AMERICAN THORACIC SOCIETY
ATS NEWS

ONLINE EACH MONTH http://www.thoracic.org/go/news

IN THIS ISSUE

ON THE ATS web

Visit **www.thoracic.org** to test your knowledge of sleep study tracings by taking the first in a series of monthly quizzes sponsored by the ATS Assembly on Respiratory Neurobiology and Sleep (RNS). The first installment of "Sleep Tracings" asks users to identify respiratory events on a polysomnogram. The question provides a link to the correct answer so users can see how well they do. Developed by James Rowley, M.D., Web Director of the Assembly on RNS, the quiz is designed to test members' expertise in sleep medicine and make the ATS Web site more interactive. A different question and answer will be posted online each month.

MECOR SPARKS RESEARCH TO IMPROVE RESPIRATORY MEDICINE IN LATIN AMERICA

"Absolutely chaotic" is how A. Sonia Buist, M.D., remembers the first course she and fellow ATS member Jonathan Samet, M.D., co-directed in Latin America, in 1994, to introduce physicians there to the principles of epidemiologic research. The 25 students enrolled in the week-long International Respiratory Epidemiology Course didn't notice–they were apparently too busy learning.

One of those students was Rogelio Perez-Padilla, M.D., current president of the Associacao Latino Americana de Torax (ALAT). Since then, Dr. Perez-Padilla has not only joined the faculty of the ATS-sponsored course, which is taught in English each year in a different Latin American city, he has also established a Spanish-language version in Mexico.

Dr. Perez-Padilla's adaptation of the course is an example of "capacity building," Dr. Buist's mantra for describing the goal of a program that has grown from a single course into a sequence of five courses, now known as MECOR, the Methods for Epidemiologic, Clinical and Operations Research.

"There is a huge need in developing nations for health data specific to those countries," explained Dr. Buist, shortly after returning from Sao Paulo, where the twelfth MECOR program took place in October. "There are very few full-time researchers in Latin America."

MECOR addresses that reality by encouraging physicians to develop research projects around their patients. Their findings can improve their practices and refine public health programs.

To date, more than 400 Latin American physicians and public health workers have taken at least one of the MECOR courses, and more than 30 ATS members have served as faculty. Most teach the course year after year; some, like Dr. Buist, have taught every year.

"It is the most remarkable teaching event I have ever participated in," wrote Peter Wagner, M.D., last year in his *ATS News* president's column. The eagerness, persistence and gratitude of the students he worked with explains why Dr. Buist has no trouble recruiting faculty, even though the program offers no honoraria for a week of intensive lectures, small-group work and individual mentoring.

(continued on page 8)

In October, more than 100 students attended the twelfth MECOR program, held in Sao Paulo. Founder Dr. A. Sonia Buist is in the first row.

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Boehringer Ingelheim

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MESSAGE FROM THE PRESIDENT

John E. Heffner, M.D.

As ATS President, I receive daily reports of the Society's ongoing and completed advocacy efforts, which are designed to further our strategic goals. Before becoming an officer, I thought our advocacy work was primarily centered in Washington, D.C. and directed toward congressional affairs. I have since learned that ATS advocacy spans our Society, with extensive efforts both at the grassroots and international levels.

Nevertheless, much has been going on recently in Washington. Gary Ewart, Director of ATS Government Relations, heads our Washington office, which will soon move into new quarters. Gary has recently focused on the House's draft of the National Institutes of Health (NIH) reauthorization bill, which caps the number of NIH institutes at 27, provides the NIH director with unilateral authority to eliminate NIH institutes without congressional oversight, and caps NIH annual funding increases at five-percent.

The ATS opposes these measures because we need flexibility in NIH funding to ensure substantial growth of investigative dollars to meet expanding research needs. Also, capping institutes at the current 27 would retard the formation of new centers to promote emerging areas of research.

The ATS officers are now completing their unprecedented plans to visit five NIH institutes and two research-related agencies in January, including the VA research program. The officers will use these to present ATS research priorities and assess how the ATS can assist these federal agencies in acquiring needed funding to ensure growth of research programs.

The ATS Washington office partnered with other professional organizations to secure improvements in the Medicare rule for the 2007 physician fee schedule. This rule increased reimbursement for office visits and other undervalued services. This successful effort, however, is unfortunately offset by Congress' unacceptable failure to prevent the planned five-percent physician reimbursement cut mandated by the flawed sustainable growth rate formula. The ATS will continue to lobby for maintaining access for Medicare beneficiaries to needed services by promoting fair reimbursement (*see ATS Advocate on page 7*).

