	293	
Total	3,144	100.0

(Data source: National Provider Identifier 09/2016 file. *Based on the U.S. Census 2013 population estimates, these 2,001 counties represent a population of 47,300,238 Americans.)

FIGURE 1-4

Number of Practicing Urologists at County Level Based on Primary Practice Location



(Data source: National Provider Identifier 09/2016 file.) *Population based figures will be continually updated.

TABLE 1-5

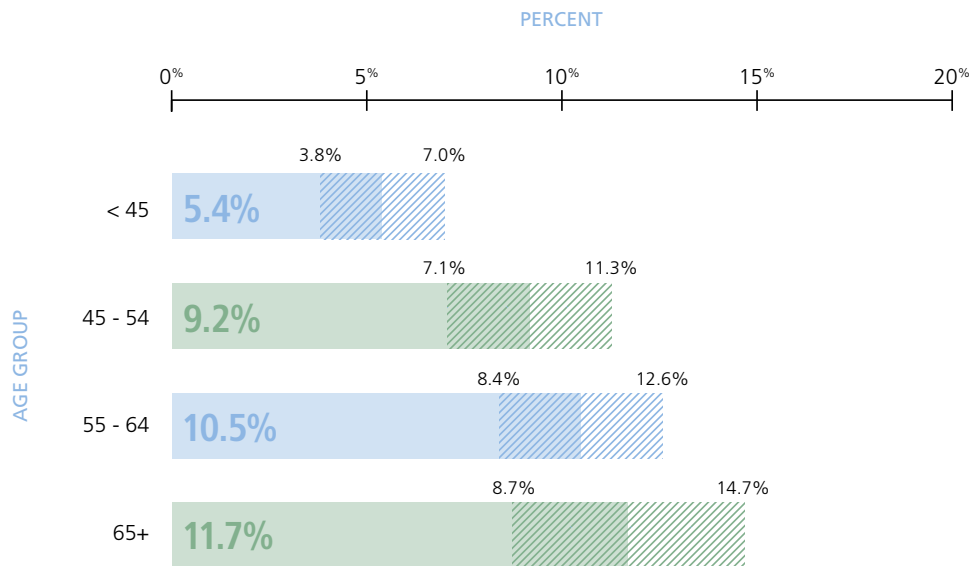
Level of Rurality of Primary Practice Location

Rurality Level	Number of Practicing Urologists	Percent (%)
Metropolitan	10,960	89.9
Non-Metropolitan Areas	1,226	10.1
Micropolitan Areas	956	7.8
Small Towns	214	1.8
Rural Areas	56	0.5
Total	12,186	100.0

(Data source: National Provider Identifier 09/2016 file, Rural Urban Commuting Area Codes Data from RUCA 3.10)

FIGURE 1-5

Percent of Practicing Urologists Whose Primary Practice Locations are Outside Metropolitan Areas (by Age)*



(Data source: National Provider Identifier 09/2016 file, weighted samples from the 2016 AUA Annual Census and Rural Urban Commuting Area Codes Data from RUCA 3.10.)

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

Section 2: Demographic Characteristics

Primary Observations

- The median age of practicing urologists in the United States is 55 years (Table 2-1).
- The urologic workforce in the United States is predominantly male. Male and female practicing urologists represent 91.5 percent and 8.5 percent of the U.S. urologic workforce, respectively (Table 2-2).
- Higher percentages of females are observed in the younger age groups of practicing urologists (Figure 2-1). These data suggest an increasing number of females are entering the urologic workforce in the United States.
- The urologic workforce in the United States is predominantly non-Hispanic white (Table 2-3 and Table 2-4).

TABLE 2-1

Age

Age Group (Year)	Population Represented		
	Number	Percent (%)	± MOE (%)
≤ 34	491	4.0	0.8
35 - 44	2,918	24.0	1.2
45 - 54	2,601	21.3	1.0
55 - 64	2,795	22.9	1.0
≥ 65	3,380	27.7	0.8
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median age is 55.)

TABLE 2-2

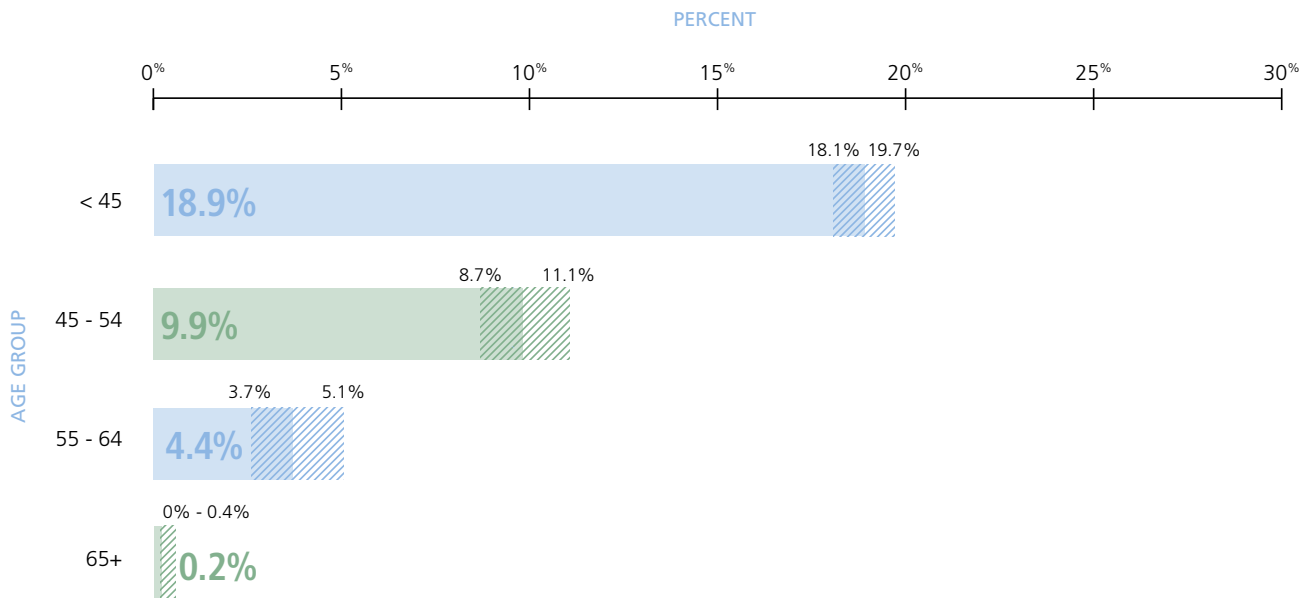
Gender

Gender	Number of Practicing Urologists	Percent (%)
Male	11,154	91.5
Female	1,032	8.5
Total	12,186	100.0

(Data source: National Provider Identifier 09/2016 file.)

FIGURE 2-1

Percent of Female Practicing Urologists (by Age)*



(Data source: National Provider Identifier 09/2016 file and weighted samples from the 2016 AUA Annual Census.)
 *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 2-3

Ethnicity

Hispanic Origin	Population Represented		
	Number	Percent (%)	± MOE (%)
Hispanic	451	3.8	0.8
Non-Hispanic	11,395	96.2	0.8
Total Reported	11,846	100.0	
Not Reported	340		
Total	12,186		

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 2-4**Race**

Race	Population Represented		
	Number	Percent (%)	± MOE (%)
White	9,713	84.9	1.5
Asian	1,355	11.8	1.3
African American/ Black	242	2.10	0.5
Other Races (Including Multiple Races)	132	1.20	0.3
Total Reported	11,442	100.0	
Not Reported	744		
Total	12,186		

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 2-5**Country of Origin**

Country of Origin	Population Represented		
	Number	Percent (%)	± MOE (%)
North and South America	10,462	85.9	1.5
United States	9,970	81.8	1.5
Canada	192	1.6	0.5
Rest of Countries	300	2.5	0.7
Asia	1,204	9.9	1.2
India	481	3.9	0.8
Rest of Countries	723	5.9	1.0
Europe	335	2.7	0.7
Africa	185	1.5	0.5
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

Section 3: Education, Training, State Licensing, Certification and Years of Practice

Primary Observations

- More than half of practicing urologists completed their residency training at age 32 or younger (Table 3-1).
- Approximately 40 percent of practicing urologists reported to have completed fellowship training in 2016 (Table 3-2), which is significantly higher than 35.9 percent as reported in 2015. More than half of practicing urologists completed fellowship training at age 34 or younger (Table 3-4).
- Practicing urologists in younger age groups are more likely to have completed fellowship training than practicing urologists in older age groups (Figure 3-1).
- The three top areas for fellowship of practicing urologists in the United States are: oncology, pediatrics and endourology/stone disease (Table 3-3).
- Approximately 18 percent of practicing urologists in the United States maintain more than one state medical license (Table 3-7).
- Nearly 88 percent of practicing urologists in the United States are certified by the ABU, the AOBS or both (Table 3-8).
- Practicing urologists in the United States have practiced urology for a median of 21 years, while nearly 30 percent of practicing urologists have practiced for more than 30 years (Table 3-9).

TABLE 3-1
Age at Completion of Residency

Age at Completion of Residency	Population Represented		
	Number	Percent (%)	± MOE (%)
≤ 30	1,017	8.3	1.2
31	2,105	17.3	1.5
32	3,285	27.0	1.6
33	2,431	19.9	1.6
34	1,222	10.0	1.2
35	759	6.2	1.0
≥ 36	1,367	11.2	1.2
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median age at completion of residency is 32.)

