



NEWS

AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

FROM THE PRESIDENT**AASLD Future Trends Conference Sets the Stage**

Arthur J.
McCullough, MD

I am extremely pleased and honored to be AASLD President in 2008. As I assume the stewardship of our association, I first must congratulate Dr. Greg Gores for an outstanding year as AASLD President in 2007. Dr. Gores left his mark on our organization through many initiatives; not the least of which was the organization of the first AASLD Future Trends Conference. In January, I had the pleasure of participating in this conference which had as its purpose to anticipate the future of our field. Its goal was to take steps to best position AASLD and its members as our association faces new challenges and opportunities. Sixteen presenters—many of whom are prominent members of our society—and a total of twenty-six participants covered topics in secular trends in hepatology; particu-

(See **PRESIDENT**, p. 4)

Medicare Finalizes Quality Measures Reporting List for 2008; HCV Measures Included

The American Association for the Study of Liver Diseases (AASLD), in collaboration with the American Gastroenterological Association Institute (AGA Institute), has been actively involved in the development and inclusion of hepatitis C measures in the 2008 Medicare quality reporting program. The program, known as the Physician Quality Reporting Initiative (PQRI), will incorporate 119 quality measures in 2008, including eight measures related to hepatitis C. These include:

- 1) Testing for chronic HCV;
- 2) Initial HCV ribonucleic acid (RNA) testing;
- 3) HCV genotype testing prior to therapy;
- 4) Consideration for antiviral therapy;
- 5) HCV RNA testing at week 12 of therapy;
- 6) Hepatitis A and hepatitis B vaccination in patients with HCV;
- 7) Counseling regarding use of alcohol; and
- 8) Counseling regarding use of contraception prior to antiviral therapy.

The hepatitis C measures can be found online at, www.ama-assn.org/ama/pub/category/4837.html. These measures,

along with many other 2008 PQRI measures, were adopted by the AQA Alliance, a large stakeholder group, in October 2007.

For two years, the Centers for Medicare and Medicaid Services (CMS) has sponsored a voluntary program for physicians to report codes to the government regarding “quality” protocols and services performed in their practices. Under the 2008 quality reporting program, eligible Medicare providers who choose to participate will help capture data about the quality of care provided to Medicare beneficiaries. Participation will help identify the most effective ways to use the quality measures in routine practice, as well as support physicians in their efforts to improve quality of care. Physicians who report quality measures to CMS from January 1, 2008 through December 31, 2008 will receive a bonus payment yet to be determined, but estimated to be between 1.5 and 2.0 percent.

The detailed specifications for all final PQRI measures, along with other information on the PQRI program, can be found at <http://www.cms.hhs.gov/pqri>. Information regarding practical tips for hepatologists choosing to participate in

(See **PQRI**, p. 4)

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APPLICATIONS

Physician Web Advisor for AASLD.ORG

APPLICATION DEADLINE: MARCH 15, 2008

The American Association for the Study of Liver Diseases (AASLD) is seeking a physician advisor who will be responsible for the scientific content of AASLD.ORG and will serve as an advisor to AASLD staff and Governing Board for the maintenance of AASLD.ORG. The Web Advisor will be modestly compensated annually for a term of three years starting July 1, 2008 through June 20, 2011. The Web Advisor's duties include identifying content to post; critiquing Web content, edits, and navigation as requested; establishing physician oversight for AASLD.ORG; and suggesting graphics for use on AASLD.ORG.

Interested applicants must submit by March 15, 2008 a description of their qualifications and relevant experience, a copy of their curriculum vitae, and a statement of their vision for AASLD.ORG. Candidates must be an AASLD member in good standing.

The selection committee will review applications and recommend finalists to the AASLD Governing Board who will select the candidate in May 2008.

SUBMIT APPLICATIONS BY MARCH 15, 2008 TO:

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1001 North Fairfax Street, Suite 400
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or email to aasld@aasld.org and include **Physician Web Advisor** in the subject line.

Use of AASLD Member Contact Information Governed by Strict Guidelines

Over the past few months, AASLD has received requests to use members' email addresses for various non-AASLD projects. AASLD guards its members' contact information as a means of protecting their time from unsolicited requests. In accordance with the CAN-SPAM Act of 2003, AASLD members must give AASLD their permission to receive faxes and emails sent by AASLD that relate to their membership and membership benefits. Members are also given the opportunity to opt-out from mailing lists purchased by other organizations and many choose this option. Given that AASLD must ask permission to correspond by fax and email

with its members, it is not permissible for AASLD to distribute this information for purposes other than official correspondence from AASLD to its members.

The AASLD membership directory - both in print and online - is provided as a convenience for AASLD members. However, the directory information is not intended to be used for surveys and mass communication by individual members.