> *The ATS is most fortunate for the vision of our membership and cooperation of our partners, who provide the expertise to ensure that our advocacy efforts are well-focused and actually produce results.*

It is clear that the ATS, as an international society, will continue its vigorous advocacy efforts on a global scale to realize its "Vision of Advancing Global Lung Health." More than one-fourth of ATS members and more than half of ATS International Conference attendees come from countries outside the United States.

Under the leadership of John Hansen-Flaschen, M.D., Chair of the International Lung Health Committee, nine ATS assemblies have international activities committees to further our international efforts. I traveled recently to India with John and saw first-hand the "personal advocacy" that ATS members like John pursue by developing relationships and shared visions with respiratory health leaders abroad.

John, Fran Du Melle, Director of ATS International Activities, and Past-President Philip Hopewell, M.D., recently led our efforts to develop international advocacy recommendations for inclusion into the 2007 ATS tactical plan. Our international tactics emphasize the importance of the Forum of International Respiratory Societies (FIRS), which we will assist with strategic planning next month. Our tactics also recommend continuation of our international advocacy for tuberculosis control through partnerships with USAID and for advancement of child lung health by working with the Assembly on Pediatrics to develop more child-focused global advocacy initiatives. Our international efforts have recently generated exciting results with publication of the International Standards for Tuberculosis Control (*see news brief, top right*).

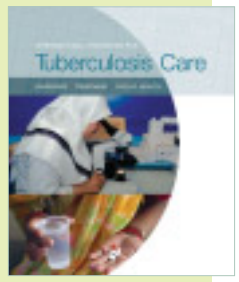
We will continue our TB efforts in coordination with the Stop TB Department of the World Health Organization (WHO) and the Stop TB Partnership. We anticipate more WHO partnerships with the recent appointment of Dr. Margaret Chan as WHO Director-General. Dr. Chan has considerable experience in public health and respiratory illnesses. With help from our Assembly on Environmental and Occupational Health, we continue our advocacy efforts related to air quality, biomass fuels and tobacco control by assisting national societies with country-specific strategies for adopting the Framework Convention on Tobacco Control.

Our advocacy efforts will take a major step forward in January when the ATS Council of Chapter Representatives convenes for the first time in Washington, DC. Under the leadership of CCR Chair Jonathan Truwit, M.D., ATS chapter leadership from across the country will meet with their congressional representatives to discuss local issues related to pulmonary, critical care and sleep medicine.

The ATS applies effective advocacy strategies to fulfill the mission of our society. We are fortunate for the talented members of the ATS staff who carry our advocacy message around the world. But we are most fortunate for the vision of our membership and cooperation of our ATS partners who provide the expertise to ensure that our advocacy efforts are well-focused and actually produce results.

NEWS BRIEFS

LANCET REVIEWS ISTC



Last month, *The Lancet Infectious Diseases* included a review of, and editorial on, the International Standards for Tuberculosis Care (ISTC). Developed by a consortium of international health agencies led by the ATS, World Health Organization and the Tuberculosis Coalition for Technical Assistance and funded by USAID, the ISTC describe a widely accepted level of care that all practitioners should seek to achieve in diagnosing and managing TB patients.

The editorial addresses how the recent emergence of XDR, an extensively drug-resistant form of TB, supports the need for universally applicable standards like the ISTC, which are "designed to ensure that patients receive proper diagnosis, therapy and support to complete their treatment regimens." To read the review and editorial in full, visit **http://infection.thelancet.com**.

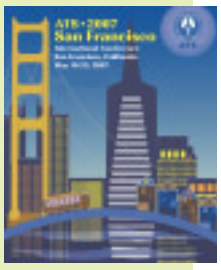
"RECRUIT A COLLEAGUE" TO ATS AND SAVE!

In January 2007, the ATS will launch our "Recruit a Colleague" program, in which active full members will be eligible to receive $25 towards their next year's membership for each new full member they recruit. Get one or all of your colleagues to join—there's no limit!

Qualified participants who recruit five or more new full members will be entered in a lottery with a chance to win the grand prize of $2,500. The inaugural "Recruit a Colleague" lottery drawing will take place at ATS 2007 in San Francisco.

Certain restrictions apply. For more information, please visit the ATS Web site at **www.thoracic.org** and click on "Membership" and then "Recruit a Colleague." You may also contact us at membership@thoracic.org or +1 (212) 315-8600. Please be sure to say that you are calling about the "Recruit a Colleague" program.

COMBINE BUSINESS WITH PLEASURE AT ATS 2007



Start planning now to attend the 2007 ATS International Conference in San Francisco, May 18 to 23!

This year's host city is famous for its scenic beauty, cultural attractions, diverse communities and international cuisine.

Measuring 49 square miles, San Francisco is home to some of America's most unique and celebrated historic sites, including Alcatraz, the Golden Gate Bridge and Fisherman's Wharf. For more information about attractions and tours, visit **www.sanfrancisco.com**.