TABLE 3-2

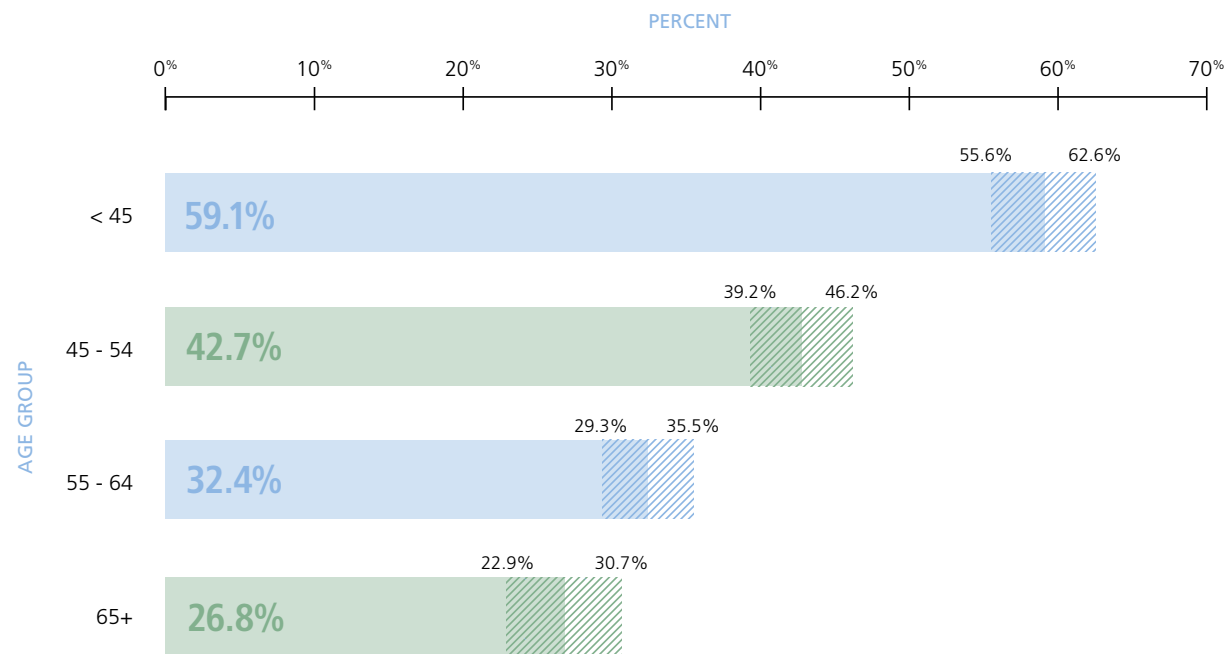
Completion of Fellowship Experience

Fellowship Experience	Population Represented		
	Number	Percent (%)	± MOE (%)
No Fellowship	7,249	59.5	1.8
Fellowship Trained	4,937	40.5	1.8
Trained by One Fellowship Program	3,770	30.9	1.8
Trained by Two or More Fellowship Programs	1,167	9.6	1.2
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. Fellowship experience was reported on programs with duration of one year or longer.)

FIGURE 3-1

Percent of Practicing Urologists with Completed Fellowship Experience (by Age)*

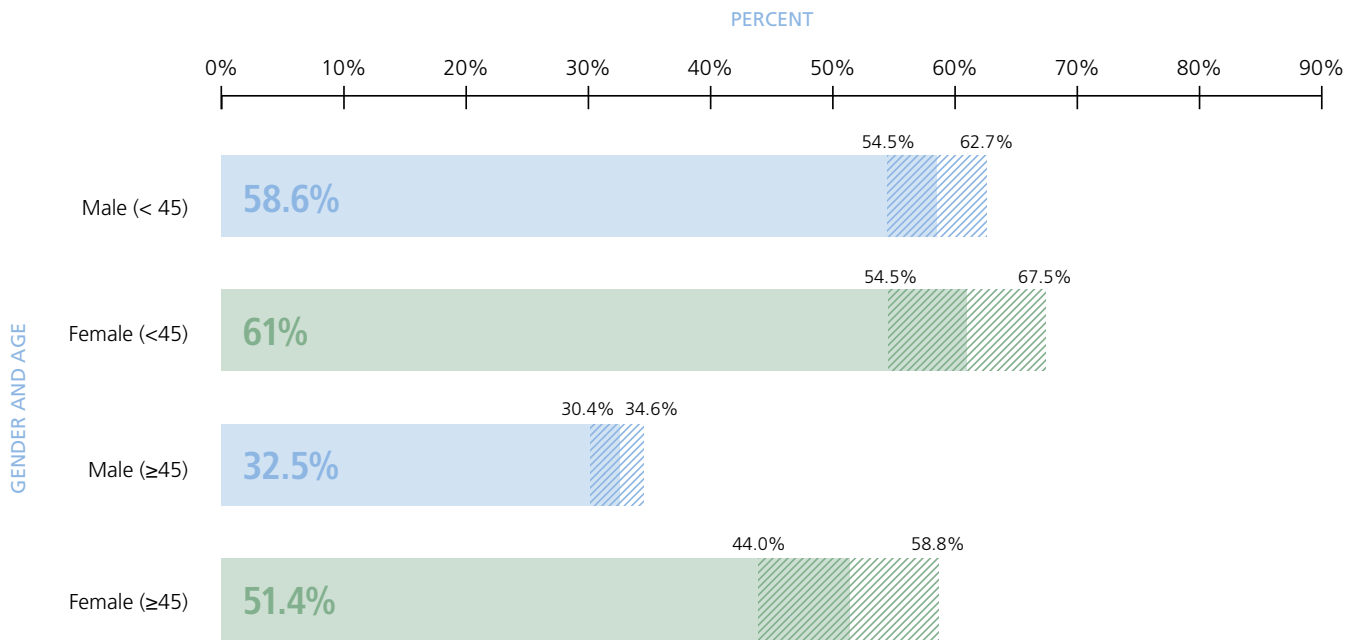


(Data source: Weighted samples from the 2016 AUA Annual Census. Fellowship experience was reported on programs with duration of one year or longer.)

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

FIGURE 3-2

Percent of Practicing Urologists with Completed Fellowship Experience (by Gender and Age)*



(Data source: Weighted samples from the 2016 AUA Annual Census. Fellowship experience was reported on programs with duration of one year or longer.)

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 3-3

Fellowship Area

Area of Fellowship	Population Represented		
	Number	Percent (%)	± MOE (%)
Oncology	1,348	11.1	1.2
Pediatrics	1,031	8.5	1.0
Endourology/Stone Disease	753	6.2	0.8
Robotic Surgery	656	5.4	0.8
Female Pelvic Medicine and Reconstructive Surgery	595	4.9	0.8
Research	459	3.8	0.7
Male Infertility	399	3.3	0.7
Male Genitourinary Reconstruction	362	3	0.7
Erectile Dysfunction	302	2.5	0.7
Renal Transplantation	195	1.6	0.5

(Data source: Weighted samples from the 2016 AUA Annual Census. Fellowship experience was reported on programs with duration of one year or longer. ^ This is a multiple selection question so the total number of counts may be more than the total number of practicing urologists.)

TABLE 3-4**Age at Completion of Most Recent Fellowship**

Age at Completion of Most Recent Fellowship	Population Represented		
	Number	Percent (%)	± MOE (%)
≤ 32	948	19.2	2.5
33	929	18.8	2.3
34	936	19.0	2.3
35	684	13.8	2.1
≥ 36	1,440	29.2	2.8
Fellowship Trained	4,937	100.0	
Not Fellowship Trained	7,249		
Total	12,186		

(Data source: Weighted samples from the 2016 AUA Annual Census. Fellowship experience was reported on programs with duration of one year or longer. The median age is 34.)

TABLE 3-5**Could You Find a Job That Allows You to Practice Your Fellowship Specialty as the Majority of Your Practice?**

Practice Your Fellowship Specialty	Population Represented		
	Number	Percent (%)	± MOE (%)
Yes	3,990	80.8	2.5
No	708	14.3	2.1
I prefer not to answer	239	4.8	1.5
Total	4,937	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 3-6**Why Did You Pursue Fellowship Training?**

Reason for Fellowship Training	Population Represented		
	Number	Percent (%)	± MOE (%)
I wanted advanced training so I could specialize in it in practice	2,173	50.5	3.1
I felt I needed additional clinical and surgical experience before entering practice	526	12.2	2.3
I wanted to enter into an academic practice	1,324	30.7	3.0
Other	284	6.6	1.8
Total	4,306	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 3-7**Number of State Medical Licenses**

Number of Licenses	Population Represented	
	Number	Percent (%)
Total Reported	12,175	100
1	10,047	82.4
2	1,774	14.6
3	303	2.5
4	51	0.4
Not Reported	11	
Total	12,186	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 3-8
Certification Status

Certification Status	Population Represented	
	Number	Percent (%)
Not Certified	1,530	12.6
Certified	10,656	87.4
By ABU	10,467	
By AOBS	206	
By ABU or AOBS	10,639	
By Both ABU and AOBS	17	
Total	12,186	100.0

(Data source: National Provider Identifier 09/2016 file, ABU certification records from the ABMS Directory of Board Certified Medical Specialists, AOA DO Directory.)

TABLE 3-9
Total Number of Years of Practicing Urology Since Completion of Residency

Total Number of Years of Practicing Urology Since Completion of Residency	Population Represented		
	Number	Percent (%)	± MOE (%)
1-5	2,072	17.0	1.0
6-10	1,299	10.7	0.8
11-15	1,223	10.0	0.7
16 - 20	1,388	11.4	0.7
21 - 25	1,263	10.4	0.8
26 - 30	1,282	10.5	0.8
31 - 35	1,176	9.7	0.8
36 - 40	1,456	11.9	1.3
≥ 41	1,027	8.4	1.2
Total Reported	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median number of years practicing urology since completion of residency is 21.)

Section 4: Characteristics of the Urology Practice

Primary Observations

- Nearly 60 percent of practicing urologists in the United States are in private practice (including solo, single urology or multispecialty groups) (Table 4-2). Practicing urologists between the ages of 55 and 64 are most likely to be in private practice, whereas practicing urologists who are 45 and younger are least likely to be in private practice (Figure 4-1). A significant gender difference in this regard was found only among practicing urologists above 55 (Figure 4-2).
- Female practicing urologists are more likely to work in academic medical centers than their male counterparts (35.9% versus 24.6%) (Table 4-3).
- Nearly 60 percent of practicing urologists in the United States do not have a primary subspecialty (Table 4-6); however, for these who do, oncology is the most common primary subspecialty area selected.
- Approximately 82 percent of practicing urologists in the United States perform inpatient surgical procedures. However, the percentage of practicing urologists who perform inpatient surgical procedures is lower in older age groups. After age 75, less than half of practicing urologists perform inpatient procedures (Table 4-8).
- Practicing urologists in the United States between the ages of 45 and 64 are less likely to be employed by others compared to practicing urologists in other age groups (Figure 4-4).
- Nearly 11 percent of practicing urologists in the United States are the sole owners of their practices, and more than 32 percent of practicing urologists serve as partners in their practices (Table 4-11).
- Female practicing urologists who are 45 or younger are more likely to be employed by others compared to their male counterparts (Figure 4-5).

