The RECORDER

The American Motility Society Newsletter - Winter 2002

12th Biennial AMS Scientific Meeting
September 19-22, 2002. Galveston, Texas

This meeting will bring together basic scientists and clinical investigators to discuss the newest developments in the fields of gastrointestinal motility, neurogastroenterology and functional bowel disorders. The meeting will consist of educational symposia that will present a balanced view of basic and clinical research in the form of oral/poster presentations and in-depth scientific workshops.

The meeting will be held in the beautiful island city of Galveston, located on the upper Texas coast of the Gulf of Mexico, 50 miles southeast of Houston. The venue is the enchanting Moody Gardens Hotel and Convention Center. Hosts for the meeting are Jiande Chen, PhD and Jay Pasricha, MD.

The due date for abstracts is June 3, 2002. For further information on the meeting and abstract submission, visit http://www2.utmb.edu/gipacing/AMS2002 or email jiande.chen@utmb.edu or FAX at 409-747-3084 or telephone 409-747-3071.

Message from our AMS President: Chung Owyang, MD

This is a very exciting time for both the world of GI motility and the American Motility Society (AMS). The AMS is addressing many issues of concern to clinicians and investigators interested in motility and it is looking to members for guidance and participation. As the President of the AMS, there are several areas that I would like to emphasize during my term as AMS President. These include developing a strong infrastructure to better serve the membership, enfranchising our young and vibrant members, broadening the scope of our clinical education and training activities, supporting research endeavors, and increasing our interaction with the pharmaceutical industry.

To address these objectives I have appointed 4 committees: the Education and Training Committee (Chair: Dr. Henry Parkman), Research Committee (Chair: Dr. Sean Ward), Clinical Practice Committee (Chair: Dr. Bob Summers), Membership/Public Relationship Committee (Chair: Dr. Henry Lin) and Finance Committee (Chair: Dr. Joseph Szurszewski).

In the clinical arena, Dr. Summers and his committee have completed the documents on the clinical testing of GI motor and sensory function. The results will be submitted to our society's Journal of Neurogastroenterology and Motility. Much effort has been expended to develop these guidelines which will help standardize the performance and analysis of these tests. Other clinical initiatives planned include new information on the billing and coding of motility disorders as well as testing, development of training sites for physicians and GI technicians interested in learning motility testing, and the creation of a website to disseminate new clinical information.

One of the AMS priorities is to ensure that support funds will continue to be available for young investigators interested in clinical and basic research. Last year we were fortunate to receive $100,000 from Janssen Pharmaceuticals to fund 4 pilot feasibility studies. We hope Janssen will continue to support our AMS. To fuel our research endeavors, I have set a goal to raise at least $1 million from the pharmaceutical industry. In addition to providing research support for young investigators, I also would like to encourage translational research promoting basic scientific discoveries which ultimately may have immediate clinical applications. I also intend to earmark funding to support fellowships. This is critical for developing the next generation of investigators in motility research.

The Education Committee worked hard to organize the course entitled "Gastrointestinal Motility for Clinical Practice" on January 19-20, 2002 in Charleston, South Carolina. This course drew over 300 attendees and was considered by many to be a resounding success. I would like to express my gratitude to the course directors, Drs. McCallum, Parkman and Rao for their tremendous efforts. It is AMS's goal to organize a similar course every other year.

Currently, the AMS has over 230 members. During my tenure as President of AMS, I will strive to double our membership. The Membership Committee is charged with developing a vigorous recruitment strategy. It is vitally important that the AMS receives input from its members. We need to hear your concerns to better address issues. Also we hope with better use of state-of-the-art communications we can facilitate interaction between the leadership of the AMS and its members.

It is important that we reach out to patients with gastrointestinal motility disorders. Recently we incorporated a special symposium for patients and support groups at our Charleston postgraduate course. We intend to work closely with patient support groups to provide a physician registry and develop a website for the dissemination of clinical information. In the long run this kind of grassroots support will be critical for AMS to advance its goals. These groups can be helpful in lobbying efforts for public policy positions affecting our subspecialty.

I think the AMS has the critical mission to represent its members and their concerns. It clearly must be an advocate for the subspecialty of gastrointestinal motility and individual needs of the practicing gastroenterologists, scientists and trainees in our subspecialty. By working together and communicating effectively and frequently, we can achieve many of our goals.