The Advance Program and registration will be available in January, so check the ATS website for more details.

NEW COMMITTEE GIVES JUNIOR MEMBERS STRONGER VOICE

A "road map" to the International Conference and a packet of materials orienting junior members to the ATS are among the priorities identified during the first meeting of the new ATS Committee for Members in Transition and Training.

"During the meeting, we discussed a lot of possibilities," said Committee Chair Michael P. Gruber, M.D., who completed his fellowship two years ago and is now assistant professor in the Division of Pulmonary Sciences and Critical Care Medicine at the University of Colorado at Denver and Health Sciences Center. "Most of what was proposed, though, would fall under the category of improving junior members' understanding of the ATS, and optimizing the opportunities currently available to such members within the Society."

According to ATS President John E. Heffner, M.D., the Committee for Members in Transition and Training was formed in response to the growing realization that the Society could do more to better the experience of its younger members. The new committee has 12 members who are either fellows or in transition physicians, and two "mentor members," Sharon I.S. Rounds, M.D., and Talmadge E. King, Jr., M.D., both of whom are past ATS presidents. Its creation follows the positive response last year, from fellows and more senior members of the Society, to placing fellows on certain ATS committees.

At its first meeting, in September, the committee considered a couple of short-term projects. A "road map" to the International Conference, for instance, was suggested to help junior members navigate the more than 5,000 presentations that make up the conference by highlighting those sessions that are most relevant to members in training or transition. Customized membership materials would explain how the ATS is organized and ways to become involved in the work of the Society. These materials would also highlight resources within the Society, including those on the Web site, available specifically for junior members.

Longer term, Dr. Gruber said, the committee may look to develop new programs or modify existing ones to meet the needs of in-training and in-transition members. For instance, the group discussed whether to recommend that one of its members serve on the International Conference Committee, and whether fellows should be represented on Assembly committees.

Michael P. Gruber, M.D., chairs the new committee.

There was consensus that the ATS's relationship with program directors should be strengthened, that the Society should create opportunities for enhanced electronic networking, and that the ATS should play a larger role in informing national standards for training programs and core competencies for program graduates.

The group also wrestled with the possible dichotomous reality of their charge. "In certain areas," explained Dr. Gruber, "the focus of fellows and in-transition members can be very different." He likened in-training members to stem cells, undifferentiated with the potential of maturing into several different types of biomedical professionals. It was this realization, in fact, that led the committee to place the Clinicians and Fellows Center at the International Conference on the agenda for future discussions.

"We want to improve junior members' understanding of the ATS."

Much of what this new committee will consider overlaps with long-standing committees like Training, Education, Membership, and International Conference. Although the necessary consultative process may require more time to implement new programs or make changes, Dr. Rounds, who is also the chair of the Membership Committee, believes the effort is well-worth the time.

"By having their own committee," said Dr. Rounds, who, herself, joined the ATS as a fellow in Denver, "these junior members are now at the table and capable of influencing many of the decisions, from across the Society, that affect them. Which only makes sense: They are, literally, the future of the Society."

ATS JOURNALS JOIN PUBMED CENTRAL/NIH PORTFOLIO PROGRAM

Starting January 1, 2007, two of the ATS's journals—the *American Journal of Respiratory and Critical Care Medicine* (*AJRCCM*) and the *American Journal of Respiratory Cell and Molecular Biology* (*AJRCMB*)—will participate in the PubMed Central/National Institute of Health Portfolio program.

As a participant, the ATS will automatically ensure that grantees publishing manuscripts in ATS journals will comply with the NIH Public Access Policy, which requests, but does not require, all NIH grantees to share a copy of published manuscripts with the NIH for posting on PubMed Central.

The ATS, on behalf of journal authors, will transmit copies of the final manuscript to the NIH for inclusion in the PubMed Central database. While articles will be automatically transferred to the NIH at the time of publication, ATS manuscripts will not be available on PubMed Central until 12 months later. The policy applies only to NIH-funded manuscripts in the *AJRCCM* and *AJRCMB*.

Lung Cancer and COPD Among Topics to be Covered at 2007 SOTA

If you are a busy practitioner who needs the latest information in pulmonary, critical care and sleep medicine, join the ATS in Boston, March 1 to 4, for the Society's 2007 State of the Art Course (SOTA).

Once again directed by ATS members Jesse Hall, M.D., of the University of Chicago, and Gregory Schmidt, M.D., of the University of Iowa, the course offers attendees a comprehensive update on diagnosing, managing and treating respiratory, critical care and sleep disorders. This year, more than 50 percent of the faculty is new.

