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

Issue 54 | May 23, 2016

scope...

2016 legislative session update

General Fund/Medicaid Cuts

Lawmakers approved a general fund budget $85 million short of the $785 million the Alabama Medicaid Agency said was needed to adequately fund the agency. Republican legislative leaders said they could no longer cut other agencies to support Medicaid. Commissioner Stephanie Azar said the agency will be cutting services without additional funding.

In response, the Medical Association of the State of Alabama is urging state lawmakers and Gov. Bentley to start now to find a permanent revenue solution to fully fund Alabama Medicaid before the next fiscal year.

"Alabama already runs the most bare-bones Medicaid program in the country," said Medical Association Executive Director Mark Jackson, "so to end this legislative session without an appropriate funding solution is more than heartbreaking. It's dangerous."

In just five months, 25 percent of the state's population will be at risk of losing their access to health care because of the legislature's inability to come to an agreement on funding options that would have helped close the $85 million gap in Medicaid's budget.

Medicaid Managed Care Delay

Lawmakers voted to allow the state to delay implementation of a managed care system at the state Medicaid Agency after state officials said funding troubles threatened the implementation of regional care organizations next fiscal year.

continued on page 2

Call for nominations

AGS is seeking nominations to fill the positions of Vice President and Secretary/Treasurer for 2016-2018. Please contact AGS Executive Director *Jennifer Hayes* if you are interested in serving or would like to nominate someone. Call (334) 954-2500 or click to send an e-mail.

What's Inside

AGS Annual Conference 2
National initiative to advance microbiome science to benefit individuals, communities, and planet 3
U.S. Senate passes bipartisan opioid bill....4
ACG Policy Update..............................4
More perspectives on growing controversy over long-term PPIs................................5
Efforts continue in Alabama to combat prescription drug abuse 5

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***.

Our conference is less than 5 weeks away!

Accommodations:

- 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 are unable to get a reservation at the Hilton, there are three options near the Hilton Sandestin:
  - **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 Today!

Use the form on page 7 or register online at *www.tinyurl.com/AGS2016Conference*

Practice Managers to meet in conjunction with AGS Conference

Saturday, June 25
7:00 a.m. Breakfast
8:00 a.m. TBA
10:30 a.m. The Anatomy of a Claim
Mallory Earley, JD, ProAssurance

Sunday, June 26
7:00 a.m. Breakfast
8:00 a.m. TBA
11:15 a.m. The Dramatically Changing Healthcare Environment through Payer Encroachment and Alternatives to Patient Access to Care, Jim Stroud, CPA, Warren Averett

Encourage your Practice Manager to attend!

Use the form on page 7 or register online at *www.tinyurl.com/AGS2016Conference*

Legislative Session continued

Oil Spill Settlement

Lawmakers did not approve the plan to dictate how $1 billion in oil spill settlement money will be spent. A feud erupted between coastal lawmakers, who said the region should get a larger share, and lawmakers elsewhere who said the region had been compensated from another pot of settlement funds. A plan to use the money for state debt payment, would have freed up $70 million to help fill a Medicaid funding gap.

Chemical Endangerment Bill

State law will now clarify that the normal practice of maternal medicine does not constitute chemical endangerment of unborn children, SB 372 by Sen. Clyde Chambliss (R-Prattville), passed and has been sent to the Governor for his signature. This bill clears up an issue that arose from a court ruling that criminalized aspects of providing normal, routine medical care to pregnant women.

This bill protects pregnant women and their physicians by ensuring the following do not constitute the crime of chemical endangerment of a child:

- A pregnant woman's taking of a drug prescribed by her doctor
- A pregnant woman's taking of a non-prescription FDA approved drug or substance recommended by her doctor

Further, this bill ensures that neither of these activities trigger "reportable events" to any authorities.

Virtual Credit Card Bill

SB 291 sponsored by Sen. Quinton Ross (D-Montgomery) passed and has been sent to the Governor for his signature. The bill will ensure physicians cannot be forced to accept costly Virtual Credit Cards (VCCs) as a form of payment.

