

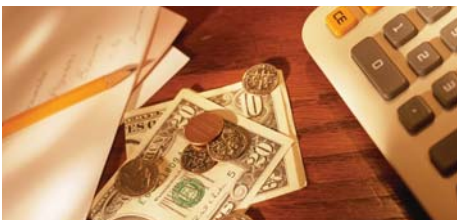
scope...

Avoid a 2 percent reimbursement penalty:

PQRS will apply a negative payment adjustment in 2017 if practices do not report data on certain quality measures.

American Gastroenterological Association


The Physician Quality Reporting System (PQRS) will apply a minus 2 percent payment adjustment in 2017 if practices do not report data on quality measures for covered professional services furnished to Medicare beneficiaries in 2015. By participating in AGA's Digestive Health Recognition Program™ (DHRP), members can report on quality measures and work to avoid this negative payment adjustment.



DHRP members have two reporting options:

- Participants in the HCV and IBD modules can report to PQRS through DHRP's qualified registry reporting option. This option requires reporting on 20 patients, a majority of whom must be Medicare Part B fee-for-service patients.
- Participants in the CRC module can report to PQRS through the DHRP's QCDR (qualified clinical data registry) reporting option. This option requires reporting on nine quality measures across three National Quality Strategy domains, including an outcomes measure, for 50 percent of a participant's Medicare Part B fee-for-service patients.

The deadline to enroll for the 2015 PQRS year is Feb. 8, 2016. Members pay \$300 to enroll on the [DHRP section of the AGA website](#).

DHRP is made possible by support from AbbVie; Gilead Science, Inc.; Janssen Biotech, Inc. and Janssen Therapeutics, Division of Janssen Products, LLP; and Shire Pharmaceuticals. 



Make plans to attend AGS's Annual Meeting, June 25-26, 2016, at the Hilton Sandestin.

Reserve a room by calling (850) 267-9500 and reference code AGE, or reserve a room online at www.hiltonsandestinbeach.com.

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Contact Information

To submit an article, e-mail [Executive Director Jennifer Hayes](#) or [Charlotte Morris](#), two weeks in advance. *Scope* publishes bimonthly. 

FDA Warning: Stop using Custom Ultrasonics' Automated Endoscope Reprocessors

FDA has issued a recall of the 2,800 AERs manufactured by Custom Ultrasonics

American Gastroenterological Association

Due to violations that could result in an increased risk of infection transmission, FDA has ordered Custom Ultrasonics to recall all of its automated endoscope reprocessors (AERs) from health-care facilities. If you are currently using Custom Ultrasonics' AERs, FDA recommends you transition away from their use to alternative methods to reprocess flexible endoscopes as soon as possible.

FDA advises health-care facilities currently using Custom Ultrasonics' AERs to:


- Identify and transition to alternate methods to reprocess flexible endoscopes, such as manual high-level disinfection, liquid chemical sterilization, alternative

AERs or other cleaning and sterilization methods according to the endoscope manufacturer's reprocessing instructions.

- Before transitioning to an alternative method, verify that the endoscopes used by the facility are compatible with the alternative method by referring to the endoscope manufacturer's reprocessing instructions.
- Submit a report to Custom Ultrasonics and to FDA via MedWatch if your health-care facility suspects that a Custom Ultrasonics AER has caused or contributed to patient infection.

An estimated 2,800 AERs manufactured by Custom Ultrasonics are currently in

hospitals and outpatient clinics throughout the U.S. FDA's recall order applies to all Custom Ultrasonics' AERs, including the System 83 Plus, System 83 Plus 2 and System 83 Plus 9. Custom Ultrasonics is required to provide a written recall proposal to FDA this week — additional information and next steps will be available at that time.

This recall is based on both the recent violations of the law and consent decree and reports that endoscopes reprocessed by Custom Ultrasonics' AERs have been used in health-care facilities that reported the transmission of serious bacterial infections. 

