



**A Lesson from LaLanne**

*Steven J. Morris, MD, FACP, Board Chair  
President, Atlanta Gastroenterology Associates*

**W**ith the recent passing of exercise pioneer Jack LaLanne, the notion of “getting up and moving” has received more media attention than usual. LaLanne not only set a benchmark of ultimate health for men in general, but this icon of fitness introduced women and children to the idea of exercise. Now there’s another reason to exercise—it can reduce the risk of dying from colon cancer.



*Steven J. Morris, MD, FACP*

A new study by the Siteman Cancer Center at Washington University School of Medicine and Barnes-Jewish Hospital in St. Louis is among the first to show that physical activity can make the disease less deadly. Researchers worked with colleagues from the American Cancer Society to look at whether changes in physical activity influenced either the incidence of colon cancer diagnosis

or the risk of death from the disease. The study, published in *Cancer Epidemiology*, examined more than 150,000 men and women.

To determine how exercise affected colon cancer, the researchers compared their levels of physical

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**Monitored Anesthesia Care—The Standard in Endoscopic Sedation**

*Stanford Plavin, MD, Vice Chair, President and  
Managing Partner, Ambulatory Anesthesia of Atlanta*

**T**he GI and anesthesia communities have not always seen eye-to-eye on who provides sedation with propofol as it relates to monitored anesthesia care and sedation for GI procedures.

However, the headline above illustrates today’s commitment to patient safety, care, satisfaction, outcomes and also improving the screening rates.

Over the last 10 to 12 years, anesthesiologists have been privileged to offer services in many facilities and locations outside the traditional hospital operating rooms. Gastroenterologists have been at the forefront of providing patients the ability to have their colonoscopies and other endoscopic procedures in office-based facilities and ambulatory surgery centers. This attention to detail and insight has resulted in excellent access to care for patients and decreased overall costs for these services.



*Stanford Plavin, MD*

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## SPOTLIGHT ON ADVOCACY Never Too Young to Care

### Alex Plavin follows in dad's footsteps and takes on colon cancer fight

*Editor's Note: A 7th grader at The Solomon Schechter Epstein School of Atlanta, Alex Plavin is not only the apple of her father's eye—Dr. Stanford Plavin—but this 12-year-old epitomizes the influence a young, caring mind can have on a worthy cause. In Alex's case, she has taken on the fight against colorectal cancer. Among her achievements is a donation to PCC from the proceeds of her bat mitzvah.*

*In addition to a big heart, Alex also possesses a fierce competitive spirit, playing on one of Georgia's top ten travel soccer teams and on her school's basketball A-team. Other hobbies include writing, cooking, talking on the phone with friends and watching movies.*

*Alex recently shared her thoughts on the fight against colon cancer with PCC.*

**PCC:** When did you first get involved in PCC and preventing colorectal cancer?

**ALEX:** I first became involved in PCC a couple of months before my bat mitzvah, which was in September 2010. I visited Washington, DC, to discuss and emphasize the meaning of colorectal cancer at a Call on Congress event in mid-March of that year.

**PCC:** What led you to take action for this cause?

**ALEX:** My father's support of this effort influenced me to get involved. His dedication amazed me and led me to want to follow in his footsteps as a strong believer in preventing colorectal cancer.

**PCC:** What specifically have you done to show support?

**ALEX:** In addition to donating \$250 to this cause, I also helped increase awareness of colorectal cancer by including it as part of my bat mitzvah speech (dvar torah). I also joined my father in the nation's capital to learn more about this cancer, what causes it, and how the money PCC raises is used to fight the disease.



*Pictured in the office of Rep. John Lewis (D-GA) during a March 2010 Call on Congress event is Alex Plavin (left) and Dr. Stanford Plavin. The father/daughter team hit Capitol Hill to educate their lawmakers on the importance of increased colon cancer screening for Americans.*

**PCC:** Why do you feel it is of value to support PCC?

**ALEX:** I feel it's important to support this cause because one of my family members, my great Uncle Benjamin, passed away from colorectal cancer. To help others is to almost metaphorically help my great uncle fight the cancer that took his life. It's giving back to the community.

**PCC:** Do you have any future plans to support PCC?

**ALEX:** I plan to talk about this cause at school with my friends and the school community, continue donating to help raise enough money for more screenings, and always help the foundation when they need it (i.e., fundraising, donations, talks and newsletters). •



## March is Colorectal Cancer Awareness Month!

For more information, visit  
[www.PreventingColorectalCancer.org](http://www.PreventingColorectalCancer.org).

## New Code Will Wave Some Deductibles

**A**s of January 1, 2011, a new billing code can be applied to cases where a screening colonoscopy or flexible sigmoidoscopy was planned, but due to clinical findings, the procedure turned therapeutic. The modifier, “PT,” is now officially part of the Healthcare Common Procedure Coding System (HCPCS). According to the Center for Medicare and Medicaid Services (CMS), the addition of this modifier will trigger the claim processing system to waive the deductible for all surgical services on the same date as the diagnostic procedure. Coinsurance, however, will still apply\*.

