DIGESTIVE HEALTH PHYSICIANS ASSOCIATION®

AS GASTROENTEROLOGISTS WHO HAVE CHOSEN TO CARE FOR OUR PATIENTS in independent medical practices, we understand the threats and opportunities that our groups—and ultimately our patients—face due to the changing health care landscape. And while our existing national societies play a vital role advocating on our behalf, it is clear that those of us who offer patients the choice of receiving the highest quality, affordable gastroenterological care in the independent medical practice setting need a voice on the national and state levels focused exclusively on promoting and preserving the integrated model of care we deliver to our patients.

To promote and protect independent gastroenterology, the Digestive Health Physicians Association's (DHPA) mission is to:

1. Gather, analyze and benchmark data relevant to independent GI practices.
2. Develop a strong data story to support education and advocacy on the federal and state levels that aims to protect the integrated model of care delivered by our member practices.
3. Work and coordinate with the trade associations and medical societies that represent the interests of other physician specialties that are similarly committed to protecting and promoting the integrated model of care delivered by independent medical practices.

DHPA is an organization that will serve our member practices—and our patients—for years to come. We invite you to review the following information about how we are doing just that.

THE NEED FOR AN INDEPENDENT GI PRACTICE ADVOCACY VOICE

While DHPA collaborates with the tri-societies on issues important to all GIs, our association, comprised of 52 member practices and 1,300 physicians, focuses specifically on challenges and opportunities confronting independent GI practices.

Nurturing Integrated Care by Preserving the In-Office Ancillary Services Exception (IOASE)

The broad physician community has rallied against misguided attempts to restrict competition and dictate the practice of medicine through changes to the IOASE that would splinter comprehensive, integrated care. More than 30 physician specialty societies, including DHPA, and the entire House Physician Caucus and Senate Physician Caucus (comprised of members of Congress who are former health professionals) have sent letters opposing repeal of the IOASE. They argue IOASE repeal would result in higher costs as care would migrate to the more costly hospital setting and undermine competition in the health care marketplace.

The Medicare Payment Advisory Commission (MedPAC) has also recommended against limiting IOASE in its June 2011 Report to Congress, citing potential "unintended consequences, such as inhibiting the development of organizations that integrate and coordinate care within a physician practice."

Even with broad opposition against narrowing the IOASE, attempts to undermine integrated care in the independent setting persist, taking different forms over the years.

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For the past three years the Obama Administration's federal budget proposed abolishing in-office ancillary services protection for advanced diagnostic imaging, physical therapy and radiation therapy services. In its 2015 budget, the Administration included anatomic pathology on this list for the first time.

In Congress, U.S. Rep. Jackie Speier (D-CA) previously introduced federal legislation, H.R. 2914, to narrow the IOASE to the federal Stark Law, which would have prohibited independent physicians from delivering critical diagnostic tests and treatments, including cancer care, in the community setting, and would have cut directly against the commitment to high quality and integrated health care for patients.

Protecting the integrated model also requires engagement at the state level. DHPA serves as an early warning alert system for members when a threat to integrated care in the independent setting arises at the state level. Understanding and addressing threats that undermine integrated care is vital not only for the physicians in that state, but also for practices across the country. An adverse legislative action in one state can serve as a precedent for other states to act.

In 2014, DHPA helped defeat legislation in California that would have removed IOASE protection for key integrated services. DHPA is continuing to work with independent practices in California to ensure similar legislation is not reintroduced.

The U.S. Government Accountability Office (GAO) has also issued four reports on ancillary services that inaccurately assert integrated practices over-utilize these services. None of those reports recommend repealing or limiting the IOASE.

Recent data from a DHPA-commissioned study, including 2009-2013 Medicare data relating to the cost and utilization of anatomic pathology (AP) services, demonstrates that the GAO report fails to tell the full story about cost and utilization:

- Colonoscopy utilization—and related anatomic pathology—increased in recent years as the standard of care demanded more frequent screening to detect colon cancer, including the U.S. Preventive Services Task Force grade A rating and the Affordable Care Act's elimination of cost-sharing in 2011.
- GI-related AP services grew more slowly in professional settings (physician offices and labs) at an annualized rate of 1.2% from 2009 to 2013, compared to the outpatient hospital setting of 3.5% during that period.
- Medicare cut the major pathology code for GI-related biopsies by nearly 37% in 2013, resulting in a $300 million reduction in reimbursement for pathology services.
- While GAO examined data from 2004 to 2010, the DHPA-commissioned analysis of more recent data (2009 to 2013) shows overall AP utilization growth declining in recent years.

Protecting Against Cuts to Colonoscopy Reimbursement

Beyond preserving integrated care in the legislative arena, DHPA works to affect regulatory policy at the Centers for Medicare and Medicaid Services (CMS). In the 2015 final Physician Fee Schedule, CMS omitted substantial cuts to colonoscopy reimbursement due, in part, to tremendous advocacy efforts by DHPA and the tri-societies. The threatened cuts were not discussed in CMS's proposed rule, but were then set to be included in the Agency's final rule. DHPA and several Congressional champions argued that CMS must utilize greater transparency in the physician rule-making process by not including payment changes in their final rule that were not included in the proposed rule.

As CMS proposes and finalizes future physician fee schedules, DHPA will engage regulators and members of Congress to protect physician reimbursements and patient access to colonoscopies.

JOIN DHPA

For more information about the DHPA, including how to join, please contact Dr. Scott Ketover, President and Chairman of the Board, Minnesota Gastroenterology, P.A., St. Paul, MN (sketover@mngastro.com); Dr. Fred Rosenberg, Vice Chairman, Illinois Gastroenterology Group, Elgin, IL (frosenberg@illinoisgastro.com); or Dr. Michael L. Weinstein, Chair, Health Policy, Capital Digestive Care, LLC, Silver Spring, MD (michael.weinstein@capitaldigestivecare.com).

We look forward to working with you to promote and protect the model of care delivered by independent GI practices. Together, we can build a groundswell of support for the high quality care our practices deliver for the health and welfare of our patients.