Georgia Obstetrical and Gynecological Society, Inc.

OBGyn News

PROMOTING EXCELLENCE IN WOMEN'S HEALTHCARE in GEORGIA

Georgia Section The American Congress of Obstetricians and Gynecologists

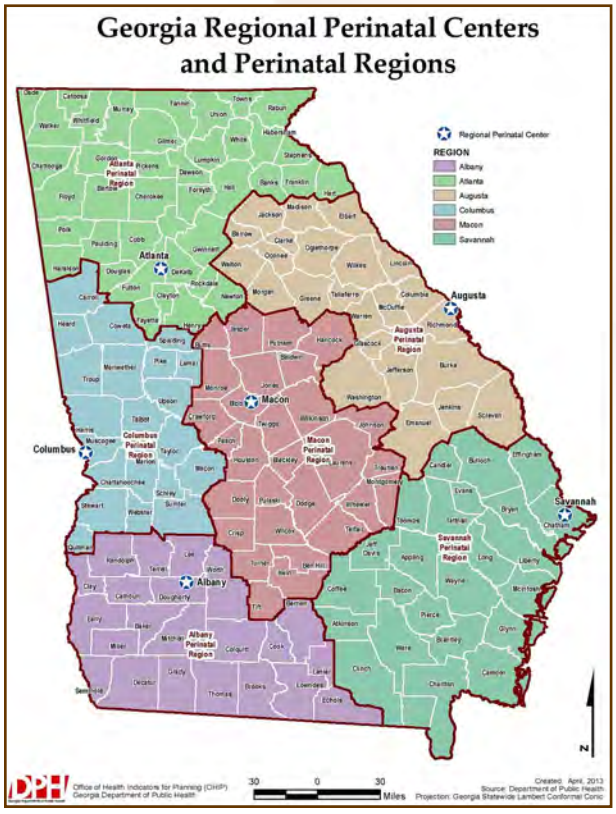
FEBRUARY 2014 • VOLUME 8, NUMBER 1

In the Business of Healthy Mothers and Babies:

An Update of Georgia Health Initiatives

Seema Csukas, MD, PhD
GA DPH, Atlanta, GA

This is a great time to be in the business of healthy mothers and babies! As Georgia Department of Public Health (DPH) Commissioner Brenda Fitzgerald, MD, often says, "It's a new day in public health." As you may know, infant mortality is one of the strategic priorities for Georgia DPH. And we are making progress. The key to that progress is the shared vision and collaboration that public health is enjoying with our numerous partners across the state. In fact, we recently conducted a workshop at a national meeting in Washington, DC on "Moving the Perinatal Health Needle Through Collaboration." The presenters included the Georgia Department of Public Health, the Georgia OBGyn Society and the United Way of Greater Atlanta. Here are just a few of the other activities underway:

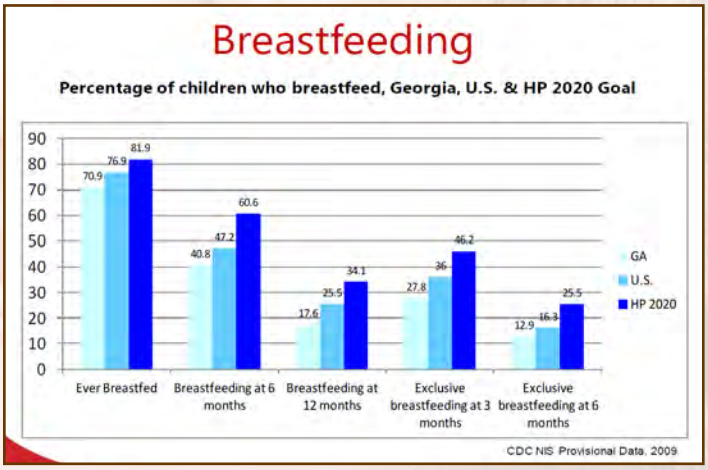


Maternal Mortality: Georgia has had the highest rates of maternal deaths in the country. To work on bringing those numbers down, public health has partnered with the Georgia OBGyn Society to form the Maternal Mortality Review Committee. This committee, chaired by Dr. Michael Lindsay, has been reviewing cases for the past year and is working on identifying potential opportunities to prevent these deaths. Georgia is also one of six states awarded the Every Mother Initiative grant from the Association of Maternal and Child Health Programs (AMCHP) to move findings to action this year.