PreventingColorectalCancer.org asked Jere Pittner, one of the founding Coalition Board members and a recognized expert and innovator in the healthcare “practice management” field, for a translation.

According to Pittner, the approval of screening colonoscopy as a covered service for non-high risk individuals by CMS in 2001 was a huge step in the advancement of colon cancer prevention. An unanticipated consequence, however, was the

frequent denial of coverage when the diagnostic screening became therapeutic upon the discovery and removal of polyps. This resulted in angry patients, perceptions that the provider was billing improperly, increased provider staff time, and confusion about proper coding of the procedure.

“Often a person makes an appointment for a screening colonoscopy because they have the benefit as part of their wellness plan,” states Ms. Pittner. “When they are undergoing the procedure and the doctor finds a polyp, he or she removes it, and the procedure is then called a polypectomy. This action changes the classification of the procedure from ‘screening’ to ‘therapeutic’ and sometimes makes the patient liable for the cost of the procedure if it is not a covered benefit. Finally, after a decade of frustration, CMS has adopted a modifier to address this circumstance.” •

\*<http://edocket.access.gpo.gov/2010/pdf/2010-27969.pdf>, page 263



*Jere Pittner*

### UPCOMING EVENTS

#### PreventingColorectalCancer.org webinars

From barriers to screening and the anesthesiologist’s role in the endoscopy suite, this monthly webinar series will touch on today’s hottest topics. Stay tuned for future e-blasts with details and registration links.

#### Nomination Deadline for Preventing ColorectalCancer.org Awards

March 11 is the last call to nominate an individual advocate, group, practitioner, facility or other stakeholder for the first-ever Champion Awards program. Visit [www.PreventingColorectalCancer.org](http://www.PreventingColorectalCancer.org).

#### Dress in Blue Day—March 4

Help raise awareness of colorectal cancer awareness month. Go to [www.ccalliance.org](http://www.ccalliance.org) for more details and history of this event.

#### Call On Congress—March 8-9

Check out [www.fightcolorectalcancer.org](http://www.fightcolorectalcancer.org) to see how advocates, patients and survivors are planning to impact healthcare legislation this March in Washington, DC.

#### Get Your Rear In Gear 5k Events

Visit [www.getyourrearingear.com](http://www.getyourrearingear.com) for a complete list of host cities and registration information for this nationwide series of running events.

#### Colon Cancer Challenge—March 27

Participate in either the four-mile run or 15k run in New York City. The 15k is a qualifier for the ING NYC marathon. See [www.coloncancerchallenge.org](http://www.coloncancerchallenge.org) for more details. •

## LESSONS FROM LALANNE

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activity between 1982 and 1997 and linked those activity levels both to the number of colon cancer diagnoses between 1998 and 2005 and to the number of colon cancer deaths that occurred between 1998 and 2006.

Although I have been a skeptic in the relationship between exercise and cancer, the research seems to support the fact that exercise does play a role in the reduction of colon cancer deaths. It's hard to deny the research.

Kathleen Wolin, assistant professor of surgery in the Division of Public Health Sciences and first author of the study, comments on the hospital's

website that "the benefits of starting an exercise program include not just preventing colon cancer and death from the disease but also reducing risk of heart disease, diabetes and other cancers. She says the greatest benefits seem to accrue in those who have exercised for the largest percentage of their lives."

She further states that physical activity even can be beneficial after a cancer diagnosis already has been made, citing evidence that being physically active can reduce the risk of recurrence and death following a cancer diagnosis. Therefore, even those who haven't been physically active can begin exercising after their diagnosis and see some real benefits as well.

These developments are exciting as PreventingColorectalCancer.org strives to carry out its mission of increasing screening rates in an effort to improve detection and reduce colorectal cancer incidences. •

## IN THE NEWS

### PreventingColorectalCancer.org Launches Champion Awards Program

The PCC.org Champion Awards program aims to annually award individuals, group practices, and other stakeholders who excel in public education about maintaining colorectal cancer screening and care options in order to reduce the incidence of colorectal cancer. Nomination deadline is March 11, 2011. For more information or to make a nomination, visit [www.PreventingColorectalCancer.org](http://www.PreventingColorectalCancer.org). •

### New Approach to Colon Cancer Screening Wins Top Medical Prize

Dr. Nick West of Yorkshire, UK, found that removing a larger amount of tissue, including blood vessels and lymph nodes, reduced the spread of cancer in his patients and resulted in a 15% greater survival rate than normal colon cancer treatment. Visit [www.medicalnewstoday.com](http://www.medicalnewstoday.com). •

### New Benefits of Getting Colonoscopies

A recent German study supplies further proof that colonoscopy is the most effective method of

colorectal cancer prevention. The research indicates that a greater percentage of polyps are found on the 'right-side' of the colon than originally thought. For details, go to [www.medscape.com](http://www.medscape.com). •

### Those with IBS & PSC at Greater Risk of Colon Cancer

A study published on [www.topix.com](http://www.topix.com) indicates that people with both primary sclerosing cholangitis (PSC) and irritable bowel syndrome (IBS) are at a greatly increased risk of developing colon cancer. The study's authors recommend yearly colon cancer screenings for those affected by both diseases. •

### Outreach Programs Encourage Patient Screenings

Two recent studies in the *Archives of Internal Medicine* prove that a simple follow-up reminder can boost screening rates. Whether the reminder came by postcard, email or text message, the results were significant. Log on to [www.outpatientsurgery.net](http://www.outpatientsurgery.net) for more information. •

## PERSPECTIVE

### Efforts to Repeal PPACA

*Randall H.H. Madry, PCC executive director*

The 112th session of the U.S. House of Representatives convened on January 5, 2011. A flurry of bills were placed in the hopper to defund, amend or repeal the Patient Protection and Affordable Care Act (PPACA).

