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## ACA Repeal Watch

by *Whitfield L. Knapple, MD, FACC*


On Oct. 12, President Donald Trump signed an executive order with the goal of rolling back the Patient Protection and Affordable Care Act (ACA) via the regulatory process. The administration noted that since the Republican-controlled Congress has yet to repeal the ACA as a law, President Trump may begin issuing a series of executive orders to make changes via the regulatory process.

- The order directs the Department of Labor to consider expanding access to Association Health Plans (AHPs) for small groups and employers to band together and purchase insurance across state lines. (The ACA already enables creating a process to purchase insurance across state lines.) The

executive order allows agencies to broaden the interpretation of the Employee Retirement Income Security Act (ERISA) and loosen ACA coverage requirements with a goal of a broader range of insurance options at lower rates in the large group market. According to the administration, employers participating in an AHP cannot exclude any employee from joining the plan, and cannot develop premiums based on health conditions.

- The order directs the Departments of the Treasury, Labor, and Health and Human Services to consider expanding coverage through low cost short-term limited duration insurance that are not required to adhere to ACA coverage requirements.

- The order directs the Departments of the Treasury, Labor, and Health and Human Services to consider changes to Health Reimbursement Arrangements (HRAs). HRAs are employer-funded accounts that reimburse employees for healthcare expenses, such as deductibles and copayments. Currently, the IRS does not count funds contributed to an HRA as taxable income.

ACG will monitor any forthcoming regulatory proposals and will update membership with any latest developments. ACG will also continue to fight for patients with pre-existing conditions and advocate for coverage for essential health benefits and preventive services, including waiving cost-sharing for these important services provided by ACG members. 

**Join us in New Orleans  
for the AGS 2018 Annual Conference**

Feb. 17-18, 2018 • Hyatt Centric  
French Quarter, New Orleans

See pages 2 and 3 for details.





# AGS 2018 Annual Conference

Feb. 17-18, 2018

Hyatt Centric French Quarter  
New Orleans



[www.alagastro.org](http://www.alagastro.org)



## AGS Conference Tentative Agenda

### SATURDAY, FEBRUARY 17

7:00 a.m. – 8:00 a.m.

Breakfast with Exhibitors

8:00 a.m. – 8:15 a.m.

Welcome and Opening Remarks

J. DeWayne Tooson, MD, AGS President

8:15 a.m. – 9:15 a.m.

HCV Transplant Cholestatic Liver Disease

Phillip Henderson, DO, Clinical Instructor of Medicine,  
USA College of Medicine

9:15 a.m. – 10:15 a.m.

Management of Achalasia

Mouen Khashab, MD, Associate Professor of Medicine  
and Director of Therapeutic Endoscopy, Johns Hopkins  
Hospital, Division of Gastroenterology and Hepatology

10:15 a.m.

Morning Break with Exhibitors

10:30 a.m. – 11:30 a.m.

Advances in Therapeutic Endoscopy

Mouen Khashab, MD, Associate Professor of Medicine  
and Director of Therapeutic Endoscopy, Johns Hopkins  
Hospital, Division of Gastroenterology and Hepatology

11:30 a.m. – 12:30 p.m.

Management of Refractory IBD

Steve Hanauer, MD, Professor of Medicine,  
Northwestern University Feinberg School of Medicine

12:30 – 2:30 p.m.

Mardi Gras Lunch Party with Exhibitors

2:30 p.m.

Enjoy the rest of your day in the City of New Orleans

### SUNDAY, FEBRUARY 18

7:00 a.m. – 7:30 a.m.

Breakfast with Exhibitors

7:30 a.m. – 8:00 a.m.

Business Session, Installation of 2018-2020 Officers

8:00 a.m. – 9:00 a.m.

Coding Pitfalls in Ambulatory Surgery Centers

Kristin Vaughn, CPC, Ask Mueller Consulting, LLC

9:00 a.m. – 10:00 a.m.

GI Practice Management, Ancillary Opportunities in GI

Reed Hogan, MD, GI Associates and Endoscopy Center

10:00 a.m.

Morning Break with Exhibitors

10:15 a.m. – 11:15 a.m.

Advances in Pancreatic and Biliary Endoscopy

Kenneth Sigman, MD, Birmingham Gastroenterology  
Associates

11:15 a.m. – 12:15 p.m.

Management of Liver Tumors

David Fettig, MD, Birmingham Gastroenterology  
Associates

12:15 p.m.