Perinatal Quality Improvement: The Georgia Perinatal Quality Collaborative (GaPQC) is working to develop quality improvement activities on the maternal and neonatal side. A small consortium is preparing to pilot a maternal and neonatal project before engaging a larger group of stakeholders. The consortium is co-chaired by Dr. David Levine and Dr. Cathy Bonk.

Regional Perinatal Care: Georgia DPH is working with the six regional perinatal centers in the state to review standards of care and improved access for high-risk prenatal care and neonatal care.

Breastfeeding: Our breastfeeding work targets two priorities for public health: Infant mortality and childhood obesity. Increased breastfeeding rates can have a positive impact on both of these priorities. We have completed the first year of our 5-Star Hospital Recognition Program to encourage birthing hospitals to move toward a Baby-Friendly designation (thereby encouraging and supporting breastfeeding for newborns). Nine hospitals around the state participated. We will soon launch the second year of this program. We have surveyed local businesses to better understand what they need to become mother-friendly worksites so new moms can return to work and still continue to breastfeed their infant. At DPH offices in downtown Atlanta, employees can use our on-site lactation room for a private



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Editor's Column

Physician of the Year

Five years ago, our hospital administration started an annual "Physician of the Year" award, presented at the medical staff Christmas party. Each year since its inception a wonderful internal medicine doctor has won it, with the exception of the year our outstanding pathologist won it. At issue here is not the fact that I have thus far been overlooked for the honor (ouch), but that the physician I nominated three of the last five years doesn't win it. Perhaps my essays lack something or maybe I'm not lobbying the right people in the right way. But I'm confident no one else is going to the trouble I am going to for this guy to win.

He is a surgeon; one of those old school oncologic surgeons who has operated on everything, especially all kinds of cancer. He knows the head and neck, abdomen and pelvis like the back of his hand. But with the patient asleep and the family not allowed in the OR, there is no way for him to get the patient satisfaction scores he deserves. They don't get to observe the qualities that make him so indispensable to his fellow surgeons – knowledge, skill, generosity, sense of humor, and most of all wisdom. They don't understand that his very presence in the operating room vicinity gives everyone the feeling help is just a page away, if needed. Even the guys on the other side of town call him. He says he does it for the patient. I'm convinced one of the most important ways we gynecologists can take care of our patients is to forge great working relationships with the other surgeons and specialists in town.

As for awards, I am reminded of a biography of the great physicist, Richard Feynman, written by his daughter.[1] He shunned awards, honors and organizations that made him an honorary member. He resigned from the National Academy of Sciences saying he found it "psychologically very distasteful to judge people's 'merit'." He was extremely careful about what kind of accolades he would agree to accept. (The 1965 Nobel Prize was a notable exception.) That always struck me as being true to purpose. It's not supposed to matter who gets the credit.

And yet, we live in a world dominated by public relations, marketing and media glare so that it's next to impossible not to let money and fame influence our actions. It is also impossible for me not to care that this surgeon who means so much to so many behind the red line in the OR, get some tangible recognition for his labors. I take comfort in knowing that for a person of his caliber, a heartfelt "thank you" from a colleague like you or me probably means as much as any institutional award. On the other hand, maybe the mere existence of such awards is a good thing if it causes us to reflect upon all the great people we know who deserve them.

Margaret D. Schaufler, MD
Editor
Lagrange, Georgia

Reference

1. Feynman, Richard P. (2005). *Perfectly Reasonable Deviations (from the Beaten Track) The Letters of Richard P. Feynman*. New York, NY. Basic Books, A Member of the Perseus Books Group.

GRITS Anyone?

Immunization Registry Assists Physicians

Ben Sloat, MPH, *GA DPH, Atlanta, GA*

Did you know?

Did you know Georgia law (Official Code 31-12-3.1) requires all providers administering Federal Drug Administration (FDA) approved vaccinations to any individual in the state to submit accurate information to Georgia's Immunization Registry know as GRITS? The law was enacted in April 1996 as a childhood registry and expanded in July 2004 as a birth to death registry.

The goals of the Georgia Immunization Registry include assisting providers in reminding individuals when they or their children need or are past due for vaccinations, assisting providers in evaluating the immunization status of their patients, and avoiding duplicate immunizations.