Designated for up to 30 American Medical Association (AMA) Physician Recognition Category 1 Credits, the course will be led by a faculty of academic clinicians who will lecture and lead small-group, interactive "Meet the Professor" sessions. Topics and faculty to date include:

- *Ventilation in ARDS* - ***Taylor Thompson***
- *COPD* - ***Richard Albert***
- *Pulmonary Complications of Cardiac Disease* - ***Brian Gehlbach***
- *Imaging in Thromboembolic Disease* - ***Randy Lipchik***
- *Noninvasive Aspergillus Pulmonary Disease* - ***Marc Judson***
- *Lung Cancer: Molecular Markers as Staging Tools and Therapeutic Targets?* - ***Thomas Gross***
- *Sleep Apnea* - ***Allan Pack***
- *Collagen Vascular Diseases* - ***Charlie Strange***
- *Treatment of Pulmonary Hypertension* - ***Ivan Robbins***
- *Diagnosis of Pulmonary Hypertension* - ***David Badesch***
- *Emerging Infection* - ***Christian Sandrock***
- *Bioterrorism* - ***Christian Sandrock***
- *Unconventional Management of ARDS* - ***Arthur Slutsky***
- *Chronic Neuromuscular Disease* - ***Joshua Benditt***
- *Hypersensitivity Pneumonitis* - ***Cecile Rose***
- *Severe CAP* - ***Richard Wunderink***
- *The Patient with Difficult Asthma* - ***Sally Wenzel***
- *Lung Transplantation for the Non-Transplant Pulmonologist* - ***Vivek N. Ahya***
- *Bronchiectasis: State of the Art* - ***Anne O'Donnell***
- *The Difficult to Wean Patient* - ***Martin Tobin***
- *The Approach to the Hemodynamically Stable PE Patient with RV Dysfunction* - ***Kenneth Wood***
- *Lung Hemorrhage Syndromes for this Clinically Oriented Audience* - ***Marvin Schwartz***
- *Noninvasive Ventilation in the Acute Setting* - ***Nicholas Hill***
- *Cardiopulmonary Exercise Testing in the Evaluation of Dyspnea* - ***Kathy Sietsema***
- *Pulmonary Rehabilitation* - ***Jeffrey Wilson***
- *ICU Nutrition* - ***Todd Rice***

Registration forms can be downloaded from the ATS Web site at **www.thoracic.org/sections/meetings-and-courses/state-of-the-art-course/index.html**. Participants must register by February 5, 2007. For more information, please contact Miriam Rodriguez, Manager of ATS Education & Training Programs, at **(212) 315-8639** or **mrodriguez@thoracic.org**.

WHO'S WHO at ATS

BRIAN TIEP: MANAGING DISEASE ONE INVENTION AT A TIME

To Brian L. Tiep, M.D., treating patients with lung disease involves far more than an office visit. As an inventor and clinician, he works to improve disease management and patient quality of life through research and medical instrumentation design.

"For as long as I can remember, I've enjoyed solving problems and creating things that make people's lives better," said Dr. Tiep, founder and medical director of the Respiratory Disease Management Institute (RDMI) in Irwindale, California. "To me, the most important part of disease management is reducing the need for hospitalizations and providing chronically ill patients with the tools to live as normally as possible."

To this end, he sees patients at Casa Colina Hospital for Rehabilitative Medicine, plays violin for patient support groups at the City of Hope National Medical Center, where he directs the pulmonary rehabilitation program, studies oxygen delivery models at RDMI and works on new inventions in his 28 x 16 foot home laboratory.

"When patients come to me with a problem, like needing their oxygen system to become more mobile, I use my background in biophysics to invent something that meets their needs," he explained.

And build he has. Over the last 30 years, Dr. Tiep has invented more than 200 medical devices, 18 of which he patented, published more than 80 articles on respiratory medicine and physiology and learned the art of medical animation. As a clinical faculty member at Western University of Health Sciences, he also dedicates much of his time to teaching.

"I am not the greatest scientist or inventor, but the two interests meld together well," he said modestly. "Diseases like COPD and pulmonary fibrosis can't yet be cured, but they can certainly be controlled, which is where my interests lie."

He is currently working on several projects for patients with high-flow oxygen needs using fluidics, technology that involves altering and amplifying the flow of liquids and gases. He served on the ATS-ERS COPD Guidelines Committee and works to maintain the guidelines on the Society's Web site. He also currently serves on the ATS Web Editorial Board.

The Life of an Inventor

Dr. Tiep admits that being an inventor can be very rewarding at times and extremely frustrating at others. "My lab is filled with half-finished projects, but when things work, there is no better feeling in the world," he said.

Since founding a biomedical equipment firm with longtime research partner Bob Phillips in 1982, Dr. Tiep's inventions have ranged from physiological monitoring and feedback devices to gas exchange and oxygen delivery systems.

