



March 27, 2008

BlueCross BlueShield of Tennessee
Medical Policy
801 Pine Street, 2E
Chattanooga, TN 37402

DMP0208-02: Use of Anesthesia Services for Routine Gastrointestinal Endoscopy

Dear BCBSTN Medical Team:

The National Coalition for Quality Colorectal Cancer Screening and Care (“The Coalition”), a non-profit organization founded earlier this year, is working to reduce the incidence of colorectal cancer by enhancing patient screening and care options. The Coalition is comprised of gastroenterologists, primary care physicians, anesthesiologists, nurses, ancillary providers, patients / consumers and other interested parties.

On behalf of the Coalition Board, we want to communicate our significant concerns regarding BCBSTN’s proposed policy that would reduce anesthesia services for routine gastrointestinal endoscopy.

The Coalition encourages providers to use safe sedation protocols that are both: 1) structured and follow evidence-based requirements; and 2) suited to meet the needs of their patients and practice. We are greatly concerned about payers issuing policies regarding anesthesia services for gastrointestinal endoscopy that might create a chilling effect on how many Americans choose to get screened or otherwise impact the quality of care.

National Coalition for Quality Colorectal Cancer Screening & Care
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www.preventingcolorectalcancer.org

As you are aware, Aetna's failed attempt earlier this year to implement a policy similar in nature to your proposal raised serious concerns about the continuity and safety of patient care. During the past several years, propofol anesthesia has become the standard of care in many major metropolitan communities because of its efficacy and positive clinical outcomes. Retaining the use of propofol and other sedation options for endoscopies without being micro-managed is very important for gastroenterologists and other providers.

Hundreds if not thousands of Americans would likely stop or delay their regular colonoscopies if they did not have a deep sedation option. In addition, not all patients can be sedated with moderate sedation. The Coalition Board stands united against any policy that might restrict the gastroenterologist, anesthesiologist or colorectal surgeons-directed or administered use of sedation choices that have a proven track record.

As you are aware, colorectal cancer remains the second leading cause of cancer deaths. This year an estimated 147,000 Americans will be diagnosed with colorectal cancer and 56,500 will die from this disease. The larger tragedy is that colorectal cancer is one of the most treatable cancers if it is detected early. Colorectal cancer screening with colonoscopy, the gold standard, is an effective tool in the fight against this deadly disease.

Despite our efforts to promote quality patient care in cancer prevention and screening, colorectal cancer screening rates remain poor. Only 25–40% of adults over age 50 report receiving screening tests, depending on age and gender. Only 37% of cases are diagnosed when the disease is still localized. And, diagnosis at later disease stages results in substantially lower survival.

The Coalition would welcome the opportunity to work with BCBSTN to develop an optimal medical policy to promote the quality-based use of anesthesia services for routine gastrointestinal endoscopies with the primary goals of promoting quality-based screenings and reducing the incidence of cancer.

Please do not hesitate to call us if you have any questions.

Sincerely,

Steven J. Morris, MD FACP
Chairperson

Stanford R. Plavin, MD
Vice-Chairperson

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