8th District Council Report
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November 2019

Pathologists have raised a concern about Amerigroup's policy, or lack thereof, on PAP and HPV frequency due to denial of claims over the past year. The concerned parties were first told by Amerigroup representatives that they needed "to investigate the denials". Now, representatives express that Amerigroup's policy allows one PAP/HPV per three years unless clinically indicated. Amerigroup was informed of the pathologists' concerns related to cervical risks along with the concerns of OB/GYN community. Even through the appeal process, patients with positive diagnostics are being denied if the frequency was within a three-year period. Amerigroup, through an email to the pathologist's office, cited various sources for recommended guidelines, but cannot source their own policy nor advise what clinical indications would permit follow up within the three year timeframe Amerigroup's Director of Network Management (Joseph Smith) earnestly tried to assist the concerned party with regard to the absent policy, but to date, Amerigroup's communication regarding the policy is still being formulated. This information has been shared with Regina McNally, MSSNY, for direction.

MSCE officers met with the BUFFALO NEWS editorial board regarding IHA's new policy which stipulates new criteria for the use of monitored anesthesia care for gastrointestinal procedures. A copy of the editorial which appeared in the BUFFALO NEWS is attached to this report. Discussions continue within the community and an upcoming meeting with one GI practice has been scheduled with NYSDFS. Further information will be forwarded after the meeting takes place.

Laszlo Mechtler, MD, FAAN, Medical Director of Jushi Holdings (global cannabis company) has accepted the invitation of the MSCE to be the keynote speaker at their Annual Meeting and Installation of Officers which will be held on May 5, 2010. Dr. Mechtler is a world- renowned expert and foremost leading physician in the study of therapeutic benefits of cannabinoids and related research who has edited five books and written over 100 publications.

Pain management services within Erie and neighboring counties will again face new challenges due to one physician's retirement and a decision by a second physician to transition from pain management in pursuit of a bio-information master's degree and employment at the VAMC as an anesthesiologist. An upcoming meeting of the "Opioid Task Force" has the issue on its agenda.

Doctor Wille Underwood, MSCE Past President and member of the AMA's Board of Trustees, recently participated in the Cozen O'Conner Global Think Tank Conference that was held in NY. Moderated by Gregory M. Fliszar, Esq., Co-Chair of the ABA's Joint Opioid Taskforce, Dr. Underwood's presentation provided a historical review of the activities that the MSCE directed after the abrupt closure of a pain management center in 2016 including the development of collaborative meetings with the NYSDOH, the Erie

County Health Department, local law enforcement and insurers. He continued with a discussion of the role of the AMA's Opioid Task Force and its efforts to combat the epidemic through policy and advocacy initiatives as well as education on effective treatment and prevention related to Opioid misuse.

The AMA Ambassador's will be hosting an event on December 12, 2019 at the Buffalo Yacht Club. Caitlin Boylan and Ana Dextra, AMA Staff will present "How to use social media to help your personal brand/practice". Covered during the presentation will be: how to find your audience, Twitter lists, Hashtags, URL shorteners, reporting/analytics, image best practices, Facebook groups and live broadcasts.

Due to increasing professional and personal commitments, I find that it is in the best interest of the 8th District to resign effective immediately as Councilor. While I have enjoyed my time as representative of our 8 counties, as well as the friendships which have formed with many current and past members of the Council, I would ask that you welcome and extend your advice and friendship to Mark Jajkowski, MD our new Councilor.

Editorial: Defining best practice

By News Editorial Board
Published October 19, 2019

The conflict between a local doctor's group and Independent Health may be creating stresses among professionals – and patients – but, in fact, it's an appropriate argument. Its's exactly the kind of debate that this country's confused and expensive health care system needs.

The question, in a nutshell, comes down to this: When there are two ways to carry out a medical procedure, how much more beneficial should the costlier approach be before insurers agree to adopt it as standard?
It's the question that, in one form or another, bedevils health care, from pregnancy to birth to end of life. In a system of finite resources, what defines best practice?

In Western New York today, the debate is over what kind of anesthesia doctors should use when conducting endoscopies and colonoscopies. Both get the job done, but for patients, the costlier approach could be more medically productive and somewhat more comfortable. How much is that worth in the United States, home to one of the developed world's most expensive and least efficient health care systems?

Physicians at Gastroenterology Associates, which runs endoscopy centers in Amherst and Niagara Falls, began using the anesthetic propofol in August instead of the traditional combination of benzodiazepine and an opiate, a combination still used by most physicians.

The traditional anesthetic produces "conscious sedation." Patients are awake or not fully asleep, but they don't remember the procedure.

With propofol, patients are fully sedated, but they come out of it more quickly. Doctors say it has several advantages: It's safer, since patients can't become a "moving target," and adverse outcomes are minimized. Doctors also say they can maximize the detection rate for cancers. At Gastroenterology Associates, providers have on average removed 14% more polyps using propofol, said Dr. Peter Bloom.

The question is cost, which runs an additional $300 to $500 per patient. That's not because the drug, itself, it notably more expensive but because, unlike conscious sedation, the use of propofol requires an anesthetist to administer the drug and monitor its effect on patients.

For Independent Health, a nonprofit insurer, that additional cost translated to $1.5 million during the last year in cases handled by Gastroenterology Associates, the area's largest gastroenterology practice. Given the availability of the less expensive conscious sedation, the insurer has declined to cover the routine use of propofol.

So, the question: Is controlling those costs a responsible use of limited medical dollars, as Independent Health says, or is it, in the words of Dr. Vilma Joseph, president of the New York State Society of Anesthesiologists, "penny wise and pound foolish?"

The answer isn't readily obvious. Some patients who have undergone a procedure with propofol swear by it; some, with the resources to afford it, might choose to pay the extra freight on their own if they could.

But not all patients have that kind of money available and health insurance premiums already can run more than $10,000 per person in group plans. Independent Health says it wants evidence that the additional expense is "evidence-based" – that its use is clinically justified compared to its functional alternative. In the meantime, Gastroenterology Associates is absorbing that extra cost, itself.

The dispute has fostered tension between the doctors and the insurers, but it could be a creative tension that has yet to fully play out. Cost differentials could change over time, new evidence may more strongly suggest one approach over the other, the structure of American health care could change.

For patients who want up-to-date treatment and also want to see the soaring costs of health care controlled, it's not a bad thing to see doctors pushing new approaches and insurers insisting on proof of necessity. Until we have a better system, this is a useful conflict.