Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Development of AGA's Policy Agenda During the COVID-19 Pandemic

The unprecedented response to the COVID-19 coronavirus pandemic disrupted the health care community. Consequently, the American Gastroenterological Association (AGA) adapted and expanded its policy priorities to meet the evolving needs of members and patients. To inform these efforts, the AGA launched a needs assessment survey to better understand the impact of COVID-19 on gastroenterology and hepatology (GI) providers in clinical practice. The findings were used to develop timely resources for the GI community, inform advocacy efforts, and advance a robust legislative agenda that resulted in support for COVID-19–related legislative and regulatory protections for the GI community.

Here, we summarize the survey findings and describe the AGA's programmatic responses to the COVID-19 pandemic, focusing on its advocacy and legislative efforts. Furthermore, we share how these experiences continue to actively inform ongoing support for the GI community during COVID-19, including vaccine administration. Finally, we discuss how these experiences with COVID-19 help provide a model for rapid assessment and targeted response for future public health crises.

AGA COVID-19 Needs Assessment Survey

The AGA developed and distributed the COVID-19 Needs Assessment survey during July and August 2020 via e-mail to AGA members. We assessed a range of topics that included feedback on providers' experiences with resumption of elective procedures, growth and implementation of telehealth, access to personal protective equipment (PPE), impacts of COVID-19 on financial feasibility and security, and utilization of governmental COVID-19 relief programs. In total, there were 432 respondents, and response rates to individual questions varied. Of those who reported practice type, 40% were in single-specialty practice, 33% in academic practice, 13% in hospital-based practice, and 12% in multispecialty group practice.

Financial Impact and Aid

When respondents were asked about the impacts on their GI practices without substantive future federal grants and loans, 42% of the 313 respondents indicated their practices would be "smaller (than pre–COVID-19 levels) and financially unhealthy." Respondents also indicated utilization of several COVID-19–related financial assistance programs. The applications and receipts of aid for different programs are depicted in Figure 1. Thirty-five percent of respondents did not apply for any federal grants, loans, or funds.

Impact on Elective Services

A majority of respondents were concerned about reduced procedure volume upon resuming elective endoscopy. Of 358 respondents, more than 95% predicted a return to lower endoscopic volume than before COVID. Moreover, one-fourth of respondents predicted that a return to pre-COVID levels would take more than 12 months.

Managing PPE

There were 352 responses to questions relating to management of PPE resources. They rated a significant degree of difficulty (responses of "extremely difficult," "very difficult," or "difficult") across the following PPE-related challenges: utilization rates (57%), sourcing (55%), regulatory/external interventions (38%), and staff compliance/adherence (24%). These respondents cited using multiple approaches for PPE conservation that included re-use tactics (72%), staff education (70%), increased inventory security (52%), and policy changes (39%). When asked how PPE resources compared to the 2 weeks before the survey, the majority (62%) noted "no change," with 18% indicating "worse" (resources continue to decline) and 20% indicating "better" (some PPE needs addressed).

Telemedicine

Utilization and type of telemedicine services varied. Respondents noted using the following options for the majority of their telemedicine visits (multiple responses possible): electronic health record (EHR) integrated (26%), non–EHR integrated (27%), patient registration based (19%), commercial Centers for Medicare and Medicaid Services–allowed third party (eg, Zoom or Skype, 18%), audio only (18%), or asynchronous (ie, online patient portal or e-mail, 11%).

Respondents cited multiple barriers that contributed to limited utilization of telemedicine. When asked about converting in-person to telemedicine visits, 324 respondents indicated significant difficulty ("extremely difficult," "very difficult," or "difficult") related to commercial payer reimbursement (53%), patient engagement/interest and ability to participate (50%), technology or equipment (48%), Medicare reimbursement (45%), and interstate regulations on health care delivery (39%).

