LWPES 35 Years: Our Heritage and Our Destiny

Presidential Address
Kenneth Copeland, MD, 2007 Toronto
DISCLOSURE STATEMENT

Kenneth Copeland, MD has disclosed the information listed below. Any real or apparent conflict of interest related to the content of the presentation has been resolved.

Consultant: Eli Lilly Pharmaceuticals (ad hoc) 2005
Consultant: NovoNordisk Pharmaceuticals 2004-present
Consultant: Pfizer Pharmaceuticals (ad hoc) 2005

The speaker also has disclosed that his presentation will not involve comments or discussion of unapproved or off label, experimental or investigational use.
In Appreciation

- An energized LWPES Board of Directors
- An exceptional new Management Team
  - George Degnon
  - Christine Lusk, Nicole Ritchey, Meg Gorham
- An understanding and supportive Department Chair at the University of Oklahoma
  - Terrence Stull
- My wife Lucia
Mentors
Overview

- Our Heritage - A Historical overview of our Society
  - Draw heavily from Del Fisher*
  - Personal interviews from three of our first four LWPES Presidents
    - The early days of our Society
- Demographics of our Society today
- Recent Developments within our Society
- Our Destiny

Early Pediatric Endocrinology Programs: and elsewhere across North America...
Pediatric Endocrine Societies

- 1962 – European Society for Pediatric Endocrinology (ESPE)
- 1972 – Lawson Wilkins Pediatric Endocrine society (LWPES)
- 1972 – British Pediatric Endocrine Society
- 1974 – International Society for Pediatric and Adolescent Diabetes (ISPAD)
Claude Migeon
First President, ’72-’73

Robert Blizzard
Third President, ’74-’75

Mel Grumbach
Fourth President, ’75-’76
“Lawson Wilkins, the man.....”

Professor Robert Blizzard
University of Virginia
August 4, 2006
The Formation of LWPES

- April, 1971, three organizational meetings
  - Baltimore and Atlantic City
  - to discuss the creation of a "North American Society for Pediatric Endocrinology"
  - started with 37 individuals out of formal training for at least 10 years
  - voted to organize the Lawson Wilkins Pediatric Endocrine Society
  - selected the first set of temporary officers
The Formation of LWPES (cont’d)

May, 1972, a final organizational meeting convened at the PAS meeting
- Constitution and Bylaws adopted
- officers formally approved
- committee members announced
The Formation of LWPES (cont’d)

- May, 1973, the first formal meeting of LWPES held in San Francisco at the PAS meeting
Professor Lawson Wilkins
(Painting at Johns Hopkins)
Lawson Wilkins  
(b.1894 - d.1963)

- Meticulous documentation  
  - “…as if someone else would be reading it some day”
    - Amy Wisniewski, following her chart reviews of the first CAH patients at Hopkins

- A “therapeutic conservative”  
  - Robert Blizzard, 8-06

- “Wise, inspiring, indefatigable, enthusiastic, warm, demanding, colorful, forever questioning, enriching, cautious, challenging, energetic”
  - Mel Grumbach, in Tribute to LW, 1994

- Women in Pediatric Endocrinology  
  - “The boys”

- Diabetes

- Love of life
The boys
“Diabetes”

Professor Claude Migeon
Johns Hopkins University
August 3, 2006
Harvey and Mrs. Katz, H. Guyda, R. Thompson
Demographics of our Society Today
57% male

773 ABP in USA

LWPES Membership 2007

60%
40%

733 Active Members

43% female

Members

Male
Female

Gender
Gender

2006 Fellows in Training (ABP)
(n=230)

Males (28%)

Females (72%)
Pediatric Endocrinologists: Distribution by Age

(ABP 2006)

Average Age = 52.9 Years

39% over the age of 55 years
<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>98</td>
</tr>
<tr>
<td>2002</td>
<td>170</td>
</tr>
<tr>
<td>2006</td>
<td>230</td>
</tr>
</tbody>
</table>
Our membership questionnaire

- Thanks to Past-President Lynne Levitsky, to Christine Lusk, and especially to our Corporate Advisory Board (CAB) sponsors, who encouraged us to query our membership…….
  - Society name, logo, demographics, free-standing meeting, “academic” vs. practice
“Academic Productivity” of our Members

- Methods: PubMed search of publications between 2001 and 2006 inclusive:
  - 731 “Active” LWPES members in database
  - Searched by last name, first and middle initial (if available)
  - Confirmation of “endocrine or diabetes-related” titles
  - Grouped according to total publications by member
LWPES Membership Publications

66% published fewer than 10 (<2/year) - including 14% who published none

Manuscripts Published Between 2001 and 2006

# LWPES Active Members

0 1 2-5 5-10 10-20 20-50 50-100 >100
“Academic Productivity” of our Members (Cont’d)

