



**DIGESTIVE HEALTH
PHYSICIANS ASSOCIATION[®]**

Promoting Integrated GI Care in the Independent Practice Setting

Spring 2021



Dear Prospective Member Practice,

In today's rapidly changing health care landscape, the ability to adapt is important. Recognizing new opportunities and threats is critical to ensuring that we can continue to provide the highest quality care for patients in our independent gastroenterology practices.

While our member practices might be different in terms of size and the communities we serve, the coronavirus pandemic has impacted all of us and disrupted the health care industry in ways we may feel for years to come.

Early in the COVID-19 pandemic, it was critical to quickly educate federal policymakers about how our DHPA member practices were being affected and the support we needed to remain viable.

Over the past five years, our physician leaders have worked to establish strong relationships with the policymakers who represent them.

This was a significant factor in our ability to advocate for the inclusion of private medical practices in stimulus legislation, and in our ability to engage with officials in administrative agencies during implementation.

In the coming months, we aim to continue our engagement with key federal agencies and officials to ensure that our DHPA member practices are informed about how to access support for their practices, providers, staff and patients.

Our ability to rapidly respond to changes in the policy environment has contributed to the organization's remarkable growth.

In 2014, we started with 11 independent gastroenterology practices and 406 physicians. Today, DHPA is comprised of more than 2300 physicians in 96 member practices in 38 states in every region of the country.

We've become a strong advocate on behalf of all independent gastroenterology practices, promoting and protecting the care on which millions of patients depend.

We've accomplished a lot in a short time, but there is much more we can do together. We hope that you will join us in advocating on behalf of our practices and our patients to ensure continued access to the high-quality and cost-efficient medical care provided in the independent GI practice setting.



Dr. James Weber
DHPA President & Board Chair



DHPA: Creating a Society for “Independent GI”

Even with existing strong relationships with the Tri-Societies (AGA, ACG, ASGE), independent GI practices need to proactively define and promote the ways in which they safeguard patient access to affordable, high-quality care.

As our health care system shifts away from fee-for-service medicine, independent GI practices need to ensure that policymakers provide them with the clarity and flexibility to participate in Alternative Payment Models (APMs) and other value-based payment models.

DHPA seeks to complement the efforts of our existing national societies by focusing on issues vitally important to our single constituency – independent GI practices and our patients.

DHPA Governance & Physician Leadership

EXECUTIVE COMMITTEE



James Weber, MD
President & Board Chair
Texas Digestive Disease Consultants



Latha Alaparthy, MD
Vice President
Gastroenterology Center of Connecticut



Mehl Lalani, MD
Treasurer
Regional GI



Paul Berggreen, MD
Secretary
Arizona Digestive Health



Michael Weinstein, MD
Immediate Past President
Capital Digestive Care LLC



Glenn Littenberg, MD
Chair, Health Policy
inSite Digestive Health Care



Naresh Gunaratnam, MD
Chair, Data Analytics
Huron Gastroenterology



Nadeem Baig, MD
Chair, Communications
Allied Digestive Health



George Dickstein, MD
At-Large Member
Greater Boston Gastroenterology



Sanjay Sandhir, MD
At-Large Member
Dayton Gastroenterology



David Stokesberry, MD
At-Large Member
Digestive Disease Specialists



Kevin Harlen
Executive Director
Capital Digestive Care, LLC

BOARD OF DIRECTORS

- One physician leader from each DHPA member practice
- Board members have equal vote regardless of size of group
- Two in-person meetings per year
- Conference calls at least twice per year
- Brings together “thought leaders” in independent GI

Strategic Overview

Promote high quality, cost-efficient and integrated care furnished in the independent GI practice setting

TACTICS

Federal and State legislative and regulatory advocacy

Grassroots physician outreach and mobilization

Leveraging member data and research

Alliance development and thought leadership

Earned and social media

Online and digital engagement

KEY MESSAGES

Patients receive highest quality care in independent GI practice setting

Independent GI practice model is more cost-efficient than the hospital setting

The health care system needs independent medicine to succeed

Independent GI physicians are job creators and caregivers in the community

AUDIENCES

Federal lawmakers

Regulatory agencies

State lawmakers

Policy influencers

INTERNAL COMMUNICATIONS

Keep the physicians in our member practices informed and engaged

Best-in-class Advisors

Our strategic plan is supported by experienced practitioners of three key components of advocacy – legal, lobbying, and communications