One of his favorites is The Oxymizer, a non-powered method of conserving and delivering oxygen. "When a person exhales, a good deal of oxygen escapes into the air, making continuous flow oxygen therapy a very wasteful process," he explained. The Oxymizer corrects this by storing oxygen during exhalation and delivering it upon the next inhalation. He recently patented a similar fluidic device.

One of his long-term goals is to build an artificial lung. "I don't know if I will be the one who will provide this, but it is a highly technical project that will undoubtedly require collaboration among many specialists," he said. He currently funds his own research with royalties from past inventions, but hopes to eventually take on partners to tackle this project.

"I enjoy solving problems and creating things that make people's lives better."

From Biophysics to Pulmonary Medicine

A native of Los Angeles, Dr. Tiep traces his career as an inventor back to high school. At that time, he participated in a summer program sponsored by the National Science Foundation (NSF), which allowed him to do research in laboratories at local universities.

He completed his undergraduate work in biophysics and earned his medical doctorate from Meharry Medical College in Nashville in 1966. "I always thought I would end up solving mechanical problems in medicine, but never gave much thought to the clinical side until I began my training," he explained.

After completing a mixed clinical internship at Meharry, Dr. Tiep honed his research and design skills at the U.S. Army Aeromedical Research Laboratory in Alabama. While in the service, he picked up an unusual hobby that has helped him understand the learning process.

"I asked my colonel, who was an exercise cardiologist, to give me an exercise that would be fun for someone who doesn't like to exercise and he suggested unicycling," he said. "Learning how to ride a unicycle seems impossible. You don't just get on and ride–you learn a little bit at a time and have to expect to fall a lot."

In 1971, he accepted a pulmonary fellowship at the City of Hope National Medical Center to get more experience working with patients. "We were doing some of the first pulmonary rehabilitation, something which has become a huge part of my career," he said. "I have been extremely lucky to have jobs that allowed me to see where I was heading."

Today, as Director of the Pulmonary Rehabilitation Program at City of Hope, Dr. Tiep works with a diverse team of specialists to help patients with respiratory disease. Although he says medication, exercise and healthy living are integral parts of disease management, he stresses quality of life as the most important factor.

Dr. Tiep lives in Monrovia, California with his wife, Patricia Ann. In his free time, he enjoys music, running, mountain biking, climbing and photography. "Music has played a very big part in my life," said Dr. Tiep, who plays the violin, mandolin and viola and has been a member of the Los Angeles Mandolin Orchestra and Quartet.

In addition to taking violin lessons every Sunday from a member of the LA Philharmonic and playing for patient support groups, he and his daughter, Rebecca, regularly perform at a local restaurant.

NEWS BRIEFS

NHLBI LAUNCHES COPD AWARENESS CAMPAIGN

The ATS has joined the National Heart, Lung, and Blood Institute (NHLBI) in its national COPD awareness and education campaign to increase recognition and understanding of the disease and to underscore the benefits of detection and treatment.

The NHLBI is now working with the ATS and 12 other partners to implement the first phase of the campaign: encouraging all healthcare providers to consider a COPD diagnosis in patients with shortness of breath, excess sputum production or persistent cough. The second phase—introducing COPD directly to men and women at risk—will begin in early 2007.

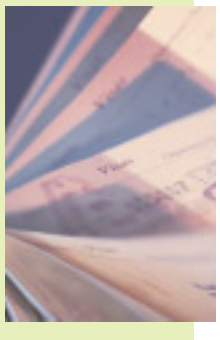
For more information, visit **www.LearnAboutCOPD.org**. From this site, physicians and patients can also access campaign materials, including a pocket reference card, fact sheets for diagnosed and at-risk individuals and a speaker's guide with slide presentations for promoting COPD awareness.

ATS JOURNALS IN BRIEF

Every original article in the *American Journal of Respiratory and Critical Care Medicine* now includes "At a Glance Commentary," a short, boxed summary that reviews current scientific knowledge on the subject and what the study adds to the field. This new feature, launched in the November 15 issue, provides readers with highlights from every original contribution in the journal without having to read them in full.

Likewise, starting this month, a select number of articles in the *American Journal of Respiratory Cell and Molecular Biology* will include a similar box called "Clinical Relevance," which will briefly summarize clinical applications of basic science research.

ATTENTION ATS 2007 ATTENDEES IN CANADA, MEXICO AND BERMUDA



Beginning January 23, 2007, all citizens of Canada, Mexico, Bermuda and the United States must have a passport (or another accepted secure document) to enter or re-enter the United States when traveling by air or sea. For more information please contact the U.S. Department of State (**www.trave.state.gov**) or the U.S. Department of Homeland Security (**www.dhs.gov**).

the ADVOCATE

FINAL CMS PHYSICIAN PAYMENT: CUTS IN SGR OFFSET GAINS IN RELATIVE WORK VALUES

Last month, the Centers for Medicaid and Medicare Services (CMS) issued the final payment rule for physicians in 2007. As expected, it included significant increases in the work values for several high-volume evaluation and management codes utilized by pulmonary community, including critical care.

