DHPA Gives Voice to

Independent Gastroenterology Practices

It's amazing what can happen over a simple cup of coffee.

In August 2013, a bill was introduced in Congress calling for the elimination of the in-office ancillary service exception. If passed into law, it would have greatly impacted those independent gastroenterology practices which had integrated pathology into their services.

"A casual conversation at a Washington, D.C., Starbucks in February 2014 hatched an idea of combining independent practices to raise funds to fight against that bill," recalls Fred Rosenberg, MD, board-certified gastroenterologist at Illinois Gastroenterology Group.

Eleven practices joined in that initial effort, leading to the formation of the Digestive Health Physicians Association (DHPA). The organization quickly grew to 40 practices within one year.

"With that increase in size, we had sufficient resources to commission a study of pathology utilization in gastroenterology," says Dr. Rosenberg, who also currently serves as DHPA's president and chairman of the board. "The data demonstrated that the growth in pathology services was higher at hospital-based practices than independent practices." We submitted those findings as part of our response to the bill."

Ultimately, the bill was defeated. "That experience brought us together," Dr. Rosenberg says. "We realized that working together, we could accomplish much more than we could individually."

A Unified Voice

Fast forward to September 2017, and DHPA is now comprised of 75 member practices in 36 states. "We have around 1,700 physicians, which represents half of independent practicing gastroenterologists and nearly one in five of all practicing gastroenterologists," Dr. Rosenberg says.

Each practice, regardless of size, has membership on DHPA's governing board. The board has in-person meetings twice a year, one of which is held in D.C. In addition to the board meeting, DHPA physician board members, in small groups, also spend a day and a half speaking with members of Congress.

"This is a wonderful opportunity to spend time with legislators and their staff who work on healthcare policy," Dr. Rosenberg says. "We are able to inform and educate them about the issues that are important to our practices and patients. Our current topics include removing barriers and improving access to colonoscopy and modernizing the Stark Law as we transition away from fee-for-service to value-based care. At our 2016 D.C. meeting, DHPA physicians visited 106 congressional offices, which we've been told is the largest, single-day outreach of any single-specialty society."

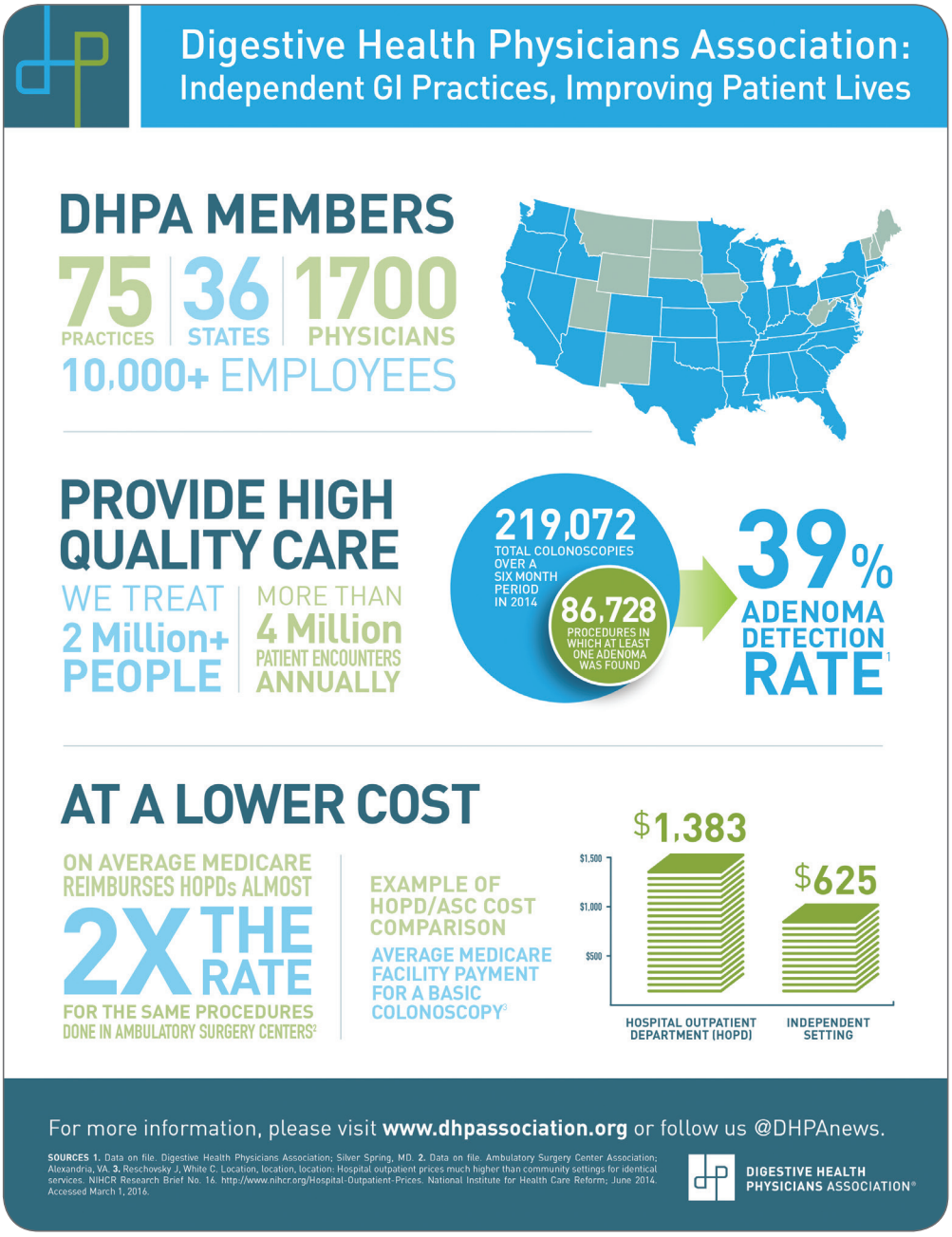
Another meeting is held outside of D.C. each year, bringing together the physician board members and their practice administrators. "We feel that part of what we can share with each other are those experiences, lessons learned and best practices from each individual practice," Dr. Rosenberg says. "Providing the opportunity to share those stories in person helps disseminate that information very quickly."

