area of EHR usability to ensure that systems are used efficiently, effectively, and satisfactorily by clinical users. A limitation of this study is that the analysis was based on unweighted samples, which may not represent the full spectrum of EHR usability perceptions among all practicing urologists in the country.

Table 1: A Summary of Unweighted Sample Results from the 2018 AUA Census on EHR Use

1. Do you use an electronic health record (EHR) system in your practice?	Frequency	Percent
No	42	3.6
Yes	1137	96.3
I don't know	2	0.2
Total	**1,181**	**100.0**
2. Using the EHR increases the quality and accuracy of my work.	**Frequency**	**Percent**
Strongly agree	130	11.4
Agree	336	29.6
Neutral	278	24.5
Disagree	248	21.8
Strongly disagree	145	12.8
Total	**1,137**	**100.0**
3. My productivity has been enhanced by my EHR.	**Frequency**	**Percent**
Strongly agree	88	7.7
Agree	182	16.0
Neutral	213	18.7
Disagree	364	32.0
Strongly disagree	290	25.5
Total	**1,137**	**100.0**
4. Do you employ medical scribes in your practice for EHR documentation?	**Frequency**	**Percent**
No	906	79.7
Yes	218	19.2
I don't know	9	0.8
I prefer not answer	4	0.4
Total	**1,137**	**100.0**
5. If you use a medical scribe for EHR documentation, please indicate the reasons. (Multiple selection)	**Frequency**	**Percent**
Increase productivity	146	67.0
Improve clinic workflow/efficiency	167	76.6
Decrease overall documentation time	156	71.6
Improve providers' quality of life	158	72.5
Reduce transcription errors	27	12.4
Other	16	7.3
Total	**218**	**100.0**
6. If the AUA could produce templates for specific visit types for your EHR (e.g., localized prostate cancer, overactive bladder), would you use them in your practice?	**Frequency**	**Percent**
No	121	10.6
Yes. However, I am not confident that templates could be inserted into my EHR	470	41.3
Yes. I am confident that the templates could be inserted into my EHR	397	34.9
I don't know	149	13.1
Total	**1,137**	**100.0**

Source of Funding: None

MP39-08

A SNAPSHOT OF CONTEMPORARY UROLOGIC PRACTICE FROM THE AMERICAN UROLOGICAL ASSOCIATION'S QUALITY REGISTRY (AQUA)

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INTRODUCTION AND OBJECTIVES: After decades of investment in electronic health records and data aggregation tools, the era of big data in medicine is here. The leading source of information about urologic care delivery, particularly in the community, is the American Urological Association's Quality Registry (AQUA). We aim to provide a snapshot of contemporary urologic care patterns as measured through participants in the AQUA registry from 2014 through June 2018.

METHODS: We queried the AQUA registry for patient, provider and practice demographics, ICD-9, ICD-10, and CPT codes. We categorized disease states and procedures to create descriptive tables of the most common urologic diseases and procedures seen from 2014-mid-2018.

RESULTS: As of mid-2018, there were 200 practices, 1731 providers and 4,349,749 patientsin AQUA. 95% of providers were community practitioners. 3,002,234 (69%) patients were male and 1,347,527 (31%) were female, while 2,681,335 (77.8%) were White, 339,778 (9.9%) were African-American, 78,415 (2.2%) were Asian, and 346,169 (10%) were other. 258,795 (5.9%) identified as Hispanic ethnicity. There were 19,640,460 total visits with 3264 median annual patient visits per urologist. Table 1 shows common conditions seen and Table 2 shows common procedures.

CONCLUSIONS: Nearly 15% of urologists in the US have participated in AQUA, although participation is almost entirely among community providers. Benign prostatic hyperplasia, impotence and kidney stones were the three most common conditions seen by urologists, and urinalysis, post void residual by ultrasound and diagnostic cystoscopy were the three most common procedures performed by urologists participating in AQUA. AQUA offers an unparalleled lens through which to view contemporary community urologic practice in the United States.

Table 1: Most common urologic disease states in AQUA (2014-6/2018)

Condition	Unique patients	Total visits
Benign prostatic hypertrophy with obstruction	766,419	2,761,203
Impotence of organic origin	544,629	1,82,5040
Calculus of kidney	524,306	1,719,158
Urinary tract infection	520,861	1,784,989
Urinary frequency	481,903	1,406,812
Elevated prostate specific antigen	467,080	1,802,273
Nocturia	427,540	1,240,173
Microscopic hematuria	394,335	1,121,116
Malignant neoplasm of prostate	355,432	1,815,896
Gross hematuria	308,375	962,368

Table 2: Most common procedures in AQUA (2014-6/2018)

Procedure	n
Urine analysis	6,129,350
Post void residual by ultrasound	2,421,385
Cystoscopy (office)	1,026,144
Uroflowmetry	390,812
Urine culture	295,325
Ultrasound of abdomen	281,578
Ultrasound transrectal	182,523
Biopsy of prostate	168,299
Insertion of bladder catheter	160,382
Vasectomy	145,396

Source of Funding: none

MP39-09

FACTORS ASSOCIATED WITH THE GENDER PAY GAP AMONG UROLOGISTS IN THE US

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INTRODUCTION AND OBJECTIVES: Female physicians earn less than their male counterparts in every medical specialty. We sought to determine whether such a pay gap existed in urology and explore potential associated factors.

METHODS: We used 2,323 responses to the 2017 AUA Census to extrapolate findings representing the entire population of 12,517 US urologists. We limited our analysis to ages 34 to 65 to ensure a sufficient sample size of women. Urologists were matched on years in practice. We explored the association between self-reported salary ($>$\$350K vs $\leq$\$350K) and gender using multivariable logistic regression adjusted for age and practice characteristics.

RESULTS: On bivariate analysis a greater proportion of male urologists made more than \$350K than females (56.9% vs 39.7%, $p=0.01$). There were no significant gender differences in self-reported weekly mean clinical (43.1 female vs 46.9 male, $p=0.13$) or non-clinical hours worked (7.9 female vs 9.1 male, $p=0.23$). Men reported doing more major inpatient procedures per month (7.8 vs. 5.6, $p=0.02$) and more patient visits per week (78.4 vs. 68.4, $p=0.04$). Women spent more time with each patient in a typical office visit (17.6 min vs. 14.9 min, $p<0.01$).