



The RECORDER

The American Motility Society Newsletter-Winter 2003

Message from our AMS President: Chung Owyang, MD

The past year has been a busy and exciting time for the American Motility Society. Our 12th biennial meeting was held in Galveston in September. Organized by Drs. Jay Pasricha and Jiande Chen, the meeting received uniformly positive feedback from attendees. I would like to convey our sincerest appreciation to Jay and Jiande for all the hard work they put into making the meeting such a success. We were honored that Kurt Graves, Senior Vice President of Novartis, was able to take time from his busy schedule to join us and present an extremely generous donation of \$1 million to the society. We are committed to ensuring that this gift be used to achieve our mission in the most effective manner possible. A committee is currently being gathered to provide guidance on the best ways to maximize the impact of the funds. It is our hope that this is just the beginning of a successful fund raising campaign, and we will work with the council to facilitate additional support from both the pharmaceutical industry and philanthropy.

Enthusiasm for science and discovery remains the cornerstone of our organization. In addition to the biennial post-graduate course which emphasizes clinical issues, we plan to organize a number of basic science workshops or symposia in the coming year. The Research Committee has been given the task of selecting suitable topics, which may include stem cell techniques in motility research, microarray gene analysis to identify the genetic basis of some motility disorders, and tissue engineering.

I would like to take this opportunity to remind everyone of the upcoming workshop/scientific meeting on the enteric nervous system, organized by Dr. Keith Sharkey. This AMS sponsored event will take place in Banff, Alberta, Canada July 9-13 and will present a wide array of state of the art research related to the enteric nervous system. The response so far has been overwhelming, with 143 abstracts submitted at last count.

I am happy to announce a one-day workshop examining bench to bedside research involving interstitial cells of Cajal. The workshop is presented in association with the International Electrogastrography Society and will thoroughly cover this evolving area of research that has important clinical implications. The event will tentatively take place Jan 29, 2004 in Nashville, TN, the day before the commencement of the second biennial AMS course in GI Motility, January 30 through February 1, 2004.

I would like to express the deepest appreciation of the entire society to Drs. Sushil Sarna and Jim Ryan for their distinguished service as Secretary and Treasurer, respectively. Their contributions have set a strong foundation for Drs. Ann Ouyang and Bill Hasler to build upon as they assume these critical roles.

On March 8, a council meeting will take place in Detroit to chart the future course of the AMS. I truly feel this is an exciting time in the world of GI motility and the AMS. With the support of our membership, both myself and the council look forward to addressing the many issues concerning clinicians and investigators interested in motility. By working together and communicating effectively, we can achieve our goals. This is a very exciting time for the organization. The challenges are immense but opportunities abound. I look forward to working with all of you. Please contact me (cowyang@umich.edu) if you have concerns for the AMS to address.

Upcoming Meetings:

AMS Gastroparesis Working Group Task Force. Saturday May 17, 2003 in Orlando, FL. Sheraton World Resort Orlando, 10100 International Drive, Orlando Florida. For more information, contact Jeanne Keith-Ferris at jkferris@shaw.ca

DDW. May 19-21, 2003. Orlando, FL. Visit our AMS Booth!

Eleventh International Workshop on Electrogastrography May 21-22, 2003 at the Wyndham Orlando Resort in Orlando, Florida. Immediately following the DDW Meeting. For information, contact lennis@umich.edu

Enteric Nervous System Meeting July 10-13, 2003 in Banff, Canada. Website: <http://www.med.ucalgary.ca/webs/ENS/> Conference Organizer: Keith A. Sharkey, Ph.D.

The 19th International Symposium on Neurogastroenterology and Motility will be held in Barcelona, Spain October 5th - 8th , 2003. Visit web page <http://www.unicongress.com/motility2003/>.

The Second Biennial American Motility Society Course in Gastrointestinal Motility (The AMS 2004 Motility Course) January 30, 31 and February 1, 2004. Gaylord Opryland. Nashville, Tennessee. Course Directors: Henry Parkman, Richard McCallum, Satish Rao. After an introductory overview of motility procedures, advances in diagnostic evaluation and treatments will be covered. After the course, there will be a symposium of patient support groups on the services that they can provide for patients.

ICC/EGG Workshop. A 1 day workshop on January 29, 2004 prior to the AMS Motility Course. This conference will help interdigitate ICC and EGG research and clinical applications. The workshop will help identify important areas to be studied.

The next AMS Scientific Meeting will be held September 9-12, 2004 in Rochester MN. Visit www.mayo.edu/research/ams2004. E-mail: ams2004@mayo.edu. The sponsor of the meeting is Gianrico Farrugia, M.D. of Mayo Clinic.

