

OCTOBER 2022

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

# Endocrine news

## *From a* **DISTANCE**

**The Endocrine Society's latest recommendations to improve telehealth treatment:**

- ▶ A look at the various patient factors that can impact telehealth care.
- ▶ What are the effects on new and established patient-clinician relationships?
- ▶ When to use "hybrid" care with both virtual and in-person visits.

### **SPECIAL INTEREST GROUPS:**

Introducing the new Oncoendocrinology SIG

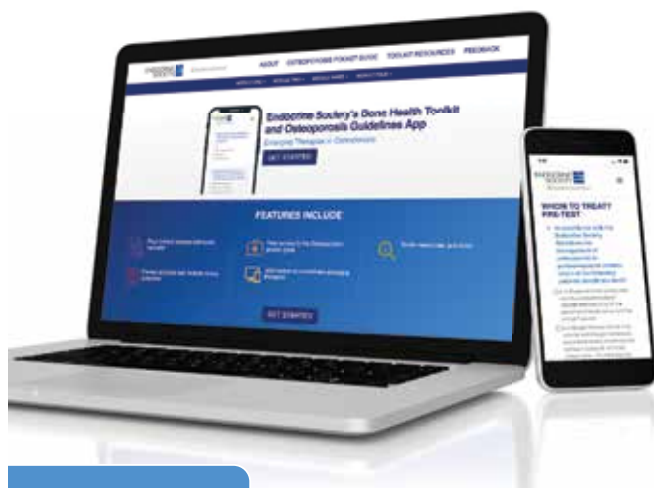
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# Endocrine news

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Johns Hopkins Community Physicians



## 16 | KES at 40:

### Celebrating Forty Years of the Korean Endocrine Society

To commemorate the 40th anniversary of the Korean Endocrine Society (KES), *Endocrine News* is sharing a history of a vital sister organization to the Endocrine Society. First founded as a discussion group, the KES has grown into an internationally recognized endocrinology association that has impacted patient care and scientific research around the world.

BY SU-JIN JEONG

## 12 | The Seventh SIG: Oncoendocrinology

In May, the Endocrine Society launched its latest Special Interest Group (SIG) focused on oncoendocrinology. Even though there is a SIG devoted to endocrine cancers, this new SIG will focus on endocrine and metabolic consequences of non-endocrine cancers and their treatments.

BY EMILY J. GALLAGHER, MB, BCH, BAO, PHD, MRCPI

## 22 | Across the Miles: The Endocrine Society's newest Perspective Statement on telehealth encourages individualized care

This month, *The Journal of Clinical Endocrinology & Metabolism* is publishing "Appropriate Use of Telehealth Visits in Endocrinology: Perspective Statement of the Endocrine Society." Since this new modality is here to stay, *Endocrine News* talks to the authors about which patients are better candidates for telehealth than others, why endocrinology seems tailor-made for this new modality, as well as their own experiences as virtual caregivers.

BY DEREK BAGLEY

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Language and cultural barriers are often a challenge when treating underserved Hispanic populations, which was only exacerbated by the COVID-19 pandemic. However, Ricardo Correa, MD, EdD, and Licy L. Yanes Cardozo, MD, tell *Endocrine News* how to improve care delivery to these patients, and how the solutions could be simpler than you think.

BY DEREK BAGLEY

### 37 | ADVOCACY

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Hormone Science to Health



## Celebrating In-Person Networking and Scientific Exchange

**W**e will not forget **ENDO 2022** any time soon. Nothing compared to the elation of seeing long-time friends face to face after spending nearly two years connected only through computer screens!

We will continue to focus on knowledge exchange and networking at **ENDO 2023**, which will take place in Chicago from June 15 to 18, 2023. Based on careful examination of this year's hybrid meeting, including your helpful feedback, it clearly makes sense to focus on offering the most dynamic in-person event possible. The pandemic has shown us that the true value of **ENDO** lies in the in-person connections we build there.

Since we recognize some attendees enjoyed the virtual **ENDO** experience, we are finding ways to meet the demand. We will continue to record **ENDO** sessions and offer session recordings. Our comprehensive session library will ensure that people who cannot travel to Chicago can still access the meeting's valued content.

I am grateful to our dedicated Annual Meeting Steering Committee (AMSC) members, who have already begun brainstorming and putting together a compelling program. I am particularly excited about the opportunity to delve into hot topics and emerging science. Our plenaries will explore important topics such as the impact of climate change on global health and handling burnout. Cutting-edge research using personalized organoids and gene editing will be the focus of another plenary session. Our hardworking volunteers have even assembled a musical playlist to encourage innovative thinking about this year's session line-up! I can't wait to see the completed program that the AMSC is carefully crafting.

The **ENDO 2023** program will feature input and ideas from many members of our community. Members and attendees submitted more than 160 suggestions for sessions. We sincerely appreciate your thoughtful suggestions. Your input will help the AMSC create an inclusive meeting that appeals to endocrine researchers and clinicians from around the world, regardless of their professional interests and specialties.

We are planning a balanced program in a variety of formats and topics. Basic science pathways will provide thematic sessions and networking opportunities for researchers. Meet the Professor sessions will offer chances to meet expert clinicians and hear their perspectives. Early-career sessions will help those who are new to the field learn about key skills, including branding, getting hired, and establishing a lab. We will redouble our commitment to featuring poster presentations. Leading experts will debate different




approaches to the underlying causes and treatments of endocrine conditions. Speakers will include our Laureate Award winners and other experts so that you can interact directly with our field's leaders.

Beyond the comprehensive program, **ENDO 2023** attendees will have more chances to network and build relationships. We will once again be hosting the very successful All Attendee Social and Special Interest Group (SIG) Networking Reception. The LGBTQ+ Reception and first-time attendee programs will give clinicians and researchers ways to interact and make new contacts with peers. I can't wait to see you and catch up during these fun social events!

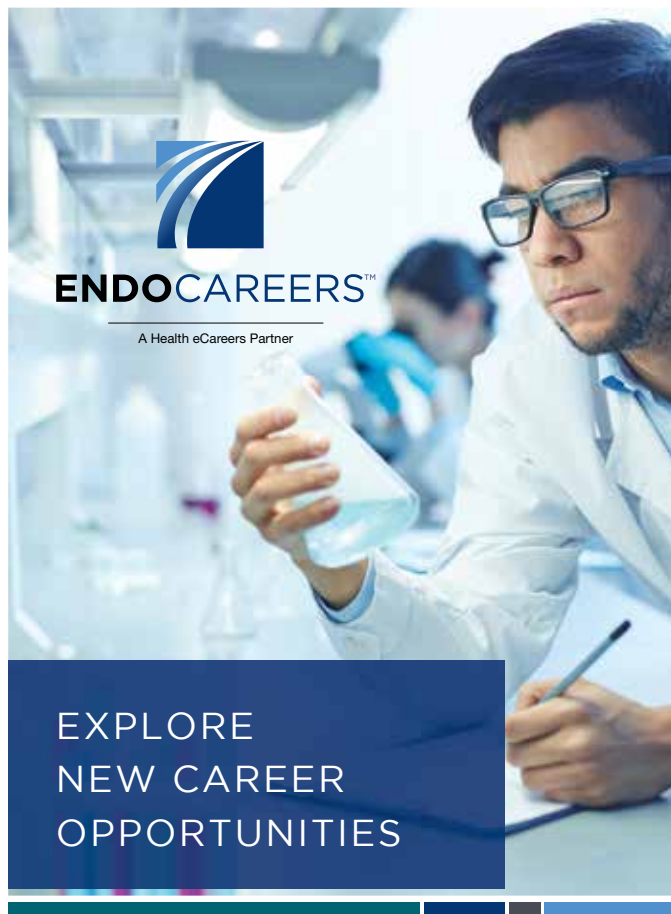
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**When we connect and exchange ideas, the advances in science and treatment that result are greater than those from any one of us working individually. Our global community grows and benefits when we learn from one another's viewpoints and experiences.**

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When we connect and exchange ideas, the advances in science and treatment that result are greater than those from any one of us working individually. Our global community grows and benefits when we learn from one another's viewpoints and experiences. For me, this is the true measure of what makes our annual meeting such a meaningful experience. I invite you to experience **ENDO** for yourself when we gather next year in Chicago. 

– Ursula B. Kaiser, MD  
President, Endocrine Society





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FROM THE **EDITOR**

## An October Surprise

**T**his month's issue welcomes you all into autumn (finally!), with somewhat of a potpourri of topics, but all related to the Endocrine Society and its work, perspectives, and especially its members.

This month's cover story looks at the Endocrine Society's newly released Perspective Statement, "Appropriate Use of Telehealth in Endocrinology" on page 28. Senior editor Derek Bagley spoke with the statement's authors who not only discussed what the statement hopes to accomplish by giving endocrine clinicians some guidance on the use of telehealth to treat patients, but they also discussed their own experiences seeing patients "long distance" in their practices. The statement's lead author, Varsha Vimalananda, MD, MPH, a clinical scientist at the U.S. Department of Veterans Affairs in Arlington, Mass., says that telehealth has revolutionized healthcare delivery and is here to stay in some form

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The benefits are incredible  
in terms of increasing access to care,  
so we need to figure out how we  
incorporate telehealth thoughtfully and  
in a way that advances high-quality  
endocrine care for all our patients  
”

or another, regardless of telehealth policy and reimbursement models. "The benefits are incredible in terms of increasing access to care, so we need to figure out how we incorporate telehealth thoughtfully and in a way that advances high-quality endocrine care for all our patients," she says, adding that previously she discovered that endocrinologists are doing their best to figure out what situations are most appropriate for telehealth versus in person, but they are also clamoring for guidance. Hopefully, this new policy perspective will help.

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*Endocrine News* informs and engages the global endocrine community by delivering timely, accurate, and trusted content covering the practice, research, and profession of endocrinology.



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Endocrine Society member Emily J. Gallagher, MB, BCH, BAO, PhD, MRCPI, an assistant professor at the Icahn School of Medicine at Mount Sinai, New York, N.Y., has detailed the Society's newest entry into the Special Interest Groups (SIGs), in "The Seventh SIG: Oncoendocrinology" on page 18. Gallagher explains what separates it from the Endocrine Cancers SIG, as well as who should join and why. "The Oncoendocrinology SIG welcomes engagement from all Endocrine Society members at every training level who are interested in developing this community, its activities, and advancing this rising subspecialty through high quality research and clinical care," she writes.

On page 36, Riccardo Correa, MD, EdD, and Licy L. Yanes Cardozo, MD, spoke to *Endocrine News* senior editor Derek Bagley about solutions to overcoming cultural and language barriers when treating Hispanic populations. In "Conversation Starters," they discuss how simple some of the solutions can be to reach these patients. Often, it can be as easy as simply speaking their language, according to Cardozo. "I can see crystal clear when I enter the clinic room and start the visit with a 'Buenos Dias' or 'Hola, como estas?' that their hearts and souls are immediately open up and the healing process begins," she says.

On page 22, our friends at the Korean Endocrine Society (KES) have provided us with a story that not only celebrates the organization's 40th anniversary but its history as a vital medical association. Having grown from a simple discussion group, KES has become an internationally recognized endocrinology association that has shown to have a major impact on patient care and scientific research that stretches far beyond the borders of South Korea!

Feel free to contact me at [mnewman@endocrine.org](mailto:mnewman@endocrine.org) if you have any ideas for future stories you'd like to see in *Endocrine News*. 