Marijuana Oil

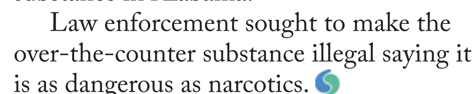
Gov. Robert Bentley signed into law legislation to decriminalize marijuana oil for people who use it as a treatment for debilitating medical conditions. The law, which will decriminalize possession of cannabidiol (CBD) produced in other states, will go into effect June 1.

The law creates a defense to prosecution for possession of CBD products with 3 percent or less THC if the person has a "debilitating medical condition," defined as a wide range of health conditions in the bill. Opponents of the bill fought its passage because artisanal marijuana products have not received the same FDA approval as other medicinal compounds.

Kratom Ban

Lawmakers passed a bill to classify as a Schedule I controlled substance the herb Kratom, a South Asian herb which mimics the mind-altering effects of opioids. If the Governor signs the bill, Kratom – which is now widely available in gas stations and other retail establishments where children can easily acquire it – would be an illegal substance in Alabama.

Law enforcement sought to make the over-the-counter substance illegal saying it is as dangerous as narcotics.

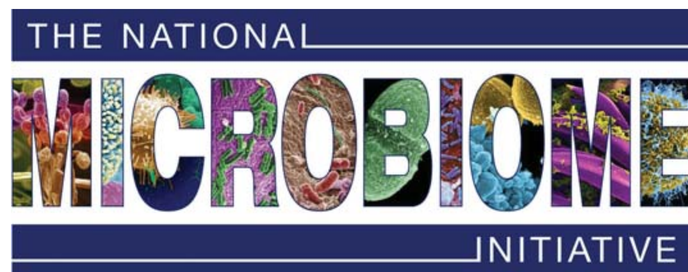


National initiative to advance microbiome science to benefit individuals, communities, and planet

by Jo Handelsman, Associate Director for Science at the White House Office of Science and Technology Policy

On May 13, the White House Office of Science and Technology Policy (OSTP), in collaboration with Federal agencies and private-sector stakeholders, announced the National Microbiome Initiative (NMI). The NMI aims to advance understanding of microbiomes in order to aid in the development of useful applications in areas such as health care, food production, and environmental restoration.

Microbiomes are the communities of microorganisms that live on or in people, plants, soil, oceans, lakes, rocks, and the atmosphere. Recent discoveries have generated a new view of the biological world, one that recognizes that plants and animals are actually meta-organisms containing one or many microbial species. Inanimate surfaces, from rocks to keyboards, are likewise swarming with microbial life.



These microbial communities help define the health and integrity of their living or inanimate hosts. Microbiomes influence the behavior of diverse ecosystems, with effects on human health, climate change, food security, and other factors. Imbalanced microbiomes have been associated with human chronic diseases such as obesity, diabetes, and asthma; local ecological disruptions such as the “dead zone” in the Gulf of Mexico; reductions in agricultural productivity; and disruptions in weather and atmospheric conditions related to climate change.

Despite the exciting progress that has already been made in microbiome science, the knowledge and tools necessary to manipulate microbiomes in a directed manner are lacking. The NMI will focus on comparative study of microbiomes across different ecosystems to seek organizing principles that shape all microbiomes. Understanding these principles are necessary to develop approaches to reliably alter microbiomes to benefit individuals, communities, and societies.

Specifically, the NMI will have three goals, which were developed through a year-long fact-finding process that involved Federal agencies, non-government scientists, and a broad community of citizens. These goals are:

1. **Supporting interdisciplinary research** to answer fundamental questions about microbiomes in diverse ecosystems.

2. **Developing platform technologies** that will generate insights and help share knowledge of microbiomes in diverse ecosystems and enhance access to microbiome data.

3. **Expanding the microbiome workforce** through citizen science and educational opportunities.

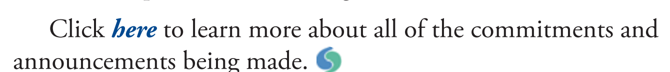
New Public and Private Investments in Microbiome Research

The NMI builds on a strong base of public and private support. Between Fiscal Year (FY) 2012 and 2014, for example, more than a dozen Federal departments and agencies invested a total of $922 million into microbiome science. Moreover, many universities have created centers and launched programs designed to accelerate the study of microbiomes, and private-sector involvement in microbiome research and applications has grown rapidly. These developments reflect strong interest throughout the research community and the broader public in understanding microbiomes across ecosystems.

