



October 16, 2008

CMS to Host Provider Call on ICD-10 Implementation

The Centers for Medicare & Medicaid Services (CMS) will host a national provider call for physicians on November 17 to provide an overview of the proposed transition to ICD-10 diagnosis coding from the current system, ICD-9. In August, CMS proposed that the system currently used to code inpatient and outpatient medical diagnoses was outdated and that a system update to ICD-10 should be implemented by October 2011. The Society has jointly sent letters with various other medical specialty societies asking that the implementation date for ICD-10 be delayed to accommodate the significant amount of planning and software updates that the change will require.

The focus of the CMS provider call will be to provide a greater understanding of the major impacts of the change and to give some information about things to consider when planning system updates from ICD-9 to ICD-10. Issues such as differences in code length, alpha-numeric characters, and increased details captured by the codes will be explained, and information on future reporting, system updates, and training will be provided.

The CMS phone call will take place November 17 from 12:30 –2:30 p.m. EST. For more information on the call, including background information, presentation slides, and registration (forthcoming), please go to http://www.cms.hhs.gov/ICD10/07_Sponsored_Calls.asp.

NIH Continues to Refine Public Access Policy Implementation

In response to feedback on a Request for Information (RFI), the National Institutes of Health (NIH) has made some adjustments to its implementation of the mandate to make all NIH-funded research results publicly available. During the RFI comment period, NIH heard from the scientific, publishing, and patient-advocate communities regarding their concerns about the NIH's implementation policy, which requires all NIH grantees to submit to PubMed Central (PMC), or to have submitted for them, all journal articles arising from NIH-funded research. To show compliance, NIH grant applicants and recipients must indicate on all applications, progress reports, and final reports the PMC identification numbers (PMCID) of all relevant publications arising from their grants. The scientific community expressed concern about the excess burden that these requirements would place on grantees, particularly in cases in which the grantee may not be the corresponding author on the paper or in which the PMCID is not readily available.

The Society's journals submit published articles on behalf of their authors if the authors identify themselves as NIH-funded scientists. However, not all journals provide this service, in which case investigators must submit the accepted manuscripts themselves. Initially, NIH required the Program Director or Principle Investigator (PD/PI) to submit the manuscripts. In response to

concerns about the additional time burden placed on the PD/PI, NIH changed its policy in June to allow submissions by individuals other than the PD/PI. Such an individual may be an author on the paper or someone else designated by the PD/PI.

To help authors find and report their PMCIDs, the National Library of Medicine created a new tool that can cross-reference PubMed IDs and PMCIDs in batches. The new tool became available in August and allows authors to find their PMCIDs by providing PubMed references for their papers. The tool may be accessed here:

<http://www.ncbi.nlm.nih.gov/sites/pmctopmid>.

More information about the feedback the NIH received in response to the RFI and about changes to the implementation policy is available on the NIH website at http://publicaccess.nih.gov/analysis_of_comments_nih_public_access_policy.pdf.

JDRF Seeks Society Members' Support in Campaign to Increase Coverage of CGM

On September 8, 2008 the first results from the Juvenile Diabetes Research Foundation's (JDRF) independent trial to assess the effectiveness of continuous glucose monitoring (CGM) were presented at the European Association for the Study of Diabetes meeting and published in the New England Journal of Medicine. The results show that patients with type 1 diabetes who used CGM devices to help manage their disease experienced significant improvements in blood sugar control. For more information on the findings of the trial, please [click here](#).

JDRF has launched a campaign to encourage health plans to cover CGM and has requested that Society members participate. Since health plans are most likely to make coverage changes only after hearing directly from medical professionals in their network, the first step to supporting this campaign is for physician members to simply provide their contact information and identify the health care networks with which they are associated with by visiting the following link:

<http://takeaction.jdrf.org/PatientCGMCoverage>

Anyone who joins JDRF's CGM Coverage Campaign will receive timely information on campaign progress and on additional ways to help make CGM technology available for everyone.

NIH to Allow only One Amended Proposal per Grant

As part of its efforts to improve the peer-review system, the National Institutes of Health has announced a new policy of allowing only one amended application for each grant submitted beginning January 25, 2009. If the amended application is not funded, the grant must be significantly revised and submitted as a new proposal to be considered for funding. Historically, NIH has allowed up to two amended applications for each non-funded original or renewal grant application. The agency has recently seen a decrease in the percentage of new applications funded and has attributed the decrease to a relative increase in the funding of resubmissions. By disallowing second resubmissions, the agency hopes to tip the scales back to funding more first-submission grants. The theory is that this will allow the funding of meritorious science earlier and will decrease the administrative burden on both applicants and reviewers.

The change in resubmission policy is only one of many changes NIH will be making to its peer-review system in the coming months.

The new resubmission policy may be read in full here:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-003.html>

More information about changes in peer review at NIH is available at the Enhancing Peer Review Website: <http://enhancing-peer-review.nih.gov>

Endocrine Society Members Provide Continuing Leadership to NDEP

Society member Francine Kaufman, M.D., started her three-year term as chair of the National Diabetes Education Program (NDEP) on October 1, 2008. Dr. Kaufman succeeds Lawrence Blonde, M.D., F.A.C.P., F.A.C.E., another Endocrine Society member, who chaired the program from October 1, 2005 to September 30, 2008. Dr. Kaufman has served on NDEP's advisory committee since 2000, the year The Endocrine Society joined NDEP's Steering Committee.

Dr. Kaufman, former president of the American Diabetes Association, has been a member of The Endocrine Society since 1986. Throughout her membership she has been involved with numerous Endocrine Society committees and initiatives including the Media Advisory Committee and the Society's Obesity Alliance. She also served as one of the authors of the *Prevention and Treatment of Pediatric Obesity: An Endocrine Society Clinical Practice Guideline Based on Expert Opinion*.

As chair of NDEP, Dr. Kaufman is charged with maintaining NDEP's mission to improve the treatment and outcomes for people with diabetes, promote early diagnosis, and prevent or delay the onset of diabetes. Since its establishment in 1997, NDEP has become a dominant resource in the fight to reduce illness and death caused by diabetes and its complications. NDEP has produced hundreds of tip sheets, brochures, and campaigns for health care professionals, people at risk for type 2 diabetes, people with diabetes, and diabetes caregivers. Under Dr. Blonde's chairmanship, NDEP worked to define and establish A1C as a measure of glucose control and started an initiative to introduce the additional measure of estimated average glucose into standard diabetes care.

In 2001, The Endocrine Society worked closely with NDEP on one of its biggest projects, the development of the *BetterDiabetesCare* website (<http://www.betterdiabetescare.nih.gov>). This site was designed to educate health care professionals about the need for systems changes and ways to implement them. The Society's collaboration with NDEP on the *BetterDiabetesCare* program is described in the April 3, 2008 issue of *Endocrine Insider*. The Society and its dedicated members will continue to work with NDEP to improve diabetes care.

For more information on NDEP, go to: <http://ndep.nih.gov/>.

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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