AGA Response to COVID-19

In response to the COVID-19 pandemic, the AGA spearheaded several initiatives to address the immediate needs of gastroenterologists. First, members of the Clinical Guidelines Committee and the Clinical Practice Update Committees convened to form the Rapid Review Working Group for COVID-19 to develop evidence-based recommendations to guide the use of PPE and preprocedure COVID-19 testing for endoscopic procedures.[1–3] The AGA used rigorous GRADE methodology and systematic reviews to state a much stronger position to show the potential benefits and harms of policies on patient care.

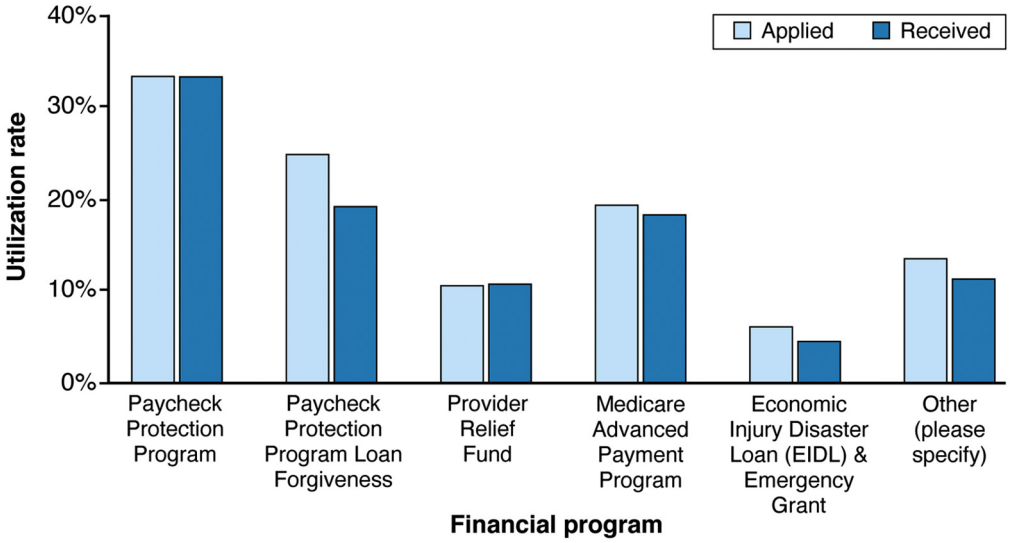

Figure 1. Utilization of COVID-19–related financial programs by GI physicians. This figure shows the survey-reported utilization rate of various government-funded financial programs during the COVID-19 pandemic.

This allowed the AGA to use the working group's guidance to advocate more effectively for resources on Capitol Hill.

Second, the AGA engaged in virtual member outreach to better understand the concerns and barriers for gastroenterology practices and members affected by the pandemic. These most frequently took the form of presidential town hall meetings where AGA leaders engaged members to hear about their challenges with practice finances, resumption of endoscopy, and timely provision of patient care. These stories provided our members of Congress with concrete examples of how their constituents were affected by the pandemic and further supported our requests for additional resources.

Third, the AGA advanced existing gastroenterology advocacy priorities within COVID-19 advocacy efforts. One such effort succeeded in the incorporation of legislation to close the Medicare colonoscopy loophole within COVID-19 relief legislation. The fix to the loophole will be implemented in 2022 and will gradually phase out the coinsurance for Medicare beneficiaries by 2030. AGA also advocated for HR 7077/S 3877, the Community Solutions for COVID–19 Act, to improve access to testing and treatment for minority communities that have been disproportionately affected by the pandemic. This legislation aligned with the AGA's Equity Project, a broader multiyear effort to use advocacy to eliminate health disparities in GI care.[4] Although this bill was not specific to gastroenterology, it was an important step toward reducing health disparities for our patients and improving overall patient care.