The NMI will continue this momentum by coordinating and connecting ongoing efforts to maximize impact and by catalyzing new activities under the goals outlined above. To kick off the NMI, Federal agencies will together invest more than $121 million (in funds appropriated in FY 2016 and proposed in the President’s FY 2017 Budget) into interdisciplinary, multi-ecosystem research and tools development.

In addition, stakeholders and institutions in all sectors are today announcing new commitments of more than $400 million in financial and in-kind contributions that respond to OSTP’s ***national call to action on microbiome science*** and support the NMI’s overarching goals. These include:

- The **Bill and Melinda Gates Foundation** will invest $100 million over 4 years to investigate and develop tools to study human and agricultural microbiomes.
- **JDRF** will invest $10 million over 5 years to address microbiome research related to type 1 diabetes.
- The **University of California, San Diego** is investing $12 million in the Center for Microbiome Innovation to enable technology developers to connect with end users.
- **One Codex** is launching a public portal for microbiome data, allowing for researchers, clinicians, and other public health professionals to have more access to microbiome data.
- **The BioCollective, LLC**, along with the **Health Ministries Network**, are investing $250,000 toward building a microbiome data and sample bank and engaging underrepresented groups in microbiome research.
- The **University of Michigan**, with support from the Howard Hughes Medical Institute and Procter and Gamble, will invest $3.5 million in the Michigan Microbiome Project to provide new research experiences for undergraduate students.



Click ***here*** to learn more about all of the commitments and announcements being made.

U.S. Senate passes bipartisan opioid bill

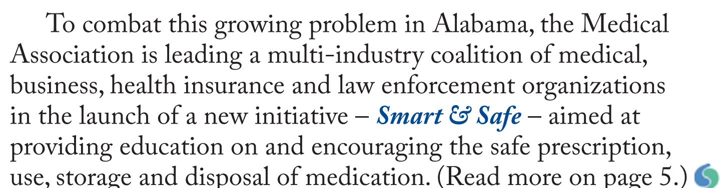
The U.S. Senate has passed the Comprehensive Addiction and Recovery Act, which will provide grants to states, local governments and non-profit groups for programs to strengthen prescription drug monitoring, improve treatment for addicts, and expand prevention, education and law enforcement initiatives.

According to an article in *USA Today*, this legislation authorizes $725 million for federal grants but does not allocate any actual funds, which would have to be approved as part of legislation to fund federal agencies for the 2017 fiscal year. Senate Republicans last week blocked an effort by Sen. Jeanne Shaheen (D-NH), to add $600 million in emergency money to the bill.

GOP leaders said that Congress already appropriated more than $400 million in funds that are available now for programs to combat opioid abuse as part of a huge spending bill passed in December. President Obama is also asking Congress for an extra $1.1 billion in his 2017 budget request to pay for drug treatment for people addicted to prescription painkillers and heroin.

"This authorization bill, in conjunction with the $400 million appropriated for opioid-specific programs just a few months ago, can make important strides in combating the growing addiction and overdose problem we've seen in all 50 states," said Majority Leader Mitch McConnell (R-Ky).

Each day, 44 people die in the U.S. from an overdose of prescription painkillers, according to the Centers for Disease Control and Prevention. More people die from accidental drug overdoses than in car accidents, according to the American Society of Addiction Medicine. Opioid abuse is the main problem, with nearly 19,000 overdose deaths related to prescription pain relievers in 2014.



To combat this growing problem in Alabama, the Medical Association is leading a multi-industry coalition of medical, business, health insurance and law enforcement organizations in the launch of a new initiative – ***Smart & Safe*** – aimed at providing education on and encouraging the safe prescription, use, storage and disposal of medication. (Read more on page 5.)