— Mark A. Newman, Executive Editor, *Endocrine News*

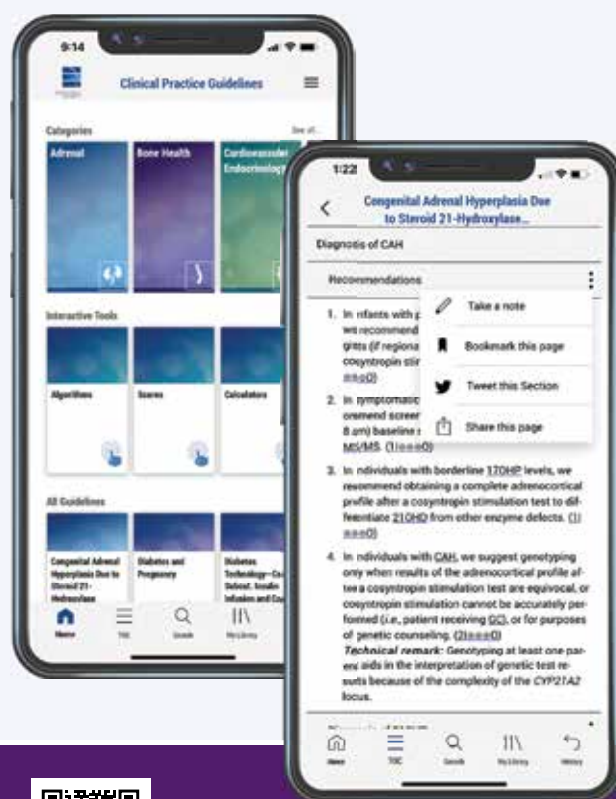
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**BY DEREK BAGLEY**  
Senior Editor



“

**In our study, we showed that exposure of [blue light] and the duration of exposure lead to early puberty. [Polycystic over like (PCO-like)], inflammation, and apoptosis were detected in the ovaries with the increase in BL exposure time.**

”

## TRENDS & INSIGHTS

# Excessive Smartphone Screen Time Linked to Earlier Puberty Onset

**E**xposure to blue light (BL) through regular use of tablets and smartphones may alter hormone levels and increase the risk of earlier puberty, according to data from a rat study presented last month at the 60th Annual European Society for Paediatric Endocrinology Meeting in Rome.

Longer duration of blue light exposure was associated with earlier puberty onset in the female rats, which also showed reduced levels of melatonin, increased levels of some reproductive hormones, and physical changes in their ovaries. Use of blue light-emitting mobile devices has previously been linked to disrupted sleeping patterns in children, but these findings suggest there could be additional risks for childhood development and future fertility.



Aylin Kiliç Uğurlu, MD, of Ankara City Hospital in Ankara, Turkey, and colleagues, write, “In the last 10 years, blue light sources such as tablets and phones has increased in every age group. Especially due to the COVID-19 pandemic, screen exposure has also increased in childhood. However, the effects of BL exposure in the puberty process aren’t clear. We aimed to

examine the effect of BL exposure and exposure time on puberty.”

For this study, researchers used a rat model to investigate the effects of blue light exposure on reproductive hormone levels and the time of puberty onset. Female rats were divided into three groups of six and exposed to either a normal light cycle, six hours, or 12 hours of blue light. The first signs of puberty occurred significantly earlier in both groups exposed to blue light, and the longer the duration of exposure, the earlier the onset of puberty. Rats exposed to blue light also had reduced melatonin levels and elevated levels of oestradiol and luteinising hormone, as well as physical changes in their ovarian tissue, all consistent with puberty onset. At the 12-hour exposure, rats also showed some signs of cell damage and inflammation in their ovaries.

The researchers note that it is difficult to mimic blue light exposure equivalent to a child’s tablet use in rats, but the time-point of puberty in rats is roughly equivalent to that of humans, if adjusted for rats’ lower life expectancy. The hormonal and ovulation changes that occur during pre-puberty and puberty in female rats are also comparable to humans. So, despite the study limitations these findings support further investigation of the potential health impacts of blue light exposure on hormone levels and puberty onset in children.

“Our study is the first to show the effects of BL exposure on puberty,” the researchers conclude. “In our study, we showed that exposure of [blue light] and the duration of exposure lead to early puberty. [Polycystic ovary like (PCO-like)], inflammation, and apoptosis were detected in the ovaries with the increase in BL exposure time.”



# Rebound Weight Gain in Children with Obesity Linked to Disconnect between Brain and Gut

**C**hildren with obesity who have recently lost weight are more likely to show hunger-related activity in their brains after a meal, according to research presented at the 60th Annual European Society for Paediatric Endocrinology Meeting.

This brain activity, reflecting that they were unsatisfied by their meal, happens even though their gut hormone levels have changed, as expected, to reduce hunger and indicate fullness. This disconnect between food satisfaction in their brain versus their digestive system may underlie why many people regain weight, particularly after a strict diet. Understanding and addressing this persistence of hunger-promoting brain activity could lead to better and more sustainable treatments for obesity in children and adults.

Obesity is a growing worldwide health crisis with an estimated 124 million children affected globally. Obesity in children is often managed through family-based behavioral therapy involving regular outpatient sessions that focus on dietary and physical activity education. The gold standard for such programs is a minimum of 26 contact hours over a six-month period. However, many children regain weight soon after program completion. It is poorly understood why the success rate is so low, so the researchers write that they set out to investigate “relationships between obesity outcomes and changes in brain activation by visual food cues and hormone levels in response to obesity intervention by family-based behavioral treatment (FBT).”

In this study, Christian Roth, MD, of Seattle Children’s Hospital and team compared brain

appetite regulation activity with gut hormone responses in children with obesity before and after a 24-week weight loss program. Using functional MRI, they assessed activation patterns in appetite-regulating brain areas in response to high- versus low-calorie images, after a meal. Gut hormone levels were also assessed before and after meals, at the beginning and end of the program.

At the end of the program, children still showed high levels of activation in brain areas related to appetite after a meal in response to food images, indicating that they were hungry. However, their levels of appetite-regulating gut hormones indicated fullness and satiety. Strikingly, the children who lost the most weight, showed the strongest activation in their brains to food cues after a meal, at the end of the program.

The researchers are careful to point out that these findings are from a small group of children tested only at the start and end of the intervention program, so larger and more detailed studies would be needed to confirm this central effect.

“In response to FBT, adaptations of central satiety responses and peripheral satiety-regulating hormones were noted,” the investigators conclude. “After weight loss, changes of peripheral hormone secretion support weight loss, but there was a weaker central satiety response. The findings suggest that even when peripheral satiety responses by gut hormones are intact, the central regulation of satiety is disturbed in children with [obesity] who significantly improve their weight status during FBT, which could favor future weight regain.” <sup>EN</sup>



“

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## Endocrine Society Staff Recognized by Association Forum



Rodneikka Scott, CAE



Caitlin Couture, CAE


**T**wo Endocrine Society staff members were honored with Association Forum's 2022 Forty Under 40 Awards.

Rodneikka Scott, CAE, and Caitlin Couture, CAE, were selected based on their extraordinary career accomplishments, commitment to the industry, and their continued pursuit to advance the professional practice of association management, and they represent the nation's top 40 professionals from across the association and nonprofit industries.

Scott, the Endocrine Society's chief membership and diversity programs officer and has more than 18 years of diverse experience in the membership, marketing, communications, volunteer relations, and education sectors. Before joining the Endocrine Society in 2019 as the director of membership, she held leadership roles in several scientific, government, and medical associations. Leading with compassion, she supports and advocates for both the development of staff and the members she serves. She is a great example that success comes not only from what you accomplish individually but also how you help cultivate the potential of others. She was recently recognized by the American Society of Association Executives as a Diversity Executive Leadership Program (DELP) scholar for the class of 2022 – 2024. She has actively served in various volunteer leadership roles including coaching, advocating for children and youth in the state of Maryland, and on a Board.

Couture, the senior manager of governance and strategy, has 13 years of medical association management experience. Prior to joining the Endocrine Society in March 2022, Couture served as the director of governance and volunteer engagement at the Society of Interventional Radiology. She has established herself as a leader in nonprofit governance by focusing on enhancing the member experience through volunteer engagement, component relations, and strengthening organizational governance structures. She believes good governance starts with building a culture through trust and inclusion to unify staff and leadership toward a common mission.

"Association Forum is excited to announce this year's class of well-deserving changemakers. This talented group of innovators and industry thought leaders serve as an inspiration for our entire community," says Artesha Moore, FASAE, CAE, president and CEO of Association Forum. "These leaders are doing what it takes daily to drive lasting change that will allow our industry to survive and thrive in the future."

The Forty Under 40 recipients will be honored at the Leadership Lunch during Holiday Showcase® 2022 on Wednesday, November 30, at the Hilton Chicago, and will receive the opportunity to network with Association Forum leaders and CEO members, as well as exclusive education at Holiday Showcase 2022. 



## SUPPORTING NEW LEADERS IN CLINICAL CARE

### PHYSICIAN LEADERSHIP IS THE FUTURE OF HEALTHCARE

The Excellence in Clinical Endocrinology Leadership (ExCEL) program offers comprehensive leadership training and mentorship to early career physicians of communities underrepresented in medicine and science. Whether you are just beginning as an endocrine fellow or navigating the next steps in your career beyond fellowship, the ExCEL program will help you build leadership skills, explore opportunities for advancement, and expand your network of peers and colleagues.

### ExCEL PROGRAM COMPONENTS

#### **LEADERSHIP SKILLS BUILDING:**

ExCEL awardees will participate in developing key leadership competencies and management training through a multi-day Clinical Endocrine Career and Leadership Workshop.

#### **BUILDING PARTNERSHIPS AND EXPANDING NETWORKS:**

ExCEL's mentoring network will connect fellows with a core team of mentors, provide quarterly virtual check-ins, and deliver continued training through seminars intended to continue skills development and community building.

#### **LEADERSHIP SKILLS IN PRACTICE:**

We will assist ExCEL awardees in enhancing their professional credentials through opportunities to volunteer within the Endocrine Society, travel awards to attend and network at the annual meeting, ENDO, and enhance speaking abilities and near-peer mentoring through a Visiting Physician Faculty series.

We are accepting applications for 2023 program until December 9, 2022.

**PLEASE VISIT [ENDOCRINE.ORG/EXCEL](https://endocrine.org/excel) TO APPLY.**



## Neuroscience 2022 – Society for Neuroscience (SfN) San Diego, California November 12 – 16, 2022

Neuroscience 2022 will be held in-person in San Diego, Calif., November 12 – 16. Each year, scientists from around the world congregate to discover new ideas, share their research, and experience the best the field has to offer. Attend so you can: Present research, network with scientists, attend session and events, and browse the exhibit hall. Join the nearly half a million neuroscientists from around the world who have propelled their careers by presenting an abstract at an SfN annual meeting — the premier global neuroscience event.

<https://www.sfn.org/meetings/neuroscience-2022>

## 91st Annual Meeting of the American Thyroid Association Montreal, Quebec, Canada October 19 – 23, 2022

The ATA Annual Meeting is the world's preeminent event for those interested in thyroid diseases and disorders. Clinicians and researchers from around the world participate in ATA's Annual Meeting. Whether you're an endocrinologist, a surgeon, an advanced practice provider, a fellow in training, or a medical student, the topics covered during the meeting will provide you with in-depth information about thyroid diseases and disorders. With a diverse program planned, attendees can customize their experience by attending sessions that are most important to their professional development.