TABLE 4-1
Number of Urologists per Practice

Number of Urologists	Population Represented		
	Number	Percent (%)	± MOE (%)
1	1,902	15.9	1.5
2	1,167	9.7	1.2
3	1,137	9.5	1.2
4	849	7.1	1.0
5 - 9	2,840	23.7	1.6
10 - 15	1,959	16.4	1.5
≥ 16	2,127	17.8	1.5
Total Reported	11,981	100.0	
Not reported	204		
Total	12,186		

(Data source: Weighted samples from the 2016 AUA Annual Census. The median number of urologists per practice in the United States is 6.)

TABLE 4-2
Work Setting

Work Setting	Population Represented		
	Number	Percent (%)	± MOE (%)
Private Practices	7,196	59.1	2.0
Solo Practice	1,198	9.8	1.2
Single Urology Group	4,114	33.8	1.8
Multispecialty Group	1,884	15.5	1.3
Institutional Settings	4,828	39.6	1.8
Academic Medical Center*	3,111	25.5	1.6
Public or Private Hospital	1,365	11.2	1.3
Private Hospital	608	5.0	0.8
Veterans Affairs (VA)	501	4.1	0.8
Non-VA Military Hospital	68	0.6	0.3
Other Public Hospital	189	1.5	0.5
Community Health Center/HMO/Managed Care Organization	352	2.9	0.7
Other Settings	161	1.3	0.5
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.)

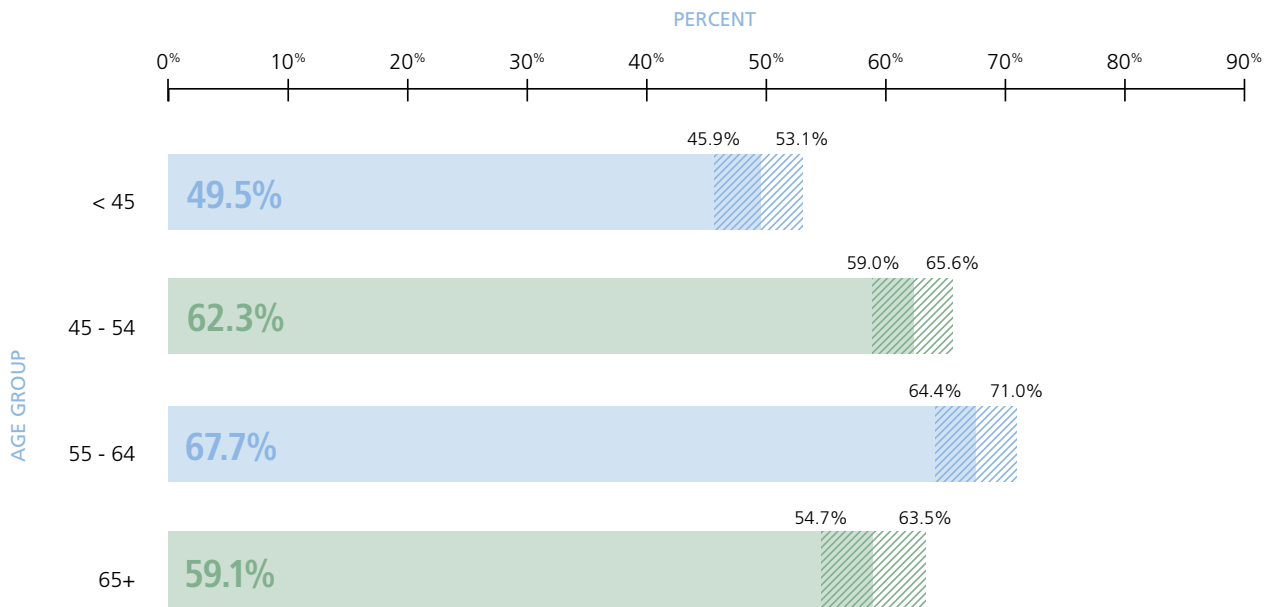
TABLE 4-3
Work Setting by Gender

Work Setting	Male Urologists		Female Urologists	
	Percent (%)	± MOE (%)	Percent (%)	± MOE (%)
Academic Medical Center	24.6	1.7	35.9	5.2
Multispecialty Group	15.2	1.4	18.5	4.0
Single Urology Group	34.9	1.9	21.6	4.2
Others	25.3	1.8	24.1	4.7
Total	100.0		100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 4-1

Percent of Practicing Urologists in Private Practice (by Age)*



(Data source: Weighted samples from the 2016 AUA Annual Census.)

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 4-4

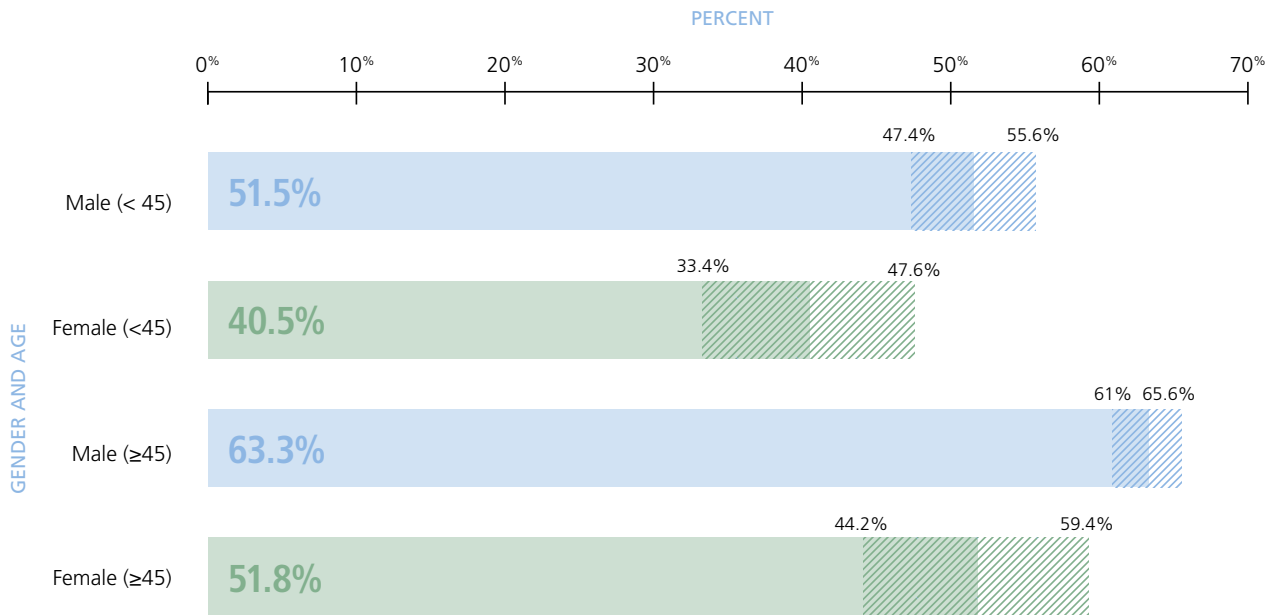
Number of Practicing Urologists by Work Setting

Number of Practicing Urologists	Population Represented		
	Number	Percent (%)	± MOE (%)
Institutional Settings (Academic, Hospitals and Health Care Systems)			
1	356	7.4	1.8
2 - 5	1,355	28.3	2.8
6 - 10	1,273	26.6	2.8
≥ 10	1,802	37.6	3.0
Total	4,786	100.0	
Private Practices (Solo, Single-Specialty and Multispecialty)			
1	1,471	20.9	2.1
2 - 5	2,528	35.9	2.5
6 - 10	1,238	17.6	1.8
≥ 10	1,797	25.5	2.1
Total	7,034	100.0	
Other Settings (Community Health Center/ HMO/Managed Care Organization, Federal, State and Local Government)			
1	75	46.4	20.4
2 - 5	62	38.5	19.6
6 - 10	9	5.3	6.3
≥ 10	16	9.8	12.2
Total	161	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 4-2

Percent of Practicing Urologists in Private Practice (by Gender and Age)*



(Data source: Weighted samples from the 2016 AUA Annual Census.)

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 4-5

Number of Office Locations per Practice

Number of Office Locations	Population Represented		
	Number	Percent (%)	± MOE (%)
1	4,135	33.9	1.8
2	2,316	19.0	1.5
3	1,662	13.6	1.3
4	1,085	8.9	1.2
≥ 5	2,989	24.5	1.6
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median number of office locations per practice is 2.)

TABLE 4-6
Primary Subspecialty

Primary Subspecialty	Population Represented		
	Number	Percent (%)	± MOE (%)
General Without Subspecialty	7,260	59.6	1.8
Oncology	1,348	11.1	1.2
Pediatrics	965	7.9	1.0
Endourology/Stone Disease	593	4.9	0.8
Female Pelvic Medicine and Reconstructive Surgery	588	4.8	0.7
Robotic Surgery	477	3.9	0.7
Male Infertility	310	2.5	0.7
Male Genitourinary Reconstruction	262	2.1	0.7
Erectile Dysfunction	259	2.1	0.7
Renal Transplantation/ Laparoscopic Surgery	125	1.0	0.3
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 4-7
Any Subspecialty

Area of Practice	Population Represented		
	Number	Percent (%)	± MOE (%)
Oncology	7,114	58.4	2.0
Endourology/Stone Disease	6,794	55.8	2.0
Erectile Dysfunction	5,891	48.3	2.0
Robotic Surgery	3,742	30.7	1.5
Laparoscopic Surgery/Renal Transplantation	3,983	32.7	1.6
Female Pelvic Medicine and Reconstructive Surgery	3,565	29.3	1.6
Male Infertility	3,134	25.7	1.6
Pediatrics	2,538	20.8	1.5
Male Genitourinary Reconstruction	2,351	19.3	1.5

(Data source: Weighted samples from the 2016 AUA Annual Census. This is a multiple selection question so the total number of counts may be more than the total number of practicing urologists.)