Howard Rubin
Partner
Katten Muchin Rosenman
Legal Counsel



John McManus
President
The McManus Group
Lead Republican Lobbyist

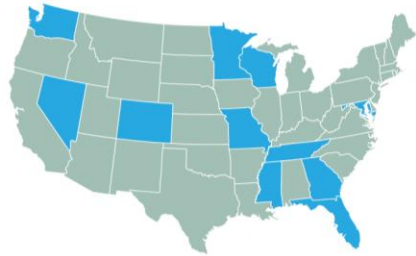


Tracy Spicer
Founding Partner
Avenue Solutions
Lead Democratic Lobbyist



Andrew Sousa
Partner
Steadfast Communications
Lead Comms Strategist

The Voice of Independent GI on Capitol Hill



DHPA® MEMBERS 2014

11 | **11** | **406**
PRACTICES | STATES | PHYSICIANS



DHPA® MEMBERS 2020

97 | **38** | **2300+**
PRACTICES | STATES | PHYSICIANS

MORE THAN **500 VISITS**
WITH CONGRESSIONAL OFFICES

DHPA is the only state or national advocacy organization focused exclusively on the challenges and opportunities facing independent GI physician practices and the patients we serve.

Since 2014, DHPA has been successfully advocating for policies that promote and protect the high quality, cost-efficient care that is provided to patients in the independent GI practice setting.

2018-2020 Federal Advocacy



LEGISLATIVE

- Met with more than 400 congressional offices to discuss DHPA policy priorities:
 - Modernizing the Stark Law
 - Step therapy reform
 - Removing barriers to colorectal cancer screening
- Opposed a CMS Medicare Part B proposal that would affect half of all independent physicians and their patients
- Advocated against a proposal to include the value of coupons given to commercially insured patients in calculating Medicare's average sales price reimbursement formula
- Advocated for a House GOP Doctors Caucus letter to HHS and CMS requesting they reconsider a policy allowing Medicare Advantage plans to use step therapy

STARK LAW MODERNIZATION

- Led a coalition of physician groups advocating for the Medicare Care Coordination Improvement Act to enable independent physicians to succeed under MACRA
- Organized grassroots actions by member practices, sending letters requesting support for the bill to House and Senate offices
- Advocated for a House GOP Doctors Caucus letter to HHS and CMS in support of proposed rules issued by CMS and HHS-OIG to modernize the federal physician self-referral (Stark) law and the federal Anti-Kickback Statute (AKS)

REGULATORY

- Opposed a proposal in the CY2020 MPFS Proposed Rule that would require physicians to notify Medicare patients of coinsurance obligations prior to performing a screening colonoscopy
 - Asked CMS to exercise its authority to waive coinsurance for screening colonoscopies that result in polyp removal
 - Fifty physicians submitted comments to CMS through DHPA's online portal
- Opposed the Most Favored Nation (MFN) Interim Final Rule, which could dramatically restrict patient access to infusion medications administered in physician offices
 - Joined more than 100 groups in signing opposition letter to Congressional leadership

Stark Law & Anti-Kickback Statute Policy Victory



- For more than five years, DHPA has been a prominent voice for modernizing the Stark Law and Anti-Kickback Statute to promote the shift from Fee-for-Service to Value-Based Care. This has been DHPA’s highest policy priority and has proceeded on three fronts:
 - Advocating for passage of the bipartisan, bicameral Medicare Care Coordination and Improvement Act
 - Advocating for federal agencies to use their regulatory authority without legislative action by Congress
 - Supporting the efforts of DHPA member practices to modernize state self-referral laws
- The Stark Law Final Rule establishes new exceptions to Stark’s self-referral prohibitions to protect value-based arrangements (VBAs) for the benefit of Medicare beneficiaries and other patients.
- Finalized exceptions provide new flexibility for certain arrangements, such as donations of cybersecurity technology that safeguard the integrity of the healthcare ecosystem
- Gives guidance on how to determine if compensation provided to a physician by another healthcare provider meets the definition of fair market value
- The AKS Final Rule implements seven new safe harbors, modifies four existing safe harbors, and codifies one new exception under the Beneficiary Inducements Civil Monetary Penalty
 - The safe harbors and exception in large part parallel the new Stark exceptions—for the purpose of promoting coordinated, value-based care.

