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January 5, 2017

VIA ELECTRONIC MAIL

Physician-Focused Payment Model Technical Advisory Committee
c/o Angela Tejeda, ASPE
200 Independence Ave., SW
Washington, DC 20201
PTAC@hhs.gov

Re: Public Comment—The Comprehensive Colonoscopy Advanced
Alternative Payment Model for Colorectal Cancer Screening,
Diagnosis and Surveillance

Dear Committee Members,

The Digestive Health Physicians Association (DHPA) submits this letter of support for the Physician-Focused Payment Model entitled Comprehensive Colonoscopy Advanced Alternative Payment Model for Colorectal Cancer Screening, Diagnosis and Surveillance (Colonoscopy Advanced APM) submitted on December 29, 2016.

The DHPA is a trade association with 65 independent gastroenterology member practices in 31 states across the country. Our mission is to promote and preserve high quality, cost-efficient and accessible care furnished to patients in the independent gastroenterology medical practice setting. DHPA's member practices include more than 1,500 gastroenterologists and other physician specialists who provide care to approximately 2.5 million patients annually in nearly 4 million distinct patient encounters. Our physicians are on the front lines diagnosing and caring for tens of thousands of patients who are diagnosed each year with colon cancer—the fourth most common cancer and second leading cause of cancer death in the United States.

The proposal aims to broaden CMS's APM portfolio by addressing an issue in payment policy in a new, innovative and more inclusive manner that will expand opportunities for participation in APMs. The Colonoscopy Advanced APM is a comprehensive, prospective bundled payment with retrospective reconciliation that will encourage practitioners from multiple specialties to collaborate and coordinate care across settings to more effectively manage patients who require colonoscopy for colorectal cancer (CRC) screening, diagnosis, and surveillance, and for other diagnostic purposes. Given the critical nature of early CRC screening as a tool in fighting colon cancer, and the serious deficiencies in screening rates that continue to exist in eligible U.S. adults age 50 to 75, the Colonoscopy Advanced APM presents a perfect opportunity to close the gaps in early detection and prevention of colon cancer. The Colonoscopy Advanced APM is designed to improve health care quality and CRC screening while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR § 414.1465.

The Colonoscopy Advanced APM has been designed to affect practitioners' behavior to achieve higher value care using payment and other incentives, while incorporating development of a CPT code that overcomes the barriers of existing payment methodologies. The Colonoscopy Advanced APM is an important tool to assist in closing the gaps in CRC screening, improving detection of CRC at early stages, decreasing the rate of CRC, and improving survival for this disease. This is precisely the type of forward thinking Physician-Focused Payment Model that this Committee should embrace, and DHPA recommends that CMS implement this proposed payment model as a high priority.

DHPA thanks you for the careful consideration you will give the proposal.

Sincerely,



Fred Rosenberg, M.D.
President



Lawrence Kim, M.D.
Chair, Health Policy

cc: Kevin Harlen, Executive Director, DHPA