<https://www.thyroid.org/91st-annual-meeting-ata/>

## ObesityWeek San Diego, California November 1 – 4, 2022

The preeminent international conference for obesity researchers and clinicians, ObesityWeek® is home to the latest developments in evidence-based obesity science: cutting-edge basic and clinical research, state-of-the-art obesity treatment and prevention, and the latest efforts in advocacy and public policy. Overcoming

obesity requires multidisciplinary approaches. This is the conference that encompasses the full spectrum of obesity science from basic science research to translational research and clinical application, to public policy; from diet, exercise, lifestyle, and psychology to medical and surgical interventions; from pediatric to geriatric to underserved populations. ObesityWeek® 2022 will be a hybrid conference.

<https://obesityweek.org/>

## Diabetes and Its Complications Livestream November 3 – 5, 2022

Hosted by Harvard Medical School and Beth Israel Deaconess Medical Center, this program provides comprehensive updates, practice recommendations, and the newest evidence-based strategies for the treatment and care of the person with or at risk for diabetes. This course will be live-streamed and includes real-time audience-response questions, live demonstrations, and interactive Q&A sessions allowing you to pose specific questions to our expert faculty via online chat. All presentations and course materials will be available immediately to watch and review at your convenience.

<https://hmsdiabetescourse.com/>

## 3rd Annual Mayo Clinic Thyroid and Parathyroid Disorders Course 2022 Orlando, Florida November 10 – 12, 2022

This three-day CME course offering a comprehensive review of diagnostic techniques and medical and surgical management of thyroid and parathyroid disorders. Topics of discussion include the assessment of benign thyroid diseases as well as pre- and postoperative management of thyroid cancer and parathyroid disorders. Discussions include review of cutting-edge imaging modalities and diagnostic methods such as molecular testing for evaluation of thyroid nodules as well as therapeutic options for the management of benign and malignant thyroid and parathyroid conditions. This course consists of a combination of lectures and panel discussions, as well as roundtable small group discussions with various experienced speakers.

<https://ce.mayo.edu/endocrinology/>

## Multidisciplinary Thyroid Cancer Symposium: Clinical Updates in Management of Thyroid Nodules and Cancer Virtual November 12, 2022

This course is designed to cover the most recent advances in thyroid cancer therapy



INTERNATIONAL ITINERARY

including methods of detection, treatment, and research. Upon completion of this activity, learners from several disciplines should be able to discuss current strategies and updates in diagnosis and management of thyroid nodules and cancer, based on the latest guidelines and newest technology.

<https://cce.upmc.com/>

### 43rd American Association of Endocrine Surgeons Annual Meeting

**Birmingham, Alabama**  
**April 29 – May 3, 2023**

The 2023 AAES Annual Meeting will be an in-person event in Birmingham, Ala. All presentations (podium and poster) will be given in person. New for #AAES2023 is an entire Scientific Session dedicated to health equity. Examples include but are not limited to: healthcare workforce disparities; differences in patient access based on social and cultural determinants of health; population-level factors: socio-economic determinants, disparities in healthcare coverage, individual-level variables (genetic predisposition, behavioral risks to health, etc.); and more.

<https://www.endocrinesurgery.org/2023-annual-meeting>

### Obesity Research Conference

**Los Angeles, California/Virtual**  
**May 1 – 3, 2023**

The main objective of this conference is to bring researchers together to share their ideas and provide a critical review of the present state of the field. It is designed in such a way that it provides an opportunity to meet up with people from both industry and academia and establish a scientific network between them. The 7th annual meeting (ORC-2023) will feature the same high-quality lectures as in the past years, discussing the current trends in the treatment options for obesity, chronic diseases associated with obesity, the epidemic of childhood obesity, the prevention methods, and the care and management of obese patients. This three-day online event will provide a dedicated platform to share cutting-edge scientific findings, medical practices, and caregiver initiatives related to obesity and various chronic diseases associated with it. It is dedicated to creating a stage for exchanging the latest research results and sharing the advanced research methods.

<https://obesity.unitedscientificgroup.org/>

### 6th International Symposium on Pheochromocytoma

**Prague, Czech Republic**

**October 19 – 22, 2022**

Leading international experts in basic, clinical, and translational pheochromocytoma research will present their latest discoveries, guidelines, clinical trials results, collaborative efforts, and future visions for studying this tumor. Four plenary sessions will focus on the latest discoveries and perspectives in genetics and epigenetics, biochemistry and metabologenomics, theranostics, and mitochondrial function. The symposium will have several sessions devoted to patient management, including unique case presentations and in-person discussions with expert physicians on their approach to the workup, diagnosis, and treatment of patients with this tumor. All healthcare professionals, scientists, students, patients, and allies are welcome to attend this symposium, which will undoubtedly outline new focuses and avenues for early diagnosis, treatment, and ultimately prevention of pheochromocytoma.

<http://www.isp2022prague.com/>

### EndoBridge 2022

**Antalya, Turkey**

**October 20 – 23, 2022**

EndoBridge® is a unique initiative with the vision of bridging the world of endocrinology. The annual meeting of EndoBridge is co-hosted by the Endocrine Society and the European Society of Endocrinology in collaboration with the Society of Endocrinology and Metabolism of Turkey. EndoBridge will be held in English with simultaneous translation into Russian, Arabic, and Turkish. Accredited by the European Accreditation Council for Continuing Medical Education (EACCME), this three-day scientific program includes state-of-the-art lectures delivered by world-renowned faculty and interactive sessions covering all aspects of endocrinology. EndoBridge® provides a great opportunity for physicians and scientists from around the world to interact with each other, share their experience and perspectives, and participate in discussions with global leaders of endocrinology.

[www.endobridge.org](http://www.endobridge.org)

### 34th Diabetes Directors Seminar

**Vancouver, Canada**

**October 21, 2022**

The Diabetes Directors Seminar is an annual CFPC & RCPSC-accredited gathering of experts on diabetes care and management across British Columbia. This year marks the 34th straight year this conference has been held. The event targets specialists and family physicians with an interest in diabetes care, along with nurses, dietitians, pharmacists, and other diabetes educators responsible for diabetes management within their own groups and communities. This course will provide current and critical information pertaining to the treatment and care of diabetes to individuals primarily responsible for the management of diabetes within their own groups and communities.

<https://www.endocrineresearchsociety.com/events>



The scene was set for the first All SIG Reception at **ENDO 2022** in Atlanta, Ga., in June.

# *The Seventh SIG:* **Oncoendocrinology**

*In May, the Endocrine Society launched its latest Special Interest Group (SIG) focused on oncoendocrinology. Even though there is a SIG devoted to endocrine cancers, this new SIG will focus on endocrine and metabolic consequences of non-endocrine cancers and their treatments.*

**BY EMILY J. GALLAGHER, MB, BCH, BAO, PHD, MRCPI**

**I**n one of its many trusted and important endeavors, the Endocrine Society publishes clinical practice guidelines (CPGs) — much appreciated and heavily relied on by clinicians and their patients — that synthesize the available evidence on a given clinical problem and help guide the approach to most optimally treating it in various situations and accounting for various patient-important factors. Especially when a clinical question does not have a clear answer, busy clinicians do not have time to navigate the copious information out there to identify the best way forward with an individual patient.

In 2019, the Endocrine Society launched Special Interest Groups (SIGs) with the aim of connecting members with common interests to form collaborations within and outside the SIG.

The Oncoendocrinology SIG was launched in May of this year and was included in the inaugural all-SIG Reception, held at **ENDO 2022**. The reception brought

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“ In contrast to the Endocrine Cancers SIG, which focuses on tumors of endocrine origin, **oncoendocrinology primarily involves understanding and managing the endocrine and metabolic consequences of mostly non-endocrine cancers, and their treatments.**”

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The Oncoendocrinology SIG steering committee chairs, Afreen Shariff, MD, and Ole-Petter Hamnvik, MB, BCh, BAO, MMSc, toast at the All SIG Reception at **ENDO 2022** in Atlanta last June.

together members of the seven current SIGs, which also include Endocrine Cancers, leading some to ask, “What is oncoendocrinology?”

In contrast to the Endocrine Cancers SIG, which focuses on tumors of endocrine origin (e.g., adrenocortical carcinoma, thyroid cancer, neuroendocrine tumors, and pheochromocytomas), oncoendocrinology primarily involves understanding and managing the endocrine and metabolic consequences of mostly non-endocrine cancers, and their treatments. Similar subspecialties have developed in cardiology (cardio-oncology) and nephrology (onconeurology) to address similar needs in their fields.

Oncology care has dramatically changed over the past 30 years with prolonged survival from many childhood and adult cancers. Depending on the cancer type, systemic medical treatment strategies may involve chemotherapy, hormonal therapies, targeted therapies, or immune therapies. Each of these treatment types potentially leads to acute and chronic endocrine and metabolic issues that can contribute significantly to morbidity and mortality.

The goal of the Oncoendocrinology SIG steering committee (currently chaired by Afreen Shariff,





**Afreen Shariff, MD**  
Duke University School of Medicine,  
Duke Cancer Institute



**Ole-Petter Hamnvik, MB, BCh, BAO, MMSc**  
Brigham and Women's Hospital,  
Dana-Farber Cancer Institute, Harvard  
Medical School



**Y.M. Melody Cheung, MBBS, FRACP**  
Brigham and Women's Hospital,  
Harvard Medical School,  
University of Melbourne



**Emily Jane Gallagher, MB, BCh, BAO, MRCPI, PhD**  
Icahn School of Medicine at Mount  
Sinai, Tisch Cancer Institute

## Oncoendocrinology Special Interest Group Steering Committee

“The Oncoendocrinology SIG welcomes engagement from all Endocrine Society members at every training level **who are interested in developing this community, its activities, and advancing this rising subspecialty through high-quality research and clinical care.**”

MD, and Ole-Petter Hamnvik, MB, BCh, BAO, MMSc) is to bring together diverse members of the Endocrine Society at all levels of training to advance clinical care and research in this emerging field of endocrinology. The SIG provides a platform for knowledge exchange and networking for those who share an interest in the area.

Over the next year, along with the chairs, the other Oncoendocrinology SIG Steering Committee members (Melody Cheung, MBBS, FRCP, and myself) will host clinical and basic science webinars that will address broad concepts, and granular issues related to oncoendocrinology. Topics for the first year will include:

- ▶ An overview of oncoendocrinology;
- ▶ Establishing an oncoendocrinology clinical practice; and
- ▶ The mechanisms underlying the metabolic effects of small molecule kinase inhibitors; and managing glucocorticoid-induced hyperglycemia.

A priority of the Steering Committee will be to solicit input from all SIG members regarding their thoughts on important subjects and speakers for future webinars.

We will also host podcasts to discuss current topics and aim to work with the SIG members to publish updates in the field, as



# SIGs: JUST THE FACTS

The Endocrine Society's Special Interest Groups (SIGs) are member-led communities that facilitate online interactions and in-person networking opportunities at Society meetings.

Aside from the Oncoendocrinology SIG, there are SIGs for Transgender Research and Medicine, Adrenal and Pituitary, Early Career, Endocrine-Disrupting Chemicals, Endocrine Cancers, and Entrepreneurship.

SIGs have formal Steering Groups composed of three or more members who are responsible for ensuring the online community is active by encouraging post discussions, scheduling quarterly webinars or live chats, and planning in-person networking opportunities at **ENDO** and/or CEU. Through annual workplans, steering groups are tasked with engaging the SIG membership to create a workplan that ensures the SIG's activities are relevant to the community.

Any Endocrine Society member can get involved in a SIG by attending upcoming webinars and engaging with SIG communities on the DocMatter platform.

[www.endocrine.org/our-community/special-interest-groups](https://www.endocrine.org/our-community/special-interest-groups)



Joy Wu, PhD (center), joins Shareef and Hamnvik (right) at the Oncoendocrinology SIG table at the All SIG reception at **ENDO 2022**.

well as educational cases in the Endocrine Society journals. The SIG members, along with all members of the Endocrine Society, also have the opportunity to engage in discussions on novel research findings, challenging cases, or establishing a research group or clinical practice in the field through the DocMatter community platform. Endocrine Society members are also welcome to use DocMatter to make suggestions for future projects of the SIG.

