



January 27, 2006

Society Approves 2006 Advocacy Agenda

During its January meeting, the Society's Council approved the advocacy agenda for 2006, defining the legislative and regulatory priorities of the Society for the year. This year the Society will focus on five main topics: obesity, minority health disparities, NIH reauthorization, physician reimbursement, and biomedical research funding. The Society will also continue to be active and responsive in the areas of: Copyright Protection, Endocrinologist Workforce Issues, Drug Safety/Shortages/Reimportation, Clinical Trial Registries, Stem Cell Research, Hormone Abuse/Misuse, and other key issues that become relevant throughout the year.

The coming year promises to be a challenging federal fiscal environment. The Endocrine Society will be working hard to secure federal spending for programs and federal agencies important to our membership and the patients they serve. The Society faces an uphill battle to convince Congress of the importance of maintaining spending in the growing biomedical research field. Additional challenges lie in advocating for fair reimbursement for physician's Medicare services, while avoiding linking those payments to unreasonable pay for performance standards.

In 2006, the Society promises to continue to be an active leader in the national public policy debate surrounding obesity. Congress and various federal agencies continue to craft policy hoping to curb America's obesity epidemic and increase in obesity's co-morbidities. The Society will continue to meet with Congressional leaders and Administration officials to provide them with the most up-to-date science and reports from the field so that policy makers have the best available information with which to make decisions. In addition, the Society's Government Relations Committee is planning an initiative to examine minority involvement in clinical research studies. Ultimately, the Committee plans to provide recommendations to Congress and the Administration on how to increase minority populations' participation in studies.

CMS Recently Announces Changes to Physician Voluntary Reporting Program

The Centers for Medicare and Medicaid Services (CMS) recently announced that it would be modifying the Physician Voluntary Reporting Program (PVRP), a pay-for-performance initiative that aims to measure and analyze the quality of care provided in routine medical practice. Physicians would voluntarily report data on several measures and later receive feedback on their performance. The stated goal of the PVRP is to improve the health of Medicare beneficiaries by preventing complications due to chronic disease, avoiding preventable hospitalizations, and improving the quality of health care service delivery. The

first phase of the PVRP is set to begin in early 2006, and was initially based on a starter set of 36 evidence-based clinically valid performance and quality measures.

On December 27, 2005, CMS announced its decision to modify the program to a starter set of 16 measures, in order to reduce the burden on physicians of reporting data. The starter set of measures now includes the following:

- Aspirin at arrival for patient with acute myocardial infarction.
- Beta blocker at time of arrival for patient with acute myocardial infarction.
- Hemoglobin A1c control in patient with Type I or Type II diabetes mellitus.
- Low-density lipoprotein control in patient with Type I or Type II diabetes mellitus.
- High blood pressure control in patient with Type I or Type II diabetes mellitus.
- Angiotensin-converting enzyme inhibitor or angiotensin-receptor blocker therapy for patient with left ventricular systolic dysfunction.
- Beta-blocker therapy for patient with prior myocardial infarction.
- Assessment of elderly patients for falls.
- Dialysis dose in end stage renal disease patient.
- Hematocrit level in end stage renal disease patient.
- Receipt of autogenous arteriovenous fistula in end stage renal disease patient requiring hemodialysis.
- Antidepressant medication during acute phase for patient diagnosed with new episode of major depression.
- Antibiotic prophylaxis in surgical patient.
- Thromboembolism prophylaxis in surgical patient.

The program will still use a set of Healthcare Common Procedure Coding System codes (G-codes) to report data for the calculation of these measures. Furthermore, CMS has expressed its intent to revisit the 20 measures that were omitted in order to improve them and potentially include other measures suggested by medical specialty societies.

The PVRP remains a voluntary program, and participating physicians would not receive additional compensation from CMS. Current legislation in Congress that implements a pay-for-performance program but fixes the flawed physician payment formula under Medicare, H.R. 3617, has made little progress since its introduction on July 29, 2005, and remains in the House Ways and Means Subcommittee on Health. It is unclear whether the issue will see movement during this congressional session.

