



December 11, 2008

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### **Delegates Advocate for Society at AMA Meeting**

In a continuing effort to advance The Endocrine Society's advocacy goals, the Society's delegates attended the American Medical Association's (AMA) House of Delegates (HOD) meeting in Florida in early November. Drs. Susan Sherman, Daniel Spratt, and Vineeth Mohan represented the Society's interests in discussions that formed the basis for new AMA policy.

In addition to discussing new policy in committees attended by all specialty and state representatives, the Society's delegates participated in a meeting of the Endocrine Section Council, a group of all endocrine-related specialties represented in the House of Delegates. The section council, which includes representatives from the Society, the American Association of Clinical Endocrinologists, the American Society for Reproductive Medicine, and the American Association of Endocrine Surgeons, discussed resolutions of importance to endocrinologists, as well as topics such as the Patient-Centered Medical Home and funding of continuing medical education. The section council meetings, which occur at each HOD meeting, provide an exciting opportunity for the endocrine-related organizations to share ideas and to develop consistent policies that allow the section council to speak with one voice during policy debates at the HOD meeting.

Although the Endocrine Section Council did not sponsor a resolution for consideration at this HOD meeting, there were resolutions that the section council members felt were important to endocrinologists. Section council members tracked resolutions on the Patient-Centered Medical Home, designation of hospitals as centers of excellence for rare and complex cancers, Medicare enrollment delays, Medicare billing by mid-level providers, and substitution of bio-similar products.

The next meeting of the House of Delegates will take place in June 2009, and the Society's delegates will be tracking issues of importance to the Society's members across the next six month in order to identify potential resolutions.

### **NIH to Fund New Investigators at a Rate Comparable to that of Established Investigators**

In an announcement dated October 31, 2008, the National Institutes of Health (NIH) updated information it released in September regarding the funding of new investigators and the newly defined Early Stage Investigators. The funding policies have arisen from the agency's

Enhancing Peer Review initiative, which included a year-long review process, followed by recommendations from the NIH Peer Review Working Group. The initiative is now in the implementation phase, as reported in the October 1, 2008 issue of [Endocrine Insider](#).

In the updated announcement, NIH clarified that it will continue to fund new investigators at a rate comparable to that of established investigators submitting new R01 proposals. To facilitate this goal, NIH will change the way in which it identifies new investigators. The agency will use internal sources to determine if an investigator has had previous substantial NIH funding. If not, the investigator will be defined as a new investigator. Early Stage Investigators will be defined as a subset of new investigators having completed a terminal research degree or medical residency within the ten years prior to application. When possible, new investigator applications will be clustered for review so that study sections can more fairly compare new investigators with each other rather than against established researchers.

Importantly, the NIH announcement emphasizes that these policies apply only to R01 applications and not to other granting mechanisms such as R03 and R21. As such, NIH strongly encourages all new investigators to apply for an R01 rather than for another type of grant.

The complete announcement is available [here](#).

### **2009 Change in Physician Payment Rate Varies by Service**

Physician payment changes and updates for 2009 are outlined in the 2009 Medicare Physician Fee Schedule Final Rule, which was released in November. Overall, physicians will see a 1.1 percent increase in reimbursement thanks to the Medicare Improvements for Patients and Providers Act (MIPPA) which was passed by Congress in late summer. However, MIPAA's payment increase does not equate to an increase for all physician services. In fact, some physicians, including endocrinologists, may see a decrease in reimbursement for some of their work. This is a result of a change to the formula used to calculate Medicare physician payments.

Previously, payments were calculated using a budget neutrality adjuster that was applied to payments at the end of the computation. This year and in subsequent years, the budget neutrality adjuster will be applied to the conversion factor portion of the payment formula. The result, according to Part B News, is that services heavy in work relative value units (such as office visits) will increase by a greater percentage and services that have higher practice expense relative value units (such as certain procedures like fine needle aspiration with imaging guidance) will be more likely to see a smaller increase or even a decrease in reimbursement. 2009 national payment rates for some services frequently provided by endocrinologists are outlined below.

	<u>2009</u>	<u>2008</u>
10022 – FNA with Image	\$130.92	\$134.84
78000 – Thyroid, single uptake	\$69.97	\$63.99
78001 – Thyroid, multiple uptakes	\$88.72	\$82.27

88172 – Cytopathology evaluation of FNA	\$52.66	\$51.04
99213 – office/outpatient visit, est. patient	\$61.31	\$59.80
99214 – office/outpatient visit, est. patient	\$92.33	\$89.89
99215 – office/outpatient visit, est. patient	\$124.80	\$121.51

Additional information on 2009 physician payment updates will be available in future issues of *Endocrine Insider*.

### **Medicare Electronic Enrollment Now Available**

Beginning this month, physicians and non-physician providers in 24 states and the District of Columbia can enroll in Medicare and change their enrollment information electronically using the internet-based Provider Enrollment, Chain, and Ownership System (PECOS). The Centers for Medicare and Medicaid Services (CMS), which oversees the Medicare program, will be expanding the PECOS program to additional states during the coming months.

When submitted through the internet-based PECOS system, physician enrollment information can be processed up to 50 percent faster than through the traditional paper system. PECOS is currently available in the following states and the District of Columbia:

Delaware	Minnesota	New Jersey
Idaho	Missouri	North Carolina
Illinois	Nebraska	Pennsylvania
Iowa	Maryland	Tennessee
Kansas	Michigan	Wisconsin
Connecticut	Kentucky	Ohio
Hawaii	Nevada	South Carolina
Indiana	New York	West Virginia

To access the PECOS program for enrollment or to update your Medicare information on file with CMS, please go to <https://pecos.cms.hhs.gov>. This system meets all government security standards in terms of data entry, data transmission, and the electronic storage of Medicare enrollment information.

For additional information on PECOS, including information to know before submitting an enrollment application, go to [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).

### **New Research in *JCEM* Draws Media Attention**

Two articles recently published in the Society’s *Journal of Clinical Endocrinology & Metabolism* have garnered significant media attention, drawing interest from Reuters, Reader’s Digest, MSNBC, BBC News, Chicago Daily Herald, Health Day, and many others.

“Treatment with Potassium Bicarbonate Lowers Calcium Excretion and Bone Resorption in Older Men and Women” will be published in the January issue of *JCEM*. Results from the study showed that diets that are high in protein and cereal grains produce an excess of acid in the body which may increase calcium excretion and weaken bones. The study demonstrated that increasing the alkali content of the diet, with a pill or through a diet rich in fruits and

vegetables, has the opposite effect and strengthens skeletal health, according to Dr. Bess Dawson-Hughes, MD, of Tufts University in Boston, Mass. and lead author of the study.

This study can be found [here](#).

The second study, “Thyroid Function and Structure are Affected In Childhood Obesity,” was published in the December issue of JCEM. The results of this study indicated that in addition to its strong associations with hypertension, cardiovascular disease, and diabetes, pediatric obesity may induce alterations in thyroid function and structure, according to Giorgio Radetti, MD, of the Regional Hospital of Bolzano in Italy and lead author of the study.

Society members Mohamad Maghnie, MD, PhD and Natascia di Iorgi, MD of the University of Genova in Italy coauthored this study.

This study can be found [here](#).

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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