

scope...

Registration is open for the AGS 2016 Conference

Our Annual Conference is **June 25-26** at the **Hilton Sandestin**. Registration is open and the agenda is packed with great education sessions, Welcome Dinner and time to relax and spend time with your family. Saturday night Welcome Dinner entertainment will be provided by the duo **Light Travelers**. Plan to bring your family for this fun-filled event.

Rooms at the Hilton are sold out for June 25. Please take note the following options:

- If you already have a reservation at the Hilton Sandestin and need to cancel your room(s) please do not call the hotel. Call AGS Executive Director Jennifer Hayes at (334) 954-2500 so she can make sure the room can be used by another AGS conference attendee.
- If you need to make a reservation, there are two options near the Hilton Sandestin that have a limited number of rooms available for our conference dates:
 - **Marriott Courtyard**, 100 Grand Blvd., Miramar Beach, FL 32550. Call (800) 780-5733 or go online to www.marriottcourtyard.com.
 - **Sandestin Golf and Beach Resort**, 9300 Emerald Coast Pkwy, Miramar Beach, FL 32550. Call (800) 622-1038 or go online to www.sandestin.com.
 - **Vacation Rentals by Owner** - www.VRBO.com.
- To be placed on a waiting list for the Hilton Sandestin call Jennifer Hayes at (334) 954-2500.



Register for the conference online at www.tinyurl.com/AGS2016conference or fill out the form on page 6 and return to the AGS office. 

Robert Shaffer, MD | President



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MEMBER ALERT

Are you experiencing denials to generic meds that were paid for in the past?

Please report to your BCBS reps any generic meds that were covered before but are now being denied. AGS will meet soon with Prime Therapeutics and BCBS about this issue.

ACG Public Policy Update

*American College of Gastroenterology
ACG National Affairs Committee Chair,
Whitfield L. Knapple, MD, FACG*

National Colorectal Cancer Awareness Month: Congress Needs to Learn From Katie Couric

This week, ACG shared Katie Couric's unanticipated journey as a cancer advocate with Congress. Ms. Couric's work is the subject of a personal essay published in the American College of Gastroenterology's "American Journal of Gastroenterology (AJG):" *An Unexpected Turn: My Life as a Cancer Advocate*.

Ms. Couric shares the experience of losing her husband, the lawyer and TV commentator Jay Monahan, at age 42 to colorectal cancer in 1998. Ms. Couric's televised colonoscopy in 2000 inspired many Americans to get screened for colorectal cancer. A study published in *Archives of Internal Medicine* by Dr. Peter Cram and colleagues documented the dramatic increase in the number of colonoscopies performed in the months following the broadcast, the so-called "*Couric Effect*."

Throughout the month of March, ACG has joined patient advocates on Capitol Hill, highlighting the public health success story of colonoscopies and the importance in increasing screening utilization rates. It is also important for Congress and the media to hear this from celebrities who have had the unfortunate experience of having lost a loved one to this largely preventable disease.

ACG will be back:

In April, ACG physicians will again be back on Capitol Hill, specifically advocating for issues important to GI practices. Congress and CMS consistently need to hear more about the difficulty in maintaining a GI practice in this current environment of lower reimbursement but higher administrative burdens. Remember to **contact your ACG Governor** to convey important state and local issues impacting you and your practice.

Is your practice faced with the unfortunate dilemma of potentially limiting Medicare patient volume due to the extraordinary burden of declining reimbursement compounding growing regulatory mandates? Please reach out to your ACG Governor and share your experiences and the challenges you face. The ACG Board of Governors is one of the most unique aspects of the College, acting as a two-way conduit between the College leadership and the membership at-large. This helps the College make certain that it is meeting the evolving needs of the membership. **Contact your ACG Governor** today.

Have you signed ACG's petition to reverse Medicare's cuts to colonoscopy? **Sign it now.** Have your partners and patients sign it, too. Congress needs to hear how short-sighted policies impact their constituents.

ACG Members: Utilize ACG's Practice Management Tools

It is ACG's mission to assist you with your private practice needs. We host a wealth of practice management materials for members on our website and the ACG Universe, including:

- **2016 Medicare reimbursement rates and RVUs for GI services**
- Guidance on **PQRS quality reporting** and **Meaningful Use** that is tailored for GI
- **GI coding updates**
- **ICD-10 assistance for GI**
- As well as other **useful practice management tips.**

Understanding Legal and Regulatory Adverse Actions

Legal and regulatory issues often receive only brief attention during medical training, given the significant competing curriculum. Medical institutions and insurance companies may educate physicians on potential liability, but the curriculum is designed to focus on the knowledge most important to protect the medical institution and insurance company, rather than the physician. While this will often overlap with protection of the individual, that is not always the case.