ACG Public Policy Update

GIQuIC: the Bridge Between Public Policy and Practice Management

This week, GIQuIC announced that the registry database has surpassed 3 million colonoscopies. The growth in procedures has been driven by a surge in the growth of the number of practices and physicians involved in this quality improvement initiative. More than 4,000 providers, which account for over a quarter of all U.S. gastroenterologists, now participate in GIQuIC.

The GIQuIC registry has again been approved as a Qualified Clinical Data Registry (QCDR) for individual providers reporting to the Physician Quality Reporting System (PQRS). For 2016, providers who satisfactorily participate in PQRS will avoid the 2018 payment cut of 2%, a cut that could be up to an additional -4% via the "value-based payment modifier" (depending upon group size).

ACG does not endorse simply linking reimbursement to quality reporting. However, in the event that state and federal policymakers mandate quality reporting as a condition to payment, it is ACG's goal to minimize practice management burdens and protect GI reimbursement as much as possible.

More reading: ***GIQuIC and the forthcoming "Merit-Based Incentive Payment System" (MIPS).***

Click ***here*** to learn more about signing your practice up for GIQuIC.

Medicare Part B Drug Reimbursement Proposal Would Cut Reimbursement for GI Practices and Infusion

This week, ACG submitted ***formal comments to CMS*** regarding an ill-advised proposal to change the reimbursement formula for physician-administered drugs, such as infliximab and vedolizumab. ACG is also a member of like-minded coalitions of providers in opposition to this proposal. Many patient advocacy groups, such as the Digestive Disease National Coalition (DDNC), also oppose this payment change.

ACG is also engaged and working with allies in Congress by promoting a bill sponsored by Rep. Larry Buchson (R-IN). This bill would prevent CMS from going through with this proposal.

Read the full blog post here.

MIPS or "The Other Guy Must Fail First" Payment System

In the upcoming days, ACG will focus on certain segments of this newly proposed Medicare payment system, delving more into the specifics but in piecemeal and in brief summaries. This way, we hope the busy GI clinician is not overloaded with lengthy explanations, complicated flow charts, and more acronyms all at the same time.

MACRA requires "Budget Neutrality." This means the MIPS bonuses are to be proportional to cuts. The total amount paid out must be equal to the total amount of penalties assessed to achieve budget neutrality. CMS estimates that MIPS payment adjustments would be equally distributed between the cuts ($833 million) and bonuses ($833 million) to MIPS eligible clinicians. For GI, CMS estimates that roughly 62% would be eligible for a bonus and 38% would be subject to a payment cut. This means that there must be low scoring providers to have the available bonuses for higher scoring ACG members.

Check out ACG's ***"Making $ense of MACRA"*** summary for more analysis of MIPS and APMS.

More perspectives on growing controversy over long-term PPIs

by Ken Devault, MD
ACG Presidential Blog

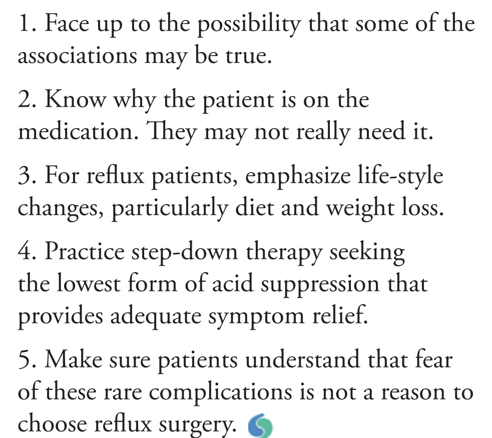
I want to make you aware of two articles published in the Red Section of *The American Journal of Gastroenterology* addressing some of the concerns related to the ongoing controversy surrounding the long-term safety of proton pump inhibitors.

In addition, a recent ***mechanistic study has suggested an endovascular effect of PPI*** that might, if confirmed in additional studies, potentially explain some of the cardiovascular, renal and neurological associations.