For further information, visit the PVRP's web page at <http://new.cms.hhs.gov/PhysicianFocusedQualInits/> on the CMS website.

Society's Council Approves 2006 Clinical Guideline Topics

The Endocrine Society's Council recently approved the topics for the next three clinical guidelines to be developed. They are: hirsutism, lipids, and vitamin D & bone. The Clinical Guidelines Subcommittee, chaired by Robert Vigersky, MD, is in its third year of managing the Society's guideline development, with six other guidelines currently in progress.

Dr. Kathryn Martin, Assistant Professor of Medicine at the Harvard Medical School Reproductive Endocrine Unit, has been appointed to chair the hirsutism guideline and Dr. Ernst Schaefer, Professor & Senior Scientist Director at Tufts University School of Medicine, will chair the lipids guideline task force.

As is the case for the other guidelines being developed, the development process will continue to be a rigorous and thorough one. After drafting the document, each guideline will be reviewed by the Clinical Guidelines Subcommittee, Clinical Affairs Committee, Council, and then be available online for member comment. In addition, the level of evidence and literature will be reviewed and the recommendations will be graded using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) system. The GRADE approach was recently recognized in the January/February issue of *ACP Journal Club* as “rigorous in its methodology, yet practical to use.” The Society was also acknowledged in the article as the first North American organization to adopt the GRADE approach for its guidelines. Before the guideline goes to its final step, submission for publication in *JCE&M*, the guideline is thoroughly reviewed and edited by a medical writer.

The first two clinical guidelines approved by the Society, *Guidelines for the Evaluation and Treatment of Growth Hormone Deficiency in Adults*, and *Evidence-Based Guidelines for Use of Testosterone Therapy in Adult Men with Androgen Deficiency Syndromes* are currently being peer-reviewed by *JCE&M*. The Society has four other guidelines nearing completion and coming soon: *Evidence-Based Guidelines on the Therapeutic Use of Androgens in Women*, *Thyroid Disease in Pregnant and Postpartum Women*, *Pediatric Obesity*, and *Metabolic Syndrome*.

Society to Co-Sponsor FASEB Summer Research Conferences

For the second year in a row, the Society will co-sponsor programs during the FASEB Summer Research Conference (SRC) schedule that are important to Society members. FASEB SRCs, which began in 1982, are a continuing series of inter-disciplinary exchanges that have become recognized as a valuable complement to FASEB’s other meetings. The conferences are divided into small groups of experimental biologists who meet intimately and without distractions to explore new approaches to those research areas undergoing rapid scientific change. They emphasize cutting edge research, with prominent scientists in each field making presentations to attendees who themselves are heavily engaged in research or are in ancillary fields where an accurate understanding of allied scientific advances is important.

Starting in 2005, the Society has partnered with FASEB and has provided both financial and marketing support for SRCs related to endocrinology. In 2006, the Society will sponsor two of the programs on the schedule:

Dynamic Structure of the Nuclear Hormone Receptors

July 8 - 13, 2006

**Omni Tucson National Golf Resort and Spa
Tucson, Arizona**

Co-Chair: E. Brad Thompson, M.D.

University of Texas Medical Branch, Galveston, TX

Co-Chair: Raj Kumar, Ph.D.

University of Texas Medical Branch, Galveston, TX

**Mechanisms of Action of Steroid Hormones:
Integration of Membrane- and Nucleus-Initiated Effects
July 29-August 3, 2006
Tucson, Arizona**

Chair: Paul J. Davis, MD

Ordway Research Institute and Albany Medical College

Co-Chair: Jeffrey R. Bender, MD

Yale University School of Medicine

Co-Chair: Carol A. Lange, PhD

University of Minnesota Cancer Center

For more information about the FASEB Summer Research Conferences please visit the FASEB Web site at <http://src.faseb.org/preliminary.htm>

For questions regarding articles listed in *Endocrine Insider* or information on advocacy and policy activities within The Endocrine Society, contact the Government & Professional Affairs department:

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