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AMA Signs Deal with Congress to Develop Performance Measures

Reports have emerged that the American Medical Association (AMA) signed a pact with congressional leaders December 16 stating that physician groups will develop performance measures that will be used by the federal government to improve the quality and efficiency of health care and result in improved health outcomes for patients. The issue of “pay-for-performance” (P4P) in medicine – initiatives that attempt to link performance on standard measures of care to Medicare payments – gained much ground in Congress during 2005, appearing in legislation (H.R. 3617) introduced by House Ways and Means Health Subcommittee Chair Nancy Johnson (R-CT), as well as early iterations of the Senate budget reconciliation bill.

Several lawmakers have continually expressed interest in implementing P4P components into the Medicare program and promised to tie any permanent fix in the flawed Medicare payment formula to some form of P4P.

The December 16 agreement was signed by the chairman of the AMA, and three congressional leaders who sit on committees with jurisdiction over Medicare – Sen. Charles Grassley (R-IA), Senate Finance Committee Chair, Rep. Bill Thomas (R-CA), House Ways and Means Committee Chair, and Rep. Nathan Deal (R-GA), House Energy and Commerce Subcommittee on Health Chair. It states that physician groups will develop approximately 140 performance measures covering 34 clinical areas by the end of 2006. Beginning in 2007, physicians will voluntarily report to the federal government on at least three to five measures and will receive additional compensation to offset the costs of collecting and reporting data. According to the deal, by the end of 2007, physician groups will have developed performance measures to “cover a majority of Medicare spending for physician services.”

The initial reaction to this deal by several medical specialty groups was skepticism toward the ambitious timetable and disappointment at not having been consulted or informed. In response, the AMA convened a February 21 meeting with representatives from the Physician Consortium for Performance Improvement (Consortium) and several medical societies. The Consortium was convened by the AMA in 2000 to develop evidence-based clinical performance measures and outcomes reporting tools for physicians, and includes representatives from more than 70 national medical specialty and state medical societies, the Agency for Healthcare Research and Quality, the Centers for Medicare and Medicaid Services (CMS), and others. Consortium representatives outlined the process for developing measures, highlighting the ongoing collaboration and communication between stakeholders involved. They stated that although the AMA congressional deal calls for nearly 140

measures, this figure includes the 90 performance measures already developed by the Consortium. Furthermore, there are approximately 20 measures slated for action in 2006, including osteoporosis. The Endocrine Society, represented by several members in the Consortium, participated in the development of diabetes measures and has recently taken on the role of a lead organization in the work group developing osteoporosis measures.

Approximately 24 measures developed by the Consortium have received endorsement from the National Quality Forum (NQF), an organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Many NQF-endorsed measures are widely used by stakeholders in private and public health care forums. The Consortium will also begin work on transforming measures into CPT-II codes. CMS has expressed interest in using CPT-II codes to collect and report data for its Physician Voluntary Reporting Program.

Society Member Appointed to NIDDK Advisory Council

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) announced on February 21 the appointment of five new members to its Advisory Council. The new members include the following:

- Mitchell A. Lazar, M.D., Ph.D. is a Sylvan H. Eisman Professor of Medicine and Genetics and Chief of the Division of Endocrinology, Diabetes, and Metabolism at the University of Pennsylvania School of Medicine in Philadelphia. Dr. Lazar is also an active member of The Endocrine Society.
- David M. Klurfeld, Ph.D., is a National Program Leader in Human Nutrition in the Agricultural Research Service (ARS) at the U.S. Department of Agriculture.
- Juanita Lynne Merchant, M.D., Ph.D., is Professor of Internal Medicine and Molecular and Integrative Physiology at the University of Michigan.
- David H. Perlmutter, M.D., is the Vira I. Heinz Professor and Chair of Pediatrics and Professor of Cell Biology and Physiology at the University of Pittsburgh School of Medicine.
- Margery Deutz Perry, is the past Chair of Research at the Juvenile Diabetes Research Foundation (JDRF) International.

The NIDDK Advisory Council meets three times annually to advise the NIDDK about its research portfolio. Members of the Advisory Council are drawn from the scientific and lay communities, are appointed for 4-year terms, and represent all areas within the Institute's research mission. These new members will serve on the Council until 2009.

National Academies to Update Stem Cell Research Guidelines

The National Academies' National Research Council and Institute of Medicine announced on February 16 that it will organize a new committee to update the Academies' guidelines for stem cell research. The Academies announced a set of guidelines in April 2005 that outlines how institutions should manage stem cell research projects. The committee will periodically update the guidelines issued last year by the Academies to reflect advances in stem cell science. The guidelines are voluntary and are, according to the Academies, "intended to enhance the integrity of human embryonic stem cell research by encouraging responsible practices."

A number of scientific organizations and scientists encouraged the Academies to form the new committee, which will be funded by private sources, including the Ellison Medical Foundation, the Greenwall Foundation, and the Howard Hughes Medical Institute. The names of the individuals serving on the committee and other details about the specific charge and meeting dates of the committee will be announced in a few weeks.

New Policy for Human Subjects Database

During the recent annual meeting of the American Association for the Advancement of Science, National Human Genome Research Institute Director, Francis Collins, M.D., introduced a proposed policy for governing the use and distribution of human subjects data from large open-access datasets.

According to Collins, the policy was established to address the privacy and data release issues raised by a new partnership with the Genetic Association Information Network (GAIN), a public-private association that will investigate genetic variants associated with common diseases. GAIN invites investigators who have already collected DNA samples and clinical information on at least 1,000 cases and 1,000 controls of common diseases to apply for free genetic analyses of those samples. That data would then be available to others.

The GAIN project would incorporate genetic information along with clinical data. This data would be stored in large open-access databases that scientists from around the world could use based on their interests. The database would be centralized and monitored by a gatekeeper committee that would decide who will obtain access to this information. The user will be required to agree to not distribute the data to a third party nor take any steps to identify the individuals in the dataset. The user will also have to agree not to submit any publications from their own analysis for a period of nine months after receipt of the dataset.

The new proposal will not require institutional review board approval. Instead, NIH will establish a participant protection monitoring board to ensure confidentiality. Collins noted that, “subjects also would need to be informed that potential risks include loss of private information as well as stigmatization and discrimination.”

The proposed policy was developed by, among others; a team of experts associated with the institute’s Ethical, Legal, and Social Implications research program (ELSI), and will be in the President’s FY 2007 budget proposal.

Medicare Approves Coverage of Bariatric Surgery Patients 65 or Older

The Centers for Medicare and Medicaid Services (CMS) recently announced a change in its Medicare coverage policy of bariatric surgery for patients 65 or older. CMS has agreed to qualify the surgery under Medicare coverage if the patient goes to a facility with surgeons highly skilled in the procedure.

CMS recanted its original decision to deny coverage for this age group based on new data showing that more experienced surgeons have similar treatment outcomes for patients of all ages. According to a recent issue of *Congressional Quarterly Healthbeat News*, the new policy offers Medicare coverage for three types of bariatric procedures in both the older and younger age categories. Assuming the patient meets the clinical criteria, they can qualify for

Medicare coverage if they have one of the three procedures performed at facilities certified by the American College of Surgeons or the American Society for Bariatric Surgery as “centers of excellence” for that type of surgery.

The entire memorandum is available online at
<http://new.cms.hhs.gov/apps/media/press/release.asp?Counter=1733>.

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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