Overall, Medicare reimbursement for evaluation and management services is expected to increase by nearly $4 billion. The ATS collaborated with sister organizations to secure these increases.

The final CMS rule also implemented a revised system for calculating and reimbursing for practice expense costs. The pulmonary community is expected to see increased Medicare reimbursement from the new practice expense methodology.

However, nearly all the gains from these increases are offset by the cut in the Medicare sustainable growth rate (SGR), which calculates reimbursement by linking growth in physician spending to the U.S. economy. If physician spending grows faster than the economy, Medicare payments to physician are cut. In this case, Medicare reimbursement for physician services will be cut by 5.1 percent starting on January 1, 2007.

Within the healthcare community, it is universally recognized that the SGR formula treats physicians unfairly. Other Medicare providers, including hospitals, nursing homes and managed care plans, have payment formulas that generally provide annual increases. If left unchanged, the SGR formula will result in an estimated 37 percent cut in Medicare reimbursement to physicians over the next 9 years.

To date, more than 80 senators and 200 representatives have signed a letter requesting Congressional action to avert the 5 percent cut and fix the flawed payment formula. The ATS has also joined the American Medical Association and more than 100 other medical societies in a letter urging Congress to act immediately.

PHYSICIAN PRACTCE

ATS Expresses Concern with CMS PVPR Standard Development Process

In collaboration with the AMA and 40 other organizations, the ATS has sent a letter to the CMS expressing strong concerns about a proposal to allow Medicare contractors to develop physician quality standards without physician input.

Medicare recently launched a Physician Voluntary Reporting Program (PVRP), which requires participating physicians to submit quality data on patient encounters for Medicare analysis. The program is being administered by CMS subcontractors, often referred to as Medicare Quality Improvement Organizations (QIOs).

The CMS had initially indicated that reporting measures used in the PVRP program would be developed with significant physician input from quality-setting coalitions like the AMA Consortium, the National Quality Forum and the Ambulatory Care Quality Alliance.

However, the CMS recently gave QIOs permission to develop quality measures without physician input. In the letter, the ATS and its sister societies strongly oppose this initiative.

TOBACCO

ATS Urges Attorney General to Appeal Remedies

In November, the ATS joined several other tobacco-control organizations in a letter to U.S. Attorney General Alberto Gonzales encouraging the Department of Justice to appeal the remedies provision in the U.S.A vs. Philips Morris.

In August, federal court judge Gladys Kessler found the tobacco industry had violated the Racketeering Influence and Corrupt Organization (RICO) law by engaging in a decades-long campaign of deceptive practices to sell tobacco , including hiding the known health effects from the public; manipulating nicotine content to enhance the addictive powers of tobacco products; and marketing tobacco products to children.

In her strongly worded opinion, Judge Kessler outlined a series of "corrective measures" to prevent the tobacco industry from engaging in fraudulent behavior, and noted that an appellate court decision regarding this case prevented her from issuing more forceful corrective actions, such as financial fines.

In the letter to Attorney General Gonzales, the ATS and its colleagues ask that the remedies section of Judge Kessler's decision be expanded to include more comprehensive action against the tobacco industry. The letter specifically calls for:

- A well-funded, sustained, national smoking cessation program for the nation's 47 million smokers.
- Significant financial penalties if tobacco companies continue to market to children and fail to achieve targets for reducing youth smoking rates.
- A national public education and counter-marketing campaign to correct more than 50 years of tobacco industry lies and prevent future deception.
- An independent, court-appointed monitor charged with supervising the implementation of the remedies ordered by the court.

OXYGEN

CMS Issues Final Oxygen Payment Rule

Last month, the CMS issued its final rule for the reimbursement for home oxygen equipment.

Under current policy, the CMS reimburses for oxygen on a rental basis for as long as the Medicare beneficiary needs oxygen. The new rule, however, implements provisions of the Deficit Reduction Act (DRA) by limiting payment for oxygen to 36 months and then transferring the title of oxygen equipment, including tanks, backup systems, masks and tubing, to the Medicare beneficiary.

CATEGORIES OF OXYGEN EQUIPMENT*

OXYGEN EQUIPMENT CATEGORY	RENTAL PERIOD PAYMENTS	CONTENTS AFTER OWNERSHIP
Concentrator only	$198.40	$0
Concentrator + gas portable	$230.19	$77.45
Concentrator + oxygen generating portable	$250.03	$77.45
Liquid Stationary and portable	$230.19	$154.90

*These changes will be effective January 1, 2007

The final rule changes the reimbursement system from a modality neutral to a modality specific, something which was not part of the DRA. It also addresses key issues like the useful life of oxygen equipment, provider assignment, requirements for providers to continue service to beneficiaries, warranty requirements, reimbursement for service and repair, and equipment replacement provisions.