Impact of COVID-19 on Advocacy

AGA members increased their engagement as a result of the organization's focus on pandemic-related policy. Through the online AGA Advocacy Center, members sent a record

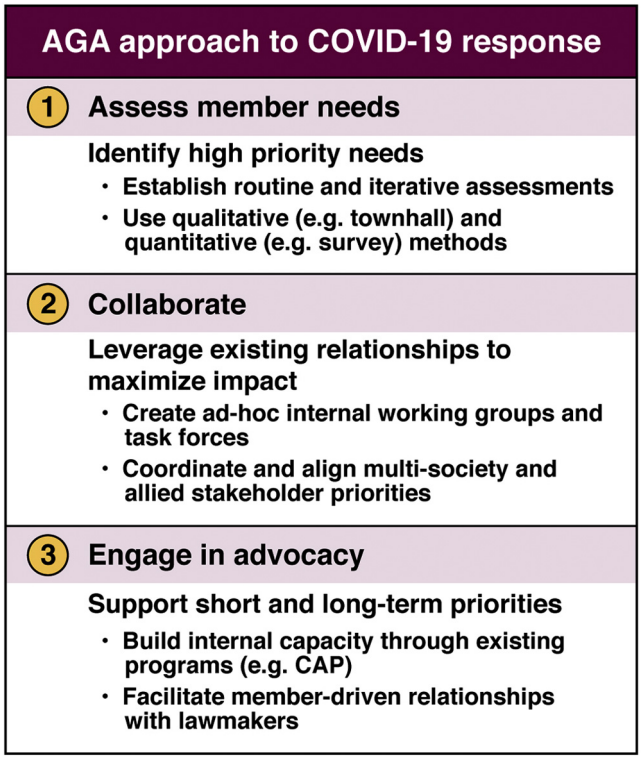

Figure 2. AGA approach to COVID-19 response. The approach used by AGA Government Affairs Committee to advocate for gastroenterologists and patients during the COVID-19 pandemic.

Table 1. Legislative Agenda for COVID-19 Relief

Topic	Issue	Legislative or Regulatory Solution	Current Status
Financial relief	AGA members faced financial burdens during the pandemic, with 70% of members indicating that they would be financially unhealthy and 41% that they would need to downsize without relief	Expand financial relief programs for providers, such as the Provider Relief Fund, Paycheck Protection Program, and Medicare Accelerated and Advanced Payment Program	Additional flexibilities have been enacted to ease provider access to relief. Supplementary funding for the Paycheck Protection Program, Provider Relief Fund, and other federal loan programs has been secured. Continue to advocate for a steady stream of funding for relief programs to ensure practices and providers remain viable.
Telehealth	Increased use for telehealth is important for access to patient care and ongoing medical services during the pandemic	Support HR 6644, which expands telehealth beyond the pandemic and requires ERISA plans to reimburse at Medicare's rates. CMS to continue payment parity for audio-only telehealth.	Secured Medicare payment parity for audio-only E/M visits. Continue to work with policy makers and payers to reimburse for telehealth services at the same payment rate after the public health emergency.
Reimbursement	GI practices are struggling financially during the pandemic. However, proposed changes to RVU allocation projected that GIs would face 4% cuts in reimbursement.	Congress should intervene to prevent cuts to physicians in 2021	Congress mitigated 10% across-the-board budget neutrality cuts for 2021. For most clinicians, Congressional action greatly reduced the cuts. For GIs, the 4% cut that was expected was largely negated. However, the exact impact depends on the diversity of services offered by a practice. Next steps are to halt 4% PAYGO cuts set to go in effect October 1, 2021.
Provider relief	GIs, like other physicians, have been deployed to serve on the front lines of the COVID-19 pandemic	Expand medical liability protections for health care workers treating COVID-19 patients (HR 7059). Provide flexibility for foreign-born physicians to continue to practice in the US and maintain the workforce (HR 2895/S 948, HR 6788/S 3599). Support health care workerss by providing loan forgiveness (HR 6720).	Congress added 2000 additional GME slots as part of the omnibus/supplemental bill that was passed at the end of 2020. This was the first time since 1997 that GME has been increased. Continue to advocate for these policies that reduce regulatory, financial, and institutional burdens placed on health care professionals during the public health emergency.
Digestive disease and cancer research	Research facilities have had to halt research because of the pandemic and relief is needed to resume cutting-edge research	Include $15.5 billion in supplemental funding to NIH to support COVID-19 research and research that was disrupted due to the pandemic	Advocated for supplemental funding to be included in the Biden administration's stimulus legislation: status pending