AMS Web site

Richard Gilbert and Henry C. Lin have been working to build a website for our Society under the domain name "motilitysociety.org". The initial phase of this website construction will be directed at providing information to prospective new members so that the process of joining our organization becomes easy. The website will also provide to our current members an on-line mechanism for renewing their membership and a place for news about our Society. In future phases, the AMS website will be developed to be a resource for fostering communications between AMS members on both clinical and research matters as well as a portal of access to the expertise of our membership.

Clinical Practice Committee; Robert Summers, MD

The Clinical Practice Committee has been involved in several activities that will be of significant interest to the members of AMS. Improvements in standardization, coding and billing, education in performing and interpreting tests are necessary to maintain interest and investment in clinical problems of motility and neurogastroenterology. We would greatly appreciate your comments and reaction to the projects that are described below.

Clinical Testing: The clinical testing project is nearing completion with the sequential publication of minimum standards for most of the current tests performed in motility laboratories. After they are published, we hope to make them available on the upcoming AMS web site and collect them in a handbook for reference and use in motility laboratories around the country and the world.

Coding and Billing: A committee headed by Alin Botoman has successfully submitted an article for publication in the American Journal of Gastroenterology. This article details the process of developing codes for new and developing procedures and outlines in detail the current situation and plans of codes. In addition, the committee which includes Alin, Satish Rao and Bob Summers is working with Joel Brill of the AGA committee on billing and coding to propose RVU standards and upgrades for current and future procedure codes. It is quite clear that Medicare compensation is substandard and often inadequate to maintain interest in performing and analyzing motility tests. The articles outlining the standards for motility tests should be of help to justify increased credit for performing these tests. The AMS owes a great debt to Joel Brill for his continuing interest, expertise and willingness to work on this important area.

Recognition of Motility Laboratories: Some laboratories do an outstanding job in performing and interpreting motility tests. However, it is also recognized that the quality of some tests is clearly sub-standard and do not meet quality assurance standards. Poorly conducted tests, lack of standards and inadequate understanding of the principles and practice of testing give the entire discipline a poor name and reputation. It is not reasonable to rely on the computer analysis of the recording. If we are to request and justify increased compensation for clinical testing, we must also adhere to certain standards of performance and analysis and be able to withstand outside critiques of our activities. In order to address these issues, a committee headed by Bill Orr has been considering for several years how we might evaluate and maintain quality control for motility laboratories. Following is a note from Bill about discussions that have been held on this issue. ***Motility Laboratory Registration:*** The certification or documentation of a laboratory that is competent to evaluate

motility disorders is an exercise that will undoubtedly be fraught with difficulty and controversy. Of necessity, however, in order for the sub-specialty discipline of gastrointestinal motility to be clinically applicable and useful, some effort must be made to standardize and recognize qualified laboratories. Numerous examples of this exist across the medical spectrum to include EEG laboratories, and sleep diagnostic facilities. The American Motility Society is the most obvious organization to undertake this task. The minimal standards for gastrointestinal motility that are being published can and should be used as the basis to assess the extent to which any functioning laboratory can be "certified" or appropriately "registered."

The intent of our committee is to identify laboratories that show reasonable competence and appropriate professional training in the diagnostic assessment of gastrointestinal motility disorders. This is not an attempt to assess whether or not a laboratory can perform every diagnostic test at an extremely high level. It will be an effort to identify laboratories that can perform a competent clinical evaluation of patients with various motility disorders. A number of very basic functions should be assessed to include adequate space, appropriate equipment, proper patient education prior to testing, appropriate training of both technical and support staff, as well as physician and professional staff. In general, it is felt that laboratories can identify themselves and be "registered" as to the tests that they can perform competently, since it is recognized that all laboratories will not wish to perform all tests. A registry of laboratory facilities can be placed on the AMS web site and accessed by patients and/or payers.

The process could be approached in many different ways, but certainly individual site visits would be well beyond the capability and purview of our organization. Certification would require a team of evaluators with clear-cut standards. Such an effort would be a costly and time-consuming process that would likely cause negative and even hostile encounters and the AMS would have no legitimate justification to carry out such a process. On the other hand, good motility laboratories might benefit significantly if they would agree to a set of qualifications to perform and interpret motility tests. They could be included in a list of laboratories that would agree to adhere to certain standards. It is proposed that a web-based registration of laboratories be utilized which would be subsequently reviewed by a committee of the American Motility Society in terms of assessing whether a laboratory meets the standards of quality and training which would allow the laboratory to be sanctioned by the AMS. Although it is recognized that this method has many flaws, it is felt that this is a start towards appropriate recognition of standardizing the quality of care in motility laboratories.