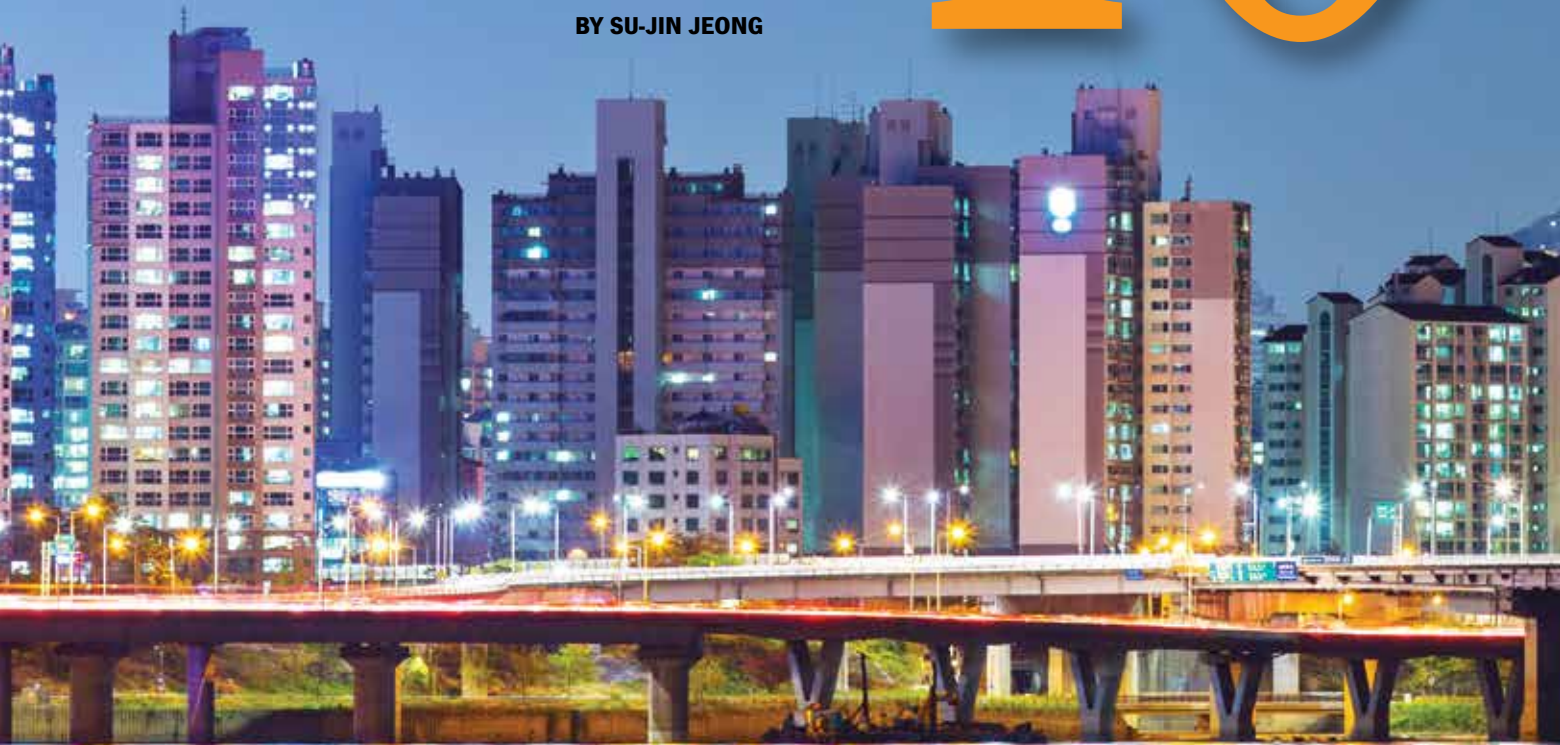
The Oncoendocrinology SIG welcomes engagement from all Endocrine Society members at every training level who are interested in developing this community, its activities, and advancing this rising subspecialty through high-quality research and clinical care.

Endocrine Society members can join the SIG on the Endocrine Society website: <https://www.endocrine.org/our-community/special-interest-groups>. <sup>EN</sup>

**KES** Korean  
Endocrine  
Society

*at* **40**

BY SU-JIN JEONG

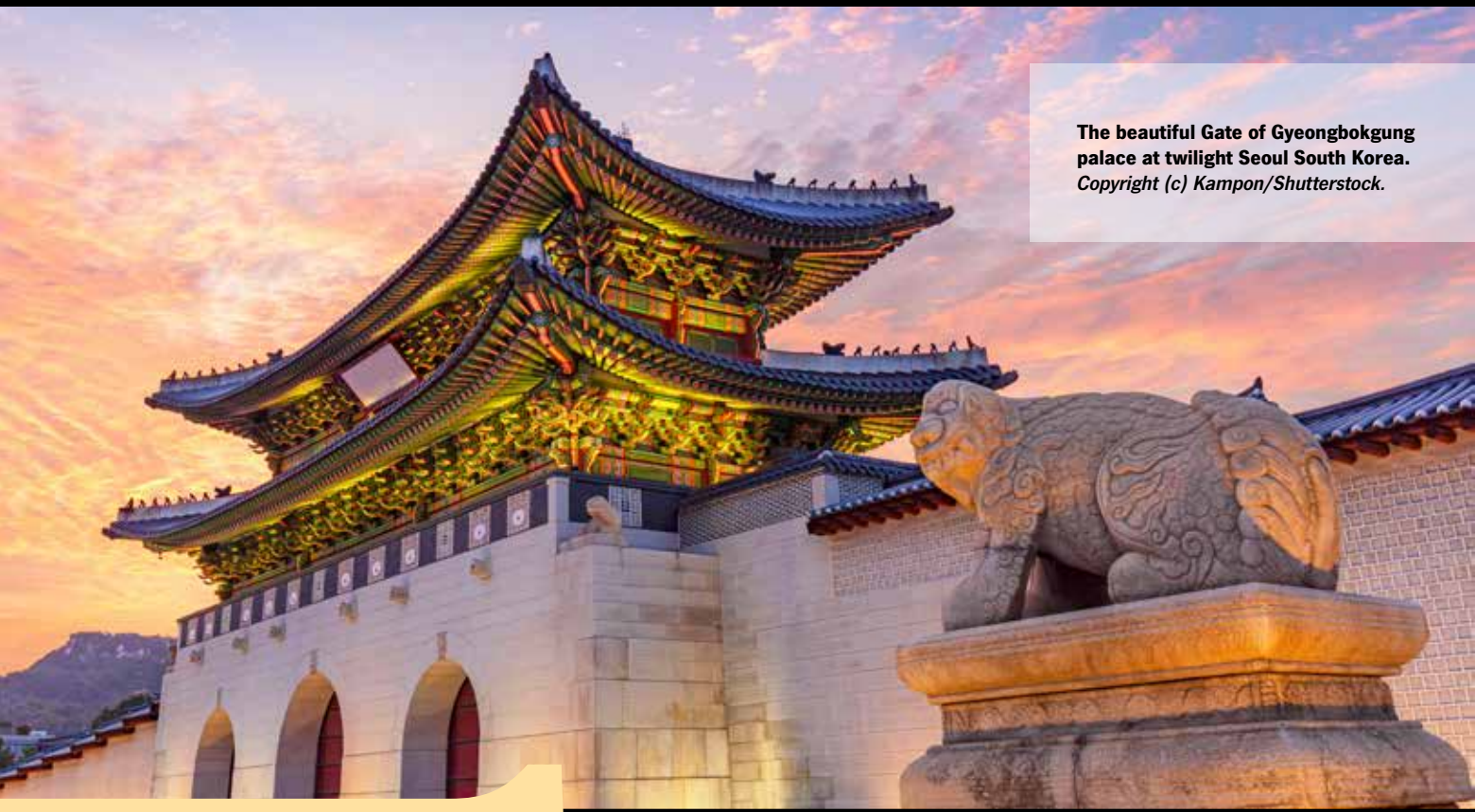


Seoul, South Korea Skyline, Copyright ©  
ESB Professional/Shutterstock.





To commemorate the 40th anniversary of the Korean Endocrine Society (KES), *Endocrine News* is sharing a history of a vital sister organization to the Endocrine Society. First founded as a discussion group, the KES has grown into an internationally recognized endocrinology association that has impacted patient care and scientific research around the world.



**The beautiful Gate of Gyeongbokgung palace at twilight Seoul South Korea.**  
Copyright (c) Kampon/Shutterstock.

The Korean Endocrine Society (KES) was founded in 1979 as the Endocrine Research Group and held its first monthly symposium that March. Simply a more formalized discussion group where endocrinology research was bandied about as more and more people in the medical community were becoming interested in endocrine disorders, most notably diabetes and obesity.

In 1982, it was formally known as the Korean Endocrine Society under the leadership of Professor Hunki Min as its first president and held its inaugural meeting at Seoul National University Hospital where this new integrated medical society was created, composed of six chapters and 21 sections with a grand total of 37 members formally enrolled!

As it celebrates 40 years in 2022, the organization is a multidisciplinary academic society with 1,776 members (1,673 in Korea and 103 around the world). Under the leadership of current KES president, Professor Soon Jib Yoo of the Catholic University of Korea, Seoul, and chairman In-Joo Kim of Pusan National University, Busan, the KES's goal is to continue to advance the practice of medicine through endocrine research.

The KES's various activities are strikingly similar to the Endocrine Society's — holding scientific sessions filled with relevant lectures; a robust publishing arm that includes a journal and textbooks; knowledge exchanges with both Korean and international academic institutions; guiding the career development of its members; continuing medical education for primary care physicians and residents; promoting awareness and education initiatives for the general public; and creating practice guidelines.

Since 2014, the KES has begun forming a memorandum of understanding (MOU) with endocrine societies around the world: the Chinese Society of Endocrinology in 2014; the Endocrine Society of the Republic of China in 2018; and the European Society of Endocrinology and the Endocrine Society, both in 2019. Building these relationships has been part of an ongoing effort to accelerate its globalization.

## Endocrinology and Metabolism

The official journal of the KES, *Endocrinology and Metabolism* (EnM), was first published in July 1986 as the *Journal of the*



*Korean Endocrine Society*. By 1988, the journal was published twice a year; three times a year in 1989; in 1990, it became a quarterly; and beginning in 2000, it was published every other month. The KES established an online submission system in 2005, and the entire journal archives were then digitized for easy access for researchers around the world.

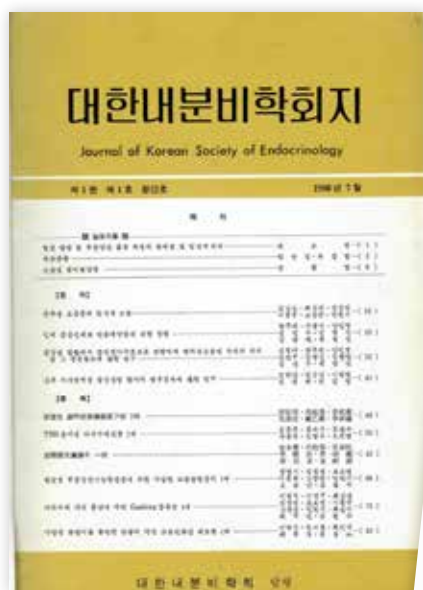
The renaming as *EnM* took place with the June 2010 issue, with each volume containing review articles, original articles, medical commentaries, and reader contributions on topics encompassing the entire, multifaceted field of endocrinology.