Efforts on All Levels

For its first few years, DHPA was essentially "playing defense," Dr. Rosenberg says. "We were looking at how policies would impact our independent practices and how we could protect ourselves from changes that affected our practices and the patients we care for. As we have grown, we've started to identify opportunities 'to play offense.'"

The association is actively supporting proposals submitted to the Physician-Focused Payment Model Technical Advisory Committee (PTAC) for advanced Medicare alternative payment models (APMs).

"I'm happy to report that the first proposal approved by PTAC was from an independent gastroenterology practice," Dr. Rosenberg says. "The proposed APM would improve treatment for patients with inflammatory bowel disease and could also significantly affect the treatment of other chronic diseases and conditions. DHPA supported that proposal and the development of another proposal concerning a comprehensive colonoscopy advanced payment model."



DHPA has focused most of its efforts on issues at the federal level, but has also supported policy advocacy at the state level. "We may not have the bandwidth to be present in every state for every issue, but we can put practices together and provide resources to fight for state and regional issues," Dr. Rosenberg says.

For example, last year, Connecticut imposed a tax on ambulatory surgery centers. Oregon member practices recently discovered they were under the same threat. "We had been working with our member practices in Connecticut to push back on the tax," Dr. Rosenberg says. "The Oregon practices were able to tap into the resources already created for the Connecticut groups to help them prepare for that contingency. This is one example of cross-pollinating — something we are trying to do more and more."

DHPA has also supported efforts in New Jersey and Maryland concerning each of those state's version of the Stark Law. "Wherever we can help out, we do," Dr. Rosenberg says.

Another Voice for Gastroenterologists

While Dr. Rosenberg hopes DHPA will continue to grow and thrive, he emphasizes that the association will always work closely with the gastroenterology tri-societies: American College of Gastroenterology (ACG), American Gastroenterological Association (AGA) and American Society for Gastrointestinal Endoscopy (ASGE).

"The tri-societies perform vital functions we all need," he says. "I believe everyone in DHPA belongs to one or more of the three societies, and we encourage them to continue to do so. Members of the DHPA executive committee also have leadership roles in the tri-societies."

In fact, DHPA and AGA are jointly hosting a conference in D.C. on Oct. 6, 2017, called "Partners in Value 2017" (http://piv.gastro.org).

"We must work together," Dr. Rosenberg says. "Our goal is to promote integrated care in the independent gastroenterology setting. We must find the most cost-efficient, high-quality ways to distribute healthcare for the benefit of patients and physicians."

He continues, "There is an African proverb which I like to quote: 'If you want to go fast, go alone. If you want to go far, go together.'"

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