



February 21, 2012

The Honorable Wally Herger
Chairman, Health Subcommittee
House Committee on Ways & Means
The U.S. House of Representatives
Washington, DC 20515

Dear Chairman Herger,

The American College of Gastroenterology (ACG) and the American Society for Gastrointestinal Endoscopy (ASGE) appreciate the opportunity to submit for the record comments on the recently held hearing entitled “*Programs that Reward Physicians who Deliver High Quality and Efficient Care*” (February 7, 2012). Our societies appreciate the Committee holding this important hearing as Congress hopefully transitions away from a Medicare reimbursement model based upon the sustainable growth rate (SGR) formula to a reimbursement system that accurately pays providers and also rewards providers based on the quality of care they provide patients.

The GI Quality Improvement Consortium, or GIQuIC, is an educational and scientific organization led by the ACG and ASGE that help gastroenterologists improve quality of care and could also be used to further this objective.

The growth in physician specialty societies establishing data registries will allow for more successful ways to achieve the goal of demonstrating quality of care. As noted above, one such data collection and quality of care initiative is GIQuIC. GIQuIC is a clinical registry and collaborative effort by our societies that allows gastrointestinal specialists to collect and submit quality measures to a data repository, including measures endorsed by the National Quality Forum (NQF), the American Medical Association (AMA) Physician Consortium for Performance Improvement (PCPI), and adopted by the AQA alliance. These providers receive outcome data on the procedures they provide which, in turn, they can use to improve patient care delivery. Feedback reports are provided on a group practice level or at the individual physician level, per the choice of the participants. GIQuIC allows gastrointestinal specialists to submit data that is specific to our specialty and provides them with the means to receive comparative outcome data based on other participants reporting the same measures. GIQuIC already includes more than 40,000 cases in just its first year of operation. It is worth noting that GI physicians participating in GIQuIC are doing so at their own expense in an effort to deliver the best possible care, and we believe that Congress should encourage the development and growth of these registries through its policies in reforming the Medicare reimbursement system.

ACG and ASGE welcome the opportunity to work with the Committee in developing a Medicare payment system that rewards physicians for providing high quality health care to Medicare beneficiaries

and patients. If we may provide any additional information, please contact Brad Conway, Vice President of Public Policy, ACG, at 301-263-9000, or bconway@acg.gi.org; or Camille Bonta, consultant to ASGE, at 202-320-3658 or cbonta@summithealthconsulting.com.

Sincerely,

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