Friday, March 3, 2017

Ancillary Revenue Sources for Clinical Practice
Reed B. Hogan, II, MD
Identify opportunities for the addition of ancillary services such as anesthesia, pathology, laboratory, imaging, or infusion services to a clinical practice to improve patient care while gaining a financial advantage.

Saturday, March 4, 2017

Fecal Microbiota Transplantation: Protocols and Pitfalls
Monika Fischer MD, MS
Describe the current status of fecal microbiota transplantation in the United States while defining common protocols as well as performance restrictions.

Management of Barrett’s Esophagus: State-of-the-Art
Michael S. Smith, MD, MBA
Define changes in published guidelines and management standards in the surveillance and treatment of Barrett’s esophagus.

Expanded Options for Biologic Therapy in IBD
Edward V. Lottus, Jr., MD, FACP
Assess the utility of biologic agents that have been recently approved for use in the management of Inflammatory Bowel Disease.

Expert Management of Eosinophilic Esophagitis
David A. Katzka, MD, FACP
Evaluate expert recommendations regarding the management of eosinophilic esophagitis cases with review of recent advances in medical therapy.

Rome IV Criteria for IBS: Noteworthy Changes
William D. Chey, MD, FACP
Distinguish changes in definitions pertaining to functional bowel disorders while evaluating the significance of these changes.

Medicare Reporting Requirements and Payment Updates
Caroll D. Koscheski, MD, FACP
Accurately interpret trends in Medicare payment models and requirements for reporting that are impacting gastroenterology practices across the nation.

Evaluation of Non-cardiac Chest Pain
Sami R. Achem, MD, MACG
Discuss non-cardiac chest pain in regard to pathophysiology, evaluation, and treatment.

Complex Polypectomy in Routine Practice
Douglas K. Rex, MD, MACG
Compare techniques employed by highly experienced endoscopists in challenging cases of colonic polypectomy.

Idiopathic Pancreatitis: Evaluation and Management
Andres Gelrud, MD, MMSc
List pathologies that are likely culprits in cases of idiopathic pancreatitis as well as the natural history, prevention, and management of complications in these cases.