



June 28, 2007

Society Co-Sponsors Resolution at AMA House of Delegates

The Endocrine Society, working with the American Association of Clinical Endocrinologists and the American Society for Reproductive Medicine, co-sponsored a resolution at the June meeting of the American Medical Association (AMA) House of Delegates (HOD). The resolution calling for changes to the Medicare Part D drug program was accepted by the HOD and is now AMA policy. Specifically, the delegates voted that the AMA work a) to eliminate prior authorizations under the program which undermine the ability of the physician to make appropriate medical decisions for their patients, b) with CMS to enforce the statute that requires that all Part D plans include two drugs proven to be equally effective in each therapeutic category, c) with CMS to place reasonable co-pays in the Part D program, d) to develop a one page form for physicians and patients to use to appeal a prescription coverage denial, and e) with interested parties to allow physicians to write a diagnosis on the prescribing form and have it be accepted without question. Discussion on the resolution in the House was largely positive as many felt that the actions requested would help to minimize administrative burdens placed on prescribing physicians.

Significant time was spent discussing the appropriate role of the AMA in developing pay-for-performance (P4P) programs, on either the state or federal level. While almost all participants were strongly against any type of payment tied to quality, opinions differed on whether the AMA should actively oppose the implementation of any P4P program or whether it should participate in the development of such a program in order to have input. Although the HOD made a number of amendments to the Board of Trustees report that will guide the AMA's approach to future P4P programs, the delegates supported the notion that the AMA's Principles and Guidelines for Pay-for-Performance should be reaffirmed and that the AMA should oppose the use of tiered and narrow physician networks that deny patients access to, or attempt to steer patients towards, certain physicians primarily based on cost-of-care factors.

Additional resolutions presented at the HOD meeting focused on obesity prevention and graduate medical education (GME) funding. Although the final actions of the HOD on either issue were not known at the time of printing, the reviewing reference committee recommended that the AMA actively collaborate with relevant organizations to ensure the preservation, stability, and expansion of full funding for the direct and indirect costs of GME positions from all sources, including Medicare, Medicaid, Veterans Administration Hospital, the Centers for Disease Control and Prevention, and others. A number of resolutions considered by the HOD called on the AMA to address the obesity epidemic by providing incentives for healthy lifestyles, evaluating the relative merits of bariatric surgery;

providing vegetables, fruits, legumes, grains, vegetarian foods and healthful non-dairy foods in school lunches; and recommending that nutrition information in fast-food and other chain restaurants include calorie, fat, saturated fat, trans fat, and sodium content information on printed menus and menu boards.

CMS Delays Dissemination of NPPES Data to Allow Time to Delete Personal Information

The Centers for Medicare and Medicaid Services (CMS) announced this week that it will delay until August 1, 2007, the dissemination of health care provider data from the National Plan and Provider Enumeration System (NPPES), which houses information provided to CMS on applications for National Provider Identifiers (NPIs).

CMS originally planned to make individual provider information in the NPPES publicly available to other providers on June 28, 2007, using the Freedom of Information Act (FOIA) guidelines. The information that may be available includes name, address, phone and fax numbers, gender, license number, and state code. CMS chose to delay the dissemination to allow providers extra time to either update or delete their personal information.

Health care providers who have been assigned NPIs should review their NPPES data and make any necessary updates or corrections to their personal information. In addition, providers will have the choice of deleting optional information that may have been provided in the NPI application process such as alternate names, alternate provider identifiers, and taxonomy codes that are not the primary taxonomy code, among others.

To review and edit your NPPES data using the web, please go to <https://nppes.cms.hhs.gov/NPPES> and provide the user ID and password you have already established. Or, if you are a first time NPPES web user, use the link to create your login information. NPPES can also be contacted by phone at 1-800-465-3203 or e-mail at customerservice@npienumerator.com.

For more information on the NPI program, go to http://www.cms.hhs.gov/NationalProvIdentStand/01_Overview.asp

New Tactics Employed after President Vetoes Stem Cell Bill

On June 20, President Bush vetoed the Stem Cell Research Enhancement Act of 2007 (S.5), which was passed by both the Senate and the House and would expand federal funding for embryonic stem cell research. Both Congress and the president are taking further steps to advance their respective causes.

For its part, Congress is expected to attempt to override the president's veto, beginning with a vote in the Senate. The legislation passed both houses with strong support, with relatively stronger support in the Senate. Even so, at the time of the original vote, the Senate was just short of the two-thirds majority necessary to override the veto (63-34). The newest addition to the Senate, John Barrasso (R-WY), was sworn in on June 25 to replace the late Republican Senator Craig Thomas, who opposed the legislation prior to his death on June 4. Though Barrasso's stance on stem cells is not clear, he has indicated his opposition to abortion, and many abortion foes are opposed to embryonic stem cell research as well. The House faces an

even greater challenge in coming up with the votes it needs to override a veto, having originally passed the measure 247-176. If all members vote, the House would need 290 yeas to override the veto.