The AJG editors invited the European perspective on overuse of PPI. ***Read Dr. Angel Lanas' Red Section article HERE***. Dr. Lanas relates the major improvement in health that can be achieved with the proper use of these agents, but then outlines areas where they may tend to be used inappropriately. In Europe, the most common inappropriate use of PPI is for the prevention of gastric damage in co-therapy with agents which have a low or at times no risk of significant gastric damage and in the prevention of stress-induced bleeding. PPI are often started as an inpatient and continued on discharge for non-indicated reasons. The risks of PPI are probably relatively low, but that benefit-to-risk ratio becomes very low when there is almost not demonstrable benefit. He calls on our profession to attempt to self-regulate inappropriate PPI use.

Also in the Red Section, Dr. Loren Laine gives his perspective on PPI use. ***Read Dr. Laine's article HERE***. He admits that these as yet unproven risks are indeed important and need to be watched. He goes on to emphasize the conditions where PPI therapy may or may not be beneficial. The first is reflux disease where PPI are effective and commonly used, but can be replaced by less aggressive agents in many cases. Even in patients with erosive esophagitis and Barrett's esophagus, the true benefit of long-term PPI therapy is not clear. It is clear that ulcer prevention is actually needed in a subset of NSAID users and that long-term PPI are most assuredly indicated, but these agents are not needed in low-risk patients.

Two blogs in a row on this subject resulted not just from the press and publications related to the topic, but from the many questions raised by my patients. I continue to refine my thoughts on this subject and am trying to let the following principles provide guidance.



1. Face up to the possibility that some of the associations may be true.

2. Know why the patient is on the medication. They may not really need it.

3. For reflux patients, emphasize life-style changes, particularly diet and weight loss.

4. Practice step-down therapy seeking the lowest form of acid suppression that provides adequate symptom relief.

5. Make sure patients understand that fear of these rare complications is not a reason to choose reflux surgery.

Efforts continue in Alabama to combat prescription drug abuse

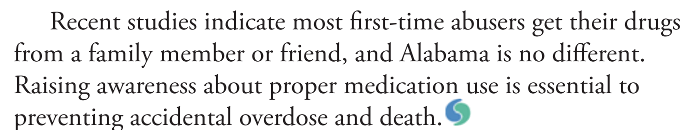
Earlier this year, AGS partnered with the Medical Association of the State of Alabama and a coalition of medical, business, health insurance and law enforcement organizations to launch – **Smart & Safe** – an initiative to provide education on safe prescription, use, storage and disposal of medication.

The U.S. Drug Enforcement Agency held its annual Prescription Drug Take-Back Day on April 30 to provide a safe, secure and convenient way for the public to properly dispose of unused prescription medications.

Flushing drugs down the toilet contaminates waterways, affecting how fish, frogs, waterfowl and other animals develop and behave. Some of the drugs, once dissolved, end back up in drinking water, unable to be filtered out by sewage treatment plants.

More than 6.5 million people in the U.S. abuse prescription drugs, according to the DEA, and overdoses are now the leading cause of injury-related deaths. In the past five years, the DEA has destroyed more than 5.5 million pounds of unused prescription drugs.

Recent studies indicate most first-time abusers get their drugs from a family member or friend, and Alabama is no different. Raising awareness about proper medication use is essential to preventing accidental overdose and death.



scope

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

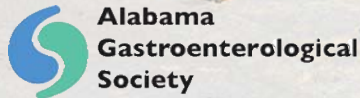
Alabama Gastroenterological Society 2014 Officers
Robert Shaffer, MD — President
DeWayne Tooson, MD — Vice President
Kenneth Sigman, MD — Secretary/Treasurer
Timothy Denton, MD — Immediate Past President

Robert Shaffer, MD — Publisher
Jennifer Hayes — Executive Editor
Charlotte Morris — Senior Editor

*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 Dubay, 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

Rooms at the Hilton Sandestin 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 three options near the Hilton Sandestin:
  - **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.

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

www.alagastro.org

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)

❑ Physician Member $375 ❑ Physician Non-Member $475 ❑ Retiree - $150

❑ Associate Member $275 ❑ Associate Non-Member $375 ❑ Resident/Student - Free

❑ Practice Manager $150

❑ 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: $ __________

MAIL REGISTRATION FORM AND PAYMENT TO

AGS Annual Conference | Attn. Jennifer Hayes | PO Box 1900 | Montgomery, AL 36102-1900