GRITS currently contains immunization records for more than 11 million individuals, and more than 10,000 organizations across Georgia have registered to become GRITS users.

How to register to become a user of GRITS?

To gain access to the information contained in the GRITS system you must contact the GRITS training coordinator at 404-463-0810 or email immreg@dhr.state.ga.us and complete an enrollment form as well as submit a signed software user agreement. Once you have submitted the signed software user agreement and attended a GRITS training session, you will receive an OrgCode, UserID and password to gain access to the information contained in GRITS.

When should providers submit data to GRITS?

The Georgia Department of Public Health requests that immunization data be entered into the GRITS system within 30 days of immunization provision.

Can medical office staff enter records in the Registry?

Yes. The provider accepts responsibility for the submission of immunization records according to the requirements of the registry legislation. The provider may also authorize additional members of the office staff to enter records.

Will GRITS interface with my existing Practice Management System or Medical Records Management System?

GRITS staff are willing to work with any vendor who desires to build an interface solution with the Registry. Please contact the GRITS interface staff 404-463-0810 or email immreg@dhr.state.ga.us to inquire if your vendor has developed a certified interface with GRITS.

GRITS
Georgia Registry of Immunization Transactions and Services

Client and immunization data can be exchanged with the GRITS application using either GRITS flat file specification or HL7 batch and real-time data transfer specifications. Prior to performing a data exchange, your provider organization will need to contact a GRITS training coordinator and arrange to be set up in GRITS.

How can I obtain more information about GRITS?

For more information, visit the GRITS website http://dph.georgia.gov/georgia-immunization-registry-grits or call 404-463-0810.

Ben Sloat is Special Populations manager of the Immunization Program for the Georgia Department of Public Health.

MotherToBaby Georgia Provides Answers About Medication Exposures During Pregnancy

A new free service, providing expert answers about medications and other exposures during pregnancy and breastfeeding, is giving healthcare providers another tool to help expectant moms in Georgia.

Emory University School of Medicine announces "MotherToBaby Georgia," a free statewide counseling service dedicated to providing evidence-based information to health care professionals, expectant mothers and the general public about medications and other exposures during pregnancy and while breastfeeding.

MotherToBaby GA provides resources and information to healthcare providers and patients concerning drug and substance exposures during pregnancy through Emory's toll free number 855-789-6222 and the website: www.mothertobaby.org.

MotherToBaby Georgia is an affiliate of the international non-profit Organization of Teratology Information Specialists (OTIS), a professional society that contributes to initiatives for education and birth defects research. The Georgia affiliate's home is Emory School of Medicine's Center for Maternal Substance Abuse and Child Development and is run by Emory faculty and staff. MotherToBaby Georgia is also supported and funded by the Georgia Department of Behavioral Health and Developmental Disabilities.

"Reliable information is often difficult to find, especially online. We wanted to be sure that pregnant women and health care providers knew that experts on the most cutting edge research were readily available to them," explains Claire Coles, PhD, director of MotherToBaby Georgia. Coles is also director of the Center for Maternal Substance Abuse and Child Development at Emory School of Medicine and a professor in the Department of Psychiatry and Behavioral Sciences.

Coles further explained the need for this sort of counseling since approximately 50 percent of women report taking at least one medication during pregnancy.

"The average woman doesn't find out she's pregnant until she's five or six weeks along. That means a woman could have been consuming alcohol or taking medications during this time without knowing she's pregnant. She then finds herself deeply concerned about what it might mean for her developing baby."

Surveys indicate that while the largest category of callers is pregnant women, most have been referred by their physicians and other health care providers such as nurses, midwives, and pharmacists.

"What is passed from mother to baby is exactly what we educate the public about, which is why we strongly believe MotherToBaby Georgia will provide a beneficial service in our state," says Patricia Olney, MS, Emory certified genetic counselor and pregnancy risk information specialist. Olney answers calls from around the state and provides counseling over the phone.

In addition to a pregnant woman's health care providers, MotherToBaby Georgia's experts offer an added layer of support by providing her with an individualized risk assessment so she may make informed health decisions.

For more information about MotherToBaby Georgia, visit: www.mothertobaby.org or www.emory.edu/msacd, call toll free in Georgia: 855-789-6222, or email: mothertobaby@emory.edu.

