

*scope...*



## Congress passes budget with wins for gastroenterology

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

Congress passed, and the president signed, a major budget agreement to fund the government through September 2019. The agreement increases the current budget caps that have been in place since the Budget Control Act and provides an additional \$300 billion in new funding for defense and non-defense discretionary spending. The budget agreement was attached to a short-term continuing resolution that funds the government through March 23. Appropriators will now write the language that details the funding

through Sept. 30, 2019.

**The agreement contains several provisions for which AGA has been advocating over this past year and in some cases, over several years.**

### NIH Funding

The agreement includes \$2 billion in additional funding for NIH. AGA and the entire research community have been advocating for increased NIH funding to expand research opportunities, keep our country competitive and improve health care in our nation.

### MIPS

The agreement also provides flexibility under the new Quality Payment Program (QPP) and the Merit-based Incentive Payment System (MIPS) that were created under the Medicare Access and CHIP Reauthorization Act (MACRA). The language addresses four areas of the QPP that AGA and all of organized medicine have been advocating for Congress to address, including:

- Excluding Medicare Part B drug costs from MIPS payment adjustments.

*continued on page 3*

## Last call for AGS 2018 Conference

**It is not too late to sign up for the AGS 2018 Conference!**

AGS has a wonderful conference in place for Feb. 17-18 in New Orleans. You do not want to miss the top-notch educational program, which will provide 8 *AMA PRA Category 1 Credits*<sup>™</sup>, networking with your colleagues and our conference exhibitors, and a fabulous Mardi Gras Lunch Party on Saturday with entertainment provided by the Camelia Quartet, led by Clive Wilson. **Preregistration will close at 5 p.m. on Monday, Feb. 12.**

Find registration information, agenda and hotel accommodations on our Annual Conference page, [www.alagastro.org/annual-conference](http://www.alagastro.org/annual-conference).

### Accommodations

Rooms in the AGS room block at the Hyatt Centric have become available. Call Charlotte Morris in the AGS office at (334) 954-2531 or send an e-mail to [cmorris@alamedical.org](mailto:cmorris@alamedical.org) before noon on Tuesday, Feb. 13.



# Better manage acute pancreatitis to improve patient outcomes

## New AGA guideline addresses questions on the benefits of goal directed fluid resuscitation, early oral feeding and more

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

AGA has a new clinical guideline on the initial management of acute pancreatitis, published in *Gastroenterology*. In the U.S., acute pancreatitis (AP) is a leading cause of inpatient care among gastrointestinal conditions with more than 275,000 patients hospitalized annually, at an aggregate cost of over \$2.6 billion per year. The guideline focuses on patient care within the first 48 to 72 hours of admission when management decisions can alter the course of disease and duration of hospitalization.

### Guideline Recommendations

AGA's new guideline aims to reduce practice variation and promote high quality and high value care for patients suffering from AP. It addresses questions on the benefits of goal directed fluid resuscitation, early oral feeding, enteral vs. parenteral nutrition, the routine use of prophylactic antibiotics and routine ERCP in all patients with AP.

The guideline is accompanied by a technical review, a new spotlight (infographic) and a patient companion infographic, which provides key points and important information directly to patients.

### AGA's recommendations include:

Statement	Strength of Recommendation	Quality of Evidence
1A. In patients with acute pancreatitis AGA suggests using goal directed therapy for fluid management.  <i>Comment: AGA makes no recommendation whether normal saline or ringer's lactate is used.</i>	Conditional recommendation	Very low quality
1B. In patients with acute pancreatitis, AGA suggests against the use of hydroxyethyl starch (HES) fluids.	Conditional recommendation	Very low quality
2. In patients with predicted severe acute pancreatitis and necrotizing pancreatitis, AGA suggests against the use of prophylactic antibiotics.	Conditional recommendation	Low quality
3. In patients with acute biliary pancreatitis and no cholangitis, AGA suggests against the routine use of urgent ERCP.	Conditional recommendation	Low quality
4. In patients with acute pancreatitis, AGA recommends early (within 24 hours) oral feeding as tolerated rather than keeping the patient nil per os (NPO).	Strong recommendation	Moderate quality
5. In patients with acute pancreatitis and inability to feed orally, AGA recommends enteral rather than parenteral nutrition.	Strong recommendation	Moderate quality
6. In patients with predicted severe or necrotizing pancreatitis requiring enteral tube feeding, AGA suggests either nasogastric or nasoenteral route.	Conditional recommendation	Low quality
7. In patients with acute biliary pancreatitis, AGA recommends cholecystectomy during the initial admission rather than following discharge.	Strong recommendation	Moderate quality
8. In patients with acute alcoholic pancreatitis, AGA recommends brief alcohol intervention during admission.	Strong recommendation	Moderate quality



## Budget agreement continued from page 1

- Eliminating improvement scoring for the cost performance category for the second through fifth years of MIPS.
- Allowing CMS to weight the cost performance category at less than 30 percent, but not less than 10 percent for the second through fifth years of MIPS.
- Allowing CMS flexibility in setting the performance threshold for MIPS years two through five to ensure a gradual and incremental transition to the performance threshold set at the mean or median for the sixth year.
- Allowing the Physician Focused Payment Model Technical Advisory Committee (PTAC) to provide initial feedback on alternative payment models regarding the extent to which they meet criteria and an explanation of the basis for the feedback.