Questions concerning appropriate use of AASLD member contact information should be addressed to the AASLD Central Office via email at aasld@aasld.org or by phone at 703/299-9766.

Future Meetings of Related Societies

New RoadMap on the Management of Hepatitis B will be held March 2, 2008, in New York, NY.

Further information:

www.mssm.edu/cme/courses/hbv/

The 18th Conference of the Asian Pacific Association for the Study of the Liver will be held March 23–26, 2008, in Seoul, Korea.

Further information:

www.apaslseoul2008.org

The 23rd Annual New Treatments in Chronic Liver Disease will be held April 5–6, 2008, in San Diego, CA.

Further information:

www.scripps.org/conferenceservices

The 32nd King's Liver Course Critical Care and Chronic Liver Disease will be held April 11, 2008, in London, England.

Further information:

www.kingslivercourse.org

EASL's 43rd Annual Meeting will be held April 23–27, 2008, in Milan, Italy.

Further information: www.easl.ch

The 2008 International Liver Congress will be held June 12–15, 2008, in Hong Kong, China. The meeting is endorsed by the AASLD.

Further information:

www.livercongress.org

The IX International Symposium on Viral Hepatitis will be held June 20–21, 2008, in Barcelona, Spain.

Further information:

www.bcvh2008.com

To add your meeting to this list in an upcoming issue of *NEWS*, please email your information to atracy@aasld.org.

NIAAA Issues Two Requests for Applications

Two Requests for Applications (RFAs) have been issued by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to stimulate basic and clinical research on the interactions between alcohol and antiretroviral drug induced liver disease in patients with AIDS. Alcohol consumption is widely acknowledged as a co-factor in the sexual transmission, susceptibility to infection, and progression of HIV; however, a relationship between alcohol use in the context of antiretroviral therapy and adverse outcomes, notably liver disease progression, is less recognized. Recent research indicates that inflammatory pathways predominate in alcoholic hepatitis whereas adaptive immunity plays a primary role in viral hepatitis, offering multiple targets for novel preventive and therapeutic interventions. These RFAs emphasize the

need to explore new targets and encourage the development of novel preventive and therapeutic interventions that protect the liver from alcohol and antiretroviral drug induced liver injury. A better understanding of liver disease should translate to improved care for HIV-infected patients, many of whom continue to consume alcohol. The URLs are:

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-08-014.html>

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-08-013.html>

Letters of Intent Receipt Date(s):
February 19, 2008

Application Submission/Receipt Date(s): March 19, 2008

Peer Review Date(s): June-July 2008

Earliest Anticipated Start Date(s):
September 1, 2008

(PRESIDENT, from p. 1)

larly in the practice of hepatology, the training of hepatologists and funding for academic hepatology.

A number of creative ideas that will help our field prosper in the future were raised, including the development of clinical research networks. A writing team was selected from the participants and you can look forward to reading the full

sible changes to training in hepatology were discussed, which dovetailed into a presentation from a representative of the American Board of Internal Medicine on possible restructuring of the certification program to attract others to the study and practice of hepatology.

We heard a few presentations on making the practice of hepatology economically viable in the current reimbursement environment,

stipends to Annual Meeting for medical students and endowment of our Single Topic Conferences. You will hear much more in the upcoming months and even years about our efforts to fund these programs as AASLD develops its fundraising strategy.

AASLD has reached out to the NIH to further strengthen our relationships by visiting with more Institutes and partnering with various Institutes at Annual Meeting for the popular NIH Corners. This is important at all times, but it is especially so in the current fiscal environment. In addition, I feel that it will be increasingly important to work with the Centers for Disease Control in a similar fashion. To that end, I will be traveling with Lyle Dennis, our public policy representative, to Atlanta to meet with representatives of the CDC. It is my intention to use our successful NIH Corner at the Annual Meeting as a model for a similar program with the CDC and will look forward to working with our Scientific Programming Committee in fully developing this idea for Annual Meeting 2008. And, I look forward to working for you and would appreciate hearing your comments and ideas as we partner together in 2008.

It is my intention to use our successful NIH Corner at the Annual Meeting as a model for a similar program with the CDC and will look forward to working with our Scientific Programming Committee in fully developing this idea for Annual Meeting 2008.

account of what was discussed at this meeting in a white paper at a later date. I will highlight some general themes that were raised and that AASLD will attempt to address in the upcoming year as we begin a new strategic planning cycle in late 2008:

After starting with an overview of the status of the hepatitis C epidemic and the emergence of obesity-related liver disease, we discussed emerging therapies. We discussed government and payer issues that will affect the practice of hepatology. You are all aware of these issues, which come under the heading of pay for performance and quality measures in practice. The further development and enhancement of AASLD practice guidelines to include outcomes data was discussed as well as other ways in which our society can help define quality for any future legislative decisions. The concept of guidelines endorsed by multiple societies was also identified as a goal. Such guidelines would be a benefit for both clinicians and policy makers.

