



November 10, 2016

Advocacy News

Lame Duck Session Starts Monday and Trump Victory Brings New Twist; Take Action Now to Urge Congress to Fund the NIH

Congress will return next week to Washington for a “lame duck” session that will run through December 16 to conclude unfinished business from this term. The top priority will be to finalize FY 2017 spending bills that must be passed to keep the government running. In addition, there are several legislative initiatives that could spark major battles on issues ranging from medical innovation to defense policy to overtime pay and Donald Trump’s surprise win could introduce an unpredictable dynamic to the year-end spending wrap-up. The New York Republican will not be in office during the lame duck, but there is a possibility he could influence decisions from the bully pulpit.

Democrats and Republicans did not reach a long-distance consensus during the six-week campaign break, signaling there won’t be any fast floor action. Movement will likely come after Congress’ Thanksgiving recess, leaving lawmakers two weeks to craft a deal and avert a partial government shutdown before a continuing resolution expires on December 9.

It is absolutely critical that every member of Congress hear from his/her constituents in the research community about the importance of biomedical research and the need to provide NIH with at least \$34 billion in 2017.

Take Action: Please click on our [online advocacy campaign](#) to contact your Senators and Representative. The campaign provides a letter and will direct the letter to your congressional delegation. You may also personalize the letter, if you choose to. Taking action will only take a moment of your time, but it will have real impact.

Election Analysis: What Do the Election Results Mean for the Endocrine Society?

What, specifically, do the election results mean for the Endocrine Society? It is too soon to tell, but what happens in the next few months will be crucial. We will play a role in sharing and advising the Trump transition team on our priorities. We will continue to advocate for endocrinology in Congress with old friends and new. We will continue to engage in partnerships to move our work forward and link to both seasoned and new leaders who care about our health care system and biomedical research. We will be reaching out to the contacts we have in the Trump transition team to learn more about their priorities, their plans, and how the Endocrine Society can play a role in the future. We will have many opportunities to share the information we are gathering about the new Congress and Administration and we will keep members apprised about what we are learning, doing, and planning for the future.

Clinical News

Society Releases Comprehensive Approach for Reducing Hypoglycemia in the U.S.

The Endocrine Society led an effort with other diabetes stakeholders to develop a [Hypoglycemia Quality Collaborative \(HQC\) Blueprint](#) to provide a comprehensive approach to addressing and reducing hypoglycemia in patients with diabetes. The Blueprint originated at an Endocrine Society roundtable held in 2015 to discuss how the diabetes community can work together to address this issue. Subsequently, we convened a working group comprised of patient advocates, provider groups, payers, federal agencies, and industry to delve deeper into specific areas that must be resolved to ensure that patients and providers receive the tools they need to prevent and manage the complication. The resulting Blueprint contains the following six domains that together create a comprehensive framework for addressing hypoglycemia:

- Defining and describing hypoglycemia to support standards of care
- Advancing hypoglycemia evidence to reduce gaps in care
- Measuring and improving the quality of care for patients who experience hypoglycemia
- Advocating for an increased focus on hypoglycemia
- Delivering hypoglycemia prevention and management education
- Recognizing hypoglycemia as a public health issue

Each of these key domains include three strategic areas which contain specific recommendations for how diabetes stakeholders can contribute to preventing and managing hypoglycemia. It is the hope of the HQC that this Blueprint will elevate the issue of hypoglycemia to national importance, and provide opportunities for stakeholders to work together to improve the prevention and management of hypoglycemia.

CMS Finalizes Beneficial Payment Policies for 2017

The Centers for Medicare and Medicaid Services has released the [2017 Medicare Physician Fee Schedule final rule](#) and [2017 Medicare Hospital Outpatient Prospective Payment System final rule](#), which outline payment policies under the Medicare program for the coming year. In the physician fee schedule rule, CMS finalized several provisions that will benefit endocrinology including Medicare coverage of the Diabetes Prevention Program (DPP) and the creation of separate codes which recognize the importance of cognitive services. Medicare coverage of the DPP will begin January 1, 2018, which will enable patients with prediabetes to benefit from an intensive lifestyle intervention program that significantly delays or prevents the onset of Type 2 diabetes. The rule provides a framework for DPP curriculum and specific requirements that providers of the benefit must meet. Society members have been advocating for Medicare coverage of the DPP for a number of years and is pleased that CMS has recognized the benefit of the program. We look forward to working with CMS and CDC in future rulemaking to refine program provisions as needed.