CMS, Centers for Medicare and Medicaid Services; E/M, evaluation and management; ERISA, Employee Retirement Income Security Act; GME, graduate medical education; NIH, National Institutes of Health; RVU, relative value units.

number of letters to their members of Congress: 1296 letters by 364 members regarding reimbursement cuts and 3047 letters by 944 members regarding COVID-19 relief. The outreach made by AGA members was instrumental to achieving success in our legislative endeavors.

The response to COVID-19 also bolstered existing advocacy programs, including 84% growth in the AGA Congressional Advocates Program (CAP). The CAP was reestablished in 2018 and is a grassroots civic engagement program for AGA members to learn about GI-related advocacy, engage with their peers, and foster relationships with local representatives. In addition, AGA's September Advocacy Day went virtual in 2020, leading to a record turnout of 75 members conducting 76 meetings with members of Congress from 26 states. Similarly, a record number of AGA members joined cardiologists, rheumatologists, and other specialists in the Alliance of Subspecialty Medicine's Virtual Advocacy Day in November 2020. Finally, AGA members also increased engagement via the AGA Political Action Committee (PAC). AGA PAC is the voluntary bipartisan political arm of AGA and the only PAC dedicated to gastroenterology, supporting candidates who align with our public policy priorities, such as access to care, fair reimbursement, and National Institutes of Health research.

Legislative Action and Successes

The AGA supported a number of legislative and regulatory initiatives in 2020, directly addressing COVID-19 and continuing to support ongoing GI priorities. The legislative agenda related to the COVID-19 pandemic is presented in Table 1.

Efforts included supporting CMS' payment parity for audio-only telehealth visits, supporting HR 6720 (Student Loan Forgiveness for Frontline Health Workers Act), and delaying the proposed 5% cut to Medicare physician payments for 2021. The AGA championed the Removing Barriers to Colorectal Cancer Screening Act, which removed the cost-sharing burden associated with polypectomy during screening colonoscopy and was ultimately incorporated within the successful passing of the Consolidated Appropriations Act. The AGA continued advocacy for the successful increase in federal funding for GI research at the National Institutes of Health and the Department of Defense. It also supported reform of the Stark Law and Antikickback Statute at the Department of Health and Human Services and reform of the prior authorization process by assisting in the introduction of bills in both the House and the Senate.

Next Steps in Pandemic Response and Recovery

The AGA Government Affairs committee continues to work closely with AGA members on how best to support the pandemic response and recovery efforts. For example, the AGA endorses the Building COVID-19 Vaccine Confidence Act and the COVID-19 Prevention and Awareness Act of 2021. These bills fund vaccine promotion efforts among vulnerable populations and those at increased risk for COVID-19–related complications, including people with liver disease or those using immune-modifying medications.

The new year and presidential administration have wrought several changes that the AGA continues to track. These include a new open enrollment period for health insurance exchanges to support people who are uninsured or have lost employer-sponsored coverage and extending regulations allowing telehealth services for all Medicare patients. The AGA supports efforts to make access to vital care and technology services permanently available for patients and practices. Later this year, the Supreme Court is expected to rule on whether the Affordable Care Act is constitutional. The AGA will advocate for legal provisions to ensure access to specialty care, colon cancer screening, and protections for people with preexisting conditions. Finally, the AGA will support programs anticipated in the next stimulus package that support small businesses that have benefited AGA members previously.

Model for Future Crises

The public health emergency has prompted the AGA to reevaluate its processes and develop new methods to rapidly meet the needs of its members. This adaptability is important to codify for future crises, which could similarly result in major changes in the health care landscape and pose a significant threat to gastroenterology practices and care of patients with digestive disease. The lessons learned from the COVID-19 experience to date have demonstrated the importance of the key steps below, which are also summarized in Figure 2.

