ASN NEWS

Renal Week 2004

Thanks to all of our attendees for helping to make this year's Renal Week a huge success! This year's meeting fulfilled our goal of "Bringing the world's best science together to address renal disease," through our fantastic scientific program, high attendance, and record number of exhibiting companies! ASN's Program and Abstracts-on-Line will be available until after Renal Week 2005; don't forget to visit the ASN website to access Renal Week's programs and abstracts!

A new feature at Renal Week 2004 was the ASN Publications Booth which met with resounding success. Located in the Exhibit Hall, the ASN Publications staff fielded questions regarding subscriptions, electronic manuscript submissions and digital art specifications, as well as new programs such as JASN Express, ASN's new "publish before print" publication. Additionally, a ScholarOne representative provided hands-on demonstrations of the new version of Manuscript Central for authors and reviewers.

Finally, it's not too early to start marking up your calendars for next year. Important dates include:

Renal Week 2005

- November 8–13, 2005
- Pennsylvania Convention Center
- Philadelphia, Pennsylvania
- "Sharing advances in the basic and clinical science of renal disease"

2005 Abstract Deadline: Wednesday, June 15, 2005

Only electronic abstract submissions will be accepted.

ASN Regional Meetings 2005

Last year's Regional Meetings were so popular that we had to double our locations! Detailed information on hotels, registration, and speakers are now available on the ASN website at www.asn-online.org! These meetings will summarize, critique, and integrate talks from Renal Week 2004 in St. Louis. If you missed the St. Louis meeting, were there but missed key talks, and/or want a critique and perspective of the information presented at Renal Week 2004, then join us in one of the following cities:

- January 8–9, 2005 – Los Angeles, California –The Omni Los Angeles
- January 22–23, 2005 – Dallas, Texas – The Westin Galleria
- January 29–30, 2005 – New York, New York – New York Marriott East Side
- February 5–6, 2005 – Washington, DC – Westin Grand
- February 12–13, 2005 – Chicago, Illinois – The Sofitel
- February 26–27, 2005 – Seattle, Washington – The W Seattle
- *Topics to be addressed include:* Glomerulonephritis – Transplantation – End State Renal Disease/Chronic Kidney Disease – Hypertension – Bone & Mineral Metabolism – Clinical Nephrology
- Registration and housing details can be found on the ASN website – www.asn-online.org

Policy Updates

CMS Proposed Physician Fee Rule for 2005

Back in August 2004, the Centers for Medicare & Medicaid Services (CMS) released details of its proposed Physicians Fee Schedule Rule for 2005. The proposed rule puts in place a 1.5 percent increase in Medicare physician payments from the Medicare bill. Recent efforts by Congress and the Administration prevented a 4.5 percent cut in Medicare payments this year and a 3.7 percent cut in 2005. CMS is currently forecasting payment reductions for 2006 and later years. According to the 2004 Medicare Trustees report, physicians and other health care professionals face pay cuts of 5 percent each year from 2006 through 2012.

The proposed rule also implements physician fee increases for rural and underserved communities and calls for some significant reductions in Medicare payments for physician-administered drugs.

As part of its ongoing efforts to modernize Medicare, CMS also proposed new benefits to help Medicare beneficiaries stay healthier and get better access to important preventive medical services. The new preventive benefits, which were authorized by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), are the heart of the initiative to make Medicare a modern prevention-focused program.

Total Medicare spending for more than 875,000 physicians and other health care professionals will increase by more than 4 percent from a projected $52.7 billion in 2004 to a projected $55.0 billion in 2005. The payment increases reflect a provision in the MMA that substituted a set payment update of 1.5 percent in 2004 and 2005.

At the same time, the proposed rule attempts to improve access to high-quality care, including:

- New incentive payments to doctors practicing in physician-scarcity areas. These payments of 5 percent would be made to both primary care and specialty physicians furnishing services to beneficiaries in the areas with the lowest 20 percent of physician-to-beneficiary ratios.
- New telehealth billing for most monthly management services furnished to beneficiaries on dialysis. By allowing physicians to make visits using telecommunications equipment, CMS believes that rural patients with ESRD will have greater access to care.
- A clarification that Medicare will pay for care plan oversight for beneficiaries receiving home health care when this oversight is provided by non-physician professionals, including nurse practitioners, physician assistants, and clinical nurse specialists, if authorized by state law to provide these services.

The proposed rule suggests a number of changes in how Medicare pays for services to beneficiaries with end-stage renal disease (ESRD). First, it would eliminate the cross-subsidy in payments for drugs used in ESRD treatment so that Medicare's payment reflects the acquisition costs of the drugs, while increasing payment rates for ESRD providers by the amount of the drug cross-subsidy.

Second, the proposed payment rates for ESRD facilities will for the first time be adjusted to reflect the higher costs of treating certain types of patients such as those with AIDS or with peripheral vascular disease. Payment rates will also be adjusted for factors such as age and gender.

While Medicare spending won't be affected as a result of these provisions, improved accuracy means that providers of ESRD care will be paid more fairly for the treatments required for the different types of patients, providing better financial incentives for appropriate care. Finally, ESRD facilities would receive a 1.6 percent update for services in 2005 under the proposal.

The proposed rule was published in the August 5, 2004, Federal Register. Public comments were accepted until September 24, 2004. CMS plans to publish the final rule by November 1, with an effective date of January 1, 2005. Please visit the ASN Web site – www.asn-online.org - to view ASN's comments on the proposed rule. ASN's public comments were produced by the Society's Policy & Public Affairs Committee with cooperation from the ASN Dialysis and Practicing Nephrologists Advisory Groups.

Public Notice on Enhanced Access to Health Information Supported by NIH Funding

The National Institutes of Health (NIH) issued a notice on September 3, 2004, seeking public comment on its proposal to enhance public access to health-related information generated by NIH funding. The NIH proposal would require research results be deposited in PubMed Central (PMC) when accepted for publication by a journal. The proposal instructs researchers to submit a copy of the final manuscript to be archived in PMC for six months before becoming accessible to the public. The proposal also allows NIH-funded researchers and investigators to give consent for immediate assess to their findings. The public comment period was open for 60 days.

The NIH proposal is in response to recommendations from the House Appropriations Committee that addressed "insufficient public access to reports and data resulting from NIH-funded research" and rising scientific journal subscription prices that are "contrary to the interests of the U.S. taxpayers who paid for the research." Some patient advocacy groups and academic researchers support the proposal in order to enhance timely access to important health-related information.

The House language was inserted without prior public discussion or consultation with scientific publishers. Although the House language instructs the NIH to report back by December 1, 2004, on how it will implement this proposal, we know from a July meeting with Dr. Zerhouni, NIH Director, that he has already begun formulating plans to do so. Scientific publishers are concerned that open access will lead to a falling number of subscribers, have a negative impact on revenue, potentially curtail activities of a medical society and, most importantly, threaten the peer review and editing process.

Several advocates believe the NIH proposal is a step in the right direction because the six-month waiting period between the date of publication and public access was established as a compromise between NIH and scientific journals.