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2010 Advocacy Agenda Includes Research Funding and Reimbursement Issues

During its January meeting, Council approved the advocacy agenda for 2010, defining the Society's legislative and regulatory priorities for the year. This year the Society will build on the successes of 2009 and continue to focus on six main topics: biomedical research funding, diabetes, endocrinologist access and reimbursement, endocrinologist workforce issues, obesity, and minority health disparities. The Society will also continue to be active and responsive to additional issues such as bioidentical hormones, conflict of interest in research, copyright protection, DXA payment cuts, endocrine disruptors, drug safety/shortage/reimportation, hormone abuse, stem cell research, vitamin D, women's health and other issues that emerge throughout the year.

Advocacy for Biomedical Research Funding, Diabetes, and Obesity

The country is facing significant economic pressures that will limit Congress' ability to commit funds to new and existing programs, including biomedical research funding and programs to combat diabetes and obesity. The Society will continue to work with the scientific community, including United for Medical Research (UMR), Federation of American Societies for Experimental Biology (FASEB), and Ad Hoc Group for Medical Research, to ensure that the National Institutes of Health receives sufficient funding in FY 2011 to prevent a significant loss of research projects funded by the American Recovery and Reinvestment Act. The Society will also continue to serve as a resource to policymakers addressing the growing diabetes and obesity epidemic and will work with other organizations, such as the American Diabetes Association and the Juvenile Diabetes Research Foundation, to advocate for funding for vital programs that address diabetes and obesity.

Health Reform Provisions for Reimbursement, Workforce, and Disparities

Congress spent much of 2009 debating the best way to address needed changes to the health care delivery system, and the final bills passed by the House and Senate include a number of provisions that would impact payments to physicians, including endocrinologists. However, neither bill includes a permanent fix to the flawed Sustainable Growth Rate (SGR) formula, which requires Congress to avert drastic cuts to physician payments at the end of each year. Identifying a permanent solution to the SGR will be a priority for the Society in 2010.

The health reform bills do include a number of provisions that address the physician workforce shortage and minority health disparities. Both of these issues have a significant

impact on endocrinologists and the patients they treat, and the Society will continue to push for the inclusion of these provisions in the final bill.

Support from Coalitions and Grassroots Network

To strengthen its voice and increase support for its goals, the Society will continue to participate in coalitions that build consent among the broader scientific community. The Society's coalition partners include UMR, FASEB, American College of Physicians, National Diabetes Education Program, and American Medical Association through the House of Delegates and Resource-based Relative Value Scale Update Committee. . .

The Society's members will also be called upon to communicate the Society's advocacy messages to Congress and the Administration. Society members sent more than 1,000 letters and phone calls to members of Congress in 2009 on biomedical research funding, health reform, and DXA payment cuts. Communications from constituents play a significant role in helping members of Congress determine their position on a particular issue, and grassroots efforts are invaluable in advancing the Society's advocacy goals.

Society Backs Use of A1C as Diagnostic Tool, Encourages Members to Consider Caveats

The Endocrine Society released a statement for members this week in response to the American Diabetes Association's (ADA) new clinical practice recommendation supporting the use of hemoglobin A1C (A1C) as an appropriate diagnostic tool for diabetes and pre-diabetes. In its recommendations, the ADA suggests that A1C can be used as a diagnostic tool without the need for other confirmatory fasting plasma glucose and oral glucose tolerance tests, a clinical development that is expected to have a wide-reaching impact on the diabetes community and the public.

The Endocrine Society supports the ADA recommendation for use of A1C as an option to diagnose diabetes; however, there are certain caveats that must be understood by clinicians and the public as this diagnostic test increases in use. The Society's statement detailing these caveats may be viewed at [here](#).

If you have any questions, please contact Lisa Marlow, Manager, Government Affairs, at lmalow@endo-society.org.

NIH Examines Peer-Review Changes; Surveys Seek Participants' Opinions

As part of its ongoing efforts to enhance the peer-review system, the National Institutes of Health (NIH) is conducting surveys of applicants, reviewers, advisory council members, and staff to determine their reactions to the changes implemented last year. The topic was the lead story in this month's issue of both the [NIH Extramural Nexus](#) and the [Center for Scientific Review \(CSR\) Peer Review Notes](#). The applicant and reviewer surveys were distributed in December and will close at the end of this month. Not all applicants and reviewers were included in the survey population; those who did not receive a survey but who wish to provide comments about the new system may do so by sending an email to EnhancingPeerReview@mail.nih.gov .

The Extramural Nexus also provides information on new funding opportunities, ways to ensure successful submission of restructured applications, and changes to training grant applications. Peer Review Notes provides additional information about the ongoing review of the changes to the system and describes the CSR College of Reviewers, among other items of possible interest.

AMA Summarizes Proposed EHR Meaningful Use Criteria

The American Medical Association has developed a summary document for physicians highlighting the Centers for Medicare and Medicaid Services (CMS) proposal to develop criteria for the meaningful use of electronic health records (EHR).

In early 2009, Congress passed legislation that would allow physicians to become eligible for up to \$44K in incentive payments if they become “meaningful users” of a “certified” EHR. Physicians who do not adopt a certified EHR system will face a reduction in their Medicare fee schedule payments of -1 percent in 2015, -2 percent in 2016, and -3 percent in 2017 and beyond. Exceptions for significant hardships will be made on a case-by-case basis.

The AMA summary provides information about the amount of physicians’ eligible incentive payments based on years of participation and details the first stage of a three-stage requirement for physicians to demonstrate meaningful use of EHRs. Stage one criteria include: 1) electronically capturing health information in a coded format; 2) using that information to track key clinical conditions and communicating that information for care coordination purposes (whether that information is structured or unstructured, but in a structured format whenever possible); 3) implementing clinical decision support tools to facilitate disease and medication management; and 4) reporting clinical quality measures and public health information. Information on stages two and three will be defined by CMS in the future. Additional details are included in the [AMA summary](#).

The Endocrine Society announced last year that it had developed an agreement with EHR vendor eClinicalWorks to offer a benefit to Society members who want to implement health IT in their practices. Through this special arrangement, members of The Endocrine Society are eligible to receive a 10 percent discount on the license fee for eClinicalWorks Electronic Medical Records and Practice Management (EMR&PM) Unified Upfront Solution. Members can consider this discount program when researching which products and services may best help them comply with CMS’ requirements for meaningful use of EHR. Information on eClinicalWorks and its discount for Society members can be found at www.eclinicalworks.com or by calling 508-836-2700.

The Endocrine Society will continue to provide updates on this important clinician issue in future issues of Endocrine Insider. Questions can be directed to Holly Whelan, Associate Director of Health Policy at hwhelan@endo-society.org.

HHS Seeking Medical Volunteers with Trauma or Surgical Experience to Help Haiti Quake Victims

The Association of American Medical Colleges (AAMC) is helping the US Department of Health and Human Services identify relevant medical specialists to assist in relief efforts in Haiti. At this time, only trauma surgeons, orthopedists, anesthesiologists, and others with experience and capability treating crush victims are sought. However, as the need continues and evolves, other medical specialties may be required.

Society members are encouraged to inform their colleagues with relevant expertise to consider volunteering. More information can be found on the AAMC website. The site provides information about how to volunteer and contains links to many resources and charitable organizations. Society members who wish to volunteer but do not fit the current criteria are encouraged to check back at the [AAMC website](#) in the coming months for potential future opportunities.

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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