Membership/Public Relations; Henry Lin, MD

AMS Membership Drive

It is always encouraging to see and meet new people at meetings who share in our excitement for GI motility. However, many of these individuals, whether they do research, see patients or do both, do not belong to the American Motility Society. We need to recruit them as new members because their talents, energy and creativity will strengthen and ensure the future of our Society. The most effective way for our Society to grow is through you, our current member. The Society needs your help. Referring new members is easy to do. Send me (henry.lin@cshs.org) an email with their names and email addresses.

All of us will benefit from your efforts.

Benefits of AMS membership include:

- Opportunities to interact with clinicians and researchers who share in your interest in GI Motility
- Subscription to the society's official publication, the Journal of Neurogastroenterology and Motility
- The Recorder (Newsletter of AMS)
- Access to grant opportunities of the AMS
- Discounted registration to AMS scientific meetings
- Opportunities to participate in continuing educational events of the AMS
- Involvement in the committee activities of the AMS
- Access to expertise and information to support your clinical practice in GI Motility
- A platform for shaping the future of GI Motility

AMS Research Committee; Sean Ward, PhD

AMS Research Grants
The AMS research committee awarded four research grants to young investigators. These grants are funded by Janssen Pharmaceuticals for up to $25,000. The awardees with their position and title of their AMS research grant are:

Tamas Ordog, M.D.
Research Assistant Professor in Physiology.
University of Nevada School of Medicine.
"A model to study entrainment of gastric pacemakers"

Xuan-Zheng Shi, M.D.
Assistant Professor
University of Texas Medical Branch. Galveston, TX
"The secretory function of colonic smooth muscle cells"

Premysl Bercik, M.D.
Post-doctoral Research Fellow in the Intestinal Disease Research Programme. McMaster University. "Immune-Driven Model of Functional Gastrointestinal Disorders"

Gregory Dick, Ph.D.
Research Assistant Professor in Physiology. University of Nevada School of Medicine. "Investigation of the BK channel ß1 subunit as a novel modulator of GI motility"

Clinical Practice Committee; Robert Summers, MD

Report on Clinical Testing Initiative

Clinical measurements of motility have evolved to the point where they are in widespread use, but minimum standards of practice have never been adopted. Performance of the tests and analysis of the results are highly variable and standards are determined by local practice. Lack of standardization leads to perpetuation of confusion and chaos for those learning to perform tests, uneven quality in test performance, inability to compare clinical research data, reduced scientific "respectability" for the discipline and increased questioning of our procedures and eventually, refusal of financial compensation for testing. In 1999, the AMS created a task force on clinical testing of GI motor and sensory function. The European Neurogastroenterology and Motility Society was invited to participate in developing and adopting the documents, and industry invited to be an integral partner in the process. Committees were appointed to draft documents defining the clinical tests in common use. Each committee was asked to use the following outline for each test:

1. Background and rationale for test
2. Indications
3. Equipment description and specifications
4. Patient preparation – instructions
5. Protocol
6. Analysis–measures, interpretation and normal values
7. Components of the clinical report
8. Areas of future study/development

The committees met at DDW, AMS and ENMS meetings and exchanged drafts via e-mail. The meetings were characterized by vigorous and rarely contentious discussion. All agreed that the process was open, worthwhile, challenging and even exciting. Continued refinement of the documents has taken place through on-going discussions. As much as possible the final description was to be evidence-based from published studies and was to reflect the collective expertise of those with considerable experience in clinical testing. A great deal of work has occurred in response to the charge to perform this task. Seven documents have been drafted and they are all nearly ready to be submitted for review. These seven documents are:

Esophagus - pH monitoring & manometry
Stomach - EGG
Emptying & transit - scintigraphy/breath tests
Biliary and pancreatic manometry
Small bowel manometry
Anorectum - manometry
Pediatric motility tests

We know that these documents will evoke discussion, and possibly criticism and controversy. We hope that the readers will find the description of the tests to be useful in the evaluation of patients, education and training of students and trainees, and worthy of discussion and modification. We are grateful to Janssen for major support of the meetings where the documents were discussed. In addition, we also appreciate support and guidance from the instrument manufacturers including Medtronics, Sandhill and Medical Measurements. My co-chair, Louis Akkermans, and I want to express our sincere appreciation to everyone who has participated in this project. Much effort has been expended and we are indebted to all of those who have contributed.