In 2013, the decision was made to convert *EnM* entirely to English, so that it could easily gain a larger audience from endocrinologists around the world and be viewed as a robust, easily accessible international publication. *EnM* is an open access, peer-reviewed journal published bimonthly and has been listed in PubMed since 2013, in Scopus since 2013, and in MEDLINE and Science Citation Index Expanded (SCIE) since 2019.

*EnM* is now widely recognized as an esteemed international academic journal in the field of endocrinology, with a Journal Impact Factor that reached 4.010 in 2020.



In 2019, two researchers shared the Hyangseol Young Investigator Award: Dr. Yea Eun Kang of Chungnam National University College of Medicine with “Identification of Anti-Cancer Drug Targets in Cancer Metabolism in Refractory Thyroid Cancer,” and Dr. Bu-Kyung Kim of Kosin University College of Medicine in Busan with “Trabecular Bone Score Change after Bariatric Surgery in Korean Patients with Severe Obesity.”



The cover of the original *Journal of the Korean Endocrine Society*, which debuted in July, 1986.



The cover of the renamed journal *Endocrinology and Metabolism (EnM)*, complete with a switch to English for a wider audience.



**In 2021, Dr. Daham Kim of Yonsei University College of Medicine in Seoul, was awarded for his research entitled “Establishment of New Animal Model for Thyroid Ophthalmopathy and Development of Treatment Evaluation Platform.”**



**A 1982 newspaper article about the KES and its first academic conference included a photo of Hunki Min, the first KES president.**

## Seoul International Congress of Endocrinology and Metabolism (SICEM)

The KES has hosted a biannual academic conference since 1982 and began holding an international academic conference entitled the Seoul International Congress of Endocrinology and Metabolism (SICEM) in 2013, with a focus on representing researchers from Asian countries, welcoming up to 1,500 participants from 30 countries.

The KES's spring-autumn biannual meetings have taken place since 1986, providing training workshops to medical doctors, trainees, and specialists since 1995. Although the KES is primarily a clinically focused organization, its annual symposium on science, education, and technology that covers topics in both basic science and clinical endocrinology have taken place in conjunction with its autumn meeting since 1997 to better stimulate dialogue and interactions between clinicians and basic scientists.

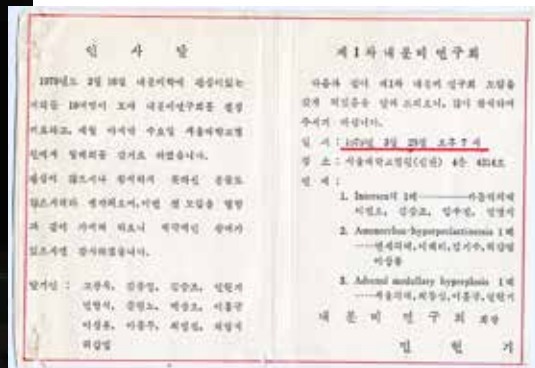
Since 2020, SICEM has been held in a hybrid format with both online and on-site events due to the COVID-19 pandemic. To improve its international network of researchers in endocrinology, SICEM continues to collaborate with academic associations from other countries. Its joint symposia with the Endocrine Society in the U.S., European Society of Endocrinology, Japan Endocrine Society, ASEAN Federation of Endocrine Societies, Carolinas Society of Endocrinologists, Tunisian Society of Endocrinology, Endocrine Society of the Republic of China (Taiwan), and the Endocrine Society of Australia are expanding steadily.

SICEM 2022 ([www.sicem.kr](http://www.sicem.kr)) will take place in Gwangju, Korea, from October 27 to 29, with the theme “40 Years Together, New Leap Forward,” and Professors Joel Elmquist (University of Texas Southwestern Medical Center), George J. Kahaly (The Johannes Gutenberg University Medical Center, Germany), Hironobu Sasano (Tohoku University, Japan), and Hyun-Mo Ryoo (Seoul National University, School of Dentistry, Korea) will each give plenary lectures.

## Supporting Future KES Leaders

To support outstanding researchers, especially those early in their careers, each year the KES presents various academic awards such as the Namgok Award, KES Research Award, Hyangseol Young Investigator Award, and the *EnM* Research Award. To date, a total of 1,478,000,000 Korean won (roughly \$1.25 million) of research funding has been awarded. Specifically, the KES uses these awards to encourage young scientists actively engaged in research. Each year, KES members younger than 40 who have excelled in the laboratory by exploring original and valuable research topics are selected as winners of the Hyangseol Young Investigator Award, which is accompanied by research funding.

In 2021, Dr. Daham Kim of Yonsei University College of Medicine in Seoul, was awarded for his research entitled “Establishment of New Animal Model for Thyroid Ophthalmopathy and Development of Treatment Evaluation Platform.” Kim has published over 20 articles in renowned international journals, including *The Journal of*



(above) A gala dinner at SICEM 2018. (right) An invitation letter to the first meeting of the Endocrine Research Group in 1979.

*Clinical Endocrinology & Metabolism*. In 2020, Dr. Hyon-Seung Yi of Chungnam National University College of Medicine in Daejeon, was awarded for his research, “Association Between Loss of Muscle Function and Immunophenotype or Metabolites of Peripheral Blood in Patients with Graves’ disease.”


In 2019, two researchers shared the award: Dr. Yea Eun Kang of Chungnam National University College of Medicine with “Identification of Anti-Cancer Drug Targets in Cancer Metabolism in Refractory Thyroid Cancer,” and Dr. Bu-Kyung Kim of Kosin University College of Medicine in Busan with “Trabecular Bone Score Change after Bariatric Surgery in Korean Patients with Severe Obesity.”

These award recipients are rising stars and future leaders of the KES. Since 2019, the KES has been sending young researchers to the Endocrine Society’s Global Leadership Academy that takes place each year at ENDO to foster future research leaders and build global leadership.

## The Future of the KES

As it continually strives toward being a “world-level academic society of endocrinology,” the KES seeks to have a more global impact by forming MOUs, networking with academic societies around the world via various conferences, as well as developing *EnM* into a prestigious, internationally recognized journal that publishes research encompassing the full scope of endocrinology.

The KES strives to play a leading role in the field of endocrinology in the Asia-Pacific region by advocating for an evidence-centered medical system, strengthening its social role through the declaration of environment, social, and governance management, improving public communication through various channels, expanding public utility through its research group on rare diseases and endocrine-disrupting chemicals, and establishing the foundations of endocrinology for future generations.

If the past four decades are any indication, the KES will indeed be an important voice in the international endocrinology community for years to come. 

JEONG IS THE SECRETARY OF THE KOREAN ENDOCRINE SOCIETY’S COMMITTEE OF PUBLIC RELATIONS.



# KES TV

The KES has created its own YouTube channel for the sole purpose of educating the Korean public to help them better understand endocrine diseases and disorders. The channel has also proven to be a big help for patients who may have any number of endocrine conditions.

These videos have been well received because they provide detailed explanations that might be missing from doctor visits. They present lucid explanations that clarify misunderstandings and myths.

Some examples of these videos include “A 10-Minute Daily Exercise That Patients with Osteoporosis Must Do,” “Can Iodine Cause Thyroid Diseases?,” “Three Stages of Low Blood Sugar Signals from My Body,” “Habits That Raise Blood Sugar Without You Realizing It,” and many more.

To tune in for yourself, go to:  
[www.youtube.com/channel/UCT5EvzuUtzKTVpzNPqQ1eKQ](https://www.youtube.com/channel/UCT5EvzuUtzKTVpzNPqQ1eKQ)



# across the MILES

## The Endocrine Society's newest Perspective Statement on telehealth encourages individualized care

**This month, *The Journal of Clinical Endocrinology & Metabolism* is publishing “Appropriate Use of Telehealth Visits in Endocrinology: Perspective Statement of the Endocrine Society.” Since this new technology is here to stay, *Endocrine News* talks to the authors about which patients are better candidates for telehealth than others, why endocrinology seems tailor-made for this new modality, as well as their own experiences as virtual caregivers.**

BY DEREK BAGLEY





**T**elehealth visits are now spreading rapidly and becoming a mainstay and have become especially important for endocrine care. Healthcare providers need to consider a variety of factors when determining which type of visit best serves an individual patient's needs at a given moment. For many patients, scheduling a mixture of in-person and telehealth visits can make medical care more convenient and effective.



But because this technology is still relatively new and has had to keep pace with the rapid spread of the COVID-19 pandemic, there is still little data on the appropriate use of telehealth. To address that knowledge gap, the Endocrine Society convened an expert panel to provide guidance to clinicians on how to evaluate when it's best to see patients virtually or in person, and the panel recently published a policy perspective in *The Journal of Clinical Endocrinology & Metabolism*.

The perspective lays out the spectrum of considerations and how they may each impact quality of care, and it provides a

figure that may help to guide decision making. It also points out that a combination of telehealth and in person can be used to provide needed care over time, and that one should reassess the care modality at each visit and accounting for patient preferences. Finally, the perspective lays out clinician-level approaches to overcoming challenges to telehealth that might otherwise contribute to disparities in access to this modality of care.

"Telehealth has revolutionized healthcare delivery and is here to stay in some form or another, regardless of the form that telehealth policy and reimbursement models take after the public health emergency," says Varsha Vimalananda, MD, MPH, a clinical scientist at the U.S. Department of Veterans Affairs in Arlington, Mass., and lead author of the policy perspective. "The benefits are incredible in terms of increasing access to care, so we need to figure out how we incorporate telehealth thoughtfully and in a way that advances high-quality endocrine care for all our patients. In prior work, my research group found that endocrinologists are doing their best to figure out what situations are most appropriate for telehealth versus in person but are also clamoring for guidance."

Vimalananda goes on to point out that clinical practice guidelines cannot be developed for situations like telehealth,



“Telehealth has revolutionized healthcare delivery and is here to stay in some form or another, regardless of the form that telehealth policy and reimbursement models take after the public health emergency. **The benefits are incredible in terms of increasing access to care, so we need to figure out how we incorporate telehealth thoughtfully and in a way that advances high-quality endocrine care for all our patients.**”

— VARSHA VIMALANANDA, MD, MPH, A CLINICAL SCIENTIST AT THE U.S. DEPARTMENT OF VETERANS AFFAIRS, ARLINGTON, MASS.





“ At the end of the day, clinicians need to read through this and then use their judgment and see how they can use this information to shape their own practice; **then they can make the use of telehealth as effective as possible for their patients.**”

— SPYRIDOULA MARAKA, MD, MS, ENDOCRINOLOGIST, UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES AND THE CENTRAL ARKANSAS VETERANS HEALTHCARE SYSTEM, LITTLE ROCK, ARK.

since the evidence for or against its use is still in a relatively early stage of development. As such, the panel comprises endocrinologists with expertise in telehealth clinical care, telehealth operations, patient-centered care, healthcare delivery research, and/or evidence-based medicine. Where evidence was lacking, the panel drew on their expert opinions and experiences.

## Ideal for Endocrinology

The authors of the policy perspective write that endocrinology is especially pertinent to telehealth since patients with endocrine conditions can often be seen virtually. “Even conditions that require frequent visits — such as newly initiated insulin therapy or diabetes mellitus treatment in pregnancy — can be appropriately managed via telehealth with remote access to [patient-generated health data (PGHD)],” they write.