On January 8, the House approved a procedural rule as part of a Republican attempt to repeal the new healthcare law. Congressional House members voted 236-182 in favor of approving the rule, which is a House requirement setting the parameters of debate on underlying legislation. The actual vote to repeal PPACA based on one of the bills was then delayed out of respect for the Tucson, AZ, shooting victims.

### Congressional Battles Ahead

H.R. 2, which was offered by Rep. Cantor, received the most media attention. Rep. Cantor used the power of his position as Majority Whip to push his bill along. Pundits were correct in predicting a swift passage in the House. It met a different fate in the U.S. Senate.

The Senate Democrats and the two Independents that caucus with them hold a 53-47 voting majority. The Democrats were able to swiftly vote down the Republican effort to repeal PPACA. The repeal effort played well to the Republican core constituencies, and defeat of the bill in the Senate played well to the Democrat core constituencies. Much of this is political theater; the odds are heavily weighted against a Republican repeal bill becoming law.

In contrast to efforts to repeal the entire law, Republican House members quickly turned to a more focused effort to repeal or defund what they perceive as the more onerous aspects of PPACA. Several of the limited-scope bills will pass the House, and will face a more favorable prospect in the Senate before being presented to President Obama, but he probably won't sign them. Among these efforts will be an attempt to repeal the 1099 requirement, and attempts to modify the Medical Loss Ratio formula.

Both President Obama and Harry Reid (D-NV) are in favor of tweaking PPACA. Just how far this tweaking goes remains to be seen.

An unfortunate result of the excessive focus on PPACA repeal is that pending bills having a direct bearing on colorectal cancer research, screening and care are not gaining the attention they need and deserve. While it's important to track PPACA repeal and bill tweaking, we must be prepared to get behind the legislative actions that will provide more people with the opportunity to be screened and treated for colorectal cancer. As these colorectal cancer bills develop, we will continue to track their progress and provide updates.

Access to the details of the bills may be found at the Library of Congress website: [http://thomas.loc.gov/home/bills\\_res.html](http://thomas.loc.gov/home/bills_res.html). •

### Join PCC.org

#### What are the members of *PreventingColorectalCancer.org* doing?

- Bringing awareness to insurance companies about cost-savings associated with early diagnoses
- Contributing to grass-root advocacy efforts on behalf of patients and doctors by taking their concerns to Capitol Hill
- Representing patient safety and doctor concerns to the FDA and other regulatory agencies when questions need to be asked and answered
- Accurately representing the concerns of physicians and facility managers on issues such as sedation, reimbursements, and ambulatory surgical centers

The benefits of becoming an organizational member include receiving the newsletter via email and printed format, invitation to participate in Coalition committees and advocacy activities, policy briefings, and prominent positioning of your logo in the newsletter and on the PCC.org website. For more information, please call the office at (866) 333-6815. •

## MONITORED ANESTHESIA

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For the most part, gastroenterology societies have been reticent to embrace the concept that provision of anesthesia services and care should be given by anesthesia trained professionals such as MDs or anesthesiologists as it relates to GI sedation. What we have failed to realize is that patients are our priority. Whether they are classified by a physical status, a challenging airway or just want the best available care, patients are our focus.

It's important to note that growth of this service and care has been done with a patient-centric focus on safety. Recent reports have shown that over half of the GI cases performed in the U.S. are now performed with MAC sedation.

*Recent reports show over half of GI cases in the U.S. are performed with MAC sedation.*

The controversial issues surrounding MAC for GI sedation are plentiful. We have seen the payors challenge the medical necessity of our services. The scope of provision of service has been an issue. The labeling of the anesthetic drug propofol has been a bone of contention. Even technological advancements designed to circumvent the rules have been attempted.

There are a number of managed care organizations and payors, including but not limited to United Healthcare, who have come out and supported the use of anesthesiologists for MAC for endoscopic procedures. It is encouraging to know these large for-profit entities will do the right thing for the advancement of patient care and safety.

Over the last few years PCC.org has led the industry in a number of ways. Our mission is physician- and patient-centric with a board comprised of a cross section of talented and committed individuals from across the healthcare realm. Our organization is focused on the advancement of patient access and safety, outcomes data, payor concerns, and improving colorectal cancer screenings and preventing colorectal cancer. It takes on a number of issues every day and has been a driver in promoting these values throughout the United States. •

## PreventingColorectal Cancer.org

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