Read the full article [here](#). 

Use of 6-Mercaptopurine in autoimmune hepatitis patients intolerant to Azathioprine

Atif Zaman, MD, MPH reviewing Hübener S et al. Clin Gastroenterol Hepatol 2016 Mar.

This second-line treatment strategy shows promise.

Approximately 10 percent of patients with autoimmune hepatitis (AIH) do not respond to treatment with azathioprine (AZA) or are intolerant of it. Although effective second-line agents exist (e.g., mycophenolate mofetil), some require drug-level monitoring, are expensive, or have significant adverse effects. Although AZA is a prodrug of 6-mercaptopurine (6-MP), AZA intolerance does not necessarily lead to 6-MP intolerance.

Researchers retrospectively investigated response and tolerance to 6-MP in 22 patients (18 women; median age, 53 years) with AIH who had inadequate response or developed AZA intolerance and were switched to 6-MP. AZA was replaced with 6-MP starting at a dose of 25 mg/day and increased to ≥ 50 mg/day or more if tolerated. Complete therapeutic response was defined as normalization of liver enzymes, immunoglobulin G, and gamma-globulins, and partial response was defined as reduction in these parameters to less than twice the upper limit of normal. Therapeutic response was assessed after 4 weeks of treatment.

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BCBS announces tier changes for 26 hospitals

Blue Cross and Blue Shield of Alabama initiated a tiered hospital network in 2006 (Tier 1 and Tier 2) based on quality and value of care.

As of April 1, 18 hospitals were moved from Tier 1 to Tier 2 meaning patients will be responsible for higher out-of-pocket expenses. Eight hospitals were elevated from Tier 2 to Tier 1.

BCBS employees evaluate hospitals based on cost, quality and patient experience. Many of the criteria come from the Centers for Medicare and Medicaid Services, which provides online hospital rankings.

Hospitals in the lower tier are still in the Blue Cross network, but patients pay more in co-pays and deductibles.

Certain Alabama general acute care hospitals are exempted from the list of Hospital Tiered Network facilities. These facilities will be treated as Tier 1. Hospitals exempt from tiering are:

- Children's Hospital
- Choctaw General Hospital
- Red Bay Hospital
- St. Vincent's Blount
- USA Children's and Women's Hospital
- Washington County Hospital

Alabama Hospital BCBS Ranking as of April 1, 2016

(Hospital names in red dropped in status from Tier 1 to Tier 2. Hospital names in green were elevated to Tier 1)

