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CONCISE COMMENTARY

Concise Commentary: Welcome to Club MED—How the Proposed Diagnostic Entity "Mixed Esophageal Disease" Can Resolve Diagnosis Overload

Eric D. Shah[1]

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Esophageal disorders are comprised of a constellation of structural, mucosal, motility, and neurosensory pathologies [1]. From the physician perspective, these pathophysiologic disturbances overlap in the genesis of symptoms, often requiring tailored approaches to care. Ideally, the physician says, "this is the problem, so let's bring the right team to address it" [2]. From an insurer's standpoint, each mechanism requires a discrete code entered into the electronic health record [3] that are either present or absent, new or chronic, and worsening, stable, or improving. Appropriate treatments are covered by insurance, but only if the correct code is entered into a patient's chart [4]. These divergent perspectives also leave patients caught in the confusion between the information received during an office appointment with a healthcare provider [5], compared with the complex documentation entered in electronic portals that must meet the needs of insurers and regulators [6].

In this issue of *Digestive Diseases and Sciences,* Triadafilopoulos, et al. [7] propose the concept of a unique diagnostic entity termed "mixed esophageal disease" (MED), defined by the authors as: "a disorder of esophageal structure and/or function that produces variable signs or symptoms, simulating -fully or in part other well-defined esophageal conditions, such as gastroesophageal reflux disease (GERD), esophageal motility disorders, or even neoplasia." This entity is intended to facilitate the delivery of complex healthcare services for patients with all forms of esophageal disease and surgery. To that end, the proposed concept of MED intends to comprehensively define these disorders across the actual care provided, rather than on the litany of individual and evolving factors that are parts of such care. The hope is that advocacy for coverage of endoscopic and surgical procedures, allied health professional services, medications, and team-based care can be streamlined and unified across the field.

That said, the root problem remains unresolved. Coverage for appropriate care has become increasingly complex, almost wholly dependent on diagnostic labels. Recent reform to simplify outpatient evaluation and management reimbursement around time-based clinical healthcare delivery rather than on routine documentation represents a strong start [8]. Ideally, a single diagnostic label such as MED to simplify concepts in managing complex esophageal care provides a sensible path forward to anchor future advocacy efforts.

✉ Eric D. Shah
ershah@umich.edu

[1] Division of Gastroenterology and Hepatology, University of Michigan, 1500 E Medical Center Drive, 3912 Taubman Center SPC 5362, Ann Arbor, MI 48105, USA

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