TABLE 4-8**Performing Inpatient Procedures (by Age)**

Age	Population Represented		
	Number	Percent (%)	± MOE (%)
All Ages	9,970	81.8	2.3
≤ 54	5,437	91.0	2.1
55 - 64	2,453	84.0	3.6
65 - 74	1,626	68.8	7.6
≥ 75	455	49.1	13.3
Total	12,186		

(Data source: Weighted samples from the 2016 AUA Annual Census.)

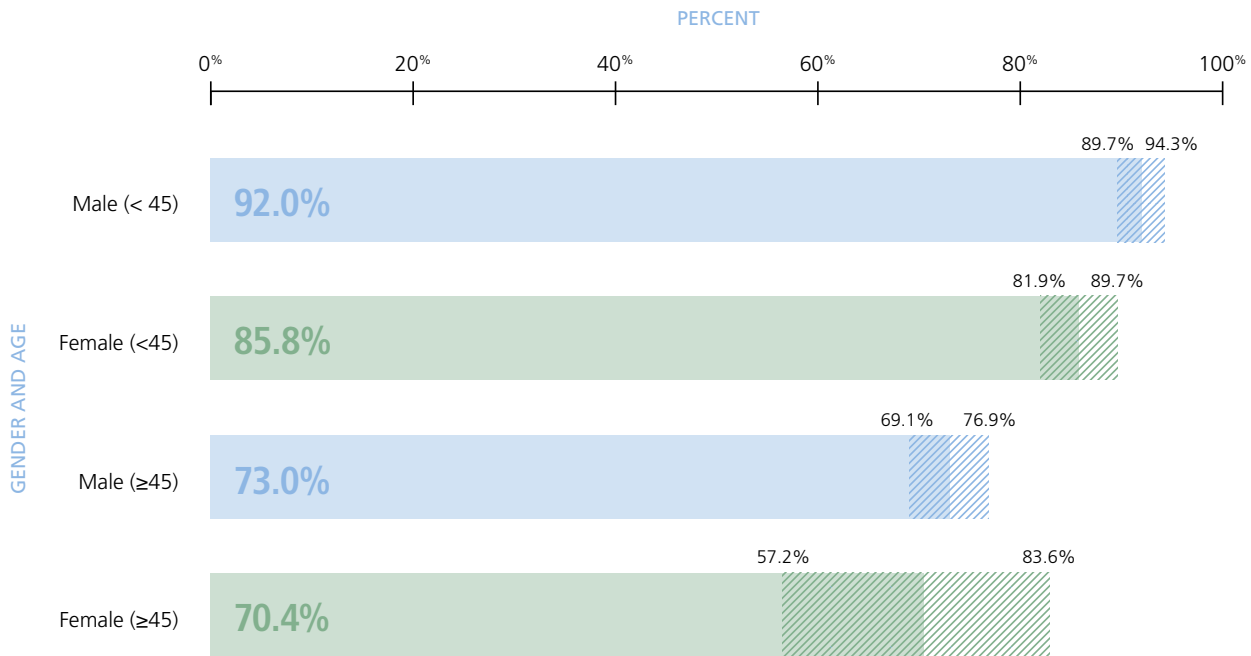
TABLE 4-9**Number of Major Inpatient Operative Procedures Performed in a Typical Month**

Number of Procedures per Month	Population Represented		
	Number	Percent (%)	± MOE (%)
None	2,215	18.2	2.3
At least One	9,970	81.8	2.3
1 - 4	3,243	26.6	2.3
5 - 9	2,928	24.0	2.3
≥ 10	3,799	31.2	2.5
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 4-3

Percent of Practicing Urologists Who Reported Performing Inpatient Procedures (by Gender and Age)*



(Data source: Weighted samples from the 2016 AUA Annual Census.)

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 4-10

Other Professional Roles

Other Roles	Population Represented		
	Number	Percent (%)	± MOE (%)
Educator	1,080	8.9	1.2
Researcher	858	7.0	1.0
Administrator/Medical Officer/ Practice Manager	437	3.6	0.7

(Data source: Weighted samples from the 2016 AUA Annual Census. This is a multiple selection question so the total number of counts may be more than the total number of practicing urologists.)

TABLE 4-11

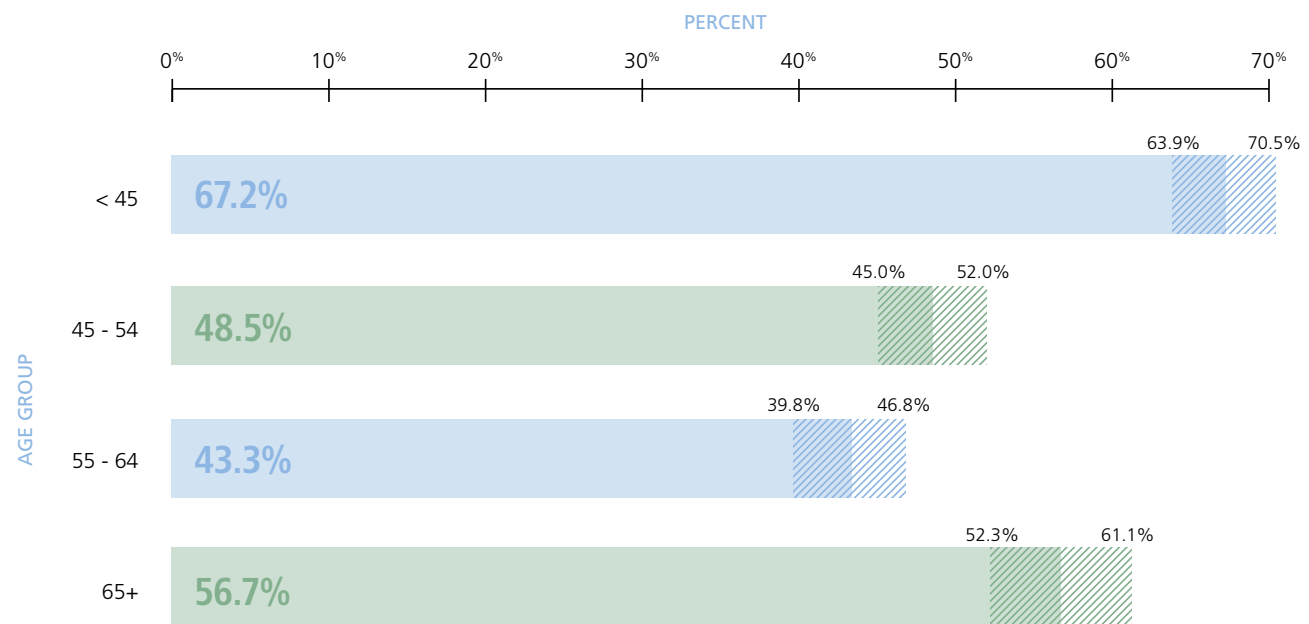
Employment Status

Employment Status	Population Represented		
	Number	Percent (%)	± MOE (%)
I am employed by others	6,678	54.8	1.8
I am a partner in my practice	3,923	32.2	1.6
I am the sole owner of my practice	1,302	10.7	1.2
I am a combination of the above	283	2.3	0.7
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 4-4

Percent of Employed Practicing Urologists (by Age)*

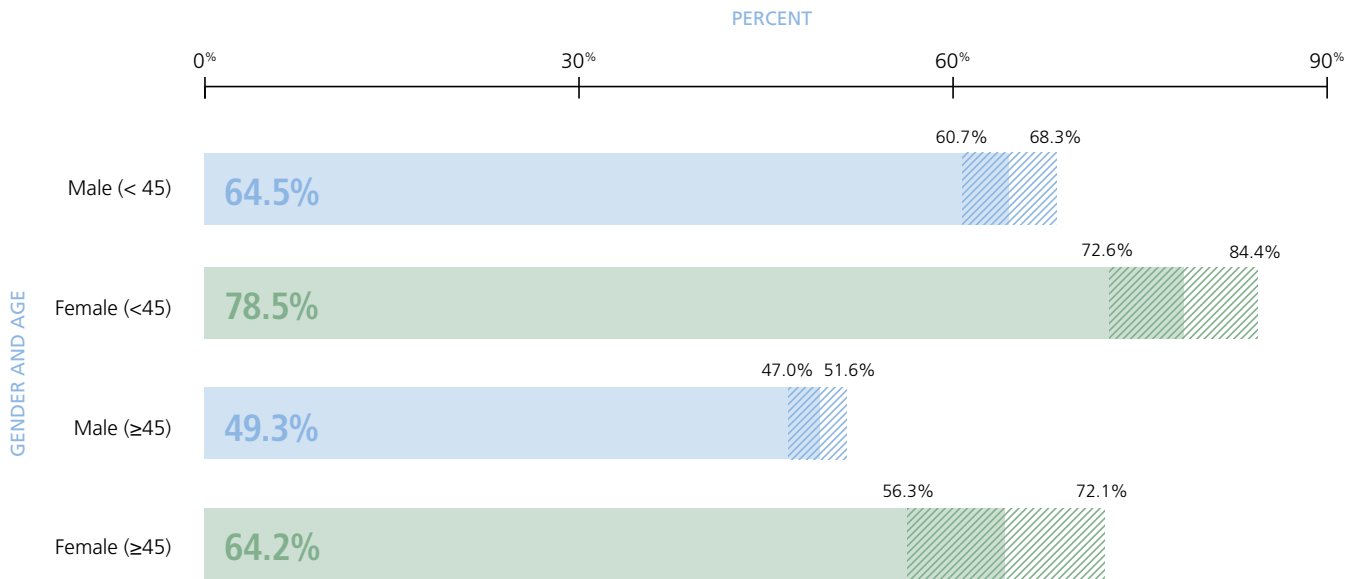


(Data source: Weighted samples from the 2016 AUA Annual Census.)

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

FIGURE 4-5

Percent of Employed Practicing Urologists (by Gender and Age)*



(Data source: Weighted samples from the 2016 AUA Annual Census.)

*Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

Section 5: Work Hours, Patient Encounters and Other Practice Characteristics

Primary Observations

- Practicing urologists in the United States work a median number of 56 hours on clinical and other activities in a “typical” week. Approximately 34 percent of urologists work more than 60 hours a week (Table 5-1).
- Female practicing urologists in the United States work four more hours per week than male practicing urologists. However, male practicing urologists spend more hours on clinical activities than their female counterparts (Table 5-5).
- Practicing urologists in the United States have a median number of 70 patient visits/encounters in a “typical” week (Table 5-6) and work a median 48 weeks per year (Table 5-9), suggesting a total number of patient visits/encounters of 3,360 per year.
- Twenty-eight percent of practicing urologists in the United States plans to retire fully after age 70 (Table 5-10). However, the age of planned retirement is higher in older age groups than in younger age groups (Table 5-11).

TABLE 5-1
Total Number of Work Hours in a Typical Week

Hours per Week	Population Represented		
	Number	Percent (%)	± MOE (%)
≤ 35	1,392	11.4	1.3
36 - 40	851	7.0	1.2
41 - 45	764	6.3	1.0
46 - 50	1,553	12.7	1.3
51 - 55	1,485	12.2	1.2
56 - 60	1,962	16.1	1.3
≥ 61	4,178	34.3	1.6
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. This table is based on a derived question summing work hours from both clinical work and non-clinical work. The median number of work hours per week is 56.)

TABLE 5-2**Number of Clinical Hours Directly Related to Patient Care in a Typical Week**

Number of Clinical Hours per Week	Population Represented		
	Number	Percent (%)	± MOE (%)
< 25	1,213	10.0	1.3
≥ 25	10,973	90.0	0.0
25 - 30	982	8.1	1.2
31 - 35	535	4.4	0.8
36 - 40	1,906	15.6	1.5
41 - 45	986	8.1	1.2
46 - 50	2,477	20.3	1.5
51 - 55	786	6.4	1.0
56 - 60	2,011	16.5	1.3
≥ 61	1,289	10.6	1.2
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median number of clinical hours directly related to patient care per week is 50.)

TABLE 5-3**Number of Minutes Spent with a Patient in a Typical Office Visit**

Number of Minutes	Population Represented		
	Number	Percent (%)	± MOE (%)
≤ 10	3,285	27.0	1.7
11-14	640	5.3	0.9
15 - 19	4,753	39.0	1.9
≥ 20	3,508	28.8	1.7
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median number of clinical hours directly related to patient care per week is 15.)

TABLE 5-4

Number of Non-Clinical (e.g., Administration, Teaching, Research) Hours in a Typical Week

Number of Non-Clinical Hours per Week	Population Represented		
	Number	Percent (%)	± MOE (%)
< 1	2,054	16.9	1.5
2-5	4,059	33.3	1.8
6-10	3,145	25.8	1.6
11-15	1,056	8.7	1.2
16 - 20	1,126	9.2	1.2
≥ 21	746	6.1	0.8
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median number of non-clinical hours per week is 5.)

TABLE 5-5

Median/Mean Work Hours per Week (by Gender)

Hours per Week (Median [^] /Mean [*])	Population Represented		
	Men	Women	Combined
Clinical Hours	50/46.6	45/46.3	50/46.5
Non-Clinical Hours	5/8.7	10/10.6	5/8.9
Total Work Hours	56/55.4	60/56.9	56/55.5

(Data source: Weighted samples from the 2016 AUA Annual Census. [^] The sum of the median clinical hours and the median non-clinical hours does not necessarily equal the median of the total work hours. ^{*} The difference in the sum of the mean hours is subject to intrinsic rounding errors.)

TABLE 5-6**Number of Patient Visits/Encounters in a Typical Week**

Patient Visits/ Encounters	Population Represented		
	Number	Percent (%)	± MOE (%)
≤ 50	3,936	32.3	1.8
51 - 75	3,034	24.9	1.6
76 - 100	3,388	27.8	1.6
101 - 125	1,122	9.2	1.0
≥ 126	705	5.8	0.8
Total	12,165	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median number of patient visits/encounters per week is 70.)

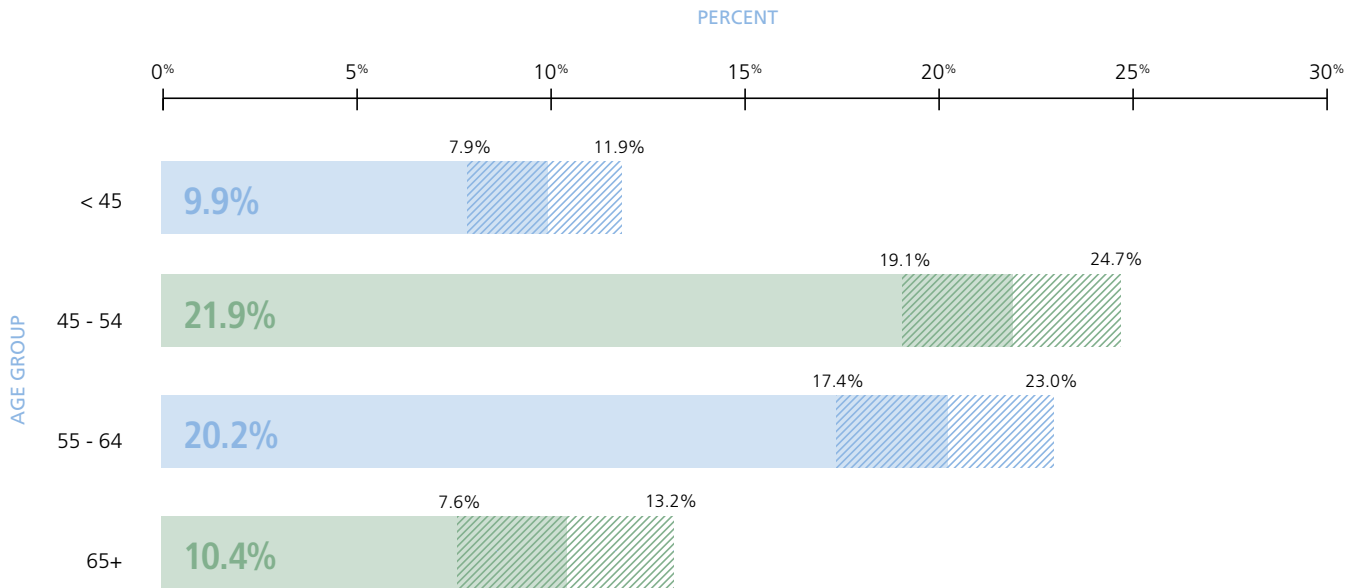
TABLE 5-7**Number of Patient Visits/Encounters in a Typical Week (by Gender)**

Patient Visits/ Encounters	Male Urologists		Female Urologists	
	Percent (%)	± MOE (%)	Percent (%)	± MOE (%)
≤ 50	31.4	2.0	42.2	5.1
51 – 75	24.3	1.8	30.9	5.1
76 – 100	28.5	1.8	20.6	3.9
≥ 101	15.8	1.3	6.3	2.3
Total	100.0		100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 5-1

Percent of Practicing Urologists with More Than 100 Patient Visits/Encounters in a Typical Week (by Age)*



(Data source: Weighted samples from the 2016 AUA Annual Census.
 *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.)

TABLE 5-8

Percent of Patient Visits/Encounters Made by Female Patients

Female Patient Encounters	Population Represented		
	Number	Percent (%)	± MOE (%)
≤ 25	4,726	38.8	1.8
26-50	6,631	54.4	2.0
51-75	441	3.6	0.7
75 or more	387	3.2	0.5
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median percentage of patient visits/encounters by female patients is 30.)

TABLE 5-9**Number of Weeks of Vacation Leave in the Previous Year**

Number of Weeks of Vacation Leave	Population Represented		
	Number	Percent (%)	± MOE (%)
≤ 2	2,485	20.4	1.5
3	2,435	20.0	1.5
4	3,207	26.3	1.6
5-6	2,650	21.8	1.6
≥ 7	1,408	11.6	1.3
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median number of vacation weeks is 4.)

TABLE 5-10**Age at Planned Full Retirement from Practice**

Planned Retirement Age	Population Represented		
	Number	Percent (%)	± MOE (%)
< 60	553	4.5	0.7
60 - 65	4,417	36.2	1.5
66 - 70	3,810	31.3	1.6
71 - 75	2,007	16.5	1.5
>75	1,398	11.5	1.2
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census. The median age at planned full retirement from practice is 68.)

TABLE 5-11

Age at Planned Full Retirement from Practice (by Current Age)

Retirement Age	Population Represented		
	Number	Percent (%)	± MOE (%)
<i>Current Age: ≤ 44 — Median planned full retirement age: 65</i>			
< 60	340	10.0	2.1
60 - 65	1,899	55.7	3.6
66 - 70	929	27.3	3.3
≥ 71	240	7.0	2.0
Total	3,409	100.0	
<i>Current Age: 45-54 — Median planned full retirement age: 65</i>			
<60	195	7.5	1.8
60-65	1,395	53.7	3.5
66-70	786	30.2	3.1
≥ 71	224	8.6	2.0
Total	2,601	100.0	
<i>Current Age: 55-64 — Median planned full retirement age: 67</i>			
<60	19	0.7	0.5
60-65	1,091	39.0	3.3
66-70	1,269	45.4	3.5
≥ 71	416	14.9	2.5
Total	2,795	100.0	
<i>Current Age: ≥ 65 — Median planned full retirement age: 75</i>			
≤ 70	856	25.3	3.1
≥ 71	2,524	74.7	3.1
Total	3,380	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

Section 6: Professional Burnout among Urologists

Physician burnout has been linked to decreased job performance as well as increased medical errors, interpersonal conflicts and depression.¹⁰ The purpose of including burnout questions in the 2016 AUA Annual Census was to establish the prevalence of professional burnout among urologists and to determine the sub-groups associated with higher burnout rates. Maslach Burnout Inventory (MBI)^{11,12} questions were randomly assigned to half of the respondents. Using matrix sampling, the 1,126 practicing urologists who received and answered the MBI questions represent the entire 2,301 practicing urologists who completed the Census. The results were weighted to represent the entire 12,186 practicing urologists in the United States. Burnout was defined as scoring high in either the emotional exhaustion (score ≥ 27) or depersonalization (score ≥ 10) categories.