The current structure of and pos-

including information on hepatology in the private practice and academic settings, as well as addressing issues facing transplant hepatologists and programs. This information was extremely important in light of the last subject for discussion.

The last session addressed funding of research in hepatology by industry and by the Federal government. As many of you are aware, funding by industry of clinical trials, particularly in the United States, is decreasing. In addition, the Federal budget for the funding of NIH is essentially flat, only just keeping up with the rate of biomedical inflation. All of this puts AASLD in a position of needing to raise money to maintain the high level of education and scholarly programs expected by our members, as well as assisting with the long-term research goals of our profession. AASLD has identified key goals and programs for its upcoming fundraising campaign: the career development support for research scholars, R01 awardee bridge funding, Advanced Hepatology Fellowship, a nurse practitioner-physician assistant fellowship program, travel

(PQRI, from p. 1)

the 2008 PQRI is posted in the Press & Policy section on AASLD's Web site, located at www.aasld.org.

While physicians do not need to register for this program, they must have a National Provider Identifier (NPI) to participate and file claims. The NPI is a unique identification number for covered healthcare providers. These providers and all health plans and healthcare clearinghouses use the NPIs in the administrative and financial transactions adopted under HIPAA. Not sure what an NPI is and how you can get it, share it, and use it? Information about NPI can be found through the CMS NPI web page www.cms.hhs.gov/NationalProviderStand



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- > E-mail DDW at ddwadmin@gastro.org
- > Call DDW at (301) 272-0022

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MAY 17-22, 2008
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Hepatology Associates: Just Who are They?

By Karen Luken, NP and Scott Moon, PA

Since the AASLD Governing Board developed a sub-committee of Hepatology Associates, and subsequently granted full committee status in 2007, we are the fastest growing category for new AASLD members. In 2007 there were a total of 3325 members, with 281 of these members Hepatology Associates. This category of members is comprised of nurse practitioners (NP), physician assistants (PA), Registered Nurses (RN), and research coordinators. In 2007, 400 people registered for the Associates Course that is offered each year during the Annual Meeting, further emphasizing the growing membership. But how can a Hepatology Associate assist in everyday practice?

A NP is an advanced practice certified nurse that can assess, diagnose, and treat patients with acute and chronic medical conditions. The first NP program was started in 1965 in response to a physician shortage with a "certificate" program structure. However, the current entry level of practice is at the masters, post-masters or doctorate level, with a proposal for Doctorate of Nursing Prac-

tice (DNP) being the entry level starting in 2015. Currently, all NPs function within their scope of practice and prescriptive authority, as defined by the State Board of Nursing in which they practice. Additionally, most states require a Collaborative Practice Agreement with a physician. A NP can bill for their services through most insurance agencies and Medicare, thus making their presence in a practice a valuable asset. There are over 95,000 NPs around the country with a recent movement of NPs from the family practice arena to all specialties.

diagnose and treat illnesses, order and interpret tests, counsel patients, assist in surgery, and write prescriptions in all 50 states. Within the physician-PA relationship, PAs exercise autonomy in medical decision making. The PA profession began in the mid-1960s, as physicians and educators recognized there was a shortage and uneven distribution of primary care physicians. Navy corpsmen who received considerable medical training during their military service, but had no comparable civilian employment, made up the first PA class at Duke University. Today there are

Today there are about 67,000 PAs in clinical practice. Physician assistants can specialize in all areas of medicine, and there is a rapidly increasing number of Hepatology PAs.



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A PA is a health care professional licensed to practice medicine with physician supervision. Because of the close working relationship the PAs have with physicians, PAs are educated in the medical model designed to complement physician training. The average PA program curriculum runs approximately 26 months. There are currently 139 accredited programs, most of which offer a masters degree. A PA's education is ongoing after graduation through continuing medical education requirements and regular board recertification exams. The relationship between a PA and the supervising physician is one of mutual trust and respect. The PA is a representative of the physician, treating the patient in the style developed and directed by the supervising physician.

PAs can conduct physical exams,

about 67,000 PAs in clinical practice. Physician assistants can specialize in all areas of medicine, and there is a rapidly increasing number of Hepatology PAs. The scope of the PA's responsibilities corresponds to the supervising physician's practice and the PA's level of experience. Experienced Hepatology PAs often treat HBV and HCV patients, manage cirrhotic patients, perform procedures such as paracentesis and liver biopsy, and perform upper and lower endoscopy. The physician and PA practice as a team to maximize patient care.

Recognizing the role of the NP and PA can assist in your outpatient and inpatient workload in order to facilitate patient care. Clearly, the utilization of an NP or PA in the practice can benefit both patients and the practice.

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**AASLD IS A LEADING ORGANIZATION FOR
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Pam Ballinger
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