“We often just need the patient’s history and their lab results, and we can have a very effective discussion through telehealth, so I believe endocrinologists are very well-suited for telehealth,” says Spyridoula Maraka, MD, MS, an endocrinologist and researcher with the University of Arkansas for Medical Sciences and the Central Arkansas Veterans Healthcare System in Little Rock, and co-author of the JCEM policy perspective. “I think telehealth visits will continue to be an essential part of endocrine care, and we need some guidance.”

Vimalananda cares for a population of older veterans, and she says that many of her patients have trouble getting to their appointments. She says that for clinical situations that are straightforward — such as an adjustment of a levothyroxine dose — a 10-minute visit in the clinic doesn’t seem warranted.

“Some of those patients deeply appreciate being able to have a telehealth visit,” she says. “I miss seeing some of those patients in person, but I have to push myself to answer whether the lack of in-person interaction is actually impacting the quality of care they are receiving. If it’s not, and patients are willing to let that in-person interaction go, then I just have to accept that. Other patients would still prefer to come in – and of course that’s never disallowed. I also have a low bar for asking telehealth patients to come in person if I am concerned about something I need to assess more closely, even if I can’t quite put my finger on it.”

Stephanie Crossen, MD, is a pediatric endocrinologist and professor of medicine at the University of California, Davis in Sacramento, Calif., and a co-author of the policy perspective. She says that telehealth has been a lifeline for patients who otherwise would have not received endocrine care during challenging time periods. “This includes not only the COVID-19 pandemic but also other circumstances causing relocation, homelessness, or lack of transportation such as wildfires, domestic violence, mental illness, and financial insecurity,” she says. “Telehealth has enabled me to stay in contact with them and continue providing care during these crises, which has been invaluable. For this and other reasons, it is essential that we facilitate access to telehealth for all patients who may benefit, while continuing to explore and define how it can be used most appropriately and effectively within our specialty.”

Leslie Eiland, MD, an associate professor of medicine at the University of Nebraska Medical Center in Omaha echoes that sentiment. “Many of my patients live in rural areas, multiple hours from the nearest endocrinologist. I find that many love the option of telehealth, and are choosing more of a hybrid

model, asking to alternate in-person visits with telehealth visits,” she says. “For unexpected or last-minute issues that arise — like childcare conflicts, illness, or severe weather — it’s been so nice to offer to keep the previously scheduled appointment but convert to telehealth, instead of reschedule them further out.”

## Age-Related Paradox

But there are still many things that need to be ironed out, barriers that need to be broken down. Telehealth has the potential to help form a more equitable healthcare system, with the addition of some systemic changes such as more accessible and affordable broadband internet and mobile devices and changes in reimbursement policies. Insurance remains a barrier for some. The authors point out that data suggest telehealth visits can even be outright inaccessible for minorities, those who don’t speak English, or who have fewer socioeconomic resources. “This policy perspective doesn’t only refer to clinicians; it refers to all stakeholders, including policymakers, and healthcare organizations,” Maraka says. “Equity considerations have to be in everyone’s mind.”

Maraka tells *Endocrine News* that limited studies have shown that older patients had reduced access to telehealth, which created a bit of a paradox: During COVID-19, it was safer for older patients to stay at home rather than go to the clinic, but they had the least access to telehealth. She suggests clinicians encourage their older patients to have a grandchild or someone else more proficient in this technology help them get set up for a virtual visit. “We need to have all this in mind. And on

the clinician level, perhaps do what we can in our practice to address this,” she says. “Be proactive. Of course, a lot of things will go beyond the individual level and that’s where these stakeholders come in.”

## Weighing Patient Circumstances

The authors of the JCEM paper point to other barriers that would make telehealth an appropriate and attractive option, barriers that might have recently arisen, or haven’t been closely examined. For instance, gender diverse patients who feel like they face stigma in the clinic may opt for telehealth visits to feel more comfortable. Patients with mental health problems like severe anxiety or agoraphobia would probably benefit more by talking to their doctors on screens in their homes.

Vimalananda sees several transgender patients who are physically well and live close enough to the clinic. She says that among this group, some love to come in and see her, and some prefer telehealth. Their treatments are straightforward and similar, but their preferences for in-person visits or virtual ones vary. “The [patients] who love to come in seem to appreciate sitting in the same room, and we often have conversations that extend past the hormones and their effects to the experience of being a transgender person in general (I learn a lot from these conversations) and other aspects of life,” she says. “They value the relationship and trust that we have developed through in-person interactions. Some of those who prefer telehealth find it more convenient, but others prefer it because they are uncomfortable in the clinic waiting room due to feeling stared at.”



“Telehealth still requires focused efforts on improving technology availability, clinical staff training, cohesive workflow designs, integration into fellowship training for future specialists, uniform reimbursement policies, and attention to promoting equity for all. **When all healthcare members come together in rhythm and are in sync, with a shared sense of responsibility, telemedicine will continue its sustainability, success, and advance forward.**”

— RADHIKA RAO NARLA, MD, ASSOCIATE PROFESSOR OF MEDICINE; VA SITE DIRECTOR, ENDOCRINOLOGY FELLOWSHIP PROGRAM; ASSISTANT PROGRAM DIRECTOR, SUB-SPECIALTY MEDICINE, UNIVERSITY OF WASHINGTON INTERNAL MEDICINE RESIDENCY PROGRAM; SEATTLE, WASH.



“ During the time when interstate telehealth was permitted, **being able to follow with out of state young adults was tremendously beneficial for continuity of care.**”

— RAYHAN LAL, MD, ASSISTANT PROFESSOR OF MEDICINE AND PEDIATRICS, STANFORD UNIVERSITY, PALO ALTO, CALIF.

Maraka is also a clinician at the VA, where a lot of the patients who have endocrine disorders also have mental health needs. Patients who have post-traumatic stress disorder can get anxious in crowded or public places, compounded by a fear of catching an infection that could further deteriorate their health. “We definitely wanted to emphasize that telehealth might be a great solution for patients that have these mental health issues, and, as now, they don’t really need to leave the comfort of their home to receive care,” she says.

But the authors are careful to look at this from the other side as well. Privacy can be a concern; if patients don’t want family members in their home to know that they are suffering with health issues, they may not want to discuss them with their doctors if those family members are in the next room. “As a clinician, you might think a certain patient would prefer telehealth, but you might not know the full story,” Maraka says. “That’s something else that we need to have in mind.”

Vimalananda says that one of her transgender patients who prefers telehealth made a shocking declaration that enlightened the expert panel who wrote this policy perspective: “I had one patient tell me they’d get their hormones off the street if they had to come into the clinic. That group of patients is better able to develop a trusting relationship with me because they are able to feel safe during their visit via telehealth.”

“That story illustrates one reason why the expert panel did not deem any clinical situation always or never appropriate for telehealth,” she continues. “It is a combination of circumstances that the clinician has to weigh and combine with knowledge of patient preference. Our goal was to illustrate that list of circumstances so that key ones don’t get left out of the decision-making process.”

## Telehealth: Here to Stay

It’s not hyperbole to say that the world changed in early 2020; healthcare needed to pivot with it. Telehealth has expanded dramatically since then, the authors write, and additional research is needed to investigate the benefits and limitations of this modality. “With the COVID pandemic, we started utilizing telehealth more often in endocrinology. It has been very clear that telehealth is here to stay,” Maraka says. “The thing is that, there is very limited data about the impact of telehealth visits on medical and other outcomes, so we felt that the clinicians will need some guidance of how to appropriately use telehealth in their practice.”

As it stands, there are still many open, unanswered questions that surround telehealth, so the authors of the policy perspective identified specific areas in need of future investigation: clinical factors (whether an in-person physical exam is needed); patient factors (distance to clinic, access to transportation, family or work obligations); patient-clinician relationship; clinician factors; and healthcare setting and technology (availability of telehealth infrastructure needed to provide care).

Radhika Rao Narla, MD, a clinical endocrinologist at the VA Puget Sound Health Care System, associate professor of medicine at the University of Washington in Seattle, and a co-author of the policy perspective, says that telehealth has its highlights and victories, but there is much more work to be done. “For example,” she says, “a group paddling a canoe will highlight the concerted timing, teamwork, and rhythm that are necessary to move the canoe. Telemedicine still requires focused efforts on improving technology availability, clinical staff training, cohesive workflow designs, integration into fellowship training for future specialists, uniform



reimbursement policies, and attention to promoting equity for all. When all healthcare members come together in rhythm and are in sync, with a shared sense of responsibility, telemedicine will continue its sustainability, success, and advance forward.”

“We need data on telehealth on clinical outcomes, cost, patient and clinician satisfaction, and implementation, and health equity,” Vimalananda says. “Studies should account for various stakeholder perspectives — patients, caregivers, clinicians, institutions, and payers. Questions that clinicians are particularly bothered about are what happens to the patient-clinician relationship over time, the value of the physical exam in different situations, the possibility of ‘missing something’ due to the inability to see the whole person well or lay on hands via telehealth, and the effect of telehealth on clinician satisfaction and burnout.”

Vimalananda goes on to say that the panel thinks the onus will be on researchers to determine appropriateness of telehealth, and they advocate for a range of outcomes to be evaluated in single studies, since studies might demonstrate a negative result on one outcome but positive results on others that are central to high-quality care. “There are also concerns hard to overcome about selection bias in observational studies, but quasi-experimental designs help to mitigate these,” she says.

## Endocrinologists Leading the Way

For now, the Society continues to advocate for universal access to broadband and telehealth-capable devices, coverage

of telehealth services by all medical insurances, and either national licensing agreements or redefinition of site of care as the clinician location to facilitate telehealth across state borders, all of which would be enormous strides toward health equity addressing the endocrine workforce shortage.

Rayhan Lal, MD, a clinical endocrinologist and assistant professor of medicine at Stanford University in Palo Alto, Calif., and another co-author of the policy perspective, says that his experience with telehealth has been extraordinarily positive and can speak to the benefits of allowing telehealth visits across state lines. “No risk of spreading COVID-19 to vulnerable populations, reduced commute for everyone with reduced emissions, no parking fees, no delays in starting a visit, getting to observe an individual’s home environment, and being able to immediately see my family at the end of clinic,” he says. “During the time when interstate telehealth was permitted, being able to follow with out-of-state young adults was tremendously beneficial for continuity of care.”

“I will also point out that health equity can be promoted at the clinician level in the ways that we can sometimes modify our practices to overcome patient factors which may otherwise serve as a barrier to care,” Vimalananda says. “The expert panel lists several of these strategies in the perspective.”

“At the end of the day, clinicians need to read through this and then use their judgment and see how they can use this information to shape their own practice; then they can make the use of telehealth as effective as possible for their patients,” Maraka says.



“It is essential that we facilitate access to telehealth for all patients who may benefit, **while continuing to explore and define how it can be used most appropriately and effectively within our specialty**”

— STEPHANIE CROSSEN, MD, ASSISTANT PROFESSOR OF MEDICINE, UNIVERSITY OF CALIFORNIA, DAVIS, SACRAMENTO, CALIF.



“ For unexpected or last-minute issues that arise — like childcare conflicts, illness, or severe weather — it’s been so nice to offer to keep the previously scheduled appointment **but convert to telehealth, instead of reschedule them further out.**”

— LESLIE EILAND, MD, ASSOCIATE PROFESSOR OF MEDICINE, UNIVERSITY OF NEBRASKA MEDICAL CENTER, OMAHA, NEB.