These changes were a major victory for the physician community and will help better transition physicians in the QPP. Since most physicians will participate in MIPS, AGA has argued that these changes were essential to ensure that the program will work and allow for physicians to be successful in their participation.

### Meaningful Use Standards

The package addresses electronic health record (EHR) standards and eases requirements for physicians. The language removes the mandate that meaningful use standards become more stringent over time, which is a major financial burden for physician practices. The language also gives physicians more time to submit and receive a hardship exemption from the current EHR standards that would apply to meaningful use and the QPP's advancing care information performance category.

### IPAB Repeal

AGA and all of organized medicine have long opposed the Independent Payment Advisory Board (IPAB) that was created as part of the Affordable Care Act. IPAB is an unelected, unaccountable board whose sole purpose is to cut Medicare spending from providers should Medicare reach a certain threshold of

spending. Since hospitals are exempt from their purview, physicians would be particularly vulnerable to cuts. However, repealing IPAB has had bipartisan support over the years, and we applaud Congress for listening to us and the medical community and taking action.

### Misvalued Codes

AGA and the physician community were also successful in removing a provision that would have extended the misvalued codes initiative for the next two years to reallocate savings from potentially overvalued codes. AGA, the Alliance of Specialty Medicine and the AMA opposed the original provision expanding the misvalued codes initiative and have argued that virtually all codes under the fee schedule, including gastroenterology, have been reevaluated and have already faced significant cuts.

### Geographic Practice Cost Index

The budget agreement extends the work for the Geographic Practice Cost Index (GPCI) floor for two additional years, which avoids a decrease in Medicare reimbursement for physicians that practice in rural areas. The work GPCI is a variable that Medicare uses to adjust the work component of physician payment based on where they live. A work GPCI floor of 1.0 protects physicians in low-cost, often rural areas, from being paid less for the work they do.

### Biosimilars Coverage Under Medicare Part D

The agreement also levels the playing field between biologics and biosimilars by adding biosimilars to the Medicare

Coverage Gap Discount Program. Additionally, by providing the 50 percent discount equally, beneficiary out-of-pocket costs will be reduced and the Medicare program will save money as a result of covering the less expensive medication.

### National Health Service Corps


Funding for the National Health Service Corps is extended at the FY 2015 – 2017 annual level of \$310 million for two additional years.

### Teaching Health Center Graduate Medical Education

Funding for Teaching Health Center Graduate Medical Education is extended for two years at an annual level of \$126.5 million, more than doubling the current annual funding for this program.

### Additional Health Provisions

- \$6 billion to fund the fight against the opioid and mental health crises.
- \$4 billion to rebuild and improve VA Hospitals and Clinics.
- \$7 billion for Community Health Centers and reauthorizes the program for two years.
- Closing the Medicare Part D “donut hole” for seniors in 2019.
- Reauthorizes the Children's Health Insurance Program (CHIP) for an additional four years.

AGA and the medical community have fought long and hard for these provisions and are happy to see them finally being implemented. We thank all of our members who have worked along with us to ensure that the voice of gastroenterology continues to be heard on Capitol Hill. 



## Alabama Gastroenterological Society

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

### Alabama Gastroenterological Society 2016-2018 Officers

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

# AGS 2018 Annual Conference

Feb. 17-18, 2018

Hyatt Centric French Quarter  
New Orleans



Alabama  
Gastroenterological  
Society

www.alagastro.org



## AGS Conference 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.

Advances in Pancreatic and Biliary Endoscopy

Kenneth Sigman, MD, Birmingham Gastroenterology  
Associates

10:15 a.m.

Morning Break with Exhibitors

10:30 a.m. – 11:30 a.m.

Management and Treatment of Chronic Hepatitis B

David Fettig, MD, Birmingham Gastroenterology  
Associates

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.

Management of Achalasia

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

11:15 a.m. – 12:15 p.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

12:15 p.m.

Evaluation and Adjourn

#### Designation Statement

The Medical Foundation of Alabama designates this live activity for a maximum of 8 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### 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.

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## 2018 ANNUAL CONFERENCE REGISTRATION FORM

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

Practice Name \_\_\_\_\_

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)

- |   |  |
|---|--|
| <input type="checkbox"/> AGS Physician Member or Out of State Physician \$375               | <input type="checkbox"/> Physician Nonmember \$475 |
| <input type="checkbox"/> AGS Associate Member or Out of State Non Physician Clinician \$275 | <input type="checkbox"/> Associate Nonmember \$375 |
| <input type="checkbox"/> Retiree - \$150  | <input type="checkbox"/> Resident - Free           |
| <input type="checkbox"/> Medical Science Liaison* \$475                                     | <input type="checkbox"/> Student - Free            |
| <input type="checkbox"/> Practice Manager \$150   |  |

\*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 the room block is almost sold out.** Call the AGS office at (334) 954-2531 if you have trouble getting a room.

If you have special needs or need assistance, please contact Charlotte Morris at (334) 954-2531 or [cmorris@alamedical.org](mailto:cmorris@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 \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### MAIL REGISTRATION FORM AND PAYMENT TO

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