- Limitations:
  - Underestimates:
    - publication rates of new members (since 2001)
    - does not include publications in non PubMed referenced journals
  - Overestimates:
    - publications by authors with common names: i.e. Smith JA
How much do pediatric subspecialists earn?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>All Physicians</th>
<th>Starting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Surgery</td>
<td>$322,969</td>
<td>$249,061</td>
</tr>
<tr>
<td>Pediatric Cardiology</td>
<td>$231,754</td>
<td>$184,941</td>
</tr>
<tr>
<td>Pediatric Gastro</td>
<td>$216,000</td>
<td>$168,238</td>
</tr>
<tr>
<td>Psychiatry - Child</td>
<td>$214,873</td>
<td>****</td>
</tr>
<tr>
<td>Pediatric ICU</td>
<td>$201,901</td>
<td>$158,240</td>
</tr>
<tr>
<td>Pediatric Hem/Onc</td>
<td>$200,260</td>
<td>$165,955</td>
</tr>
<tr>
<td>Pediatric Neurology</td>
<td>$197,282</td>
<td>$174,804</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
<td>$182,186</td>
<td>$148,529</td>
</tr>
<tr>
<td><strong>Pediatric Endo</strong></td>
<td><strong>$180,153</strong></td>
<td><strong>$155,341</strong></td>
</tr>
<tr>
<td>Pediatric ID</td>
<td>$179,919</td>
<td>$135,419</td>
</tr>
<tr>
<td>Pediatric Nephrology</td>
<td>$178,181</td>
<td>$149,706</td>
</tr>
<tr>
<td>Pediatric Pulmonary</td>
<td>$175,440</td>
<td>$146,439</td>
</tr>
<tr>
<td>Pediatric Allergy</td>
<td>$163,338</td>
<td>$143,543</td>
</tr>
</tbody>
</table>

*Source: 2006 AMGA PHYSICIAN COMPENSATION SURVEY*

Available at: [http://www.cejkasearch.com/content.asp](http://www.cejkasearch.com/content.asp); Accessed 4-10-07.
Data likely biased....

- Mean salary
  - in 2003: $138,000
  - in 2006: $180,153
How much do pediatric subspecialists earn? (cont’d)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Eastern</th>
<th>Western</th>
<th>Southern</th>
<th>Northern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Endo</td>
<td>****</td>
<td>$200,831</td>
<td>****</td>
<td>$170,758</td>
</tr>
</tbody>
</table>

Only scant data available from the Eastern and Southern regions, which typically are the lowest paying regions across the country.
Why Always Among the Lowest?

- It’s all about: “Show me the money!”
  - No procedures
  - Pressures to increase clinical income by seeing a greater volume of patients
  - Poor diabetes and obesity reimbursement despite the explosion in numbers of cases
Costs of a Diabetes Program

- 2002 LWPES Meeting, Baltimore
  - LWPES Professional and Clinical Affairs Symposium:
  - Connecticut (Karen Rubin), Yale (Bill Tamborlane), Seattle (Gail Richards) shared financial data on the costs of running large (3-5,000 visits/year) diabetes programs
  - Each generated a ~$400-500K annual net loss
Is there any way to offset these losses?

- Strategies for better diabetes reimbursement
  - Cross subsidization from research programs or more wealthy pediatric subspecialties
    - Clearly counterproductive
  - NP/PA’s – can they pay for themselves?
  - Contracting for service?
University of Oklahoma Pediatric Diabetes Patients


Patients followed:
- 2002: 300 patients
- 2004: 500 patients
- 2006: 800 patients
- Currently: 800 patients

45% Medicaid
University of Oklahoma Pediatric Diabetes Education
(Percent of newly-diagnosed patients)

Years

Percent

Inpatient

Outpatient

2002

2004

2006
Prospective Contracting for Diabetes Services

- **Rationale:** Third-party payers interested in short-term ROI
- **One-year test contract with Oklahoma Medicaid**
  - Access and intensive case management to all newly-diagnosed diabetic children
- **Comparison group:**
  - Patients in the practice who refused participation in the intervention
- **Results:**
  - Reduced ER visits, hospitalizations, and costs

University of Oklahoma
Contract Income as Portion of Total Diabetes Revenue

Fiscal Year

Contract Income
Clinical Income
University of Oklahoma
Diabetes/Obesity Revenue vs. Expenses

Revenue vs. Expenses

Fiscal Year

Revenue
Expense
Gain/(Loss)
Our problem is not confined to diabetes, or even to diabetes and obesity…….
University of Oklahoma
Endocrinology Revenue & Expenses

Fiscal Year

Revenue
Expense
Gain/(Loss)
Summary: Demographics of LWPES Today

- Women comprise 40% of LWPES membership and 72% of our trainees.
- Most of us publish fewer than 2 papers/year:
  - 1 in 7 of us has not published a single paper in the last 6 years.
- Among lowest of pediatric subspecialty wage-earners:
  - Related to our net costs relative to revenue.
Recent changes within LWPES
Recent changes within LWPES

Management:

- Infrastructure and systems strengthened
  - the creation and codification of formal policies and procedures, job descriptions, and committee responsibilities and timelines.
- Membership database system reorganized and expanded, including revision of membership categories and membership Directory
- Electronic communication for membership notices expanded
-Plans for next LWPES Strategic Plan initiated
Recent changes within LWPES (cont.)

