



July 23, 2015

Michael Camilleri, M.D., MPhil, MRCP, FACP, AGAF
President of AGA Institute

Douglas Faigel, M.D., FASGE
President of ASGE

Stephen Hanauer, M.D., FACP
President of ACG

Dear Drs. Camilleri, Faigel and Hanauer:

The “proposed” reimbursement cuts for colonoscopy are a foregone conclusion. They are not proposed. They are dictated. They will probably be somewhat less drastic than threatened, in order to allow our negotiating delegates to claim victory, however modest that victory may be, however specious. That is because our delegates, presidents of our professional associations, have become the tools of cooperation with the political system, giving the government the cover it needs to justify its policies.

“Where were the doctors?”, people will ask when the disastrous consequences of those policies become a matter of public outcry. The doctors negotiated those measures, the press will say. The doctors were complicit. And so it goes. Doctors will again be blamed, in very much the same way as they were, when the AMA (American Medical Association), though shunned by most physicians, gave the nod to the Affordable Care Act.

In the era of healthcare reform, CMS (Centers for Medicare and Medicaid Services) decisions on reimbursement have had less to do with an impartial assessment of the value of a service than the fulfillment of a structural change in the delivery of healthcare. Did the elimination of consultation codes, which had existed for decades, stem from the sudden realization that consultations were useless or fictional?

CMS (Centers for Medicare and Medicaid Services) is implementing the vision of an administration bent on the elimination of private medicine, principally because private practice remains a powerful obstacle to the formation of ACO’s (Accountable Care Organizations). Independent physicians must be whittled down and reductions in

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professional fees will eventually ensure that outcome. The impact of such reductions on hospital institutions is minimal, being compensated for by the huge and unprecedented financial advantage hospitals have been granted in facility fees, while corresponding fees for ASC's (ambulatory surgical centers), which are used by independent physicians, continue to be slashed. The growing disparity in facility fees between hospitals and ASC's is not explicable on fiscal grounds. But, of course, it is not fiscal. It is political.

We are told that it is to our advantage to negotiate, because we have no other choice. We are told that, in some illusory future, bundled payments will favor us, but there is a dearth of evidence and no reason to believe that will ever be the case. We are told that medicine is evolving, like the inexorable hands of time. Are we to believe that the evolution is preordained and inescapable? That evolution is concocted by others. It is only inescapable if we acquiesce to it.

That we must abide by the rules is not in question, as long as those rules are in place, but we do not have to subscribe to their validity, their legitimacy or their soundness. When one side has no leverage, to negotiate is to capitulate. If we, as a profession, agree that PQRS (Physician Quality Reporting System) measures the quality of our service, that CAHPS (Consumer Assessment of Healthcare Providers and Systems) is the standard of our desirability, that ACO's enhance the health of our population, and that hospital employment improves our performance, then we should rejoice about the cuts, as they fulfill the promise of the model we embrace. If, on the other hand - and to use some of your own words - the cuts are flawed, imperil our patients and jeopardize future practitioners, we must stand firmly against them. We must respectfully decline to negotiate and state our position unambiguously, to our patients and to the public.

The double-talk must end. We cannot dance on both sides of the same issue. This is a field we understand far better than bureaucrats and politicians. If we do not have the courage and fortitude to clarify our stance to a public misled by slogans and blinded by misconceptions, we will have not only failed our profession and betrayed our calling; we will have forsaken our patients and deceived our nation.

Sincerely,

A handwritten signature in black ink, appearing to be 'FN', enclosed within a hand-drawn circular scribble.

Farid Naffah, M.D.
FN/kld