The Society was also pleased that CMS finalized its proposal to recognize the value of cognitive specialties through new codes that provide additional payment for non-face-to-face prolonged evaluation and management (E/M) services and in recommending the revaluation of existing face-to-face prolonged services. CMS also finalized its proposal to pay for chronic care management for patients with greater complexity. The Society has been working with the Cognitive Care Alliance, a coalition of cognitive specialty groups, to advocate for greater recognition of cognitive work and for the revaluation of E/M codes. We are pleased that CMS has finalized these policy changes and believe they will lead to more equitable payment for cognitive services by our members.

The hospital outpatient fee schedule included an increase in reimbursement for axial DXA codes (77080 and 77085), avoiding a 37% cut by moving these CPT codes from APC 5521 (Level 1 Diagnostic Radiology without Contrast) to APC 5522 (Level 2 Diagnostic Radiology without Contrast). This will result in a final payment of \$112.69 per code for services provided in hospital outpatient departments. This policy change results from the [efforts](#) of a large coalition of which the Society is a member. We are pleased that CMS has made this change and hopes that it will result in an increase in screening for osteoporosis by making such testing more financially feasible in an outpatient setting.

The Society will continue to work with CMS and other federal agencies on payment policies of importance to endocrinology. If you are interested in getting involved with these advocacy efforts, contact Meredith Dyer, Associate Director of Health Policy, at mdyer@endocrine.org.

AMA Offers Educational Opportunities for MACRA

The American Medical Association (AMA) is offering several MACRA webinars to help physicians and medical society staff gain a better understanding of what the final rule means for medical practices and what physicians need to do as part of the Quality Payment Program (QPP).

All of the educational sessions listed below are free of charge. If you are interested, you can register via the link below each session. Please note the time zone for each.

For more information on MACRA, please visit the Endocrine Society's [MACRA resource page](#).

- Monday, November 21: 7 pm – 8:30 pm EST
Physician/Staff webinar
Registration: <https://cc.readytalk.com/r/y70aavsqh5g0&eom>
- Thursday, December 1: 6:30 pm – 9 pm EST
Atlanta Regional Seminar (can be streamed online)
Cobb Galleria Center
Atlanta, GA
Registration: <https://www.eventbrite.com/e/macra-regional-seminar-atlanta-tickets-28840143646>
- Tuesday, December 6: 8:00 pm – 9:30 pm EST
Physician/staff webinar
Registration: <https://cc.readytalk.com/r/j8d0v8kh1qr3&eom>
- Saturday, December 10: 9 am -11:30 am PST
San Francisco Regional Seminar (can be streamed online)
Marriot Marquis
San Francisco, CA
Registration: <https://www.eventbrite.com/e/macra-regional-seminar-san-francisco-tickets-28863673023>

Research News

NIH Announces Stipend Adjustments and Supplements to Comply with FLSA

As mentioned previously in [Endocrine Insider](#), updated regulations governing overtime pay for workers under the Fair Labor Standards Act (FLSA) will also apply to postdoctoral researchers if their salary is less than \$47,476 per year as of December 1, 2016. On November 7, the National Institutes of Health (NIH) announced revised stipend levels for postdoctoral researchers covered by Kirschstein-NRSA institutional training grants and individual fellowship awards at 0, 1, and 2 years of postdoctoral experience. The notice also provides information on how to request supplemental funds to support the stipend increase. For more information, please see the notice at the [NIH Grants Guide](#).

CSR Hosts Webinars on Peer Review

The NIH Center for Scientific Review (CSR) handles the initial review process for the scientific and technical merit of most NIH grant applications. On December 1, CSR will host a webinar to cover “key things applicants need to know about the submission and review process for R01 applications.” On December 2, CSR will host another webinar for researchers who study basic science questions or review basic science grants. The webinars are part of a series on peer review; earlier in November the CSR hosted a webinar on applying for a fellowship grant. For more information on the webinars, including video of archived webinars, and instructions on how to register, please see the [CSR website](#).

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:

Mila Becker, Chief Policy
202-971-3633
Mbecker@endocrine.org

Officer Stephanie Kutler, Director, Quality Improvement
202-971-3635
Skutler@endocrine.org

Aaron Lohr, Director, Media Relations
202-971-3654
Alohr@endocrine.org

Meredith Dyer, Associate Director, Health Policy
202-971-3637
Mdyer@endocrine.org

Jenni G. Gingery, Associate Director, Media Relations
202-971-3655
jgingery@endocrine.org

Joseph Laakso, PhD, Associate Director, Science Policy
202-971-3632
jlaakso@endocrine.org

Jessica Harris, Specialist, Government & Public Affairs
202-971-3660
Jharris@endocrine.org