Primary Observations

- The overall burnout rate in practicing urologists in the United States is 36.2 percent, lower in the age group of 65 or older, yet higher in practicing urologists aged 45 to 54 (Table 6-5).
- There is no significant difference in burnout rates among male urologists vs. female urologists (Table 6-6).
- Based on univariate frequency analyses, burnout rate is lower among practicing urologists in the following situations:
 - In non-metropolitan areas
 - In pediatric and oncology sub-specialties
 - In academic medical centers
 - As a sole owner or an employee
 - Those who work less than 40 hours or less than 30 hours on clinical activities per week
 - Those who see less than 40 patients per week and spend fewer minutes with patients

TABLE 6-1
Aggregated Burnout Score - Section A: Emotional Exhaustion

Emotional Exhaustion	Population Represented		
	Number	Percent (%)	± MOE (%)
Low	8,318	68.3	2.5
Moderate	1,863	15.3	1.8
High	2,005	16.5	2.0
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-2**Aggregated Burnout Score - Section B: Depersonalization**

Depersonalization	Population Represented		
	Number	Percent (%)	± MOE (%)
Low	5,280	43.3	2.8
Moderate	2,688	22.1	2.3
High	4,218	34.6	2.6
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-3**Aggregated Inverse Burnout Score - Section C: Personal Achievement**

Personal Achievement	Population Represented		
	Number	Percent (%)	± MOE (%)
High	9,272	76.1	2.3
Moderate	1,866	15.3	2.0
Low	1,048	8.6	1.5
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

Overall burnout is defined as either high emotional exhaustion or high depersonalization

TABLE 6-4**Overall Burnout Rate[^]**

Age (years)	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

[^] Overall professional burnout is defined as high if reported high in either emotional exhaustion or depersonalization)

TABLE 6-5**Burnout Rate by Age**

Age (years)	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
≤ 65	9,075	3,667	40.4	2.8
≤ 44	3,387	1,284	37.9	4.8
45 - 54	2,587	1,124	43.4	4.9
55 - 65	3,102	1,260	40.6	4.8
≥ 66	3,111	747	24.0	6.3
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-6**Burnout Rate by Gender**

Gender	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
Female	1,032	364	35.3	6.7
Male	11,154	4,050	36.3	2.8
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-7**Burnout Rate by Hispanic Origin**

Hispanic Origin	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
No	11,510	4,137	35.9	2.8
Yes	353	92	26.0	12.2
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-8**Burnout Rate by Race**

Race	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
White	9,890	3,530	35.7	3.0
Asian	1,394	505	36.2	8.4
Black	162	34	21.1	16.3
Other races including multiple race	76	41	54.2	31.6
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-9**Burnout Rate by Number of Years in Practice**

Years	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
≤ 10	3,381	1,224	36.2	4.8
11 - 25	3,862	1,678	43.5	4.3
≥ 26	4,943	1,512	30.6	4.6
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-10**Burnout Rate by Practice Location**

Area	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
Metropolitan Area	11,124	4,095	36.8	2.8
Non-Metropolitan Areas	1,062	319	30.0	8.1
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-11**Burnout Rate by Major Primary Subspecialty Areas**

Primary Subspecialty	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
General without Subspecialty	8,350	2,689	36.9	3.5
Oncology	1,237	380	30.7	7.4
Pediatrics	989	248	25.1	7.7
Other Areas	2,672	1,097	41.1	5.6
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-12**Burnout Rate by Practice Settings**

Practice Setting	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
Academic Medical Center/Medical School	3,277	966	29.5	4.9
Multispecialty Group	1,671	817	48.9	6.9
Single Urology Group	3,909	1,555	39.8	4.8
Solo Practice	1,252	458	36.6	8.4
Other	2,077	618	29.7	6.4
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-13**Burnout Rate by Employment Status**

Employment Status	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
I am employed by others	6,760	2,263	33.5	3.6
I am the sole owner of my practice	1,339	429	32.0	8.1
I am a partner in my practice	3,805	1,671	43.9	4.6
A combination of the above	282	51	18.1	13.5
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-14**Burnout Rate by Practice Size**

Number of Urologists	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
1 - 2	3,169	1,000	31.6	5.1
3 - 5	2,708	1,075	39.7	5.8
6 - 9	2,195	763	34.7	6.1
≥ 10	3,727	1,444	38.7	4.6
Not reported	387	132	34.2	13.7
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-15**Burnout Rate by Total Hours Worked in a Typical Week**

Hours	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
≤ 40	2,376	656	27.6	6.6
41 - 50	2,275	690	30.3	6.3
51 - 60	3,426	1,493	43.6	4.8
61 - 70	2,504	885	35.3	5.6
> 70	1,605	690	43.0	7.1
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-16**Burnout Rate by Number of Clinical Hours in a Typical Week**

Hours	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
≤ 30	2,344	543	23.2	5.9
31 - 40	2,513	936	37.2	6.1
41 - 50	3,284	1,260	38.4	4.9
51 - 60	2,807	1,192	42.5	5.6
> 60	1,238	483	39.0	7.9
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-17**Burnout Rate by Number of Patient Visits in a Typical Week**

Number of Visits	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
≤ 40	2,508	605	24.1	5.6
41 - 60	3,073	1,023	33.3	4.9
61 - 75	1,649	606	36.8	7.4
76 - 100	3,180	1,406	44.2	5.4
> 100	1,777	775	43.6	6.6
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-18**Burnout Rate by Number of Minutes Spent with a Patient in a Typical Office Visit**

Number of Minutes	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
≤ 10	3,154	1,355	43.0	5.3
11 - 15	5,584	2,027	36.3	3.9
16 - 20	2,254	757	33.6	6.3
≥ 21	1,193	275	23.0	7.2
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 6-19**Burnout Rate by Geographic Locations**

AUA Section	Population Represented	Burnout Population Represented		
		Number	Percent (%)	± MOE (%)
Mid-Atlantic	1,295	557	43.0	8.6
New England	653	252	38.6	13.7
New York	832	258	31.0	9.9
North Central	2,192	890	40.6	6.6
Northeastern	562	162	28.9	10.0
South Central	1,644	543	33.0	6.7
Southeastern	2,668	1,006	37.7	5.9
Western	2,339	746	31.9	5.6
Total	12,186	4,414	36.2	2.7

(Data source: Weighted samples from the 2016 AUA Annual Census.)

Section 7: Workforce, Telemedicine and Quality Reporting

Primary Observations

- Approximately one-third of practicing urologists in the United States find it difficult to fill urologist vacancies in their practices. Of these, more than half could not find enough candidates for open positions (Table 7-1 and Table 7-2).
- Less than nine percent of practicing urologists in the United States participate in a telemedicine program (Table 7-3).
- Nearly 60 percent of practicing urologists in the United States participated in a quality reporting program over the past 12 months (Table 7-5).

TABLE 7-1
Does Your Practice Currently Have Difficulty Filling Urologist Vacancies?

Difficulty Filling Urologist Vacancies	Population Represented		
	Number	Percent (%)	± MOE (%)
Yes	4,104	33.7	2.5
No	6,351	52.1	2.6
Do Not know	1,731	14.2	2.0
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 7-2
What Are Your Difficulties Filling Urologist Vacancies?

Reasons for Difficulties Filling Urologist Vacancies	Population Represented		
	Number	Percent (%)	± MOE (%)
Not enough candidates available	2,185	53.2	4.8
Not enough qualified candidates available	1,567	38.2	4.3
Not enough funding to fill the position	1,468	35.8	4.3

(Data source: Weighted samples from the 2016 AUA Annual Census.)
 ^This is a multiple selection question so the total number of counts may be more than the total number of practicing urologists.)

TABLE 7-3**Do You Participate in a Telemedicine Program[^]?**

Telemedicine Participation	Population Represented		
	Number	Percent (%)	± MOE (%)
No	11,150	91.5	1.5
Yes	1,036	8.5	1.5
≥ 10 of my patients	214	1.8	0.7
< 10 of my patients	822	6.7	1.3
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

[^]Telemedicine is defined as the remote diagnosis and treatment of patients by means of telecommunications technology.)

TABLE 7-4**Does Your Organization Have Telemedicine Practice Standards/Guidelines for Delivering Telemedicine Services?**

Telemedicine Standards/ Guidelines Implemented	Population Represented		
	Number	Percent (%)	± MOE (%)
Yes	2,323	19.1	2.1
No	6,956	57.1	2.6
Do Not Know	2,907	23.9	2.3
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 7-5**Have You Participated in Any Quality Reporting Programs over the Past 12 Months?**

Quality Reporting Programs Participations	Population Represented		
	Number	Percent (%)	± MOE (%)
Yes	7,304	59.9	2.6
No	2,188	18.0	2.1
Do Not Know	2,694	22.1	2.3
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 7-6

Does Your Practice Routinely Use Timeouts prior to Procedures in the Ambulatory Clinic?

Timeout Use	Population Represented		
	Number	Percent (%)	± MOE (%)
Yes	9,393	77.1	2.3
No	2,540	20.8	2.3
Do Not Know	253	2.1	0.8
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 7-7

Are You Planning to Participate in the Merit-based Incentive Payment System (MIPS)?

MIPS Reporting	Population Represented		
	Number	Percent (%)	± MOE (%)
Yes	3,514	28.8	2.5
No	2,295	18.8	2.1
Do Not Know	6,378	52.3	2.6
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

Section 8: Selected Urological Condition - Benign Prostatic Hyperplasia (BPH)

Primary Observations

- A majority of practicing urologists (82 percent) in the United States treat benign prostatic hyperplasia (BPH) surgically (Table 8-1).
- The most common procedure is bipolar TURP.

TABLE 8-1

Do You Treat BPH Surgically?