Evaluation and Adjourn

#### *The accreditation statement:*

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Association of the State of Alabama through the joint providership of the Medical Foundation of Alabama and the Alabama Gastroenterological Society. The Medical Foundation of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

*Hotel accommodations and registration information is available at  
[www.alagastro.org/annual-conference](http://www.alagastro.org/annual-conference).*

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## 2018 ANNUAL CONFERENCE REGISTRATION FORM

Name \_\_\_\_\_  MD  DO  CRNP  PA  PharmD  Medical Science Liaison\*  
Practice Name \_\_\_\_\_  Resident/Fellow  Student  Other \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Office Manager \_\_\_\_\_ Office Manager's E-mail \_\_\_\_\_

Dietary Needs \_\_\_\_\_  First time attendee? (check if yes)

### FEES (After Feb. 9 add \$100)

- AGS Physician Member or Out of State Physician \$375
- AGS Associate Member or Out of State Non Physician Clinician \$275
- Retiree - \$150
- Medical Science Liaison\* \$475
- Physician Nonmember \$475
- Associate Nonmember \$375
- Resident - Free
- Practice Manager \$150
- Student - Free

\*The medical science liaison's company must be a registered vendor at the conference. Contact Jennifer Hayes for details.

\_\_\_\_\_ Total number of adults attending reception

Guest Name(s): \_\_\_\_\_

### ONLINE REGISTRATION

Go to [www.tinyurl.com/AGS2018](http://www.tinyurl.com/AGS2018) to register online.

### ACCOMMODATIONS

Reserve a room at the Hyatt Centric French Quarter online at [www.tinyurl.com/2018AGSReservations](http://www.tinyurl.com/2018AGSReservations) or call 888-421-1442 and ask for the Alabama Gastroenterological Society room block. Rates begin at \$229 per night and are valid for three days before and three days after the conference based on availability. The room block expires Jan. 24, 2018, but will likely sell out before that date.

If you have special needs or need assistance, please contact Jennifer Hayes, at (334) 954-2500 or [JHayes@alamedical.org](mailto:JHayes@alamedical.org).

### PAYMENT

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

Cardholder Name \_\_\_\_\_ E-mail address for receipt \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

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### MAIL REGISTRATION FORM AND PAYMENT TO

AGS Annual Conference | Attn. Jennifer Hayes | PO Box 1900 | Montgomery, AL 36102-1900 | Fax (334) 269-5200

# Gastroenterology societies respond to CMS 2018 payment rules

[www.healio.com](http://www.healio.com)

The American Society for Gastrointestinal Endoscopy, the American Gastroenterological Association and the American College of Gastroenterology have issued comments and recommendations to CMS on the 2018 proposed rules for the Medicare Physician Fee Schedule, the Hospital Outpatient Prospective Payment System and the Ambulatory Surgical Center Payment System, which are expected to be finalized in early November.

In a joint letter to CMS, the societies commented on provisions that affect gastroenterology, including their support of new recommended values of anesthesia services for GI procedures. CMS has proposed adopting the AMA Relative Value Scale Update Committee's (RUC) recommended values for these anesthesia services, with each base unit valued at about \$22.

The societies also expressed their support for proposed updates to the Evaluation and Management documentation guidelines "to reduce physician burden and to better align E/M documentation with the current practice of medicine." They recommended these documentation requirements align with "the nature of the

presenting problem, medical decision making and time with the patient," and also praised the proposed reduction of documentation required for history of present illness and physical exam.

However, the societies opposed the proposal to reduce the malpractice RVU for gastroenterologists, and instead "recommended that CMS maintain the CY 2017 risk factors used to determine the RVU, which include unique non-surgical and surgical risk factors."

Finally, the societies supported proposed changes to reporting criteria for the 2018 payment adjustment for the Physician Quality Reporting System (PQRS) and the Medicare Electronic Health Record (EHR) Incentive Payment Program.

"For both programs, CMS proposed to reduce the 2016 quality reporting criteria from nine to six measures," according to the press release.


In a separate letter, the societies also issued comments regarding proposed changes to the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System.

Regarding changes to ASC payment,

the societies recommended that CMS "eliminate the growing disparity in the facility reimbursement rates between hospital outpatient departments (HOPDs) and ASCs," highlighting that "the declining reimbursement for ASCs jeopardizes the ability to perform Medicare cases in this more cost-effective setting," according to the press release. Additionally, they recommended that ASC payments be set at a fixed percentage of the OPPS rate.

The societies also advised CMS to include 16 additional GI services and infusion services in ASC-covered surgical procedures.

Further, they expressed support for proposed changes to the ASC Quality Reporting (ASQCR) Program, including a delay in the mandatory implementation of the Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS).

"As CMS seeks opportunities to repeal, replace, or otherwise modify burdensome regulations, our societies commented that CMS should finalize its proposal to make OAS CAHPS participation voluntary," according to the press release. 

## Colonoscopy cost measure to be tested for MIPS


*American Gastroenterological Association*

On Oct. 16, CMS and its contractor, Acumen, LLC, began field testing a new screening/surveillance colonoscopy cost measure for use in the cost performance category of the Merit-based Incentive Payment System (MIPS). The measure will be tested through Nov. 15, 2017.

