How innovations in GI surgery are advancing the field of endosurgery with Jennifer Christie, MD [Podcast]

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Endosurgery is one of the latest developments in gastroenterology, but this innovative technology has benefits for medicine more broadly. Joining to discuss what endosurgery is, where the technology is headed and how it could revolutionize surgery as a whole is Jennifer Christie, MD, president of the American Society for Gastrointestinal Endoscopy. AMA Chief Experience Officer Todd Unger hosts.

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Speaker

Jennifer Christie, MD, president, American Society for Gastrointestinal Endoscopy

Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today, we’re talking about the latest developments in gastroenterology, including some issues with prior authorization. I’m joined today by Dr. Jennifer Christie, president of the American Society of Gastrointestinal Endoscopy and division director of Gastroenterology and Hepatology at the University of Colorado, starting in September I’m Todd Unger, AMA’s chief experience officer in Chicago. Dr. Christie, thanks so much for joining us.

Dr. Christie: Thank you, Todd. It is great to be here.
Unger: Your specialty is leading the way in what is known as endosurgery. And for those who may be less familiar with it, let's just start by explaining a little bit about what endosurgery is and how it's being used most commonly, at this point.

Dr. Christie: Yeah, so gastroenterology and gastrointestinal endoscopy has evolved rapidly over the last 10 years or so. More and more, there are interventions such as endoscopic mucosal resection, endoscopic submucosal dissection. And other interventions are used to drain the gallbladder, drain the pancreas, for cysts, under endoscopic approaches. And this new field actually bridges the gap between traditional endoscopy and surgery. And this is what we're now referring to when we say endoluminal surgery.

Unger: So this technology is offering alternatives to some of the conventional surgical approaches. What are the biggest benefits that you're seeing?

Dr. Christie: Yeah, absolutely. So the endoscopic approaches really benefit patients, mostly, in that it improves the patient experience. It's less invasive. It can reduce some of the illness and the length of stay in the hospital, when these approaches are used. And also, oftentimes, the outcomes are equal and sometimes even better in these patients.

Unger: And also benefits to what might be considered high-risk patients?

Dr. Christie: Yes. So there are some patients who would otherwise not be appropriate for surgical procedures to treat many GI disorders, such as patients that suffer with being overweight. And endoscopy, oftentimes, gives patients options that are safer because these patients are high-risk. They may have heart disease, they may have diabetes, which makes surgery more risky in these patients. So oftentimes, approaching their illness or their disorder from an endoscopic point of view minimizes some of that risk and still leads to good outcomes.

Unger: Well, when you think about benefits like that, a lot of folks are considering minimally-invasive procedures like endosurgery. The future of health care, what do you see on the horizon, in terms of innovation in this area? And are these developments mainly coming from surgeons?

Dr. Christie: So these innovations, Todd, it's really remarkable, in that they're coming from all angles. So they're benefitting both surgeons as well as endoscopists. So in terms of surgical approaches—so you have laparoscopic and robotic pancreatectomy—meaning taking out the pancreas—and minimally-invasive esophagectomy—meaning removing the esophagus for various disorders, swallowing disorders or even cancer—these innovations are developing on the surgical side.

And then there's collaborative interventions that surgeons and gastroenterologists do together to treat disorders, such as gastroesophageal reflux disease, which is very common in our community. But also, from a collaborative point of view—and this is the beauty of this whole thing, that both
endoscopists and surgeons, we do procedures for weight loss and weight reduction that really help to explore our collaborative paradigms.

And then, also, there's multidisciplinary approaches to treat pancreatic pancreas disorders, like cysts and infected masses that we can drain or we can burn tumors that, again, minimize some of the morbidity or the illness and the length of stay that these patients often experience.

Unger: Do you see broader applications for innovations beyond GI? And if so, what do you want physicians across all specialties to know?

Dr. Christie: Yeah, so these applications really extend in many, I guess, facets of what we do as health care providers. And the basic principles of this is, really, device development and evolution of simple procedures, and minimally invasive interventions across the specialties. And this involves a real collaboration with our industry partners, with engineers, with industrial engineers, in many, many different facets of what we do.