The Senate may take additional measures to expand federal funding for embryonic stem cell research by attaching language to the Labor-Health and Human Services-Education (L-HHS-E) appropriations measure. The funding measure including the stem cell language has been approved by the Senate Appropriations Committee and will next undergo debate by the full Senate. The stem cell language was introduced by L-HHS-E Subcommittee Chairman Tom Harkin (D-IA) and ranking member Arlen Specter (R-PA). While not as comprehensive as measures proposed in S.5, the provision would overturn the president's Executive Order of August 9, 2001, limiting federal funding for embryonic stem cell research to those lines that had been created prior to 9 p.m. on that date. The provision would extend the deadline to June 15, 2007, thereby allowing federally funded research on an additional 400 cell lines, while not providing for the generation of yet more.

On the same day that he vetoed S.5, the president issued an Executive Order, which holds the weight of law, entitled "Expanding Approved Stem Cell Lines in Ethically Responsible Ways." The order, which is similar to legislation passed by the Senate on April 11, directs the Secretary of Health and Human Services to carry out research on the isolation of pluripotent stem cells that are not of embryonic origin. However, the Senate passed the bill—which has yet to be considered by the House—as a companion to S.5, whereas the president intends his Executive Order as an alternative to S.5.

Senate Committee Passes Labor-HHS-Education Spending Bill

On June 21, the Senate Appropriations Committee passed the FY2008 spending measure of the departments of Labor-Health and Human Services-Education (L-HHS-E), setting the stage for debate on the Senate floor. The bill allocates \$29.9 billion for the National Institutes of Health (NIH), a 2.8 percent increase over FY2007 actual funding and \$250 million more than the House allocates in its bill. The Senate measure, like the House version, provides discretionary spending in excess of that proposed in the president's budget. After the Senate passes its measure, the two chambers will have to reconcile their versions before sending a joint resolution to the president. Bush has indicated that he would veto any measure that exceeds his proposal.

The threat of veto for the Senate measure is increased by the inclusion of language that would expand federal funding for embryonic stem cell research. However, congressional leaders who champion increased resources for federally funded stem cell research have vowed to attach such language to future must-pass legislation in order to increase the chances of having it signed into law by the president.

Physician Quality Reporting Initiative to Begin July 1

Implementation of the voluntary Medicare Physician Quality Reporting Initiative (PQRI) is slated to begin on July 1. The program, managed by the Center for Medicare and Medicaid Services (CMS), allows providers to earn up to a 1.5 percent bonus for reporting quality measures. There are 74 measures, previously released by CMS, included in this year's program.

If not already determined, participating providers should decide which measures they plan to report to CMS when the program begins. In order to earn the 1.5 percent bonus, providers have to report quality codes for at least 80 percent of the cases in which a quality measure can be applied. Providers should report on at least three quality measures if there are three or more measures that relate to the provider's area of practice. For providers with less than three applicable measures, all relevant quality measures should be reported. To reduce the risk of reporting errors, participating providers should test report their CPT II or G codes for the measures they plan to use before the program begins.

Quality measures most likely to be used by endocrinologists include three measures for diabetes and five measures for osteoporosis. Individual clinicians may find that additional measures are also applicable.

Diabetes measures include:

- Hemoglobin A1c poor control in Type 1 or 2 Diabetes Mellitus
- Low density lipoprotein control in Type 1 or 2 Diabetes Mellitus
- High blood pressure control in Type 1 or 2 Diabetes Mellitus

Osteoporosis measures include:

- Dual-energy X-ray absorptiometry (DXA) measurement or pharmacologic therapy prescribed (women 65 or older)
- Management following fracture (patients 50 or older with fracture of hip, spine, or distal radius who had DXA or pharmacologic therapy prescribed)
- Communication with physician managing ongoing care following a fracture (patients 50 or older)
- Pharmacologic therapy prescribed (osteoporosis patients 50 or older)
- Patients receiving calcium and vitamin D or who have been counseled regarding vitamin intake and exercise (all osteoporosis patients)

A list of all 74 quality measures can be found on CMS' website at:

http://www.cms.hhs.gov/apps/ama/license.asp?file=/PQRI/downloads/Measure_Specifications_061807.pdf

Additional educational resources, including detailed information on how to accurately report each measure, can be found at:

http://www.cms.hhs.gov/PQRI/30_EducationalResources.asp#TopOfPage

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