Education Committee; Henry Parkman, MD

The American Motility Society recently held a course entitled "Gastrointestinal Motility for Clinical Practice" on January 19-20, 2002 in Charleston, South Carolina. The course directors were Henry Parkman, MD, Satish Rao, MD, and Richard McCallum, MD. The goal of this course was to familiarize and update participants on the current indications, methodology, and interpretation of clinical GI motility tests. This course also provided an in-depth discussion on treatment of GI motility and functional bowel disorders. This comprehensive course attracted a wide audience of 337 registrants including GI fellows, junior faculty in academic GI training programs, and physicians in clinical practice. Special lectures were offered for physician assistants and technical and nursing personnel involved in motility testing. The AMS hopes to give a similar course every other year.

A special afternoon symposium, entitled "The Role of Patient Support Organizations in Functional Bowel and GI Motility Disorders" was held for patients and health care providers in Charleston, SC on January 20, 2002 after the above mentioned motility course. This symposium attracted 59 participants. Presentations by several patient organizations were given by:
International Foundation for Functional Gastrointestinal Disorders
Internet site: www.iffgd.org
Email: iffgd@iffgd.org
Association of Gastrointestinal Motility Disorders
Internet site: www.digestivemotility.org
Email: AGMDInc@aol.com
Cyclic Vomiting Syndrome Association
Internet site: www.cvsaonline.org
Email: waitesd@cvsaonline.org
Oley Foundation for Home Parenteral and Enteral Nutrition
Internet site: www.oley.org
Several presentations updating patients and their families on new concepts and medical developments were given. These included:
Overview of Functional Bowel and GI Motility Disorders by Douglas Drossman, MD
Nutrition for GI Disorders by Carol Parrish, RD
Alternative Medical Therapies for GI Disorders by J. Drisko, MD
Esophageal Disorders by Ray Clouse, MD
Gastric Disorders by Richard McCallum, MD
Defecation Disorders by Satish Rao, MD
The AMS's Role in Patient Support by Henry Parkman, MD

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

This new portion of the newsletter will provide a forum for discussion related to billing and coding for GI motility tests. It should be understood that billing and coding are best decided by the individual practitioner in consultation with respective payers in their location. This issue will deal with esophageal testing with esophageal manometry and pH monitoring.

CPT codes for esophageal manometry and pH monitoring are:
Esophageal manometry: 91010
Esophageal manometry with edrophonium provocation: 91011
Bernstein test: 91030 (in addition to esophageal manometry)
Esophageal pH monitoring: 91033 (for prolonged recording)
Modifiers are TC for the Technical component and 26 for the professional component. Starting January 2002, the physician's presence is not required for complete billing of the professional component of the test. If esophageal manometry, pH studies, and/or endoscopy are performed the same day, there is no need for 51 modifier for multiple procedures on the same day since manometry and pH testing are diagnostic procedures. Some bill the manometry the day of the procedure and 24 hour esophageal pH study on the next day when the test ends in order to have different billing dates, however, this is not necessary. The ICD-9 code should be as specific as possible. Starting January 2002, the physician interpreting a specific test should generally bill using the appropriate ICD-9 code for the final, related diagnosis and not for the reason the test was performed. For example, if the esophageal manometry is abnormal, bill for the specific abnormality (e.g. 530.0 for achalasia); if the manometry is normal, bill for the indication (e.g., 787.2 for dysphagia).

Tensilon (edrophonium) is temporarily unavailable. Tensilon was previously produced by Roache, but now is to be produced by ICN. However, it is "backordered" while ICN is deciding on production sites and other issues. Reversol (edrophonium) is available through Organon, Inc (West Orange, NJ).

Suggestions and questions for this billing and coding section should be directed to
Henry Parkman at hparkman@nimbus.temple.edu or
Alin Botoman at alin.botoman@worldnet.att.net

Officers of the American Motility Society (AMS)

Chung Owyang, MD	President
Robert W. Summers, MD	Past-President
Joseph H. Szurszewski, PhD	Past-Past President
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Henry C. Lin, MD	Councilor
Charlene M. Prather, MD	Councilor
Sean M. Ward, Ph.D.	Councilor
Henry P. Parkman, MD	Councilor

Proposed Change in the AMS Bylaws

The AMS Councilors recommend changing the AMS President's term in office from 2 years to 4 years, effective with the current occupant of the office. This change is suggested because a two year term is too short to provide effective leadership for our society. The activities of the society have become more complex and developing a program takes more time than the current term allows. This change in AMS Bylaws will be voted on by an upcoming ballot for officers. If you have questions or concerns about this issue, please send them to: Bob Summers at robert-summers@uiowa.edu

AMS Newsletter

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