2019-2020: State-level Engagement

HEALTH POLICY ACTION FUND

- More than \$150,000 in grants to support engagement by DHPA member practices on key state policy issues
- Efforts to liberalize CON requirements in Maryland
- Efforts in New Jersey to modernize physician self-referral laws through Department of Health regulations
- Efforts in Massachusetts to enable GI and other specialty practices to dispense medication in their offices
- Support for California practices in opposing legislation to require consent of Attorney General for health systems, private equity firms, and hedge funds to pursue transactions with medical groups, ASCs, and other provider entities

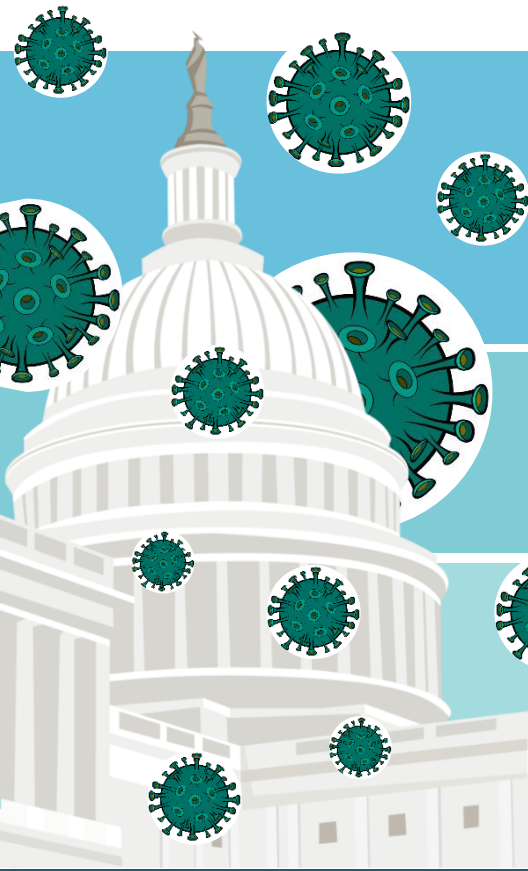
STATEHOUSE ADVOCACY

- California member practices mobilized independent medical practices to successfully oppose legislation to eliminate in-office anatomic pathology, advanced imaging and other critical services
- Maryland practices were successful in advocating for reform of the state's self-referral law and in liberalizing CON laws to exempt ASCs with two operating rooms
- New Jersey practices successfully advocated for a law modernizing the State's self-referral law to protect referrals made to further APMs

ANTI-MOC LEGISLATION TOOLKIT

- Developed a toolkit with information on legislative efforts to limit or eliminate Maintenance of Certification (MOC) requirements at the state level
- Provided resources for member practices to use in their respective states

Resources During Coronavirus and Beyond



- 100+ email updates for DHPA member practices on response to COVID-19 crisis
 - Congressional and State actions
 - CMS, HHS-OIG and HHS-OCR actions on telehealth coverage
 - State and federal guidelines on elective procedures
 - DHPA/AGA Joint clinical guidance on reopening endoscopic facilities
- Advocacy drawn upon relationships built through 500+ meetings since 2014
 - Inclusion of private practices in stimulus legislation
 - Championed legislation that shaped key aspects of the CARES Act
- Recommendations to HHS and CMS during CARES Act implementation
 - Extension of attestation period of Provider Relief Fund payments
 - Continued engagement with federal agencies on administrative rules applicable to COVID-19 response