We encourage any comments or thoughts concerning how this process might be most effectively implemented and various parameters or measures which might be included (assuming these can be done without an actual site visit). We welcome your comments or suggestions: William Orr: okorr@theshop.net. Robert Summers: robert-summers@uiowa.edu.

Training and Education: With the development of an AMS course in motility and neurogastroenterology, laboratory directors and their nurses and technicians could find the regular participation in this course to be a worthwhile and recognized activity. They could be identified on the web site as attending the courses and thus validate their interest and expertise in this field. It is also hoped that the AMS web site will develop a series of cases, manometric recordings and other related motility tests that would be available for reference and education. Thus, meeting the qualifications and adherence to high standards is very likely to be improved by such

AMS Membership Drive

Members of the AMS receive Neurogastroenterology and Motility as a benefit, that is to say, for the membership fee of only \$50 a year, you get a \$209 journal subscription! Share this opportunity with your colleagues. Send the email address of prospective new members to henry.lin@cshs.org. Help them join the AMS.

Billing and Coding Corner for GI Motility Testing; Henry Parkman, MD

This portion of the newsletter provides a forum for discussion related to billing and coding for GI motility tests.

New procedure codes for 2003 include:

43245 Dilation Pylorus/gastric outlet
43201 Esophagoscopy submucosal injections of botox
43236 Upper GI endoscopy submucosal injections
45335 Sigmoidoscopy submucosal injections
45340 Sigmoidoscopy balloon dilation
45381 Colonoscopy submucosal tattooing
45386 Colonoscopy balloon dilation
45345 Sigmoidoscopy stent placement
45387 Colonoscopy stent placement
0008T Upper GI Endoscope with suturing GEJ
G0104 Sigmoidoscopy Screening Medicare only
G0105 Colonoscopy. High risk Screening Medicare only
G0121 Colonoscopy. Average risk Screening Medicare only

Suggestions and questions for this billing and coding section should be sent to at hparkman@nimbus.temple.edu

Officers of the American Motility Society (AMS)

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|----------------------------|---------------------|
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| Satish S. C. Rao, MD | Councilor |

Welcome our new AMS Council Members:

William Hasler, Ann Ouyang, Gervais Tougas, Anthony Bauer, Satish Rao
Joseph Murray is in charge of the Nominating Committee.
The President's term is now four years instead of two.

Thanks to our past AMS Council Members who have served their time and helped our AMS organization tremendously:

James P. Ryan, Sushil Sarna, Kenton M. Sanders, Sean M. Ward

AMS Newsletter

Suggestions and contributions for the AMS Newsletter can be directed to Henry Parkman (henry.p@temple.edu).

Information on Patient Support Organizations

Gastroparesis and Dysmotilities Association (GPDA)

www.gpda.net

Our new non-profit association provides in-depth, comprehensive, medical information Web site for patients with gastroparesis. The information covers a variety of topics, and is referenced to various research papers. As well, it highlights areas for lobbying efforts and the need to raise funds for future research.

Our association is also in the process of producing information pamphlets that will be offered free to patients. They will deal with the various symptoms of Gastroparesis and provide tips for patients on management, treatment options, and reassurance.

Gastroparesis is often associated with other GI dysmotilities. Soon, we will expand our site to include information on esophageal motility disorders.

Even though we are based in Canada, our focus is International and we are building an International membership.

Jeanne Keith-Ferris

The International Foundation for Functional Gastrointestinal Disorders (IFFGD)

The International Foundation for Functional Gastrointestinal Disorders (IFFGD) is a nonprofit education and research organization. Our mission is to inform, assist and support people affected by gastrointestinal and motility disorders. We provide a toll free telephone number that patients can reach us at: 1-888-964-2001 or visit us on our website www.iffgd.org.

We produce a quarterly newsletter, Digestive Health Matters, distributed in 72 countries. The information produced for patient education is written by our medical advisory board as well as other professionals in the field. We strive to present current, state of the science, information in a form that is meaningful to a lay audience. We also have a large presence on the internet as a resource that millions of people turn to. We provide educational information to both adult and pediatric populations.

We work closely with the professional community. We sponsor the International Symposium on Functional Gastrointestinal Disorders. We also sponsor periodic meetings with a specific focus, most recently Advancing the Treatment of Fecal and Urinary Incontinence Through Research: Trial Design, Outcome Measures, and Research Priorities.

We are involved with moving a Health Care Agenda forward within Congress that addresses the needs of our patient population. In particular we advocated for increased funding for NIH and NIDDK. IFFGD will be providing research awards for the first time this year. We plan to institute a granting program that hopefully will continue to expand.

We welcome the opportunity to work closely with the American Motility Society in the future as we share many of the same concerns and goals.

Nancy Norton