Surgical Treatment of BPH	Population Represented		
	Number	Percent (%)	± MOE (%)
Yes	9,993	82.0	1.5
No	2,149	17.6	1.5
Do Not Know	44	0.4	0.2
Total	12,186	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 8-2

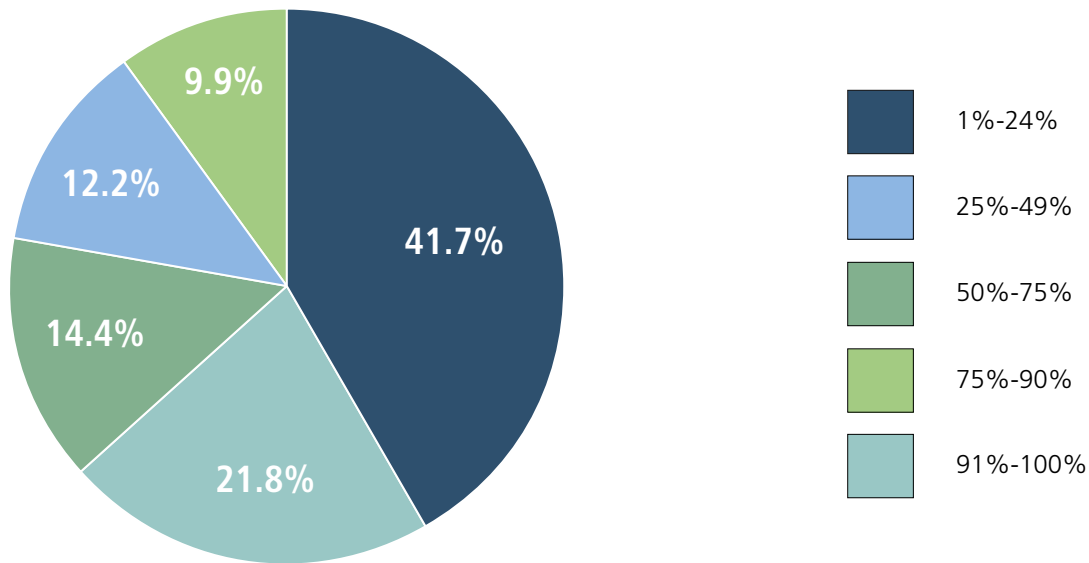
Of Your BPH Patients Treated Surgically, What Percentages Are Treated Using Monopolar Transurethral Resection of the Prostate (TURP)?

Monopolar TURP	Population Represented		
	Number	Percent (%)	± MOE (%)
None	5,663	56.7	2.1
≥ 1%	4,330	43.3	2.1
Total	9,993	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 8-1

Distribution of Practicing Urologists by the Percentages of Their BPH Patients Treated Using TURP – Monopolar



(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 8-3

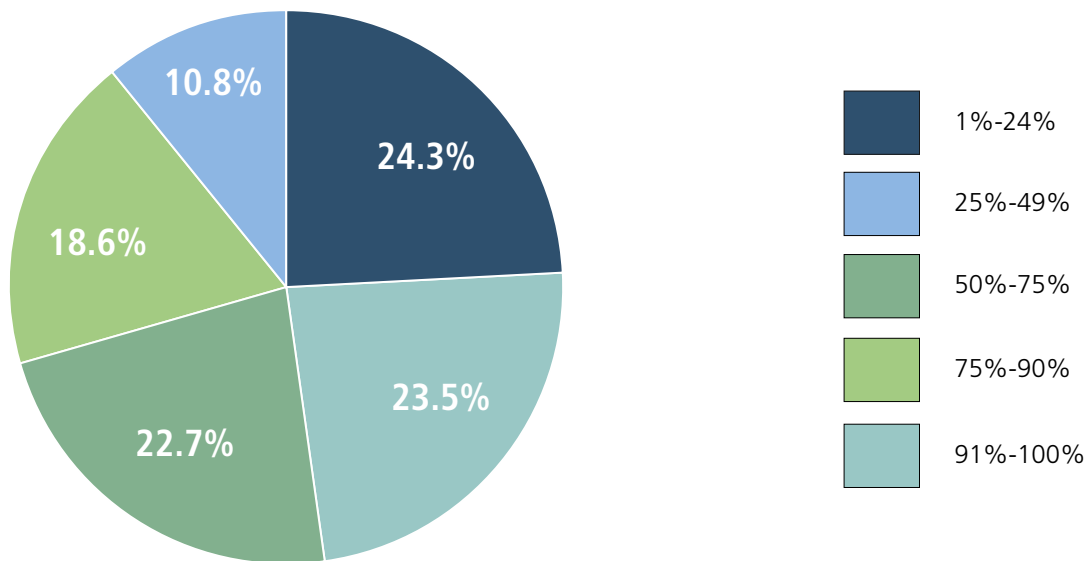
Of Your BPH Patients Treated Surgically, What Percentages Are Treated Using Bipolar TURP?

Bipolar TURP	Population Represented		
	Number	Percent (%)	± MOE (%)
None	3,369	33.7	2.0
≥ 1%	6,623	66.3	2.0
Total	9,993	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 8-2

Distribution of Practicing Urologists by the Percentages of Their BPH Patients Treated Using TURP – Bipolar



(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 8-4

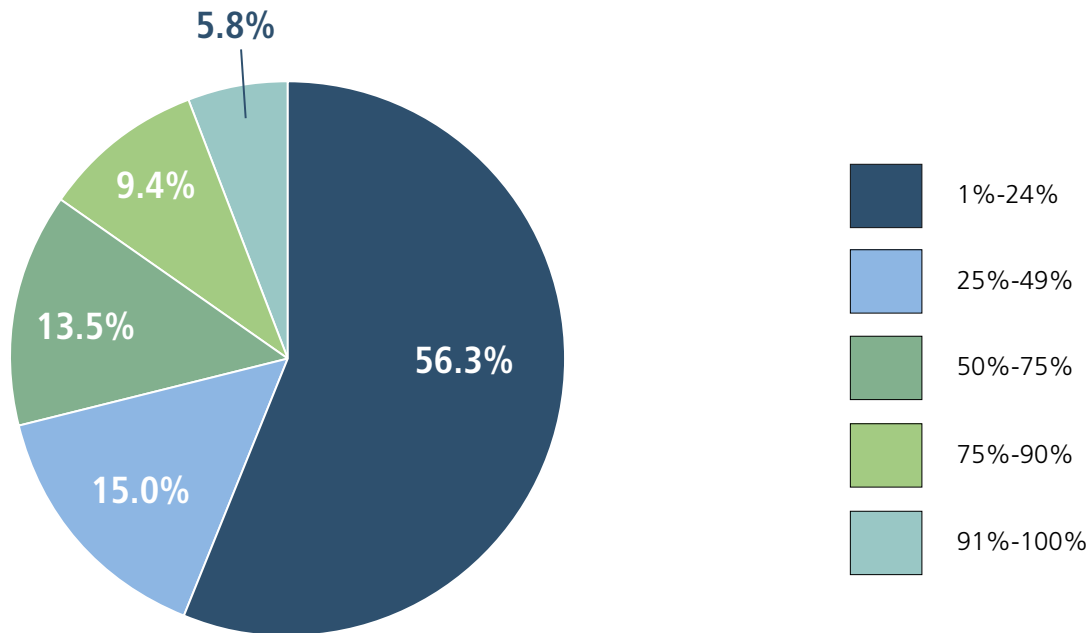
Of Your BPH Patients Treated Surgically, What Percentages Are Treated Using Button-TURP (Button Procedure)?

Button-TURP (Button Procedure)	Population Represented		
	Number	Percent (%)	± MOE (%)
None	6,490	64.9	2.0
≥ 1%	3,503	35.1	2.0
Total	9,993	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 8-3

Distribution of Practicing Urologists by the Percentages of Their BPH Patients Treated Using Button-TURP



(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 8-5

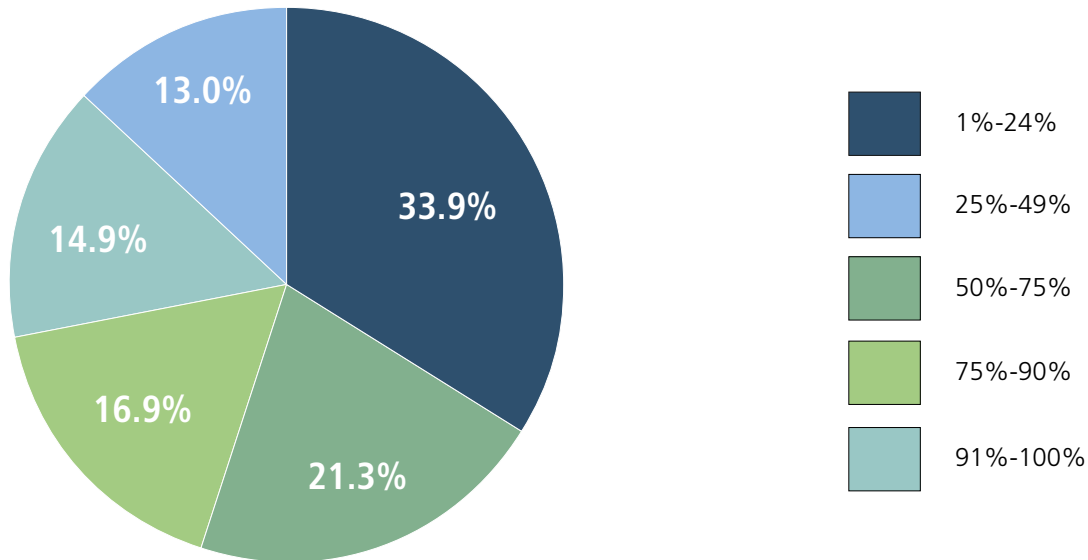
Of Your BPH Patients Treated Surgically, What Percentages Are Treated Using Photo-Selective Vaporization (PVP)?

