From: ACG [info@gi.org]
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Subject: ACG Responds to Scathing New York Times Article on Colonoscopy

In response to a scathing feature story on the front page of Sunday's *New York Times,* the College expressed disappointment that article, "The $2.7 Trillion Medical Bill," unfairly casts outsized blame for high medical care costs on colonoscopy and, by extension, on gastroenterologists.

In a **Letter to the Editor**, ACG President Ronald J. Vender, MD, FACG, said, "The College stands behind its guideline recommendations for colorectal cancer screening by a range of options, and we maintain our published position that places the highest preference on screening tests such as colonoscopy that prevent colorectal cancer, not just detect it."

The aim of the American College of Gastroenterology is to provide the highest quality of colorectal cancer screening based on the best understanding of the clinical evidence as it currently stands. That evidence resoundingly supports colonoscopy with polyp removal as a proven strategy to prevent colorectal cancer.

"While the College shares the concern expressed in this article regarding escalating healthcare costs in the United States, as physicians on the front line diagnosing colorectal cancer, we also share a longstanding commitment to provide the highest quality screening for colorectal cancer at a reasonable, transparent cost to all appropriate candidates," added Dr. Vender

In the letter, Dr. Vender shared his perspective on today's article:

"The roots of the problem of high medical costs in the United Sates are many, varied and complicated. The fact that the writer chose to focus her attention on the one and only preventive cancer test that has been demonstrated to significantly reduce the incidence of colon cancer and death from the disease is disappointing. The evidence suggests that colonoscopy is a public health success story in this country."

In his letter, Dr. Vender made the point that ACG is not alone in its confidence in colonoscopy as a screening strategy: a wide variety of groups including the United States Preventive Services Task Force, the American Cancer Society, the American College of Radiology, the American Society for Gastrointestinal Endoscopy, the American Gastroenterological Association and others support the use of colonoscopy for colorectal cancer screening.

The College is communicating with the sister GI societies, AGA and ASGE, on a coordinated

response.

Reacting to the Larger Issues Raised by the New York Times

Dr. Vender's letter could not include a direct rebuttal of the New York Times article, but there is concern that the financial information in the article was potentially misleading since a large percentage of patients seen by gastroenterologists in the United States are Medicare beneficiaries. Physician Reimbursement for performing a colonoscopy procedure under Medicare has declined since the colon cancer screening benefit was enacted. Medicare rates generally drive the private insurance market reimbursement as well. By cherry-picking unusually high billed rates the article is misleading and does not reflect either what patients and insurers pay, or what physicians and facilities receive.

Sedation is considered inherent to the procedure and a gastroenterologist does not get paid more for the case depending upon the sedation used or the mechanism of sedation delivery. As noted in the article, there has been an increase in the use of propofol sedation. Notwithstanding the complete absence of any evidence showing safety concerns associated with gastroenterologist administered propofol sedation, the current rules make it difficult or impossible for a gastroenterologist to use this sedation agent without involving an anesthesiologist or certified registered nurse anesthetist in the case. Those providers bill Medicare and insurance companies directly for their services. Increasingly, patients are coming in and requesting the use of propofol sedation for their procedure in light of its quick onset and the speed at which it leaves the system.

The use of sedation in association with colonoscopy means the need for safety-related equipment and training is heightened which will impact where a case is performed. Whether a case is performed in a hospital outpatient department, an ambulatory surgery center or a physicians' office depends on a number of factors including the needs and preferences of a particular patient, state practice rules, and accreditation requirements among others. Many gastroenterologists and their patients prefer the convenience of an ambulatory surgery center over a hospital outpatient department as it has proven to be as safe as a hospital for appropriate cases and much more patient centered and efficient. ASC facility fees under Medicare are 56% of the HOPD fee. Cases done at these centers represent a significant savings to the health care system.

The quality of the exam is paramount and this is why ACG created the GI Quality Improvement Consortium GIQuIC in collaboration with the American Society for Gastrointestinal Endoscopy. This is a voluntary registry that was developed and supported by the two professional societies and in which doctors pay to participate so that they can continually improve the quality of their colonoscopy examinations. Science is ever changing and assuring that the quality of care continually improves is part of that mission as well. This powerful tool also helps to assure that screening and surveillance guidelines are being followed and patients are not being brought back prematurely for repeat exams.