- Professional Financial Management Enhancements:
  - Responsibility of the Finance and Audit Committee transferred to the LWPES Board of Directors
  - Fox, Joss and Yankee engaged as LWPES Investment Advisor; and CPA firm selected to audit books annually
  - Investment Policy Statement adopted
  - Dues year has been revised to the calendar year
  - Revision of tax status with IRS being explored
Other recent changes

- Expansion of the LWPES Corporate Advisory Board
- Revision of LWPES Website (Captus Communications of McLean, VA)
- Development of formal guidelines for LWPES Endorsements and Affirmation of Value statements
- Creation of new ad hoc Communications Committee
- “Rolling” membership
- Formal integration of Diabetes Committee into Program Committee
“Now this is not the end. It is not the beginning of the end. But it is, perhaps, the end of the beginning.”

Winston Churchill, Nov 10, 1942, speaking of the recent British victory at Alamein.
Forging Ahead into New Territory: Our Destiny

- Technology
- Advocacy
  - “Setting the Agenda”
- Education
Technology

- I predict that technologic advances will pose a major threat to our doctor/patient relationships
- New technologies may transform our specialty into something more closely resembling radiology
  - Even eliminate the need to see the patient?
Spectral Karyotyping (SKY) or Multi-color FISH (M-FISH)
Microarrays
Personal Business; Genetic Predictions: Just a Swab Away

By NAOMI FREUNDLICH
Published: March 21, 2004
Technology: What should we do?

- Embrace clinical technology
  - i.e. internet, telemedicine, and EMR

- Apply research technology
  - without allowing it to jeopardize the doctor/patient relationship, essential for children with endocrine diseases and diabetes

- Continue strong research meetings
  - that emphasize breakthroughs in research and their rapid translation into practice
Advocacy

- We have been the “victim” and considered ourselves “above” financial discussions long enough!
  - Reimbursement, Relative Value Units (RVU’s), and “departmental value”
    - We must advocate for ourselves – no one is going to do it for us!
      - Preventive and diabetes case management services
      - Consultations and office visits for obesity
  
- “Setting the Agenda”
  - Our **duty** to be involved in setting the national agenda for endocrine research and clinical care for kids
Advocacy: Reimbursement & RVU’s

- Are the systems biased against us?
  - a result of our own passivity?
    - Have we been active enough in defining the “rules of the game”?
    - Who says technical services are more valuable than non-technical ones?
  - RVU’s rely entirely on CPT codes
    - 15 different CPT codes for knee arthroscopy or surgery
    - A single CPT code designated for an established patient visit (99213)
## “Read this--it's important”

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Medicare Reimbursement</th>
<th>RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>99213</td>
<td>$40.45</td>
<td>1.13</td>
</tr>
<tr>
<td>11301</td>
<td>$57.06</td>
<td>1.58</td>
</tr>
<tr>
<td>11313</td>
<td>$118.47</td>
<td>3.26</td>
</tr>
</tbody>
</table>

Beckett PR, Kirkland JL. Read this--it's important. Pediatrics. 1999 Sep;104(3 Pt 1):577.
Their Conclusion:

“….Pediatricians should refuse to accept passively the latest RVU’s associated with the CPT codes. Telephone calls, letters, e-mails, and political pressure should flood the offices of those promulgating this inequitable system.”

Beckett PR, Kirkland JL. Read this--it's important. Pediatrics. 1999 Sep;104(3 Pt 1):577.
Advocacy: But how do we do it?

- Elect strong and activist leaders
  - Become enraged at the inequities
- Demand greater involvement in “setting the agendas”, for both care and research.
- Foster closer association with other organizations with similar concerns (Endocrine Society, ADA, AACE, AAP)
Teaching

Teach our trainees:

- To “ask why”
- To be “fearless” in learning and applying new technology for clinical care and research
- To incorporate advocacy as a moral responsibility and an integral part of our profession
“Ask why”

Professor Robert Blizzard
University of Virginia
August 4, 2006
“Cutting-edge technology”
Birches

Robert Frost, 1874 - 1963

WHEN I see birches bend to left and right
Across the line of straighter darker trees,
I like to think some boy's been swinging them…….

He learned all there was
To learn about not launching out too soon
And so not carrying the tree away
Clear to the ground. He always kept his poise
To the top branches, climbing carefully
With the same pains you use to fill a cup
Up to the brim, and even above the brim.
Then he flung outward, feet first, with a swish,
Kicking his way down through the air to the ground…….

So was I once myself a swinger of birches;
And so I dream of going back to be.
I'd like to go by climbing a birch tree,
And climb black branches up a snow-white trunk
*Toward* heaven, till the tree could bear no more,
But dipped its top and set me down again.
That would be good both going and coming back.
One could do worse than be a swinger of birches.
In summary...

- **LWPES embarked recently on a new era**
  - Management team
  - Restructure

- **Future of our Society**
  - Technology
  - Advocacy
    - a greater role in setting national agendas and policies
  - Education
    - Instill in our trainees more than just knowledge
      - teach them to ask why
      - teach them to be advocates and innovators of technology