1. Conduct members' needs assessments. These should be performed routinely and iteratively. They can take the form of membership surveys that allow for quantitative analysis, as well as open discussion on the AGA community or during webinars and town hall meetings for more qualitative and narrative feedback. As public health emergencies evolve, the concerns and needs of our members will change, so it is important for assessments to be conducted on an ongoing basis. This will allow us to ensure that advocacy efforts and legislative development remain in pace with members' needs.
2. Employ a collaborative approach. As new areas of interest emerge within the AGA in response to evolving crises, working groups and task forces will emerge to address new areas of interest. Advocacy efforts should utilize developing AGA efforts to work collaboratively on legislative action items that can improve patient care. Similarly, a collaborative approach with other specialties who face similar barriers to practice is important. The AGA's close relationships with sister GI societies, physician organizations, and other health advocacy groups remain vital in staying up to date on the latest movements on Capitol Hill and provide

opportunities to act on shared priorities.

3. Engage members in advocacy. Members of Congress are much more likely to take action on legislation if a constituent meets with them or contacts them directly. When urgent legislative action is needed, the AGA should continue to encourage member engagement through the Congressional Advocates Program and other existing structures, including Advocacy Day and the PAC.

Conclusion

To initially address the COVID-19 pandemic, the AGA adjusted its priorities based on both data-driven and qualitative feedback from its members. This resulted in the development of pragmatic clinical resources, increased member engagement through virtual technology, and the advancement of new and existing advocacy priorities. In addition, by continuing to strengthen member-based advocacy, the AGA helped secure tangible COVID-19 and GI-focused legislative and regulatory successes. Because the COVID-19 pandemic continues to present challenges for GI physicians and their patients, the AGA is committed to continuing its engagement with members for input, collaboration with other key stakeholders, and support of advocacy efforts. We are optimistic that by continuing to develop this approach, the AGA will continue to support its members and the patients they serve in any future disruptions in care.

SIMON C. MATHEWS
Johns Hopkins Medicine
Baltimore, Maryland

YAMINI NATARAJAN
Baylor College of Medicine
Houston, Texas

M. ANTHONY SOFIA
Oregon Health and Science University
Portland, Oregon

AMIT PATEL
Duke University School of Medicine and
Durham Veteran Affairs Medical Center
Durham, North Carolina

DAWN FRANCIS
Mayo Clinic
Jacksonville, Florida

SARAH STREETT
Stanford University School of Medicine
Palo Alto, California

SHAZIA MEHMOOD SIDDIQUE
University of Pennsylvania Perelman School of Medicine
Philadelphia, Pennsylvania

AGA Government Affairs Committee

References

1. **Sultan S, Lim J**, Altayar O, et al. AGA rapid recommendations for gastrointestinal procedures during the COVID-19 pandemic. Gastroenterology 2020;159:739–758.
2. **Sultan S, Altayar O**, Siddique SM, et al. AGA Institute rapid review of the gastrointestinal and liver manifestations of COVID-19, meta-analysis of international data, and recommendations for the consultative management of patients with COVID-19. Gastroenterology 2020;159:320–334.
3. **Sultan S, Siddique SM**, Altayar O, et al. AGA Institute rapid review and recommendations on the role of pre-procedure SARS-CoV-2 testing and endoscopy. Gastroenterology 2020;159:1935–1948.
4. **Carr RM, Quezada SM**, Gangarosa, et al. From intention to action: operationalizing AGA diversity policy to combat racism and health disparities in gastroenterology. Gastroenterology 2020;159:1637–1647.

Author names in bold designate shared co-first authorship.

Acknowledgments
Megan Tweed, Kathleen Teixeira, Leslie Narramore, and Jonathan Sollish.

Conflicts of interest
The authors declare no conflicts.

Most current article

0016-5085/$36.00
https://doi.org/10.1053/j.gastro.2021.04.076