GOGS December CPT Coding Class Highlights

More than 95 people attended the December 6th, "2014 CPT Coding Seminar for OBGyn Practices" at the Atlanta Marriott Buckhead Hotel. Steve Adams of InGuage Healthcare Solutions, Inc. presented ICD-10-CM for OB Services, OBGyn Coding Updates for 2014 and ICD-10-CM for Genitourinary and Other Primary Care Services. Dr. Carla Roberts of Emory University Hospital presented Understanding and Implementing the Affordable Care Act.

In addition, Deborah Wexler of MAG Mutual presented Risk Management and Patient Safety for the Medical Office.

Join the next GOGS CPT Coding Class

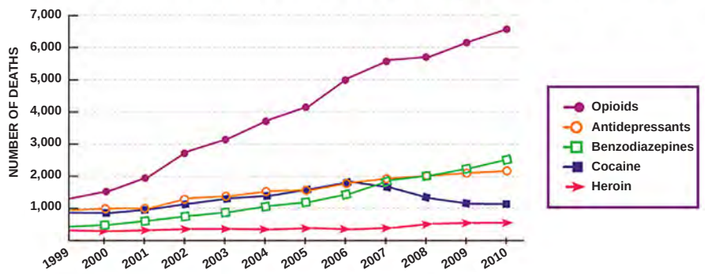
Friday, May 9, 2014

Macon Marriott City Center • Macon, GA • Contact our office at 770-904-0719 to register.

Deaths from Prescription Painkiller Overdoses Rise Sharply Among Women

CDC *Vital Signs* News: Doctors Should Practice Caution when Prescribing

Prescription painkiller overdose deaths are a growing problem among women.



SOURCE: National Vital Statistics System, 1999-2010 (deaths include suicides)
Read text version

The number of prescription painkiller overdose deaths increased fivefold among women between 1999 and 2010, according to a Vital Signs report from the Centers for Disease Control and Prevention (CDC).[1] While men are more likely to die of a prescription painkiller overdose, since 1999 the percentage increase in deaths was greater among women (400 percent in women compared to 265 percent in men). Prescription painkiller overdoses killed nearly 48,000 women between 1999 and 2010.

"Prescription painkiller deaths have skyrocketed in women (6,600 in 2010), four times as many as died from cocaine and heroin combined," said CDC Director Tom Frieden, MD, MPH. "Stopping this epidemic in women – and men – is everyone's business. Doctors need to be cautious about prescribing and patients about using these drugs."

The study includes emergency department visits and deaths related to drug misuse/abuse and overdose, as well as analyses specific to prescription painkillers. The key findings include:

- About 42 women die every day from a drug overdose.
  - Since 2007, more women have died from drug overdoses than from motor vehicle crashes.
  - Drug overdose suicide deaths accounted for 34 percent of all suicides among women compared with 8 percent among men in 2010.
  - Women between the ages of 25 and 54 are more likely than other age groups to go to the emergency department from prescription painkiller misuse or abuse. Women ages 45 to 54 have the highest risk of dying from a prescription painkiller overdose.
  - Non-Hispanic white and American Indian or Alaska Native women have the highest risk of dying from a prescription painkiller overdose.
- Prescription painkillers have been a major contributor to increases in drug overdose deaths among women.
  - More than 6,600 women, or 18 women every day, died from a prescription painkiller overdose in 2010.
  - There were four times more deaths among women from prescription painkiller overdose than for cocaine and heroin deaths combined in 2010.
  - In 2010, there were more than 200,000 emergency department visits for opioid misuse or abuse among women; about one every three minutes.

Abuse of prescription painkillers by pregnant women also puts an infant at risk. Cases of neonatal abstinence syndrome (NAS)—which is a group of problems that can occur in newborns exposed to prescription painkillers or other drugs while in the womb—grew by almost 300% in the US between 2000 and 2009.

48,000 Nearly 48,000 women died of prescription painkiller* overdoses between 1999 and 2010.

400% Deaths from prescription painkiller overdoses among women have increased more than 400% since 1999, compared to 265% among men.

30 For every woman who dies of a prescription painkiller overdose, 30 go to the emergency department for painkiller misuse or abuse.