Vimalananda says she’s glad to be a member of the Endocrine Society, as it’s actively conducting intensive advocacy around this issue in Congress, especially since endocrinology is one of the specialties with the highest proportion of telehealth visits. “It’s so exciting to now be able to leverage telehealth in provision of endocrine care,” she says. “Our judgments as individual clinicians will continue to be a major determinant

of which patients are offered telehealth as we await the accumulation of research data. To ensure our decision making promotes high-quality care (patient-centered, equitable, safe, effective, timely, and efficient), we have to think holistically about the factors in play at each visit over time. In this way, we endocrinologists can be leaders among specialties in using telehealth to advance patient care.” <sup>EN</sup>



— BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. HE INTERVIEWED OLYMPIC GOLD MEDALIST GAIL DEVERS AND ENDOCRINOLOGIST EVE D. BLOOMGARDEN, MD, IN THE SEPTEMBER ISSUE FOR THE ARTICLE, “CLEARING HURDLES,” THAT DETAILED THE IMPORTANCE OF PATIENTS BEING THEIR OWN HEALTHCARE CHAMPIONS.



# Conversation STARTERS

Language and cultural barriers are often a challenge when treating underserved Hispanic populations, which was only exacerbated by the COVID-19 pandemic. However, Ricardo Correa, MD, EdD, and Licy L. Yanes Cardozo, MD, tell *Endocrine News* how to improve care delivery to these patients, and how the solutions are simpler than you think.

Last month, a clinical review appeared in the *HCA Healthcare Journal of Medicine* that examined how the COVID-19 pandemic has affected the Latinx community in the U.S. This was already a vulnerable population, even before the virus started spreading across the country in early 2020. A paper in the November 2019 issue *Diabetes Spectrum* stated that Hispanics are 66% more likely to develop type 2 diabetes, and once they're diagnosed, they experience worse outcomes than their non-Hispanic white counterparts.

Of course, that's not news to most in endocrinology. What those in healthcare are still uncovering, however, is just how much COVID-19 has compounded those worse outcomes among Hispanics. All of the disparities that adversely impacted the Latinx community have only been intensified by the pandemic, from systemic barriers to cultural and language ones. The authors of the *HCA Healthcare Journal of Medicine* paper write that they hope their work "may serve as a catalyst to address gaps and concerns, reduce healthcare inequities, increase compliance, and improve health and social-related short- and long-term outcomes."

"It's very important to understand that with COVID-19, the only thing it did was exacerbate a problem we already knew exists," says Ricardo Correa, MD, EdD, director for diversity on GME at the University of



Arizona in Phoenix, and corresponding author of the paper. “There were disparities among minorities, including the Latinx community, and the Latinx community is different from other communities because of cultural and language barriers.”

Here, we’ll look at some of those barriers, where they stem from, and what steps healthcare and administrative systems can take to address them.

## Abuela Knows Best

Correa tells *Endocrine News* that in Latinx families, the woman is the authority on all things health-related in the household. He says that at the beginning of the pandemic, patients would come to him and tell him that their grandmothers were telling them to do this to prevent COVID or do this to cure COVID. “You have to create a structure to overcome grandma’s recommendations,” he says.

To do that, Correa says that creating education programs was the first focus. He explained to his patients in Spanish the severity of the situation, he appeared on television every day to inform the community, he even created a social media campaign — a Spanish-language version of #ThisIsOurShot called #VacunateYa. But he says he also realized that social media is geared more toward young people, and that the Latinx community is a radio culture.

Correa used these radio addresses to answer questions and dispel concerns that still haunt the Hispanic community:



Ricardo Correa, MD, EdD, gives a COVID-19 vaccine to a patient at one of the clinics in the Phoenix, Ariz., area.

How much will the vaccine cost? Will they be looking for documentation? Will ICE or the police be waiting outside the clinic? “We explain that the vaccine is free, and that if anyone asks for documentation, they should leave that place,” he says.

## Understand Your Community

It’s best to explain all this in Spanish, if possible, but the reality is not every healthcare provider speaks Spanish or has a translator on staff, and Correa says that a language barrier led to a lot of misinformation among the Latinx community at the beginning of the pandemic. He explains that while there are



Licy L. Yanes Cardozo, MD

“Latinx patients do their best to follow medical advice in a system that is extremely challenging when they get ill.... Their high work ethic has remained the same throughout and after the pandemic; they are eager to work and provide for their families in the U.S. and abroad. **As a physician, I am always touched by their resilience and their positive attitude despite the challenges that they face in their lives.**”

— LICY L. YANES CARDOZO, MD, ENDOCRINOLOGIST/PHYSICIAN-SCIENTIST, UNIVERSITY OF MISSISSIPPI MEDICAL CENTER, JACKSON, MISS.

many Latinx people who do speak English, there is still a large part of the Latinx population who have not learned English. “If they do know some English, it’s basic,” he says, “not enough to understand the complexity of disease.”

Licy L. Yanes Cardozo, MD, is a practicing endocrinologist and physician-scientist at the University of Mississippi Medical Center in Jackson and is involved in several volunteer service activities with the Hispanic population in Mississippi such as COVID-19 vaccine events as well as the attending physician at a Hispanic Clinic at the Jackson Free Clinic in Mississippi. She agrees that the major barrier is language and the lack of providers who speak Spanish, and who share their culture and values in life.

“Ways to overcome these barriers include more resources and support to providers that belong to the Hispanic culture who speak Spanish,” Yanes Cardozo says. “The health system should value more a provider who brings an additional value to the table, the one that cares and is able to communicate with them in their native language. I can see crystal clear when I enter the clinic room and start the visit with a ‘Buenos Dias’ or ‘Hola, como estas?’ that their hearts and souls are immediately open up and the healing process begins.”

Correa points to programs that involve community healthcare workers that have been successful in the English-speaking population. “You have to adapt those to Spanish and then to

## Phoenix Rising

On Saturday, October 22, Emerson Elementary School in Phoenix, Ariz., will host the **EndoCares** Community Health and Wellness Fair, the Endocrine Society’s outreach program for healthcare providers, patients, and the general public.

From 9 a.m. to 2 p.m., there will be fitness and health demonstrations, back-to-school giveaways, and youth activities, free diabetes, cholesterol, and blood pressure screenings, as well as free COVID-19 vaccines, and skin and breast cancer education.

Correa says this **EndoCares** will focus on the Latinx community, and he expects 90% of the attendees to be Hispanic. He says that community involvement has helped shape the fair, and they have received support from the University of Arizona, the National Hispanic Medical Association, and nonprofits like **LatinaStrong**, to name a few. “We think that a lot of people will attend,” he says. “We are doing it in an elementary school, and we are doing something for kids, so it will be good.”

Among the local organizations taking part in **EndoCares** — Phoenix are **Clinica La Familia**, **Latina Strong**, **Valle Del Sol**, **Always AZ**, **PACH Clinic**, and many more.

For more information, go to: [www.endocrine.org/patient-engagement/endocares-patient-outreach/endocares-phoenix](http://www.endocrine.org/patient-engagement/endocares-patient-outreach/endocares-phoenix)



Ricardo Correa, MD, EdD

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We are trying to consider immigration as part of a social determinant of health. Taking care of this population and talking to them in their own language is important so they can trust the system again. **And we can prevent the spread of other infectious diseases that may come again. We can prevent bad outcomes of chronic diseases.”**

— RICARDO CORREA, MD, EDD, DIRECTOR FOR DIVERSITY ON GME, UNIVERSITY OF ARIZONA, PHOENIX, ARIZ.

tailor it to the specific Hispanic community that you serve,” he says. “Because that’s the other problem: when you say Latinx, you are talking about a big spectrum of Latinx.”

In any communications class, the first thing they teach is “Know your audience.” The same rule applies here. Mexicans differ from Puerto Ricans who differ from Argentinians and so on. There are similarities, of course, but cultures and cuisines vary, and there are many factors that need to be considered when providing healthcare. “Understand your community so you can start programs to help that community,” Correa says. “It’s not something national that will come and help solve the problem.”

## A Need for Paid Sick Leave

A national prescription that could have an enormous impact and help solve some of the problem is paid sick leave, something that many other countries in the world have adopted. Many in the Latinx community work in what the U.S. deemed “essential jobs” — janitors, bus drivers, farm workers. People whom everyone else depends on every day. And because Hispanic culture is familial, 10 people may live in a small apartment or even a room. “How can you quarantine in a room where you live with 10 people?” Correa says.

The authors of the *HCA Healthcare* paper write: “[P]eople in the Latinx community also admitted that the decision to not

get tested for COVID-19 was influenced by their inability to work if they tested positive. There is no paid sick leave in the jobs that many Latinx people work.” But even then, Correa says, a positive test didn’t bar some from going to work. “Because if you don’t work that day,” he says, “you don’t have money to bring to the house.”

For Yanes Cardozo, she sees firsthand the struggles, and the determination, of the Latinx community — even through this pandemic. “Latinx patients do their best to follow medical advice in a system that is extremely challenging when they get ill,” she says. “Frequently, they do not have family in the U.S., and they heavily rely on their community network for help. Their high work ethic has remained the same throughout and after the pandemic; they are eager to work and provide for their families in the U.S. and abroad. As a physician, I am always touched by their resilience and their positive attitude despite the challenges that they face in their lives.”

“I think that the best thing that the U.S. can adopt — and not just for the Latinx community — is paid sick days,” Correa says. “That’s a public health measure. In every part of the world, they have that. You should be allowed to have paid sick days.”

Correa says they were able to offer help in his community through a charity clinic, donating money to those in need, because they had an altruistic donor step in. “It should not be like, ‘Oh, because somebody has a donor that now is the





“ Ways to overcome these barriers include more resources and support to providers that belong to the Hispanic culture who speak Spanish. The health system should value more a provider who brings an additional value to the table, the one that cares and is able to communicate with them in their native language. **I can see crystal clear when I enter the clinic room and start the visit with a ‘Buenos Dias’ or ‘Hola, como estas?’ that their hearts and souls are immediately open up and the healing process begins.”**

— LICY L. YANES CARDOZO, MD, ENDOCRINOLOGIST/PHYSICIAN-SCIENTIST,  
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER, JACKSON, MISS.

way,” he says. “No, this should be the government assuming responsibility to prevent public health problems.”


## Know Your Audience

By the time this issue hits mailboxes, Hispanic Heritage Month will be winding down. This is a population that represents almost 20% of the U.S., the largest minority group in the country, many of whom are frontline and essential workers. This is also a group who suffer from health disparities, including higher rates of endocrine conditions like diabetes and obesity more than any other ethnicity.