Andalusia Regional Hospital – Tier 1

Athens-Limestone Hospital – Tier 1

Atmore Community Hospital – Tier 1

Baptist Medical Center East (Montgomery) – Tier 1

Baptist Medical Center South (Montgomery) – Tier 2

Bibb Medical Center – Tier 1

Brookwood Medical Center – Tier 1

Bryan W. Whitfield Memorial Hospital (Demopolis) – Tier 2

Bullock County Hospital – Tier 1

Cherokee Medical Center – Tier 2

Citizens Baptist Medical Center (Talladega) – Tier 1

Clay County Hospital – Tier 2

Community Hospital (Talladega) – Tier 1

Coosa Valley Medical Center (Sylacauga) – Tier 1

Crenshaw Community Hospital – Tier 2

Crestwood Medical Center (Huntsville) – Tier 1

Cullman Regional Medical Center – Tier 1

D.W. McMillan Memorial Hospital (Brewton) – Tier 1

Dale Medical Center – Tier 1

DCH Regional Medical Center (Tuscaloosa) – Tier 1

Decatur Morgan Hospital – Tier 1

DeKalb Regional Medical Center – Tier 1

East Alabama Medical Center (Opelika) – Tier 2

Eliza Coffee Memorial Hospital (Florence) – Tier 1

Elmore Community Hospital – Tier 1

Evergreen Medical Center – Tier 2

Fayette Medical Center – Tier 1

Flowers Hospital (Dothan) – Tier 1

Gadsden Regional Medical Center – Tier 1

Georgiana Medical Center – Tier 1

Grandview Medical Center (Birmingham) – Tier 1

Greene County Hospital – Tier 1

Grove Hill Memorial Hospital – Tier 1

Hale County Hospital – Tier 1

Helen Keller Hospital (Sheffield) – Tier 1

Highlands Medical Center (Scottsboro) – Tier 1

Hill Hospital of Sumter County – Tier 2

Huntsville Hospital – Tier 1

J. Paul Jones Hospital (Camden) – Tier 1

Jack Hughston Memorial Hospital (Phenix City) – Tier 1

Jackson Hospital & Clinic (Montgomery) – Tier 1

Jackson Medical Center – Tier 2

Jacksonville Medical Center – Tier 2

L.V. Stabler Memorial Hospital (Greenville) – Tier 1

Lake Martin Community Hospital (Dadeville) – Tier 1

Lakeland Community Hospital (Haleyville) – Tier 2

Lawrence Medical Center – Tier 1

Marshall Medical Center – Tier 1

Medical Center Barbour – Tier 1

Medical Center Enterprise – Tier 1

Medical West (Bessemer) – Tier 1

Mizell Memorial Hospital (Opp) – Tier 2

Mobile Infirmary – Tier 2

Monroe County Hospital – Tier 1

North Baldwin Infirmary – Tier 1

North Mississippi Medical Center (Hamilton) – Tier 2

NE Alabama Regional Medical Center (Anniston) – Tier 1

Northwest Medical Center (Winfield) – Tier 1

Pickens County Medical Center – Tier 1

Prattville Baptist Hospital – Tier 1

Princeton Baptist Medical Center (Birmingham) – Tier 1

Providence Hospital (Mobile) – Tier 1

Riverview Regional Medical Center (Gadsden) – Tier 2

Russell Medical Center (Alexander City) – Tier 1

Russellville Hospital – Tier 2

Shelby Baptist Medical Center – Tier 1

Shoals Hospital – Tier 2

South Baldwin Regional Medical Center – Tier 1

Southeast Alabama Medical Center (Dothan) – Tier 1

Springhill Memorial Hospital (Mobile) – Tier 1

St. Vincent's Birmingham – Tier 1

St. Vincent's East (Birmingham) – Tier 1

St. Vincent's St. Clair – Tier 1

Stringfellow Memorial Hospital (Anniston) – Tier 2

Thomas Hospital (Fairhope) – Tier 1

Troy Regional Medical Center – Tier 1

University of South Alabama Medical Center (Mobile) – Tier 1

University of Alabama Hospital (Birmingham) – Tier 2


Vaughan Regional Medical Center (Selma) – Tier 1

Walker Baptist Medical Center – Tier 1

Wedowee Hospital – Tier 2

Wiregrass Medical Center (Geneva) – Tier 1

Have you renewed your MEMBERSHIP for 2016?

Log on to www.alagastro.org to print an application or send an e-mail to cmorris@alamedical.org. We are only as strong as our membership. Renew or join us today! 

Study shows certain gastrointestinal tumors associated with higher mortality

University of California - San Diego

Researchers at University of California, San Diego School of Medicine have determined that certain gastrointestinal stromal tumors (GISTs) are more deadly than previously reported in medical literature. Findings are published online in the *Journal of Gastrointestinal Surgery*.

“While GISTs are rare, we have found that certain groups of these tumors result in a much higher mortality than expected,” said Jason Sicklick, MD, assistant professor of surgery at UC San Diego School of Medicine and a surgical oncologist at UC San Diego Health.

“The 5-year mortality rate for malignant GISTs of less than 2 centimeters is 12.1 percent. This finding may be helpful in

creating new guidelines for the treatment of these tumors.”

GISTs are most commonly found in the stomach and small intestine and have significant variability in terms of size and malignant behavior. Sicklick noted that up to 30 percent of patients have GISTs less than 2 centimeters in size, or slightly more than one-half inch. More than 79 percent of patients have localized disease, while 11.4 percent have regional or distant metastatic disease. Previously, researchers did not expect any disease to have spread.

“For this study, we identified 378 patients with malignant GISTs of less than 2 cm between 2001 and 2011 from the SEER database,” said Taylor M. Coe, first author and fourth-year medical student at UC San Diego School of Medicine.

“While the distribution of disease was almost equal between men and women, African-Americans are 2.1 times more likely than Caucasians to develop GISTs. The reasons are unknown and need to be further evaluated.”

Sicklick added that further studies are needed to develop novel risk assessments for patients with these small tumors and to determine appropriate indications for surgery and/or medical therapy.

Eurekalert.org 

AGS is accepting reservations for exhibitors at the 2016 Annual Conference.

Please refer vendors who visit your office to our website to download information on how they can support AGS by exhibiting at our meetings.

<http://alagastro.org/exhibitors/>


Special Thanks to the following companies who are registered to attend:

AbbVie	Ironwood
AbbVie Hepatology	Pharmaceuticals
Allergan	Janssen Biotech, Inc.
AstraZeneca	ProAssurance
Braintree	Shire
Laboratories, Inc.	Takeda
Commonwealth	Pharmaceuticals
Laboratories	Takeda
CONMED	Pharmaceuticals
	USA
Ferring	Tenet Health
Pharmaceuticals	UCB, Inc.
Gilead Sciences	US Endoscopy

Use of 6-Mercaptopurine, cont.