For the Vital Signs report, CDC analyzed data from the National Vital Statistics System (1999-2010) and the Drug Abuse Warning Network public use file (2004-2010). Previous research has shown that women are more likely to have chronic pain, be prescribed prescription painkillers, be given higher doses, and use them for longer time periods than men. Studies have also shown that women may become dependent on prescription painkillers more quickly than men and may be more likely than men to engage in "doctor shopping" (obtaining prescriptions from multiple prescribers).

"The prescription painkiller problem affects women in different ways than men and all health care providers treating women should be aware of this," said Linda C. Degutis, DrPH, MSN, director of CDC's National Center for Injury Prevention and Control. "Health care providers can help improve the way painkillers are prescribed while making sure women have access to safe and effective pain treatment."

Medicines for treatment of pain and mental illness have benefits and risks. For women, 7 in 10 prescription drug deaths include painkillers. But other prescription drugs play a role in overdoses as well. Women are more likely than men to die of overdoses on medicines for mental health conditions, like antidepressants. Antidepressants and benzodiazepines (anti-anxiety or sleep drugs) send more women than men to emergency departments. Mental health drugs can be especially dangerous when mixed with prescription painkillers and/or alcohol. If patients take mental health drugs and prescription painkillers, they should discuss the combination with their health care provider.

Steps that health care providers can take when treating women include:

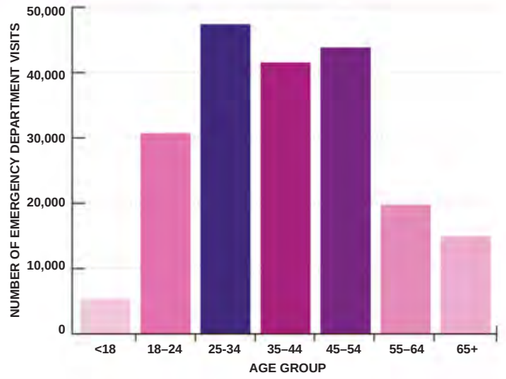
- Recognizing that women are at risk of prescription painkiller overdose.
- Following guidelines for responsible opioid prescribing, including screening and monitoring for substance abuse and mental health problems.
- Using their states' prescription drug monitoring program; this can help identify patients who may be improperly using opioids and other drugs.
- Discussing pain treatment options, including ones that do not involve prescription drugs.
- Discussing the risks and benefits of taking prescription painkillers including when painkillers are taken for chronic conditions, and especially during pregnancy.
- Avoiding prescribing combinations of prescription painkillers and benzodiazepines unless there is a specific medical indication.

Women can take steps to help stay safe from prescription painkiller overdoses, including:

- Using prescription drugs only as directed by a health care provider.
- Discussing all medications they are taking with their health care provider, including over-the-counter medications (such as for allergies).
- Discussing pregnancy plans with their health care provider before taking prescription painkillers.
- Disposing of medications properly, as soon as the course of treatment is done. Not keeping prescription medications around "just in case."
- Helping prevent misuse and abuse by not selling or sharing prescription drugs. Never using another person's prescription drugs.
- Getting help for substance abuse problems (1-800-662-HELP) and calling Poison Help (1-800-222-1222) with questions about medicines.

Every 3 minutes, a woman goes to the emergency department for prescription painkiller misuse or abuse.

Women between the ages of 25 and 54 are most likely to go to the emergency department because of prescription painkiller misuse or abuse.



Reference

1. *CDC. Deaths from Prescription Painkiller Overdoses Rise Sharply Among Women.* www.cdc.gov. http://www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/index.html. Updated July 3, 2013. Accessed September 27, 2013.

Intimate Partner Violence is a Health Care Problem

Taylor Tabb, *Decatur, GA*

Intimate Partner Violence (IPV) is a health care problem of epidemic proportions. In addition to the immediate trauma caused by abuse, IPV contributes to a number of chronic health problems, including depression, alcohol and substance abuse, sexually transmitted diseases such as HIV/AIDS, and often limits the ability of women to manage other chronic illnesses such as diabetes and hypertension.

- Each year, approximately 324,000 pregnant women in the U.S. are battered by their intimate partners. **IPV is more common for pregnant women than gestational diabetes or preeclampsia** — conditions for which pregnant women are routinely screened. However, few physicians screen pregnant patients for abuse.
- In multiple studies, patients have reported they would like their healthcare providers to ask them privately about IPV.
- In one study, women who received information about safety from their healthcare provider were more likely to end a relationship because it felt unhealthy or unsafe (Miller et al, 2011).

