



September 21, 2005

Hurricane Katrina Support for Members

The Endocrine Society recently launched a campaign to provide information and resources to support the victims of hurricane Katrina. Approximately 76 members of The Endocrine Society were directly affected by this storm. In our best efforts to try and ease some of the burdens that our physicians and researchers in the Gulf Coast are currently experiencing, the Society has developed the [Katrina Resource Center](#).

The Society's Journals department has implemented special mechanisms for authors and reviewers to continue business as usual. They have identified each author in the affected areas and moved forward with the process of publishing their articles without further delay. The Journal subscription fees have been waived through 2006 for all affected institutions. Complimentary registration for Clinical Endocrinology Update 2005 has been offered for members in the Katrina affected areas, and membership dues have been waived for these members for 2006.

The Society's [Katrina Resource Center](#) is the hub for assistance communication. This area provides links to opportunities to offer assistance or services to colleagues, requests for assistance, endocrine corporate plans as announced, key links to other organizations supplying or serving the physician or research communities, and opportunities to make financial contributions to the recovery efforts.

The Endocrine Society will continue to update the [Katrina Resource Center](#). If members have suggestions, please send those to Lisa Marlow at lmарlow@endo-society.org.

Government Requests Help From Research Community on Multiple PI Policy

Federal research agencies are currently seeking input from the research community on the best way to implement a January memorandum requiring them to allow more than one Principal Investigator (PI) on awards made under federal research and research-related programs.

The Research Business Models Subcommittee (RBM) of the National Science and Technology Council's (NSTC) Committee on Science began investigating how multidisciplinary and interdisciplinary team research could be facilitated in 2003. After seeking feedback from the research community, Office of Science and Technology Policy (OSTP) Director John Marburger announced a revision of the grant-making policy on January 18, 2005 that will allow two or more PIs on research grants and contracts.

The goal of the policy shift is to recognize the collaborative efforts of PIs from multiple disciplines and formally distinguish shared leadership. The OSTP and White House Office of Management and Budget are requesting input from scientific researchers and research organizations on ways to smooth the required transition. The formal request appears in the July 18 *Federal Register*.

The Endocrine Society has been working with the Federation of American Societies for Experimental Biology (FASEB) to develop recommendations in response to the OSTP call for comments. On September 8, FASEB announced its strong endorsement for designating multiple PIs on federal research grants. FASEB President Bruce R. Bistrian, MD, PhD cited the important role of multiple PIs in interdisciplinary research and in addressing complex research inquiries.

NIDDK and Society Members Discuss Details of Clinical Trials Review Process

Clinical researchers have long expressed their angst surrounding the difficulties of conducting clinical trials. They have noted many regulatory and financial pressures as well as recruitment problems that limit the development of a successful clinical trial. The National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) advisory council recently conducted a forum to address these issues.

Endocrine Society member Alan Spiegel, MD, is the Director of NIDDK. He led the forum with a suggestion on how to streamline the review process by forming a centralized Institutional Review Board (IRB). He noted that the centralized IRB established by the National Cancer Institute was somewhat effective; however, “The key issue was the unwillingness of many of the academic centers and universities to buy into the central IRB process.” Endocrine Society member Robert Eckel, MD, of the University of Colorado Health Sciences Center, is an advocate for the centralization request. Many clinical researchers become frustrated at the institutional review process due, in part, to complicated standards for research differ between IRBs, particularly in multi-site trials that must undergo IRB review at each institution.

Although IRBs received the majority of the criticism during the forum, some council members wanted to examine the hurdle of recruiting and maintaining human subjects. Society member Jerry Palmer, MD recently conducted a survey on his research candidates to determine what they were hoping to achieve by participating in clinical trials. “What really surprised me is that what they actually wanted was to know they were helping. It actually was good old altruism,” said Palmer.

Other advisory council members discussed the financial crunch they are experiencing from their research partners. University of Maryland Medical Center Department of Medicine chair William Henrich shared his difficulty conducting a study on heart disease and dialysis. When processing the dialysis, the two companies that run the dialysis centers demanded pay for time and staff energy used in conducting this study. Advisory council member Robert Alpern, MD explained that companies and hospitals across the country are increasingly demanding pay. These companies are not being compensated for their services that they provide to the researchers. Alpern noted that overhead from the grants are going to the universities and not to the centers.

Small Practices Less Likely to Use Electronic Health Records

On September 8, 2005, the Medical Group Management Association (MGMA) released a study survey detailing the current state of the adoption of electronic health records (EHR) by U.S. medical group practices. The study reported the current rate of EHR adoption, the most frequently used EHR features, and barriers to EHR adoption.

According to the study, just 14.1 percent of all medical group practices use an EHR. Additionally, just 12.5 percent of medical group practicing with fewer than five full time equivalent (FTE) physicians has adopted an EHR.

Further data revealed that 12.7 percent of all groups were in the process of implementation, 14.2 percent reported that they would implement EHRs in the next year, and the remaining 41.8 percent had no immediate plans to adopt EHRs. Of that 41.8 percent, 47.8 percent of practices with five or fewer FTE physicians and only 20.7 percent of practices with 21 or more physicians indicated no plans for implementation or adoption of EHRs.

The report also provides insight into which EHR capabilities are actually used, as not every EHR has all functions and not every medical group fully uses the capabilities of its EHR system. More than 97 percent of the respondents who use EHRs reported that their system had functions for patient medications, prescriptions, patient demographic and visit/encounter notes. Less than 65 percent of the same group reported that EHRs provided drug formulary information or clinical guidelines and protocols. Only 83.1 percent of respondents said their EHR was integrated with their practice billing system.

The major hurdle for EHR adoption appears to be cost. According to the survey, the average purchase and implementation cost of an EHR system is \$32,606 per FTE physician. The survey also indicated that practices are not convinced that EHRs will improve their performance or provide them with a return on their investment in terms of cost and quality.

The study was funded by the Agency for Healthcare Research and Quality (AHRQ) and included more than 3,300 medical group practices.

Society Member Wins 2006 FASEB Excellence in Science Award

In August, the Federation of American Societies for Experimental Biology (FASEB) announced Endocrine Society member Marilyn Gist Farquhar, PhD as one of the winners of the 2006 FASEB Excellence in Science Award. Due to the extraordinary number of qualified candidates, the committee took the unusual step of recommending two individuals this year. Elaine Fuchs, PhD was the other recipient of this award.

The FASEB Excellence in Science Award is presented each year to a woman scientist whose outstanding career achievements have contributed significantly to furthering understanding of a particular discipline through her excellence in research. The awardees will present lectures at the Annual Meeting of the American Society of Biochemistry and Molecular Biology (ASBMB) during the 2006 Experimental Biology Conference in April. The winners will each receive complimentary registration to the conference, travel expenses, hotel, and a \$10,000 unrestricted research grant funded by Eli Lilly. Both women are members of the ASBMB.

Dr. Farquhar is professor and chair of the Department of Cellular and Molecular Medicine at the University of California–San Diego School of Medicine. She is a pioneer in the study of cell structure and function, and is well-known for her electron microscopy studies. Her cell biology laboratory focuses on the interplay between cell signaling and protein trafficking. Farquhar is a member of the National Academy of Sciences and the American Academy of Arts and Sciences.

For more information, please visit The Excellence in Science Award Web site (www.faseb.org/excellenceinscience).

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