Among the 20 patients with AZA intolerance, 15 responded to treatment with 6-MP. Complete response occurred in 8 patients and partial response in 7 patients. The other 5 patients developed intolerance to 6-MP and required an alternative regimen. The 2 patients with inadequate response to AZA did not show response to 6-MP.

Comment

In this small patient series, the majority of AIH patients who had intolerance to AZA therapy were successfully switched to 6-MP. Also, patients with inadequate response to AZA also had inadequate response to 6-MP — an observation consistent with the fact that these two agents are metabolically similar. Based on these results, a reasonable approach to treating AZA-intolerant patients with AIH is to first consider a switch to 6-MP before prescribing more-expensive second-line agents such as mycophenolate mofetil. 



Alabama Gastroenterological Society

19 S. Jackson Street | Montgomery, AL 36104 | (334) 954-2500 | Fax (334) 269-5200

Alabama Gastroenterological Society 2014 Officers

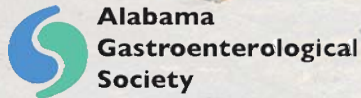
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Send article submissions and comments to Charlotte Morris at cmorris@alamedical.org two weeks in advance. *Scope* is printed bimonthly. Comments and letters to the editor are welcome.

AGS Annual Conference

June 25-26, 2016 • Hilton Sandestin



Agenda

SATURDAY, JUNE 25

7:00 a.m. – 8:00 a.m.

Attendee Registration/Breakfast with Exhibitors

8:00 a.m. – 8:15 a.m.

Welcome and Opening Remarks

Robert Shaffer, MD, AGS President

8:15 a.m. – 9:15 a.m.

IBD: What to do when Anti-TNFs are not Working

David A. Schwartz, MD, FACG, AGAF

9:15 a.m. – 10:15 a.m.

Esophageal Manometry: Easier to swallow than you think

James P. Callaway, MD

10:15 a.m.

Morning Break

10:30 a.m. – 12:30 p.m.

The Anatomy of a Claim

Mallory Earley, JD, ProAssurance

12:30 p.m.

Business Session

6:30 p.m.

Welcome Dinner on the Sun Deck with entertainment by Light Travelers

Note: Practice managers will meet in conjunction with the Annual Conference. A schedule will be available soon.

SUNDAY, JUNE 26

7:00 a.m. – 8:00 a.m.

Attendee Registration/Breakfast with Exhibitors

8:00 a.m. – 9:00 a.m.

An Update on Hepatitis C

Phillip K. Henderson, DO, Clinical Instructor of Medicine, USA

9:00 a.m. – 10:00 a.m.

Diagnostic and Therapeutic ERCP in 2016

Kenneth M. Sigman, MD, Birmingham Gastroenterology Associates, PC

10:00 a.m.

Morning Break

10:15 a.m. – 11:15 a.m.

Treating Hepatocellular Carcinoma: Deciphering the Clinical Data

Derek Dubai, MD, Associate Professor of Surgery, UAB

11:15 a.m. – 12:15 p.m.

The Dramatically Changing Healthcare Environment through Payer Encroachment and Alternatives to Patient Access to Care

Jim Stroud, CPA, Warren Averett

12:15 p.m.

Evaluation and Adjourn

ACCOMMODATIONS

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REGISTRATION

Register online at www.tinyurl.com/AGS2016Conference or print a registration form at www.alagastro.org/annual-conference.

AGS Annual Conference

June 25-26, 2016 • Hilton Sandestin



2016 ANNUAL CONFERENCE REGISTRATION FORM

Name _____ MD DO Other _____

Address _____

City/State/Zip _____ Dietary Needs _____

Phone _____ Fax _____ E-mail _____

Office Contact _____ E-mail _____

FEES (Before May 27 | After May 27 add \$100)

- | | | |
|---|---|--|
| <input type="checkbox"/> Physician Member \$375 | <input type="checkbox"/> Physician Non-Member \$475 | <input type="checkbox"/> Retiree - \$150 |
| <input type="checkbox"/> Associate Member \$275 | <input type="checkbox"/> Associate Non-Member \$375 | <input type="checkbox"/> Resident/Student - Free |
| <input type="checkbox"/> Practice Manager \$150 | | |
| <input type="checkbox"/> Spouse and guests are free | | |

_____ Total number of adults attending dinner.

_____ Total number of kids attending dinner.

ONLINE REGISTRATION

Go to www.tinyurl.com/AGS2016Conference to register online.

DETAILS

Accommodations information and more conference information is available online at www.alagastro.org. If you have special needs and/or need assistance, please contact Jennifer Hayes, at (334) 954-2500 or JHayes@alamedical.org.

PAYMENT

Credit Card: VISA MasterCard American Express Check made payable to AGS

Cardholder Name _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____

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