March – December: Member Practice Support

CMS ACTION

- March 28: Provided immediate summary of rules for Accelerated Payment Program so member practices could be first in line to request payments
- March 31: Dissected 220-page CMS interim final rule on telehealth coverage and payment policy
- April 30: Provided report to member practices on expansion of access to telehealth services and increases in payment rates
- May 4: Provided immediate summary of key aspects of new CMS interim final rule on telehealth coverage
- August: Notice of recoupment period triggered under Accelerated & Advanced Payment Program
- September 30: Summary of continuing resolution with changes to Accelerated & Advanced Payment Program

PAYCHECK PROTECTION PROGRAM

- March 31-April 2: Updated members on PPP loan eligibility and application process, loan use and loan forgiveness, readying practices to apply for PPP loans on April 3
- April – September: Summaries of U.S. Treasury's FAQs and SBA's interim final rules, with attention to guidance impacting the ability to maximize loan forgiveness
- June 3: Informed member practices immediately upon passage of PPP Flexibility Act of positive changes to loan forgiveness
- June 17, June 23: DHPA summarizes two Interim Final Rules from SBA impacting loan forgiveness
- August 10: Notice that SBA loan forgiveness portal is opened
- November 3: Report and analysis of new Loan Necessity Questionnaire to be completed by any borrower that received \$2 million or more in loan proceeds from Paycheck Protection Program

HHS PROVIDER RELIEF FUND

- April 10: Informed members of HHS distribution of initial \$30 billion in grants
- April 22: Summarized process for applying for additional grant monies from second tranche of \$20 billion, supporting submission of applications
- April 25: Notified members of HHS opening portal to apply for grant monies from second tranche of \$20 billion.
- April – September: Provided updates on HHS FAQs for Provider Relief Fund eligibility, use of grant monies, terms & conditions, application for monies from \$20 billion tranche, attestation and reporting requirements
- September 21: Summary of and auditing obligations
- October: Various updates on Phase 3 grant distribution and application process
- November: Efforts to obtain clarification from HHS on Provider Relief Fund FAQs relating to use of grant monies and reporting obligations

Priorities, Goals & Objectives for 2021

1. **Support independent practices in navigating the legislative and regulatory landscape during the COVID-19 Public Health Emergency to ensure that private practices continue receiving support from federal government as they care for patients during the pandemic.**
2. **Advocate against the Most Favored Nation (MFN) Interim Final Rule, which could dramatically restrict patient access to Part B drugs administered in physician offices.**
3. **Assist member practices in navigating the 1,600+ pages of changes to the federal Stark Law and Anti-Kickback Statute designed to modernize health care fraud and abuse laws to support value-based care delivery.**
4. **Support member practices in the education of primary care physicians and patients regarding appropriate colorectal cancer screening options.**
5. **Advocate to removing barriers to colorectal cancer screening and support policies to reduce racial health disparities in screening, access and treatment.**
6. **Support DHPA member practices on significant state health policy issues impacting patient access to high quality, cost-efficient and comprehensive care furnished in independent GI practices.**

Dues Assessment and Political Fundraiser Support

MEMBERSHIP DUES

- Each member practices pays dues on a per physician basis (minimum contribution at the level of five physicians)
- Dues paid on corporate account of the practice (not by individual physicians)
- 2021 dues have been set at \$500 per physician (a 50% reduction from original dues in 2014)
- Travel-related expenses for semi-annual meetings covered by DHPA
(travel for DHPA Board member to Washington DC for annual Capitol Hill meetings and for Board member + 1 or more additional people (depending on size of practice) Annual Meeting typically held in Chicago or Dallas)

BOARD UNANIMOUSLY APPROVED SIX FUNDRAISERS PER YEAR

- Each DHPA member practice supports one fundraiser for a Member of Congress once every 18 months with request for voluntary contributions of \$150 from each physician in the practice
- From 2015 through 2020, DHPA has held 26 fundraisers for U.S. Senators and U.S. Representatives who sit on committees with jurisdiction over health care issues, as well as for members of Congressional leadership



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