EDITORIAL

Urology, the Primary Care Physician, and Health Care Reform

Listening to President Obama's recent speech to Congress on health care reform, it has to be crystal clear to all of us that there will soon be a new paradigm in American medicine. While the details are yet to be unrolled, it is very likely that the longstanding balance between primary care physicians (PCPs) and specialists will shift. There will be a need for a great many more PCPs and physician extenders, and many treatments traditionally offered by specialists will now be done by PCPs.

In the domain of urology, medical management of numerous urological disorders will move into the offices of PCPs. They will evaluate patients for prostate cancer, as well as perform the evaluation, diagnosis, and first-line management of hematuria, bladder outlet obstruction, and overactive bladder. They may also assume an increasing role in evaluation and management of more complex issues such as small or indeterminate renal masses, interstitial cystitis, prostatitis, pelvic pain syndrome, and infertility.

How does one prepare for the "changing of the guard"? The answer is education—at the undergraduate, graduate, and postgraduate levels. The urology curriculum in medical schools must cater to students choosing primary care specialties, and conversely, the primary care curriculum must include basic urological principles. All medical students cannot be expected to become experts in minimally invasive procedures, but they should be well exposed to the principles of "primary care urology." They should all learn the basic skills of taking a urological history and performing a physical exam. During their internship and residency training phases, PCP programs should offer students exposure to urological conditions, and even better, trainees should spend time learning in a urology clinical practice setting.

Postgraduate medical education courses in urological disease should be readily available and specifically tailored to meet the needs of PCPs and other physician extenders. The American Urological Association has taken the lead in this regard, and it offered a very well attended course on primary care urology at its most recent annual meeting. There are plans to run such courses in the future. This increased exposure will increase the comfort level of PCPs in the management of urological disease. With the aging of the baby boomers, and the presidential mandates, the need for PCPs who are skilled in urological disease areas will only increase. Urologists, on the other hand, must take responsibility for helping to promote and advance the education and support of PCPs and physician extenders that will be required.

Gabriel P. Haas, MD, FACS
Syracuse, New York, USA
Editor-in-Chief

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