The above chart lists the new categories of equipment, monthly rental reimbursement for the first 36 months and any continuing reimbursement for refills beyond the 36th month.

CLEAN AIR

CASAC Recommends Lower Ozone Level

In October, the Clean Air Scientific Advisory Committee (CASAC)–an expert panel convened to provide technical guidance to the Environmental Protection Agency (EPA)-recommended that the EPA significantly tighten the current standard for ozone exposure. In a unanimous letter to EPA Administrator Stephen L. Johnson, CASAC recommended the following:

- There is no scientific justification for retaining the current primary 8-hr NAAQS of 0.08 parts per million (ppm).
- The primary 8-hr NAAQS needs to be substantially reduced to protect human health, particularly in sensitive subpopulations.
- CASAC unanimously recommends a range of 0.060 to 0.070 ppm for the primary ozone NAAQS.
- The form of the ozone standard should be changed to measure ozone at parts per billion or equivalently to the third decimal place on the parts per million scale.

These recommendations closely resemble those made by the ATS during public hearings on the ozone standard-setting process. By specifically stating that keeping the current standard is not a viable policy option, the CASAC contradicts a previous EPA staff report that suggested retaining the current standard of 0.08 ppm. The letter went to great lengths to dispel any notion that there is scientific uncertainty regarding the need to tighten the ozone standard.

The Advocate has been prepared by the ATS Washington Office to educate and update ATS members on pertinent legislative and regulatory issues. The ATS Washington Office is the hub of a nationwide Legislative Network that enables state and local ATS volunteers, members and staff to participate in grass roots advocacy or public policy initiatives in cooperation with ALA Washington Office. The ATS Washington Office maintains an advocacy Web site at www.thoracic.org/advocacy and can be contacted at (202) 785-3355.

MECOR TURNS 12 (continued from page 1)

While faculty members are rejuvenated by MECOR, students are often transformed.

"I think of my career in two parts: before MECOR and after MECOR," said Eduardo Schiavi, M.D., past president of the Argentine Association of Respiratory Medicine. "The course changed the way I think." It also "demolished" a debilitating myth he and his fellow students held. "We stopped believing," explained Dr. Schiavi, "that just because a paper is published in English that it is perfect, and its conclusions are always valid."

As director of postgraduate training in pneumonology at the University of Buenos Aires, Dr. Schiavi shares this new perspective with younger doctors and encourages them to look for "scientifically valid answers to local problems not addressed in international literature."

MECOR graduates have conducted a multicenter study of the prevalence of COPD in their countries, studied the effectiveness and challenges of controlling TB through direct observation therapy, and surveyed Argentine doctors about smoking.

"We discovered that about one-fourth of Argentine physicians smoked, their attitude towards smoking was heavily influenced by their own smoking behavior, and none had training in helping their patients quit," says Gustavo Enrique Zabert, M.D., a medical professor in Comahue, Argentina, who led the team of six graduates who conducted the survey.

These results encouraged the group to advocate for smoke-free environments at medical meetings, conduct a similar survey among medical students, and push for inclusion of smoking cessation techniques in medical education.

Dr. Zabert is among a growing number of MECOR alumni who have presented their research at the ATS International Conference. In recent years, graduates have submitted between 30 and 40 abstracts. Many of those abstracts have been developed into journal articles.

Since taking two MECOR courses, Alejandro Manuel Teper, M.D., the head of respiratory medicine at the Children's Hospital Richard Gutierrez of Buenos Aires, has published research on pediatric asthma and cystic fibrosis with colleagues in *Pediatric Pulmonology, Thorax* and the *American Journal of Respiratory and Critical Care Medicine*.

With Alejandro Colom, M.D., another MECOR graduate, Dr. Teper also organized a methodology course at the hospital based on MECOR. Eighty-five coworkers took the course, which met once a week for four months.

This is another manifestation of the "see one, do one, teach one" philosophy that has guided Dr. Buist from day one. But it is a measure of both her ambition and commitment to Latin America that the newest MECOR course, in advanced statistics and data analysis, is one that she envies the students taking.

Led by William Vollmer, Ph.D., who was a member of the original faculty in 1994, the course was piloted in November with 10 students. The students applied linear regression, logistic regression, Poisson regression, and survival analysis to their data and presented the results to the class.

"Unlike here, biomedical statisticians are extremely rare in Latin America," Dr. Buist explained. "Researchers there really have to be able to analyze their own data."

