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January 30, 2008

Samuel R. Nussbaum, MD
Executive Vice President & Chief Medical Officer
Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204

Dear Dr. Nussbaum:

I am writing you to express concern about your company's guideline CG-Med-24, "Anesthesia Services for Gastrointestinal Endoscopic Procedures" which became effective in October 2007, of which we just became aware. As a professional medical society at the forefront of efforts to increase utilization of lifesaving colorectal screening, particularly the "gold standard" of colonoscopy, we are concerned about this guideline. As we pointed out in the attached a 2005 letter to Wellpoint before your acquisition of that company, issues such as co-morbidities and complication risks, in addition to patient comfort and preferences, can play a key role in the decision to undergo colonoscopy and in the success of the procedure itself. At a time when less than half of all eligible Americans are appropriately screened, great care should be taken in making any decision that may depress this utilization rate further or affect the provision of quality care for other endoscopic procedures.

The American College of Gastroenterology is a physician organization representing gastroenterologists and other gastrointestinal specialists. Founded in 1932, the College currently numbers more than 10,000 physicians among its membership of health care providers of gastroenterology specialty care. Although the vast majority of these physicians are gastroenterologists, the College's membership also includes surgeons, pathologists, hepatologists, and other specialists in various aspects of the overall treatment of digestive diseases and conditions. The College has chosen to focus its activities on clinical gastroenterology – the issues confronting the gastrointestinal specialist in treatment of patients. The primary activities of the College have been, and continue to be, educational efforts directed at promoting and optimizing quality care.

The College has long objected to insurance company policies that takes patient care decision making out of the hands of physicians. We believe that physicians and patients should determine the best place, method or procedure to be used in a particular situation.

Further, notwithstanding the barriers that exist in some states to GI-supervised use of propofol sedation, there is ample scientific evidence demonstrating the safety of this particular sedative under the supervision of gastroenterologists as well as anesthesiologists. In 2005, the College filed a proposed labeling change for propofol through the FDA in an effort to remove the barriers that exist in some states to non-anesthesiologist use of propofol. Since then, the many thousands of procedures using propofol have confirmed its safety profile.

Annual Scientific Meeting and Postgraduate Course
October 3 – 8, 2008, Gaylord Palms Resort and Convention Center, Orlando, Florida
www.acgmeetings.org

As you are aware, in 2004, ACG, along with our sister GI societies, the American Society for Gastrointestinal Endoscopy (ASGE) and the American Gastroenterological Association (AGA) issued a joint statement on the use of sedation in endoscopy. (See attached statement.) That statement recognizes that the use of propofol in endoscopy is a complex topic, both medically and scientifically. The treating physician is in the best position to determine the appropriate sedation agent to be used in a particular case, a fact that your guideline despite citing the Joint Statement, chooses to ignore.

Under no circumstances can your company possibly be in a position to make an informed judgment based on a generalized policy that overrides the physician's decision regarding use of an anesthesiologist, selection of an anesthetic agent and appropriate monitoring. If a bad patient outcome occurs as a result of your company's policy to substitute judgment on such a critical topic you will have set yourselves up as practicing medicine and can expect to shoulder the liability for any personal injury and medico-legal sequelae. In short, we believe your guideline very likely will miss the fact that there are patients who because of age, co-morbidities, extreme anxiety, community standards of care or for other reasons should have propofol during the endoscopic procedure.

We are concerned that your implementation of this guideline attempts to abrogate the physician's professional judgment/decision on which patients are the ones that require what types of care or anesthesia.

As we indicated in 2005 to one of your predecessor companies, Wellpoint, the College would welcome the opportunity to discuss how to more appropriately reflect the Tri-Society statement in your practice guidelines in order advance quality GI-care for all your beneficiaries. We urge you to revisit this overly simplistic guideline as soon as possible.

Very truly yours,

A handwritten signature in black ink, appearing to read "Amy Foxx-Orenstein". The signature is fluid and cursive, with the first name "Amy" being the most prominent.

Amy Foxx-Orenstein, D.O, FACC
President

cc: ACG Board of Trustees
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