PVP	Population Represented		
	Number	Percent (%)	± MOE (%)
None	6,091	61.0	2.0
≥ 1%	3,902	39.0	2.0
Total	9,993	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 8-4

Distribution of Practicing Urologists by the Percentages of Their BPH Patients Treated Using PVP



(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 8-6

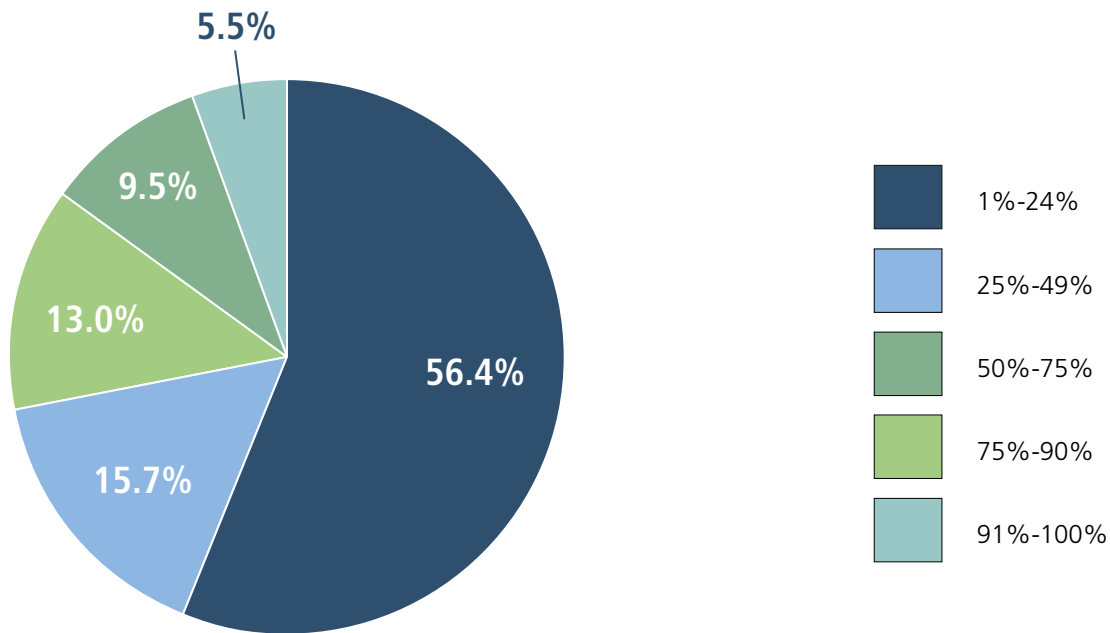
Of Your BPH Patients Treated Surgically, What Percentages Are Treated Using Holmium Laser Ablation of the Prostate (HoLAP)?

HoLAP	Population Represented		
	Number	Percent (%)	± MOE (%)
None	9,304	93.1	1.1
≥ 1%	688	6.9	1.1
Total	9,993	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 8-5

Distribution of Practicing Urologists by the Percentages of Their BPH Patients Treated Using HoLAP



(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 8-7

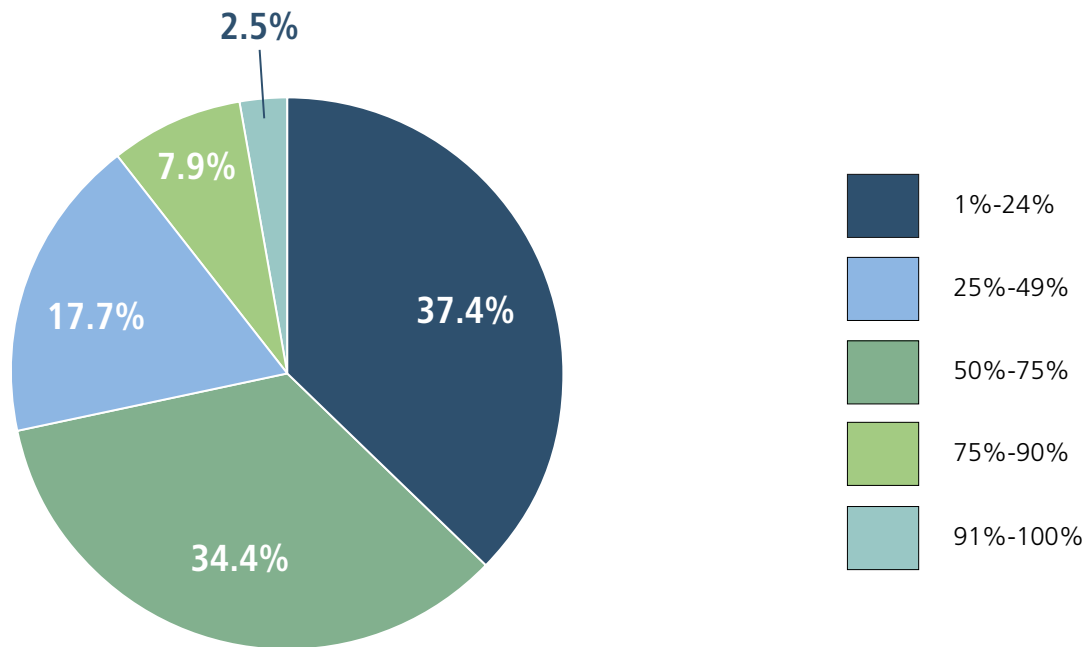
Of Your BPH Patients Treated Surgically, What Percentages Are Treated Using Holmium Laser Enucleation of the Prostate (HoLEP)?

HoLEP	Population Represented		
	Number	Percent (%)	± MOE (%)
None	9,633	96.4	0.8
≥ 1%	360	3.6	0.8
Total	9,993	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 8-6

Distribution of Practicing Urologists by the Percentages of Their BPH Patients Treated Using HoLEP



(Data source: Weighted samples from the 2016 AUA Annual Census.)

TABLE 8-8

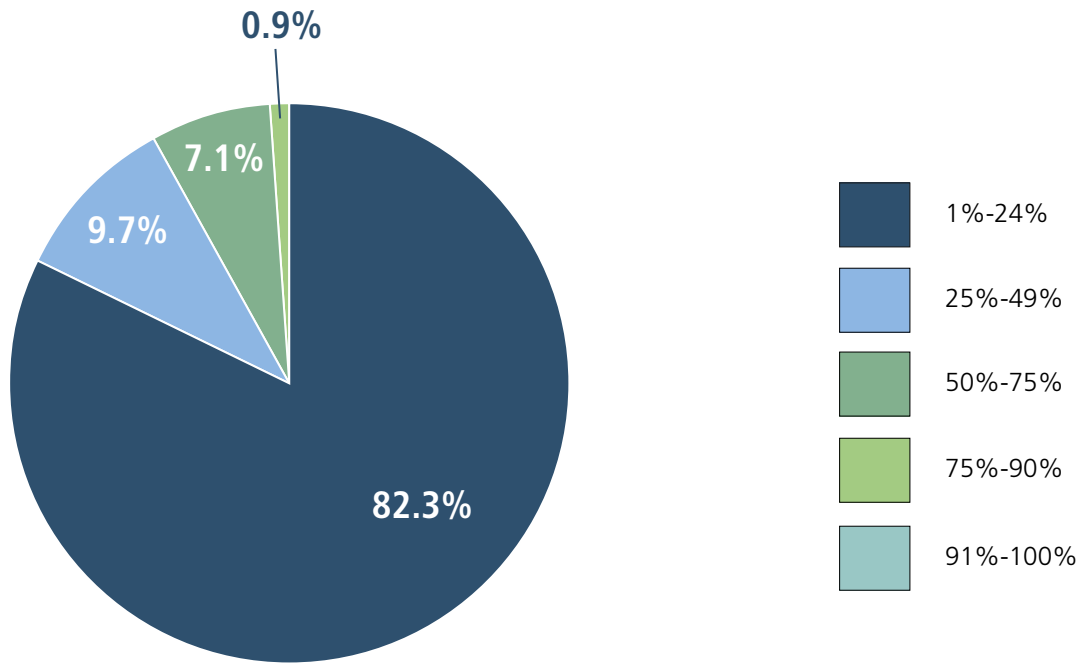
Of Your BPH Patients Treated Surgically, What Percentages Are Treated Using UroLift?

UroLift	Population Represented		
	Number	Percent (%)	± MOE (%)
None	8,671	86.8	1.4
≥ 1%	1,322	13.2	1.4
Total	9,993	100.0	

(Data source: Weighted samples from the 2016 AUA Annual Census.)

FIGURE 8-7

Distribution of Practicing Urologists by the Percentages of Their BPH Patients Treated Using UroLift



(Data source: Weighted samples from the 2016 AUA Annual Census.)

References

- 1 Ortman, JM, Velkoff, VA and Hogan, H (2012). An Aging Nation: The Older Population in the United States, website: <https://www.census.gov/prod/2014pubs/p25-1140.pdf>. Published May 2012.
- 2 Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System (NPES) (2014). National Provider Identifier Standard (NPI) [Data file]. Retrieved from http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html?redirect=/NationalProvIdentStand/01_Overview.asp#TopOfPage.
- 3 American Board of Medical Specialties (ABMS) Data (2016). Purchased from ABMS June 2016.
- 4 American Osteopathic Association (AOA). "Find a DO Directory" (2015). Retrieved from <http://www.osteopathic.org/Pages/default.aspx>.
- 5 Health Resources and Service Administration, the Department of Agriculture and WWAMI Rural Health Research Center. Zip Code Rural-Urban Commuting Area Codes (RUCAs) Approximation Version 3.10. (April 1, 2015). Retrieved from <http://depts.washington.edu/uwruca/ruca-approx.php>.
- 6 Groves, RM et al. (2009). Survey Methodology, Hoboken, NJ: John Wiley & Sons.
- 7 National Center for Research Methods (January 27, 2015). Adjusting for Non-response by Weighting. Retrieved from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_B01003&prodType=table.
- 8 Hogg, R.V. et al. (2014). Probability and Statistical Inference (9th Edition). Pearson Higher Ed.
- 9 United States Census Bureau (2016). 2016 Population Estimates. <https://www.census.gov/search-results.html?q=population+by+state&page=1&stateGeo=none&searchtype=web&cssp=Typeahead>
- 10 Freudenberger HJ and Richelson G. Burnout: The High Cost of High Achievement. Garden City: Doubleday, 1980.
- 11 Maslach, C., & Leiter, M. P. (1997). The Truth about Burnout: How Organizations Cause Personal Stress and What to Do about It. San Francisco, CA: Jossey-Bass. [Translated into Dutch, Swedish, Japanese, Chinese, Portuguese, Italian, German, Greek, Slovenian, Estonian, French].
- 12 Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15, 103-111.

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