And then the other important thing is that we have to have the science and the methodology to make sure that what we do is valued and that we get the appropriate reimbursement for the innovation and the time that we take to treat many of these disorders. So working with reimbursement is really important, from the facility side and the physician side.

Unger: Absolutely. I want to turn our attention to something specific, and that's the issue about prior authorization. Because recently, there was an announcement from UnitedHealthcare that said they would require prior authorizations for certain endoscopies and diagnostic and surveillance colonoscopies. And after some pushback, that was changed to, quote, "advanced notification." So I want to talk a little bit about this new requirement and how barriers like this from insurance companies are impacting patient care, from your perspective.

Dr. Christie: Absolutely, Todd. And this has been a real concern in the gastroenterology community. We believe that while the reason behind this is to cut costs and maybe reduce unnecessary procedures, the program was really misinformed and misguided. And as you mentioned, we're really concerned that because of the administrative burden that's going to be involved with producing some of this advanced notification paperwork, it's going to place a burden on our administrative colleagues and certainly will lead to delays in important procedures that our patients rely on to achieve the diagnosis and then the care that they need.

And then a lot of offices, they just don't have the administrative support to do that. And that's for everybody, but certainly in underserved communities. And a personal concern of mine is that it's going to create larger inequities, in terms of how we deliver care, and when we deliver care, and who we deliver care to.
Unger: Talk a little bit more about these requirements on advanced notification and that burden.

Dr. Christie: Yeah, so the UnitedHealthcare said that they will not deny care to a patient. However, they do require hospital notes. They require a lot of data collection. Which, our biggest concern is that, eventually, they will deny care to certain patients. And I think it's important for us to understand that what is the data behind even requiring this, right? They mentioned the use of this gold card program, in which some providers who they deem to appropriately perform some of these procedures or schedule some of these procedures won't have to do this, right?

And so our question is, well, how will that data be analyzed? How will it be interpreted, and then what does that mean for all of us that are trying to do the best for our patients? It just really impedes on our autonomy and our ability to develop that trust from our patients and to deliver the care that they require in a timely fashion.

Unger: Now, there's been a lot in the news recently about incidents of colon cancer rising, especially among younger patients, where we have not been seeing that before. And it sounds like prior authorizations and pharmacy benefit managers, it could restrict patient access to lower volume preps for colonoscopies. Talk about that, as a concern.

Dr. Christie: Yeah, so you're absolutely right. We are seeing a rise in colon cancer in young patients—so some patients that are even younger than age 45, and particularly in our underrepresented minority communities. And so restricting these access and, particularly, also to the preps, right? That's important.

So when we do colonoscopies, patients have to be prepared. They have to purge and clean out prior to the procedure. And oftentimes, patients would elect to choose a lower volume prep. And oftentimes, it's not being covered by some insurance companies. And so, therefore, patients may either decide not to have their procedure or may delay their procedure. And we really think it's important that these PBMs, or pharmacy benefit managers, approve those low volume preps at no cost to the patients so that we can make sure these patients get in there and they get their procedures done. And if they have a polyp, which is a precancerous lesion, we can remove it and prevent the development of colon cancer.

Unger: Dr. Christie, you know that prior authorization is a big part of what is the AMA's Recovery Plan for America's Physicians. And as part of that, the AMA has set up a website where physicians can share their prior authorization stories. And there are a lot of them and a lot of data that shows how that can inhibit the right kind of patient care. So I urge everyone out there to visit fixpriorauth.org. And we'll include a link in the description of this episode so you can learn more about the AMA's work and share your prior authorization stories. Again, to learn more about all of the AMA's Recovery Plan for America's Physicians, you can visit ama-assn.org/recovery.
And, Dr. Christie, thank you so much. So much interesting in the world of developments and, again, to elaborate on the challenges that you're facing on prior auth. That's it for today's AMA Update. We'll be back with another segment soon. In the meantime, you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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