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### **DXA Coalition Conveys Concerns to CMS Administrator**

The members of the DXA coalition, which includes The Endocrine Society, National Osteoporosis Foundation, American College of Obstetricians and Gynecologists, American Association of Clinical Endocrinologists, and International Society of Clinical Densitometry, met with the Centers for Medicare and Medicaid Acting Deputy Administrator Herb Kuhn on August 28, 2007 to discuss concerns regarding the payment cuts to DXA services. The timing of the meeting was particularly important as comments on the 2008 Physician Fee Schedule Proposed Rule were due on August 31, 2007 (see related article in this issue).

During the meeting, members of the coalition discussed the impact that the payment cuts will have on patient access and quality of care, and discussed the changes that must be implemented in order to ensure adequate payment levels. In addition to presentations by coalition members, consultants from the Lewin Group presented the findings of two studies, funded in part by The Endocrine Society, related to DXA payment cuts. The first study, which measured the cost of providing DXA services in a physician's office, found that the median cost to respondents of providing DXA services is \$134, well above the 2007 payment rate of \$82. The second study, which measured the cost to Medicare of freezing payment rates at 2006 levels (\$140), found that although Medicare payments for DXA services would increase by \$648 million over five years, the proposal could save Medicare \$1.14 billion by reducing and preventing fractures.

### **Society Member Leads New NIH Interdisciplinary Consortium**

Teresa K. Woodruff, PhD, is the overall principal investigator of one of nine grants under the new NIH Roadmap Interdisciplinary Research Consortia program. The program, launched by the National Institutes of Health (NIH) this year, is designed to bring together scientists from several disciplines to work together on a single problem with a unified approach, thereby revolutionizing the way biomedical research is executed. Dr. Lawrence Tabak, the Director of the National Institute of Dental and Craniofacial Research—who co-chaired a working group that helped identify the best interdisciplinary science that should be funded—described the new consortia in this way:

The Roadmap Interdisciplinary Research Consortia have been designed to enable the conduct of the biomedical and behavioral research of the future—multiple NIH Institutes and Centers supporting multiple investigators with different scientific backgrounds, often from different institutions—all of whom are coming together to perform research on complex, real-life problems.

Dr. Woodruff leads The Oncofertility Consortium: Fertility Preservation for Women, and the application abstract describes its purpose as follows:

The purpose of this Interdisciplinary Research Consortium grant application is to focus on the fertility threat posed by cancer treatment and to serve as an authoritative voice for research, clinical practice, and training that will happen at the intersection of oncology, pediatrics, reproductive science and medicine, biomechanics, materials science, mathematics, social science, bioethics, religion, policy research, reproductive health law, cognitive and learning science in a new discipline called ONCOFERTILITY.

Dr. Woodruff has been an active member of The Endocrine Society since 1991 and has filled many scientific leadership positions over the years, including serving on the editorial board of each of the Society's journals and acting as basic science chair of the Annual Meeting Steering Committee.

The consortia will be funded at a level of \$210 million over 5 years. The overall principal investigator of each consortium is responsible for coordinating the efforts of the individual grant components.

The NIH press release announcing the Interdisciplinary Research Consortia provides more information about the program:

[http://www.ncrr.nih.gov/biomedical\\_technology/interdisciplinary\\_research\\_centers/Press\\_Release\\_FY2008.pdf](http://www.ncrr.nih.gov/biomedical_technology/interdisciplinary_research_centers/Press_Release_FY2008.pdf).

To view detailed information about the nine new consortia click here:

[http://www.ncrr.nih.gov/biomedical\\_technology/interdisciplinary\\_research\\_centers/funded\\_centers.asp#fundedcenters](http://www.ncrr.nih.gov/biomedical_technology/interdisciplinary_research_centers/funded_centers.asp#fundedcenters).

