



December 17, 2010

Donald Berwick, MD, MPP, FRCP
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Physician Quality Reporting System 2012 Call for Measures

Dear Dr. Berwick:

The American Society for Gastrointestinal Endoscopy (ASGE) and the American College of Gastroenterology (ACG) welcome the opportunity to respond to the Centers for Medicare and Medicaid's (CMS) "Call for Measures" for the 2012 Physician Quality Reporting System (PQRS).

We strongly support the use of the three measures included in the "Endoscopy and Polyp Surveillance: Physician Performance Measurement Set." These measures were developed by our organizations in conjunction with the AMA's Physician Consortium for Performance Improvement (PCPI). All three measures aim to ensure appropriate use of colonoscopy, with an emphasis on the avoidance of overuse of the procedure for colorectal cancer screening. The measures are as follows:

- Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- Comprehensive Colonoscopy Documentation
- Endoscopy and Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

The three measures were adopted by the AQA Alliance in 2008 and are presently under consideration for endorsement by the National Quality Forum (NQF), and a decision on endorsement is expected in early 2011.

Currently only one of the measures, "Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use," is included in the PQRS program (Measure #185). We believe that all three measures should be included in PQRS for the 2012 reporting period, as well as in other CMS quality improvement endeavors.

Before PQRS becomes punitive, we believe it is imperative that all physicians be given the opportunity to meaningfully participate in the program. Historically, many gastroenterologists have been reluctant to participate in PQRI because of the lack of specialty-specific measures. While there are a number of measures relating to Hepatitis C, treatment of patients with this condition is often limited to a select group of specialists within the gastroenterology field. Colonoscopy, however, is a ubiquitous procedure, applying to nearly all gastroenterologists, as well as to many surgeons and family practitioners. Furthermore, Hepatitis C treatment is rarely provided to patients aged 65 and older, while colonoscopy for colorectal cancer screening has become a standard-of-care among this age group. In fact, according to CMS information regarding 2009 PQRI reporting, none of the Hepatitis C measures were among the top five reported measures by gastroenterologists. Comparatively, of the 1,371 gastroenterologists that participated in 2009 PQRI, 31.8 percent reported

on Measure #185 - Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use.

Our organizations support the ability of physicians to report on measures groups; however, few gastrointestinal specialists can avail themselves of this reporting option because the only measure group related to gastroenterology is the Hepatitis C Measures Group. As mentioned previously, because Hepatitis C treatment is rarely provided to the age 65-and-older population, many gastroenterologists cannot meet the required patient threshold to successfully report on this measures group.

We encourage CMS to consider the creation of a colorectal cancer screening measures group. We suggest that the measure group could include the following measures:

- Preventive Care and Screening: Colorectal Cancer and Screening (PQRS Measure #113)
- Endoscopy and Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use (PQRS Measure #185)
- Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- Comprehensive Colonoscopy Documentation

We believe the inclusion of the additional AQA-approved colonoscopy measures (Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients; and Comprehensive Colonoscopy Documentation) and a colonoscopy measures group in 2012 PQRS will increase program participation by gastroenterologists. Furthermore, the inclusion of gastroenterology-specific measures will allow patients to use physician-compare tools knowing that gastroenterologists are being evaluated on aspects important to the specialty care they provide, and not on generic quality standards. For example, a patient comparing two gastroenterologists may prefer to know something about the quality of their colonoscopy services, and not something that would apply more appropriately to primary care providers, such as inquiry of tobacco use.

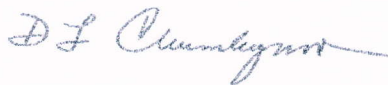
The attached form and table details the information requested by CMS for its consideration of 2012 PQRS measures.

We appreciate the opportunity to comment. Any questions or requests for more information can be directed to Camille Bonta, consultant to ASGE at 202-320-3658 or cbonta@asge.org, or Brad Conway, ACG Vice President of Public Policy, at 301-263-9000 or bconway@acg.gi.org.

Sincerely,



M. Brian Fennerty, MD, FASGE
President
American Society for Gastrointestinal Endoscopy



Delbert Chumley, MD, FACG
President
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