Simple Steps to Help Your Patients

These simple steps can make a big difference in the lives of your patients:

- Display information and materials about IPV
  - *Posters* on exam room walls
  - *Safety cards* in bathrooms
  - *Brochures* in waiting rooms
- Have a list of agencies where patients can get help. Call the Georgia Coalition Against Domestic Violence (GCADV) at (404) 209-0280 or visit www.gcadv.org to get a list of your local domestic violence agencies.
- Commit to learning more about how to assess and respond to abuse. Download free guides and tools from Futures Without Violence (www.futureswithoutviolence.org) or call GCADV to learn about specialized health care provider trainings, (404) 209-0280.

Taylor Tabb is Fatality Review Project Coordinator for the Georgia Coalition Against Domestic Violence in Decatur, GA.

News from Around the State

February is American Heart Month

Heart disease is the No. 1 killer of women in America. It kills more women each year than all forms of cancer combined, even breast cancer. Roughly 43 million women in the U.S. are affected by cardiovascular disease and one woman dies every minute as a result. About 1 in 30 women die from breast cancer each year. About 1 in 3 women die each year as a result of cardiovascular diseases or stroke.

Heart disease is not an "old man's disease." Since 1984, more women than men have died each year from heart disease. This is because the symptoms of heart disease can present differently in women as opposed to men. They can often be misunderstood, even by physicians. For resources to promote Heart Health Month, visit http://www.heart.org/ or https://www.goredforwomen.org/

February is also International Prenatal Infection Prevention Month

The goal of **International Prenatal Infection Prevention Month** is to raise awareness of steps women can take to protect their unborn baby or newborn from infections that cause serious health problems and to raise awareness of infections such as HIV, Group Strep B, Cytomegalovirus and other infections that can affect a baby during pregnancy. For additional information about International Prenatal Infection Prevention Month, visit http://www.nichd.nih.gov/news/resources/spotlight/Pages/022813-prenatal-infect-prev-month.aspx or http://www.cdc.gov/Women/observances/index.htm#feb/.

Breast Cancer Genomics Standards in Primary Care Conference

The Georgia Breast Cancer Genomic Consortium is hosting a conference, **"The First Line of Defense: Application of Breast Cancer Genomics Standards in Primary Care,"** on **February 21, 2014** at The Lodge and Spa at Callaway Gardens, Pine Mountain, GA. This conference will highlight use of the Breast Cancer Genetics Referral Screening Tool (B-RST) in Georgia public health clinics as well as ways to integrate genetic risk assessment into primary care clinics in our state.

The United States Preventive Service Task Force (USPSTF) is recommending primary care providers screen women for BRCA 1/2 mutations with one of several screening tools designed to identify a family history. The B-RST, at www.breastcancergenescreen.org, was cited as a tool to help providers reach this goal. Since 2012, The Georgia Breast Cancer Genomic Consortium has implemented the use of the tool in 6 Georgia public health clinics in order to identify women at high-risk for hereditary breast and ovarian cancer. To register for the conference, visit, http://events.r20.constantcontact.com/register/event?oeidk=a07e8l8rrfb728ea66b&llr=p8hguwcab.

Emory 25th Annual Breastfeeding Conference

The **25th Annual Conference on Breastfeeding**, sponsored by Emory Regional Perinatal Center, will be held **March 3-4, 2014** at the Emory Conference Center in Atlanta, GA. Earn a maximum of 10 AMA PRA Category 1 Credits. The Conference was specially designed to broaden perspectives and increase competence of those working with breastfeeding and human lactation. Guest speakers include Christina Smillie, MD, IBCLC, FAAP, FABM and Jenny Thomas, MD, MPH, IBCLC, FAAP, FABM, and many other speakers. For additional information or to register, visit http://www.pediatrics.emory.edu/divisions/neonatology/

Georgia Partnership for Telehealth 5th Annual Spring Conference

GPT's Spring Conference presents **Telehealth: Transforming the Delivery of Healthcare, March 19-22, 2014** at the Omni Hotel at CNN Center, 100 CNN Center in Atlanta. Featured speakers include Georgia Department of Public Health Commissioner Brenda Fitzgerald, MD; Jay Sanders, MD, CEO of The Global Telemedicine Group; and Reed V. Tuckson, MD, FACP, managing director of Tuckson Health Connections, LLC. For additional information and registration, visit http://www.gatelehealth.org/.

