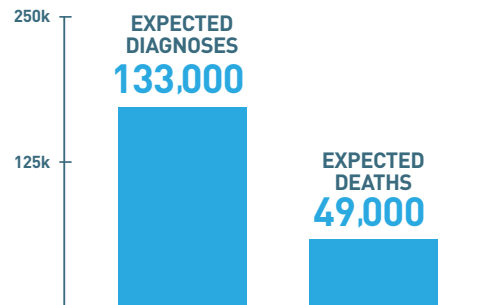


Remove Barriers to Colorectal Cancer Screening

**COLORECTAL
CANCER COSTS
TOO MUCH**



cost of colorectal cancer to the U.S. healthcare system in 2012¹



COLORECTAL CANCER IN 2016²

SCREENING IS KEY

90% SURVIVAL RATE
WHEN CANCER IS FOUND AND TREATED EARLY³

23 Million PEOPLE HAVE NOT BEEN SCREENED AS RECOMMENDED³

60% OF DEATHS COULD BE AVOIDED WITH SCREENING⁴

BUT MEDICARE PATIENTS FACE UNFAIR FEES



If a polyp is removed during a colonoscopy screening, seniors face paying high coinsurance fees because the billing code changes under current Medicare policies.

Under the ACA, private health plans can't impose cost sharing when a polyp is removed.⁵ This policy should also apply to Medicare.

WHAT CAN CONGRESS DO?

COSPONSOR AND PASS THE REMOVING BARRIERS TO COLORECTAL CANCER SCREENING ACT (S. 624, H.R. 1220)



Reduce the financial burden on patients by covering the cost of colorectal cancer screening and polyp removal under Medicare part B



Increase colonoscopy screening rates among the Medicare population – especially among men with lower income and levels of education



Senate 25 Democrats
4 Republicans

House 130 Democrats
90 Republicans

For more information on removing barriers to colorectal cancer screening, visit www.dhpassociation.org/colonoscopy-bills

SOURCES 1. National Cancer Institute. Common cancer types. <http://www.cancer.gov/types/common-cancers>. National Cancer Institute website. Updated February 1, 2016. Accessed March 1, 2016. 2. Fight Colorectal Cancer. Fact sheet: screening saves lives and money. <http://fightcolorectal-cancer.org/images/posts/2012/03/Fact-Sheet-on-Cost-of-CRC.pdf>. Published March 2012. Accessed March 1, 2016. 3. Centers for Disease Control and Prevention. CDC VitalSigns - Colorectal Cancer tests save lives. <http://www.cdc.gov/vitalsigns/colorectalancerscreening>. Centers for Disease Control and Prevention website. Updated November 7, 2013. Accessed March 1, 2016. 4. Centers for Disease Control and Prevention. Colorectal Cancer screening; basic fact sheet. http://www.cdc.gov/cancer/colorectal/pdf/basic_fs_eng_color.pdf. Revised March 2014. Accessed March 1, 2016. 5. Centers for Medicare and Medicaid Services. Affordable Care Act implementation FAQs; Set 12. https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html. Center for Medicare and Medicaid Services Website. Published 2013. Accessed March 1, 2016.



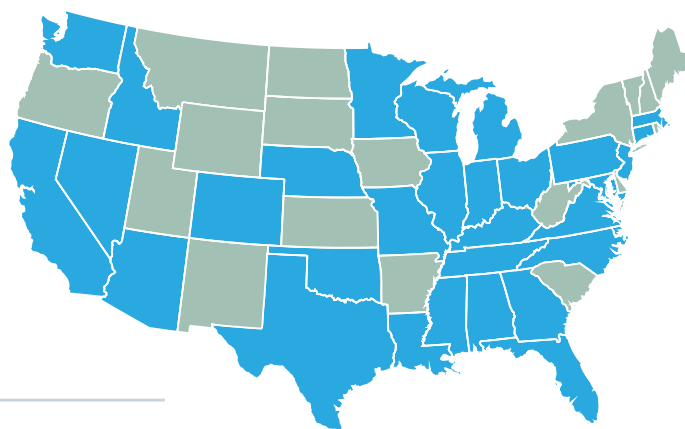
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www.dhpassociation.org | @DHPAnews

Digestive Health Physicians Association: Independent GI Practices, Improving Patient Lives

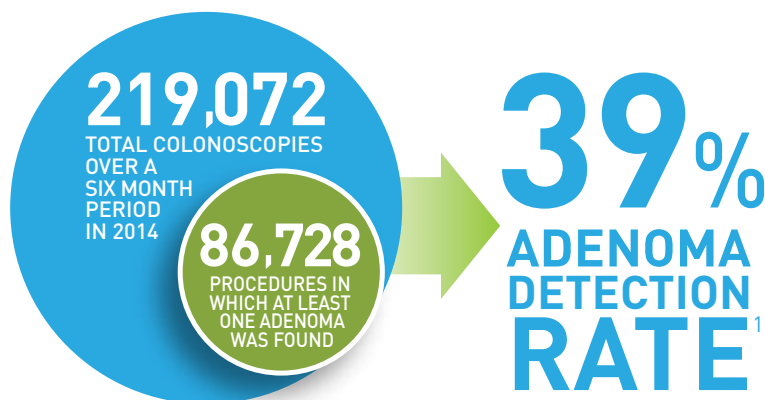
DHPA MEMBERS

60 PRACTICES | **30** STATES | **1300** PHYSICIANS
8,000+ EMPLOYEES



PROVIDE HIGH QUALITY CARE

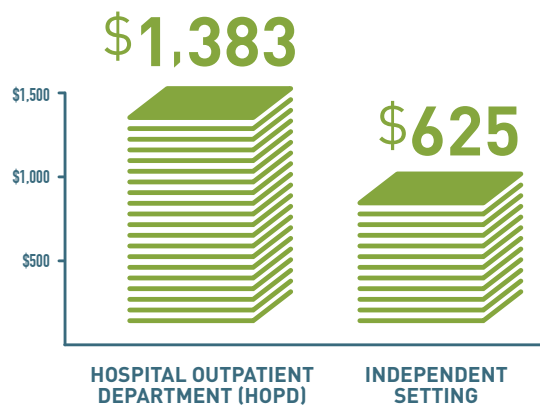
WE TREAT **2 Million+** PEOPLE | MORE THAN **4 Million** PATIENT ENCOUNTERS ANNUALLY



AT A LOWER COST

ON AVERAGE MEDICARE
REIMBURSES HOPDs ALMOST
2X THE RATE
FOR THE SAME PROCEDURES
DONE IN AMBULATORY SURGERY CENTERS²

EXAMPLE OF
HOPD/ASC COST
COMPARISON
AVERAGE MEDICARE
FACILITY PAYMENT
FOR A BASIC
COLONOSCOPY³



For more information, please visit www.dhpassociation.org or follow us @DHPAnews.

SOURCES 1. Data on file. Digestive Health Physicians Association; Silver Spring, MD. 2. Data on file. Ambulatory Surgery Center Association; Alexandria, VA. 3. Reschovsky J, White C. Location, location, location: Hospital outpatient prices much higher than community settings for identical services. NIHCR Research Brief No. 16. <http://www.nihcr.org/Hospital-Outpatient-Prices>. National Institute for Health Care Reform; June 2014. Accessed March 1, 2016.



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