Uncovering potentially 'concerning' variation in cancer screening follow-ups

Follow-up times for colorectal cancer screening abnormalities lag behind those for breast and cervical cancers, according to new study of one million patients

The Dartmouth Institute For Health Policy & Clinical Practice

Follow-up times of abnormal screening exams were shorter for breast cancer than they were for colorectal and cervical cancers, according to a recent study involving more than one million individuals who underwent these screenings. Recently published in the *Journal of General Internal Medicine*, the study reported the percentages of individuals with abnormal screening exams receiving timely follow-up were: 93.2% to 96.7% of women across breast centers, 46.8% to 68.7% of individuals across colorectal centers, and 46.6% of women at the cervical center.

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Medical Association of the State of Alabama announces Prescription Assistance Program for patients

Patients who need help with the cost of prescription medications can now get a free prescription assistance card made available by the state's largest association of physicians.

The Medical Association of the State of Alabama is promoting the Alabama Rx Card, a discount drug card free to Alabama residents. The discount card generates savings of up to 75 percent on prescription drugs at hundreds of participating pharmacies statewide.


The discount card helps uninsured and under-insured residents afford prescription medications, which has already saved Alabama residents more than \$25 million since inception.



"Alabama's physicians are committed to our patients' health and well-being, so helping patients get the medications they need is a priority. Patients can't get well if they can't get their prescriptions," said Medical Association President Buddy Smith Jr., MD, of Lineville.

The Alabama Rx Card discounts will benefit patients whose health insurance coverage does not include prescription benefits, which is common in many health savings accounts and high deductible health plans. Those who do have prescription coverage with their health insurance can use this program to get discounts on medications that are not covered by their insurance plan. Patients will have the ability to go to the Alabama Rx Card to see prices for their particular prescriptions and determine the level of discount they might receive.

All are eligible regardless of their current prescription coverage benefits.

Alabama residents can print a free card, search drug pricing, and locate participating pharmacies at www.alabamarxcard.com, www.masalink.org, or www.alabamamedicine.org. 

Registration is open for Governmental Affairs Conference Feb. 1-3



Make plans to join your colleagues in Washington, DC, for the Medical Association's 2016 Governmental Affairs Conference, Feb. 1-3.

The deadline to book a room at the Willard InterContinental is Jan. 4. Call (888) 424-6835 with group code JK8 or go online to Washington.intercontinental.com. Room rates begin at \$279.

Protecting and promoting medicine's interests on Capitol Hill is a never-ending responsibility that requires participation from physicians across all specialties. This is particularly true considering the magnitude of the health issues confronting Congress. Due to the Congressional schedule, the format of the 2016 Governmental Affairs

meeting has been changed in order to increase participation from our Senators and Representatives. Under the new format, meetings will begin late Monday afternoon and will conclude mid-day Wednesday. For those arriving early to enjoy D.C., rooms will be available under the block at the discounted rate.

[Download the brochure](#)

Coming Soon!



Reserve your spot today!

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**We expect the hotel
will sell out.
Reserve your room today!**

Screening follow-ups, cont.

Led by Dr. Anna Tosteson, the James J. Carroll Professor of Oncology at the Geisel School of Medicine and a faculty member at The Dartmouth Institute for Health Policy & Clinical Practice, the study characterized cancer screening practice variation across seven centers participating in the National Cancer Institute sponsored PROSPR (Population-based Research Optimizing Screening through Personalized Regimens) consortium. Cancer screening abnormality rates and their timely follow-up were examined across the centers and among primary care practices within centers.

The study's authors called the variation in timely screening abnormality follow-up 'concerning' and cited a number of factors which could contribute to the variation in timely follow up, including the underlying complexity of coordinating the next steps in clinical care, differences in the severity of abnormalities detected and the type of follow-up required. They stated, for example, that the "lower follow-up rates for colorectal cancer screening abnormalities may be due to the perceived inconvenience and invasive nature of the procedures

involved," adding that patients undergoing colonoscopy "typically need to take time off work, which may pose a barrier especially for lower-income individuals."

The study's authors also noted that federal policies and regulations that encourage timely cancer screening may affect screening follow-up even more than individual patient and health system factors. Such policies exist for breast and cervical cancer screening, but are non-existent for

colorectal cancer screening.

"The documented variation in follow-up of abnormal cancer screening tests across centers and primary care practices highlights opportunities for improving cancer screening," Dr. Tosteson said, noting that this is the first PROSPR study to make cross-organ comparisons in screening outcomes.

[View the full study](#)



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