2014 ACOG Annual Clinical Meeting

The 2014 **ACOG ACM** is **April 26-30** in Chicago, Illinois. Registration is open and the Annual Clinical Meeting will offer cutting edge topics, Lunch and Learn seminars, hands-on courses, postgraduate courses and clinical seminars. For additional meeting information visit the ACOG ACM webpage http://www.acog.org/acm.

GOGS CPT Coding Seminar May 9th

The next **GOGS CPT Coding Seminar** will be **May 9th** at the Macon Marriott City Center in Macon, GA. Seminar highlights include: ICD-10 CM for OB Services & OBGyn Coding Updates for 2014, ICD-10 CM for Genitourinary and Other Primary Care Services, Risk Management and Patient Safety for the Medical Office, and Understanding and Implementing the Affordable Care Act. Additional information will be available soon on the Society website. Please contact our office at 770-904-0719 for registration or additional information.

2014 GOGS Golf Tournament—Save the Date

The **GOGS annual Golf Tournament** will be **Wednesday, May 14, 2014** at Bears Best, Suwanee, GA.

Please contact our office at 770-904-0719 to register or for additional information.

CDC's 2014 STD Prevention Conference in Atlanta

Save the date for the Centers for Disease Control and Prevention's **2014 STD Prevention Conference** on **June 9-12, 2014**, Atlanta, GA. For information, visit http://www.cdc.gov/stdconference/default.htm.

2014 GOGS Annual Meeting

Make your hotel reservations now for the **2014 GOGS Annual Meeting, August 21-24, 2014** at The Cloister, Sea Island, GA. Standard room block rates start at $325 per night. Call 1-800-732-4752 for reservations.

GBPW 2010 Report Shows Doctor Shortage Still Acute

The Georgia Board for Physician Workforce (GBPW) has released its 2010 Physician and Physician Assistant Data Book, showing some areas of physician workforce have improved while area of shortages still remain or have worsened. Georgia ranked 39th of 50 states in the ratio of doctors per 100,000 population, a slight improvement from 40th in 2008. However, physician shortages are critical in some primary care/core specialties, which the Georgia board defines as family medicine, internal medicine, pediatrics, OBGyn and general surgery. The care gaps are most critical in rural counties and some inner-city areas. The number of OBGyns actually fell, and 79 counties had no OBGyn physician. In addition, the report shows that the overall physician population is aging with more than half 50 years old or older. For additional information on Georgia's physician workforce, view the 2010-2011 Physician and Physician Assistant Data Book at http://gbpw.georgia.gov/.

Where Does Georgia Stand on ACA Enrollment?

According to a January 17th *Georgia Health News* article, Georgia's enrollment in the insurance exchange in December reached 58,611 sign-ups, up from 6,859 a month before, according to federal statistics released in mid-January.

"We're starting to see real enrollment momentum after such a rocky start,'' Cindy Zeldin of Georgians for a Healthy Future said Monday, referring to the problem-plagued rollout of the federal exchange website in early fall.

When comparing Georgia's total to those in similarly sized states using the federal exchange, the results are mixed. Georgia's enrollment figure exceeded Ohio's total of 39,955, even though the Ohio's total population ranks 7th in the nation to Georgia's 8th. And the Peach State enrollment almost equaled Illinois' 61,111, even though the latter has the 5th-largest population in the nation. Both those states, though, have much lower rates of uninsured residents than Georgia does. Two states with slightly lower overall populations than Georgia fared better. One, Michigan, enrolled 75,511. North Carolina had a whopping 107,778. Read the full article at http://www.georgiahealth-news.com/2014/01/georgia-stand-exchange-enrollment/.

In the Business of Healthy Mothers and Babies

Continued from page 1

place to pump; the department also offers other breastfeeding information and support to new mothers.

Home Visiting: We are working with a number of local initiatives promoting case management of high-risk pregnant women to improve pregnancy outcomes using the "Partner for a Healthy Baby" evidenced-based curriculum. Most recently implemented in Savannah and Valdosta (two communities with high infant mortality rates), the curriculum is already being used by Healthy Start initiatives in Dublin and Atlanta.

Preterm Births: Preterm birth rates are going down in Georgia, but we still have work to do in this area. A number of activities are addressing this issue.