### **Society Provides Comments to CMS on Physician Payment Changes and Performance Measures**

On August 31, The Endocrine Society submitted comments to the Center for Medicare and Medicaid Services (CMS) on the proposed 2008 physician payment fee schedule. As anticipated, the proposed rule included a 9.9 percent payment cut for physician services. The Society opposes these cuts, and in its comments encouraged CMS to work with Congress and medical specialty societies to revamp the way that physician payments for services are calculated. The complex formula currently used to value physician services has led to multi-year proposed cuts and should be revised. The Society has also requested that CMS reconsider its plan to use the \$1.35 billion set-aside for physician bonuses under the voluntary Medicare Physician Quality Reporting Initiative (PQRI) and instead apply those funds to physician payments and reduce the 9.9 percent payment cuts. By doing so, CMS will ultimately assist a wider range of physicians than the limited number of physicians who may receive a bonus under the PQRI.

The Society's comments also stated continued concern with shrinking payment for dual energy x-ray absorptiometry (DXA) services both as a result of the Deficit Reduction Act of 2006 (DRA) as well as changes made by CMS to the anticipated equipment costs related to

these services. Finally, the Society requested that CMS look into the value associated with thyroid code 10022 to determine if it is appropriately valued.

Separately, CMS has requested comments from interested parties on the Hospital Outpatient Prospective Payment System update for calendar year 2008, and the Office of Management and Budget directly requested the comments of the Society on the issue of payment for quality reporting. In the rule, CMS proposes to provide payment bonuses to hospital outpatient departments that report on various performance measures. While most of the performance measures proposed for use in the reporting program are process measures, those selected for tracking the care of patients with diabetes are outcomes measures that are not risk-adjusted but are inherently dependent upon severity of disease and patient compliance with treatment plans. We have concerns about the use of these measures as a basis for determining payment, particularly without appropriate risk adjustment. The measures of concern include:

PQRI #1: A1C less than 9

PQRI #2 LDL less than 100 in type 1 and type 2 diabetes

PQRI #3 BP less than 140/80 in type 1 and type 2 diabetes

The use of these measures in a reporting system has the potential to have a negative effect on hospitals, endocrinologists, and the patients that they treat. If hospitals' and/or physicians' payments are based on meeting the requirements listed above, many physicians may have to choose not to care for non-compliant patients or patients with greater disease severity. In its comments, the Society requested that CMS focus on providing payments for process measures for all conditions, including diabetes, rather than basing payments on outcomes measures. If CMS chooses to include the outcomes-based measures for diabetes care, the Society recommends that these measures be risk-adjusted to take into account the severity of disease or demographic characteristics of the patient population.

### **Members Recently in the News**

Members of The Endocrine Society are often in the news describing groundbreaking research or commenting on timely topics in endocrinology. Here are two recent examples.

#### *Stress and Fertility*

On September 4, the International Herald Tribune published a special Question and Answer column featuring Society member Sarah L. Berga, MD, professor and chair of Emory University's department of Obstetrics and Gynecology in the School of Medicine. She was interviewed by Randi Hutter Epstein, MD, on her clinical studies of the connection between stress and fertility.

The interview explored Dr. Berga's ongoing research on how chronic stress leads to a cascading series of changes, beginning with brain signals to the hypothalamus, which then in turn affects the pituitary and ovaries.

The Tribune article also referenced the April 2006 issue of *The Journal of Clinical Endocrinology & Metabolism*, in which Dr. Berga and her colleagues published a study, "Increased Cortisol in the Cerebrospinal Fluid of Women with Functional Hypothalamic

Amenorrhea,” reporting that women who did not ovulate had excessive levels of cortisol in their brain fluid.

The complete interview can be read here:

<http://www.iht.com/articles/2007/09/04/healthscience/snstress.php?page=1>

*Science of Obesity*

Society member Theodore C. Friedman, MD, PhD, associate professor of medicine, University of California, Los Angeles, was interviewed about Cushing’s syndrome for the National Geographic Channel’s program *The Science of Obesity*, which explores the genetics behind weight gain and medical advances available to help prevent it. The program will air this September. For specific show dates and times, check: <http://channel.nationalgeographic.com/>.

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:

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