Twelve years after alleged chaos spawned a program that has graduated many of Latin America's leaders in respiratory medicine and is already being replicated by its alumni, Dr. Buist continues to act according to her compelling mantra: "capacity building."

Left: Dr. Buist with the 2006 MECOR faculty. *Above:* Immediate Past-President Dr. Peter Wagner says that words cannot describe the students' eagerness to learn and their appreciation for the program.

For more photos of MECOR 2006, go to **www.thoracic.org/go/mecor-photos**.

CONFERENCES, COURSES AND MEETINGS

Activities sponsored or endorsed by the ATS and its chapters are listed in **bold**.

DATE & PLACE	TITLE	CONTACT
May 18 to 23 San Francisco, California	**"2007 ATS International Conference," sponsored by the American Thoracic Society**	**Phone: (212) 315-8658 ats2007@thoracic.org www.thoracic.org**
January 21 to 24 Maui, Hawaii	**"Hawaii Thoracic Society Seventh Annual Symposium"**	**Phone: (808) 537-5966, ext. 312 healthed@ala-hawaii.org www.ala-hawaii.org/2007-symposium.asp**
February 2 to 3 Carmel, California	**"Current Controversies in Pulmonary and Critical Care Medicine," sponsored by the California Thoracic Society**	**Phone: (714) 730-1944 ctslung@aol.com www.thoracic.org/ca.html**
February 16 to 18 Orlando, Florida	**"28th Pulmonary Winter Course," jointly sponsored by the ATS and the Florida Thoracic Society**	**Candy Holloway Phone: (800) 940-2933, ext. 21 fts@lungfla.org**
February 20 to 22 San Francisco, CA	"Tuberculosis Clinical Intensive," sponsored by the Francis J. Curry National TB Center	Phone: (415) 502-4600 tbcenter@nationaltbcenter.edu www.nationaltbcenter.edu
March 1 to 4 Boston, Mass	**"The ATS State of the Art Course in Pulmonary Medicine and Critical Care"**	**Phone: (212) 315-8639 mrodriguez@thoracic.org www.thoracic.org**
March 2 to 3 Santa Monica, CA	"The 5th Annual UCLA Pulmonary and Critical Care Update Course," sponsored by the David Geffen School of Medicine at UCLA	Phone: (310) 794-2620 www.cme.ucla.edu
March 22 to 24 Monterey, California	"NAMDRC 30th Annual Meeting and Education Conference," sponsored by the National Association for Medical Direction of Respiratory Care	Phone: (703) 752-4359 ExecOffice@namdrc.org www.namdrc.org

Slurping Around with P.D.W.

In this column, ATS Immediate Past-President Peter D. Wagner, M.D., reports on his search for a great bottle of wine at a reasonable price.

WHITE WINES

There is a nice crop of new low-cost Sauvignon Blancs from New Zealand:

Monkey Bay 2006 ($8). Classic NZ effort, rich, herbal gooseberry and lime, very clean. Not too high in acid, especially if not served too cold. Excellent balance and length.

Oyster Bay 2006 ($9). Again, forward herbal gooseberry nose and palate, but this wine is distinctly tart and lemony, especially when cold. It will be too tart for some, just right for others.

Nobilo 2006 ($9). More grassy, a bit less gooseberry. This one has a bit less acid than Monkey Bay and much less than Oyster Bay. Otherwise similar in richness and character. Thus, the choice among these three basically comes down to your interest in acid levels. All are clean, and have excellent fruit flavor and intensity.

RED WINES

Pillar Box red 2005, Padthaway, South Australia ($8). This must be a blend as no grapes are mentioned on the label, but it seems dominated by syrah (shiraz). Earthy, slightly gamey nose with plummy fruit, a touch of sage and black pepper on airing. Oak and tannins are medium light, but the fruit is rich and forward and very accessible. Acid is medium high. This is easy to drink with food, a good BBQ wine, but suffers from lack of depth or complexity and should not be served at a fancy dinner party. Nor should it be kept for aging, but the price is right.

Castle Rock 2005 central coast Pinot Noir ($9). This eagerly awaited release of a wine that has been very good value in recent years remains good enough to mention here, but to my palate there is some sulfur, both in the nose and palate, that does not blow off. Other than that, nice viscous mouth-feel, lots of cherry fruit, and not too much spicy, pickle-barrel oak that so many Pinots seem to have. Soft tannins and good length. If you are not sensitive to sulfur, try it.

If you want something special, try any available vintage of **Joseph Phelps "Mistral"**. The most recent is well up to standards and is a beautiful, rich, supple, complex Rhone blend (syrah et al). Traveling as I am right now, I do not have the price/year details, but this will make a fabulous turkey wine, trust me. But expect to pay about $30 or more.