To take advantage of this opportunity, you must have an Enterprise Identity Management (EIDM) account and have access to the "Physician Quality and Value Programs" role. [Note: cost measure test reports are separate from Quality and Resource Use Reports (QRURs).] Under MIPS, there are four performance categories – quality, advancing care information (EHR meaningful use), improvement activities and cost. Starting in

2019, the cost performance category will make up 30 percent of a physician's score under MIPS.

During field testing, clinicians and clinician groups who perform at least 10 screening or surveillance colonoscopies on Medicare patients will have the opportunity to view a confidential report with information about their cost measure performance. We expect that these reports will be available to many AGA members, providing an opportunity for gastroenterologists to share meaningful feedback on the measure and measure report. Feedback will be used to inform potential measure refinements.

Register now to be prepared. Visit [www.gastro.org](http://www.gastro.org) for more information on how to register. 



**AGS endorses 2017 Advances in Inflammatory Bowel Diseases conference**

**Members receive \$50 off the conference rate.**

November 9-11, 2017  
Walt Disney World Dolphin Hotel, Orlando  
Use promo code: A564-AL-AGS-50 at registration.

For more information visit <http://advancesinibd.com/>.

## AGA provides guidance on managing GI side effects of opioids

[www.healio.com](http://www.healio.com)

A new American Gastroenterological Association Clinical Practice Update provides guidance on managing the gastrointestinal symptoms and side effects of opioids.

Michael Camilleri, MD, of the division of gastroenterology and hepatology at the Mayo Clinic in Rochester, Minn., and co-authors emphasized that considering the widespread use of opioids in the U.S., gastroenterologists should understand the beneficial or adverse effects these medications can have on the GI tract, and how to prevent and effectively treat them.


“Opioids are frequently encountered in clinical practice either as cause of patients’ symptoms or as the treatment for symptoms,” Camilleri said.

As opioid receptors are densely populated in the GI tract, patients taking opioids commonly experience conditions like opioid-induced constipation (OIC), esophageal dysmotility, delayed gastric emptying, and a unique condition called narcotic bowel syndrome, the authors wrote.

“Increasingly, the opioid epidemic is manifested in patients seen in gastroenterology practice as OIC and narcotic bowel syndrome,” Camilleri said. “Clinical guidelines on treatment of these conditions are available and help optimize patient management.”

### Opioid-induced constipation

Regarding prevention and treatment strategies for OIC, they recommended that laxatives should be a first-line treatment, or even be given prophylactically, although this is rarely done. If laxatives provide insufficient clinical benefit, they advised that prescription OIC treatments should be considered.

Camilleri and colleagues also mentioned that naloxone, the IV drug used to treat opioid overdoses, has been shown to improve OIC symptoms when taken orally, and suggested that using Nucynta (tapentadol, Ortho-McNeil-Janssen Pharmaceuticals) or Targiniq ER (Purdue Pharma), a fixed-dose combination of oxycodone and naloxone, as alternatives to other opioids may be effective, as they have fewer GI adverse effects. 

## ProAssurance establishes academic research program dedicated to physician wellness


ProAssurance Corporation announced in September the establishment of the ProAssurance Endowed Chair for Physician Wellness at the University of Alabama at Birmingham. This academic chair is the first of its kind in the United States and demonstrates ProAssurance’s commitment to its role as a leading advocate for America’s physicians.

The initial \$1.5 million gift to the UAB School of Medicine will endow an academic chair and also will support a research team dedicated to addressing health issues that are unique to physicians.

As he announced the gift, ProAssurance Chairman and Chief Executive Officer Stan Starnes underscored the importance of the research that will emerge. He said, “Physicians have always been subject to the high levels of stress from a variety of factors such as society’s expectations for successful outcomes, the threat of litigation and the effect of their professional obligations on the quality of their lives, and their families’ lives.

“As medicine evolves to address the changing dynamic of healthcare in America, we must find ways to address these pressures,” Starnes continued.

“UAB leadership is committed at the highest level to provide our physicians, residents, fellows and trainees the same type of world class care they provide for the citizens of Alabama and beyond every day,” said UAB President Ray L. Watts, MD. “This generous investment by ProAssurance will enable us to recruit an expert in the field of physician wellness who can implement well-designed interventions that enhance our sustainable culture of wellness and provide trainees with tools and resources to manage stress and burnout.”

ProAssurance also expects to provide an additional gift of \$500,000 to fund various initiatives in support of physician wellness. The company’s chief medical officer, Hayes V. Whiteside, MD, said, “Assisting physicians has always been a high priority for ProAssurance. Now more than ever, we need to ensure that today’s physicians maintain their commitment to our high calling, and that future physicians are equipped to deal with the realities of their vital chosen profession.” 



**Alabama Gastroenterological Society**

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### Alabama Gastroenterological Society 2016-2018 Officers

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