



August 15, 2007

Society Works to Reverse DXA Payment Cuts

Endocrine Society staff and members have been actively working to address the cuts to Medicare reimbursement for dual-energy X-ray absorptiometry (DXA) that went into effect on January 1, 2007, and much progress has been made. The cuts, if fully implemented in 2010, will reduce Medicare payment rates to physicians performing DXA scans in their offices from \$140 in 2006 to \$35 in 2010. The Society has been working in cooperation with the National Osteoporosis Foundation (NOF), American College of Rheumatology (ACR), American Association of Clinical Endocrinologists (AACE), and International Society for Clinical Densitometry (ISCD) to develop a comprehensive legislative, regulatory, and public relations campaign.

The Society and NOF have been working aggressively on behalf of the coalition to secure a sponsor for a DXA-specific fix to the payment cuts and have met with key House and Senate offices, including Sens. Lincoln (D-AR), Stabenow (D-MI), McCaskill (D-MO), Mikulski (D-MD), Snowe (R-ME), and Salazar (D-CO), and Reps. Berkley (D-NV) and Inslee (D-WA). The draft legislation developed by the working group asks for a halt to the payment cuts with a freeze at 2006 levels. During the freeze, the Institute of Medicine would conduct a study to analyze the impact of these cuts on patients' access to DXA. While this draft language represents the best-case scenario for a fix, the sponsor of the bill may offer alternative language to address the cuts.

To refine our lobbying messages, the Society has also been working with the aforementioned societies to survey our memberships to measure the impact of the payment cuts on physicians' ability to provide DXA services in their offices. The first survey, conducted in May, examined the intentions of physicians regarding their plans for providing DXA scans if the cuts are fully implemented. Of the 750 physicians who responded to the survey, 93 percent believe that they will no longer be able to provide DXA scans by 2010 at the rate of \$35. The survey garnered additional insights into the thinking of physicians that will be used to emphasize the impact on patient access during future Hill visits.

The Society has also helped fund a study by the Lewin Group to measure the actual cost of providing DXA scans in the physician's office and the cost to Medicare to freeze payments for DXA at 2006 levels. The survey was sent to 14,000 practicing physicians in the beginning of July, and data should be available by the end of August for use in our advocacy efforts.

Recently, Society member Carol Zapalowski, MD, of Denver, and staff participated in a briefing for women's health organizations, held at NOF headquarters in Washington, DC.

The purpose of the briefing was to inform these groups about the impact the DXA cuts are having on patients with osteoporosis and the physicians who care for them and to garner support for the coalition's advocacy efforts, including support for legislation to halt the cuts to DXA reimbursement.

To generate additional support, the DXA working group will host a Webcast, in early October, to inform the healthcare community of the problem facing DXA providers and patients, highlight the efforts and achievements of the DXA working group, and gain the support of the community for our future activities.

While a great deal has been accomplished by the DXA working group, much work remains. The coalition members hope that the DXA-specific legislation will be introduced and voted upon during 2007, but with the current fiscal environment on Capitol Hill and other issues facing lawmakers this year, the legislation may not be considered until 2008.

For further information on the work of the Society to halt DXA payment cuts, please contact Stephanie Kutler, Associate Director of Government & Professional Affairs, at skutler@endo-society.org.

Society Invites Members to Comment on National Children's Study Research Plan

Duane Alexander, MD, Director of the National Institute of Child Health and Human Development (NICHD), has invited the scientific community to provide comments on the Research Plan for the National Children's Study. Comments are due by September 25, 2007, and The Endocrine Society encourages its members to submit any comments they may have individually.

Developed with input from scientists at several U.S. agencies, the Research Plan provides a detailed description of the background, design, measures, and rationale for the study and for the methods used therein. The National Children's Study is a long-term study of child health, the goal of which is to provide information that will ultimately lead to improvements in the health, development, and well-being of children. The Study will examine important health issues, including birth defects and pregnancy-related problems, injuries, asthma, obesity and diabetes, and behavior, learning, and mental health disorders. Findings from the Study are expected to provide researchers, health care providers, and public health officials with information from which they may develop prevention strategies, health and safety guidelines, and new treatments and cures for disease.

Comments from Dr. Alexander, instructions for submitting input, and a link to the Research Plan may be viewed at:

http://www.nationalchildrensstudy.gov/research/research_plan/index.cfm.

New Society Guideline on Thyroid Dysfunction during Pregnancy is Released

The fourth Clinical Practice Guideline from The Endocrine Society, *Management of Thyroid Dysfunction during Pregnancy & Postpartum*, is now available online through *The Journal of Clinical Endocrinology & Metabolism (JCEM)* at <http://jcem.endojournals.org/>. The guideline was published as a supplement to the August 2007 issue of *JCEM*.

This latest guideline is co-sponsored by five other organizations: The American Association of Clinical Endocrinologists (AACE), American Thyroid Association (ATA), Asia & Oceania Thyroid Association (AOTA), European Thyroid Association (ETA), and the Latin American Thyroid Association (LATA).

Some of the topics addressed in the guideline are:

- Hypothyroidism and Pregnancy: Maternal and Fetal Aspects
- Management of Maternal Hyperthyroidism: Maternal and Fetal Aspects
- Gestational Hyperemesis and Hyperthyroidism
- Thyroid Nodules and Cancer in Pregnancy
- Postpartum Thyroiditis
- Autoimmunity and Miscarriage
- Iodide Nutrition in Pregnancy and Lactation
- Screening for Thyroid Disease and Pregnancy

Information on ordering a bound version of the *Management of Thyroid Dysfunction during Pregnancy & Postpartum* guideline will be available on The Endocrine Society's Web site at <http://www.endo-society.org/publications/guidelines/index.cfm> starting September 1, 2007. An executive summary of this guideline will also be available for download and purchase.