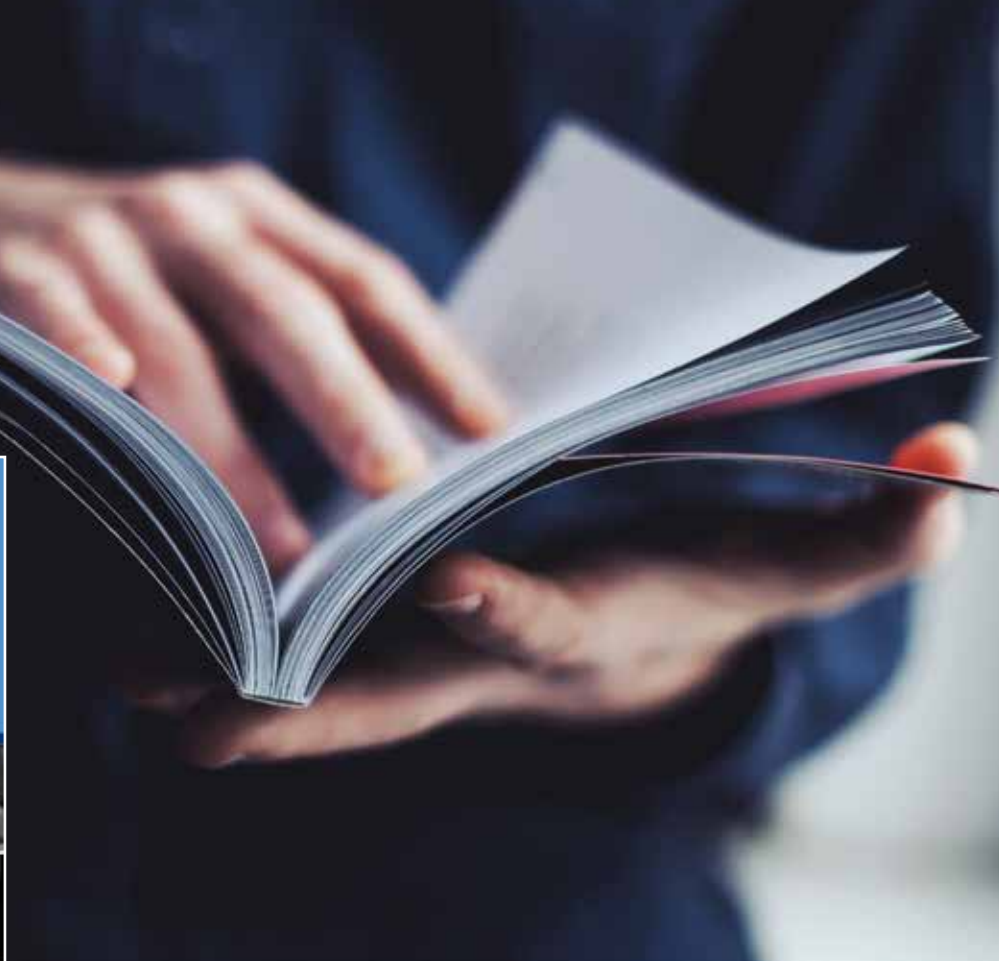
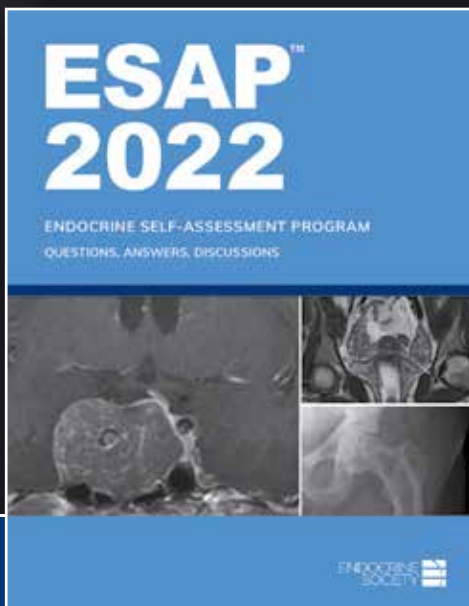
And like Black and Native Americans, the healthcare system has failed them many times. But unlike those populations, Hispanics have the added risk of being reported to the authorities if they don’t have documentation. “We are trying to consider immigration as part of a social determinant of health,” Correa says. “Taking care of this population and talking to them in their own language is important so they can trust the system again. And we can prevent the spread of other infectious diseases that may come again. We can prevent bad outcomes of chronic disease.”

Yanes Cardozo says that in her experience, trust in physicians is intact among the Latinx community. “But the amount of misinformation that they get is huge, and they do not have many providers that can communicate with them in Spanish to clarify that misinformation,” she says.

And because the Latinx community is so familial, it’s important to involve the family in the management of any condition, Correa says. Correa adds that, for Hispanics, women are seen as the caregivers, while men are generally seen as the providers. “I see that in my management of diabetes,” he says. “Usually when there’s a male patient, I have to bring the wife in and explain everything to her.”

For Correa, at the end of the day it’s about making the effort to understand the community. Know your audience. “If you have a Latinx population in your area,” he says, “understand the culture of that population that you have in your area that is probably different from others, especially if you have worked in other areas that might have a vastly different Latinx community.” 

— BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. HE INTERVIEWED OLYMPIC GOLD MEDALIST GAIL DEVERS AND ENDOCRINOLOGIST EVE D. BLOOMGARDEN, MD, IN THE SEPTEMBER ISSUE FOR THE ARTICLE, “CLEARING HURDLES,” THAT DETAILED THE IMPORTANCE OF PATIENTS BEING THEIR OWN HEALTHCARE CHAMPIONS.



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## Endocrine Society Advocates for NIH Funding & Rallies for Endocrine Research

*Meanwhile, congressional work on funding bills still needs to be completed.*

**O**n September 14, the Endocrine Society joined scientific societies, academic institutions, and other biomedical research advocates as part of the 10th Annual Rally for Medical Research Hill Day.

Nearly 300 participants came to Washington, D.C., to meet with their members of Congress and urge them to make funding for the National Institutes of Health (NIH) a priority. The Endocrine Society provided the “endocrine perspective” to congressional offices by highlighting some of the accomplishments that the NIH-supported research led to, such as the discovery and development of insulin, early detection of tumors, prevention of bone fractures, and treatments to preserve fertility for patients who have received cancer treatment. Our members also discussed how NIH funding affects their own research. Our members attended over 20 meetings on the Hill with key members of Congress and advocated for a \$49 billion NIH base budget for Fiscal Year (FY) 2023, a \$4.1 billion increase from FY 2022.

The timing of this year’s rally was critical because Congress had not reached consensus on final federal government spending levels and was expected to instead approve a continuing resolution (CR) before the end of the fiscal year on September 30. A CR will avert a government shutdown but continue to fund the NIH at FY 2022 levels, and not account for increases in biomedical research inflation.

Unfortunately, CRs are disruptive to researchers. Under a CR, the NIH tends to adopt conservative funding policies, preventing existing awards from being funded at their fully awarded level. While these funding “cuts” are often modest and temporary, scientists are required to adapt and make difficult decisions about what aspects of their research and operations to curtail. These decisions impact scientific findings. Steady and predictable NIH funding is essential to maintain

### Take Action

The Endocrine Society is pulling out all the stops to urge Congress to pass a final appropriations bill that includes an increase for the NIH, and we need your help. Visit our online advocacy campaign at [www.endocrine.org/takeaction](http://www.endocrine.org/takeaction) to contact your members of Congress and urge them to increase funding for the NIH. Taking action is quick (one minute) and easy (three clicks of your mouse) and, most importantly, effective. The more voices that are heard on this issue, the larger impact we will have.

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**Steady and predictable NIH funding is essential to maintain momentum from previous investments and support new opportunities for life-saving medical research.**

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momentum from previous investments and support new opportunities for life-saving medical research.

The Rally was one of the first major Hill Days since the Capitol complex reopened to the public, and we were proud to be there. The Endocrine Society conducted its last Hill Day to advocate for research funding in March 2020, only days before the Capitol closed to the public. Consequently, we were one of the last groups on the Hill advocating for research funding, and now we are one of the first.

The outcomes of the Rally Hill Day will likely not be felt all at once or immediately. We expect Congress to pass a short-term CR by September 30 and to revisit appropriations in December, after the midterm election. As we get closer to December, we will see if the Rally Hill Day was able to influence action on a final appropriations bill rather than another short-term CR.

## Endocrine Society Continues to Engage Researchers, EU Commission in Efforts to Reduce Exposures to EDCs

**O**n September 21 – 22, the European Commission in collaboration with the French National Agency for Food, Environmental and Occupational Health & Safety conducted the 4th Annual Forum on Endocrine Disruptors.

The Forum brings stakeholders with expertise on endocrine-disrupting chemicals (EDCs) together to “exchange information and best practices, identify challenges, and build

synergies.” The Forum provided opportunities for European agencies, including the European Food Safety Agency and Joint Research Centre, to update Commission officials, policymakers, and other stakeholders on general progress as well as specific initiatives such as new approaches to assessing groups of chemicals. Expert speakers, including scientists from the Test Guidelines Programme at the Organization for Economic Cooperation and Development, shared their insights on opportunities for new validated test methods that may more accurately assess chemical interference with endocrine systems.

Importantly, the Forum also featured academic researchers who could share the latest scientific developments on EDCs with policymakers. Professor Andreas Kortenkamp, a globally recognized EDC researcher gave an update on efforts by the European Cluster to Improve Identification of Endocrine Disruptors (EURION) to improve assessments of chemicals for



their effects on thyroid biology. Endocrine Society member and chair of the Society's EDC Advisory Group, Anne-Simone Parent, delivered a keynote lecture on the health impacts of bisphenols on children during the general session on bisphenols.

The annual Forum is an important opportunity to raise the visibility of EDCs and encourage agencies to coordinate their

approaches to the assessment and regulation of these harmful chemicals. We are encouraged by the valuable contributions of academic scientists, including Parent, and we will continue to engage Commission and agency officials as they work to minimize public health harms from exposure to EDCs.

## New Webinar Discusses Telehealth's Impact on Physician Payment

If you are interested in learning more about physician payment and telehealth, the Endocrine Society is hosting a webinar October 24 to talk about the MPFS rule and other policy issues impacting physician payment and telehealth.

The webinar, "Policy and Practice: What Changes Will Affect Telehealth and Medicare Physician Payment," will provide an overview of the key legislative and regulatory issues of importance to our clinical members. During the webinar, we will share the latest on what the Centers for Medicare and Medicaid Services (CMS) is doing and what Congress needs to do on issues pertaining to physician payment and telehealth.

We will provide an overview of the Medicare Physician Fee Schedule (MPFS) proposed rule, talk about our work to extend the telehealth waivers put in place during the COVID-19 public health emergency, and share the latest on our efforts urging Congress to avert physician payment cuts scheduled to occur in 2023. We will also discuss ways that you can get involved with the Endocrine Society's advocacy efforts.

"Policy and Practice: What Changes Will Affect Telehealth and Medicare Physician Payment" will be held on Monday October 24th at 5:30pm ET. You can register by visiting the Center for Learning page on our website: <https://education.endocrine.org/Public/Catalog/Main.aspx>.





## Endocrine Society Weighs in on Medicare Physician Payment Rule

**L**ast month, the Society submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the Medicare Physician Fee Schedule (MPFS) proposed rule for calendar year 2023.

This annual rule updates payment policies and payment rates for Part B services furnished under the MPFS. Every year, CMS requests public comment on its proposed changes, and we

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**We expressed concern about the proposed payment cuts scheduled to occur in 2023, and we urged the agency to work with Congress to mitigate these cuts.**

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respond by submitting a comment letter to the agency. In our letter, we expressed concern about the proposed payment cuts scheduled to occur in 2023, and we urged the agency to work with Congress to mitigate these cuts. While CMS is responsible for implementing these cuts, it is actually Congress that would need to pass legislation to avert them from occurring in 2023.

We also commented on new codes being created to bill for the new 180-day glucose sensor system, which was recently approved by the FDA. We expressed concern regarding CMS's proposal to reimburse telehealth services at the facility payment rate when the public health emergency (PHE) ends. We urged the agency

to reconsider this proposal and ask them to continue telehealth reimbursement at the physician office rate. Finally, CMS asked for feedback on underutilized Medicare services, including Diabetes Self-Management Training (DSMT) and Intensive Behavioral Therapy (IBT) for Obesity. We urged the agency to make changes to these benefits to improve beneficiary access to both DSMT and IBT.

The Endocrine Society staff worked closely with the Clinical Affairs Core Committee (CACC) to draft our comments, and you can read the final version on our website. We signed onto the Diabetes Advocacy Alliance (DAA) letter, which expressed concern that the proposed rule did not make changes to the Medicare Diabetes Prevention Program (MDPP), and we joined the Obesity Care Advocacy Network (OCAN) letter, which urged CMS to strengthen the IBT for Obesity benefit.

The Endocrine Society will continue to lead the discussion on physician payment and telehealth issues. [EN](#)



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