- 17-Hydroxy P: In partnership with the Georgia OBGyn Society, we surveyed health care providers to learn more about the use of 17-Hydroxy P in our state. Now, we're analyzing the survey results to understand current practices in this state and determine if there are opportunities to support this practice to reduce preterm births.
- Early Elective Deliveries: We have worked with the Georgia Hospital Association, Georgia OBGyn Society, the March of Dimes and other organizations to reduce the number of non-medically indicated early elective deliveries. Georgia is making tremendous progress in this area.
- Centering Pregnancy: We are part of the Centering Georgia initiative with the United Way of Greater Atlanta, the March of Dimes, the Georgia OBGyn Society and others to promote more Centering programs in this state.

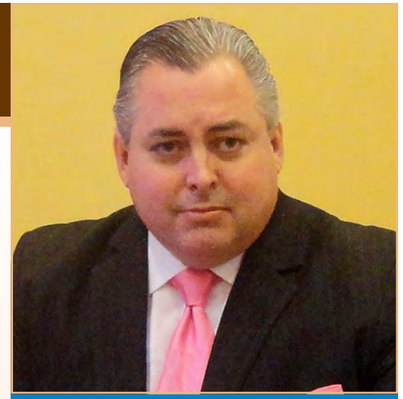
Safe Sleep: Through educational opportunities and awareness campaigns, we are promoting Safe to Sleep practices in collaboration with the Georgia Children's Cabinet and the Georgia Chapter of the American Academy of Pediatrics

While we have a lot to celebrate, the work is only just beginning. We are optimistic about the gains we will make in 2014 with our many partners at our side. We still believe that this is a great time to be in the business of healthy mothers and babies. Thank you for all you do!

Dr. Seema Csukas is Director of the Maternal and Child Health Section of the Georgia Department of Public Health.

CODING CORNER

Shared Visit Documentation



Steve Adams
InGauge
Healthcare Solutions

For Centers for Medicare & Medicaid Services (CMS) you cannot bill "incident to" in the inpatient setting under most normal circumstances. However, CMS will allow a non-physician provider (NPP) like a physician's assistant (PA) or nurse practitioner (NP) to see a patient and use the physician's number to bill for their services under a provision called the "shared visit."

Because a "shared visit" in the hospital is not the same as an "incident to" service in the office, you have to document more in order to meet the criteria for the inpatient "shared visit."

According to CMS:

When a hospital inpatient/hospital outpatient or emergency department E/M is shared between a physician and an NPP from the same group practice and the physician provides any face-to-face portion of the E/M encounter with the patient, the service may be billed under either the physician's or the NPP's UPIN/PIN number. However, if there was no face-to-face encounter between the patient and the physician (e.g., even if the physician participated in the service by only reviewing the patient's medical record) then the service may only be billed under the NPP's UPIN/PIN. Payment will be made at the appropriate physician fee schedule rate based on the UPIN/PIN entered on the claim.

The important part of a shared visit is the documentation required by the MD to meet the criteria of the "shared visit." Please make sure as a physician sharing a visit with the NPP that you, the physician:

1. See the patient on the same day
2. Document a portion of the history, exam and decision making
3. Sign off on the note

It is not sufficient to simply document that you've seen and agreed with the NPP. I advise physicians to simply write a "mini" history, exam, and some decision making that shows that all three elements above have been met and that you have indeed "shared" the visit with the NPP.

2014 CPT Coding for OBGyn Practices

Friday, May 9, 2014

Macon Marriott City Center, Macon, GA

***Presenting:* Steve Adams**

Topics Include:

- ICD-10-CM for OB Services
- OBGyn Coding Updates for 2014
- ICD-10-CM for Genitourinary and Other Primary Care Services
- Risk Management and Patient Safety for the Medical Office
- Understanding and Implementing the Affordable Care Act.

CEUs for Staff Personnel and CMEs for Physicians will be available.

Call the Society for additional details at 770-904-0719 or visit our website at georgiaobgyn.org.

Gynecologist Wanted for Rutledge, GA Clinic

Holistic minded gynecologist wanted for a multi-disciplined wellness clinic in Rutledge, GA. Great clientele. Will build to suit. Please send email to backtowellness456@bellsouth.net.

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If you would like to send a letter to the editor, please send it to editor@georgiaobgyn.org or mail it to the Society's office.