

# M.D. NEWS

A BUSINESS AND LIFESTYLE MAGAZINE FOR PHYSICIANS



**The Message Is Simple:  
“Get Screened!”**

Rome Gastroenterology Associates

Special Feature  
**ReSurgeons**

# The Message Is Simple: “Get Screened!”

## Rome Gastroenterology Associates

By Leslie Johnston

“If people realized it’s a lot easier than they think it is, and if they knew how effective it is in prolonging their lives, they would get screened,” says Louis E. Lataif, Jr., M.D., of Rome Gastroenterology Associates. It is a message that Dr. Lataif and his four partners at Rome GI will be talking more about in the days and weeks to come, and it is a message they want the entire medical community to help them communicate to patients.

Colorectal cancer is the second leading cause of cancer deaths in the U.S., with approximately 150,000 cases reported annually. It is a cancer often ignored by men and women alike. What is so disconcerting to the medical community is that

compliance with colorectal screening guidelines lags far behind screening compliance for other cancers, such as breast, cervical and prostate, even with the availability of highly effective screening tests.

### COLORECTAL CANCER SCREENING SAVES LIVES

Over one-third of Americans surveyed in the 2003 Roper survey indicated that they were unfamiliar with the most important risk reduction and prevention measures for the disease, a statistic that Rome GI would like to change. “The number one

concern in digestive healthcare today is colorectal cancer prevention,” says Dr. Pat Adams, the senior gastroenterologist at Rome GI. “If colorectal cancer or pre-cancerous lesions are detected early, we have the potential to save lives.”

Early detection plays a critical role because the biology of colorectal cancer is unique. Colorectal cancer, along with cervical cancer, can be identified while still in a pre-cancerous stage. Just as widespread use of the Pap test has made cervical cancer uncommon in the U.S., similar success could be realized in reducing both colorectal cancer incidence and mortality if, according to Dr. Lataif, detection measures become a part of patients’ preventive healthcare regimens.

**“The number one concern in digestive healthcare today is colorectal cancer prevention.” — Dr. Pat Adams, senior gastroenterologist at Rome GI.**



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“The best way to screen for colorectal cancer is to perform a colonoscopy, so that the entire colon can be examined. The exam should be performed no less than once every 10 years, according to the American College of Gastroenterology guidelines for colorectal cancer prevention.”

Medicare and many managed care health plans have now recognized the role that colonoscopy plays in early detection and in the prevention of colorectal cancer. Physicians, particularly primary care physicians, have an opportunity to play a key role by advising their patients to schedule colonoscopies as appropriate for their age and risk factors. “What we need to do now,” says Dr. Lataif, “is to let patients know that colorectal cancer screening is a covered benefit for most people. A Medicare beneficiary needs no special risk—average risk is acceptable as a covered service under Medicare—to qualify for a screening colonoscopy.”

The patient population that would most benefit from screening are those age 50 and over who have never had a colonoscopy. “For those who don’t have colonoscopy as a covered service, we can help,” Dr. Lataif explains. “We can explain what their insurance company will cover. We will do whatever it takes to get that patient some colon cancer screening.”

If colonoscopy is not a consideration, the next best option is the flexible sigmoidoscopy in combination with a fecal occult blood test (FOBT). Virtual colonoscopy, which has been recently touted in both the medical and the general press as a less invasive and therefore more marketable method of screening, has not yet developed to the point that it is a significant alternative to traditional colonoscopy, according to Dr. Lataif. The technology is currently only available at about 50 sites across the country, he adds, although it undoubtedly will be the future of colorectal screening. What many patients do not realize, Dr. Lataif points out, is that with the virtual colonoscopy, patients still go through the same laxative-based preparation necessary for the traditional

colonoscopy. If polyps are found during a virtual exam, the patient would then have to undergo a traditional colonoscopy to remove them.

## ROME GASTROENTEROLOGY ASSOCIATES: THE PRACTICE

It is not surprising to find Rome Gastroenterology at the forefront of awareness and public and professional education efforts. The practice began with one gastroenterologist, W. Pat Adams, M.D., in 1978. As the need for gastroenterology services has grown, the practice has added four more physicians, doubled the size of the office and exam room space, and has expanded the Rome Endoscopy Center.

The Rome Endoscopy Center, which is owned and managed by the practice’s physicians, is a part of the Rome Gastroenterology campus on John Maddox Drive across from Redmond Regional Medical Center. The center is the site of the practice’s endoscopic ambulatory surgical procedures. The center, which has three procedure rooms, is equipped with the newest generation of computerized Olympus colonoscopes and gastroscopes and is certified and accredited. The facility has received the maximum accreditation from the AAAHC each year since its opening in 1989.

**The patient population that would benefit from screening are those age 50 and over who have never had a colonoscopy. Pictured is Dr. Kenn Griffith.**



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The Rome Endoscopy Center, which is owned and operated by Rome GI's physicians, has three procedure rooms, is equipped with the newest generation of computerized Olympus colonoscopes and gastroscopes,

including providing gastroenterology lectures for the physicians in Floyd Medical Center's residency program.

## A PATIENT-CENTERED FOCUS

Just as important—in the minds of all five Rome GI physicians—is that Rome GI is a patient-centered practice. They understand that the patient's experience begins the moment he or she comes in to the front desk. To ensure that patients' experiences are always positive and professional, Rome GI physicians talk with, and meet with, a different group of primary care physicians in the area each week, physicians whose patients may already be using the group's services and whose patients may

need to use gastroenterology services. As a further quality assurance measure, physicians have also taken staff members' jobs for a day to better understand patients' needs outside of the exam room.

Rome GI's practice philosophy includes seeing patients in as timely a manner as possible. Patients are seen immediately for emergencies, and they never wait more than two weeks to receive any non-emergent service. If waiting lists go beyond two weeks, Rome GI's physicians have committed themselves to bringing additional physicians on staff in order to keep patient satisfaction levels as high as possible. Referring physicians receive written or oral reports on the status of their patients within 48 hours of the patient's visit. Rome GI's physicians also call referring physicians immediately after seeing their patients, whenever requested.

As part of their commitment to the public, Rome Gastroenterology Associates is now turning its attention—and placing its considerable professional resources—to increasing the number of patients receiving colorectal cancer screenings with the launch of a powerful new awareness campaign in the northwest Georgia area. Primary care physicians are essential partners in the campaign's success. ■

As a group, Rome GI's five gastroenterologists bring more than 75 years of diverse gastroenterology expertise to the practice. Dr. Adams, the founding partner, specializes in inflammatory bowel disease and non-surgical treatment for hemorrhoids; William H. Conner, M.D., provides comprehensive digestive healthcare services, and has been doing so for more than two decades in Rome; Kenn E. Griffith, M.D., specializes in gastroesophageal reflux disease (GERD) and offers patients the 24-hour pH probe testing procedure; Dr. Lataif specializes in diseases of the bile ducts and pancreas and offers ERCP testing, including sphincter of Oddi manometry; Roderick A. Remoroza, M.D., specializes in liver disease and also performs ERCP and esophageal motility testing. All of the group's nursing staff are either certified gastroenterology nurses (CGRNs), or are eligible for certification.

This range of expertise allows the physicians of Rome GI to offer a number of advanced gastroenterology services, including biliary and pancreatic endoscopy. Rome GI is the only practice in Georgia outside of the Atlanta and Augusta area university medical communities to offer sphincter of Oddi manometry. Capsule endoscopy will soon be offered. The practice's physicians are also active in professional education,