Contact Lisa Marlow at lmарlow@endo-society.org for additional information regarding this and future guidelines.

Expert Panel Recommends Further Research on the Effects of Bisphenol A

The Center for the Evaluation of Risks to Human Reproduction (CERHR) of the National Toxicology Program has established an expert panel to review the state of the science on the reproductive and developmental toxicity of Bisphenol A (BPA). CERHR formed the 12-member panel to review the current literature to determine where conclusions can be drawn regarding potential risk and where data are lacking to draw any conclusions. The panel met for the second and final time August 6-8 in Alexandria, VA. Society representatives were on hand to hear the panel's conclusions and recommendations.

The panel was asked to comment on specific end points and to relate these endpoints to an estimated level of exposure in determining its concerns regarding risk to human health and reproduction. In addition to identifying areas of concern, the panel was asked to specify areas of critical data needs and directions in which research should proceed. Some areas of critical data needs identified by the panel include:

- Neural and behavioral endpoints
- Studies on the effect of adult exposure to reproduction and development, including changes in hormone patterns
- Exhaustive human exposure assessment
- Physiologically based and pharmacokinetic models
- Effects on prostate and mammary gland development
- Altered puberty

- Relevance of membrane receptor binding
- Inter-laboratory replication of studies
- More work on urinary tract after developmental exposure

The draft report will be posted on the CERHR Web site for public comment in about a month. For more information about the August 6-8 meeting, including a meeting summary with areas of concern expressed by the panel, visit: <http://cerhr.niehs.nih.gov/chemicals/bisphenol/bisphenol-mtg.html>.

House Passes Legislation Altering Physician Payment Formula

Prior to beginning its August recess, the U.S. House of Representatives approved the Children's Health and Medicare Protection Act of 2007 (CHAMP) reauthorizing the State Children's Health Insurance Program (S-CHIP). Also contained in the legislation is an important provision altering the physician payment formula. Currently, physician payments are calculated using a complex method called the sustainable growth rate (SGR). The SGR has been a controversial process for some time, as it uses the Gross Domestic Product in combination with other formulae to determine physician payments.

Under the CHAMP Act, physicians would see a 0.5 percent increase in payments for 2008 and 2009. In 2010, the Act requires the SGR to be replaced by dividing physician services into six different categories, each assigned to its own separate spending target. By assigning services to different spending targets, legislators believe that the problems plaguing the current formula will be eliminated.

The CHAMP Act also eliminates funding for bonus payments to physicians under the Physician Quality Reporting Initiative, a voluntary quality measure reporting program, which began July 1.

The Senate passed its own version of the children's healthcare legislation prior to the August recess, but it did not include any provisions to alter the physician payment formula. President Bush has pledged to veto the legislation because he disagrees with the amount of funding assigned to the S-CHIP program. Once Congress reconvenes in September, House and Senate members will have to work out the differences between the two pieces of legislation, and it remains to be seen whether House provisions affecting physician payments will remain in the measure.

Society Members in the News

Society members are often featured in popular press and media as authorities on endocrinology issues. Here are two examples of recent news coverage of members.

Robert Vigersky Comments on Avandia

On August 1, Society member Robert Vigersky, MD, was featured prominently in a *Financial Times of London* article on the potential implications of the U.S. Food and Drug Administration (FDA) Advisory Committee's new recommendations on the diabetes drug Avandia (rosiglitazone).

In a public hearing held on July 30, 2007, the advisory committee voted 22-1 to recommend to the FDA that Avandia be kept on the market with the addition of a black box warning for specific subgroups of patients.

In the news report, Dr. Vigersky stated that switching patients from one drug to another is not optimal, especially if their existing regimen is working as expected. Such decisions are likely to be made on a case-by-case basis, he predicted, adding that “everybody is going to have to make an individual judgment as to whether or not Avandia is the right drug at the time or whether someone who is on Avandia should be switched.”

The full article can be viewed here: http://www.ft.com/cms/s/6f55736c-4038-11dc-9d0c-0000779fd2ac.dwp_uuid=e8477cc4-c820-11db-b0dc-000b5df10621.html

Cushing's Patient Credits Ace Lipson

In the August 14, 2007 *Washington Post*, Society member Ace Lipson, MD, was the subject of the Post's Medical Mysteries column on Cushing's disease. The article reviewed the past efforts of a woman to find the cause of her seemingly disconnected suite of symptoms, which included rapid weight gain, stomach pain, severe acne, aching joints, and a red rash on her neck. The correct diagnosis came when the patient was referred to Dr. Lipson by her internist. Dr. Lipson estimated in the article that he has seen about 20 Cushing's patients in his career, and was quoted as saying that it can be a “very difficult diagnosis because the individual symptoms can lead you in very different directions.”

Following surgery in March 1993 to remove the brain tumor that was causing the disease, the patient reported that she had returned to normal. The full story can be read here: <http://www.washingtonpost.com/wp-dyn/content/article/2007/08/10/AR2007081001808.html>

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

Janet B. Kreizman, Senior Director
301-941-0252
Jkreizman@endo-society.org

Charles E. Blue, Director, Media Relations
301-941-0240
Cblue@endo-society.org

Stephanie Kutler, Assoc. Director
301-941-0254
Skutler@endo-society.org

Loretta L. Doan, PhD, Manager, Science Policy
301-941-0258
Ldoan@endo-society.org

Lisa Marlow, Manager
240-482-1392
Lmarlow@endo-society.org

Holly Whelan, Manager, Health Policy
301-951-2613
Hwhelan@endo-society.org

Aaron Lohr, Manager, Media Relations
240-482-1380
Alohr@endo-society.org

Stacey Trunnell, Administrative Assistant
240-482-1389
Strunnell@endo-society.org