Women’s Health Experts Recommend Obstetric Care Designations to Improve Maternal Care


Washington, DC — Organizations representing women’s health-care providers today released the first-ever consensus document establishing levels of care for perinatal and postnatal women. “Levels of Maternal Care,” the second in the joint American College of Obstetricians and Gynecologists (ACOG) and Society for Maternal-Fetal Medicine (SMFM) Obstetric Care Consensus Series, proposes a classification system that would promote regionalized care, allowing pregnant women at high risk to receive care in facilities that are prepared to meet their specific needs.

A similar model of an integrated system for regionalized, stratified perinatal care has led to improved neonatal outcomes in recent decades, but the focus of these efforts has primarily been centered on the newborn, rather than the mother. In the meantime, maternal mortality rates in the United States have actually worsened in the past 14 years.

“It is essential to remember that when we are addressing obstetrical outcomes, we have two very important patients: mother and child,” said Sarah J. Kilpatrick, MD/PhD, Chair of the Department of Obstetrics and Gynecology at Cedars-Sinai Medical Center in Los Angeles, California, and a lead author of the document. “Our goal for these consensus recommendations is to create a system for maternal care that complements and supplements the current neonatal framework in order to reduce maternal morbidity and mortality across the country.”

“Quality maternal care depends upon close collaboration among obstetricians, nurses, anesthesiologists, and other healthcare providers, and that collaboration is reflected by the organizations that have endorsed and supported this consensus document,” said M. Kathryn Menard, MD/MPH, Vice Chair for Obstetrics and Director, Maternal-Fetal Medicine at the University of North Carolina School of Medicine, also a lead author. “Implementing these important recommendations – and thereby moving forward to improve maternal safety – will require additional collaboration among other members of the healthcare community.”

The joint Obstetric Care Consensus identifies four objectives for a Levels of Care classification system:

- To introduce uniform designations for levels of maternal care that are complementary but distinct from neonatal levels of care and address maternal health needs, thereby reducing maternal morbidity and mortality in the United States;
- To develop standardized definitions and nomenclature for facilities that provide each level of maternal care;
- To provide consistent guidelines according to level of maternal care for use in quality improvement and health promotion; and
- To foster the development and equitable geographic distribution of full-service maternal care facilities and systems that promotes proactive integration of risk-appropriate antepartum, intrapartum, and postpartum services.

The consensus document recommends a five-part classification system based on a facility’s ability to handle various levels of maternal care. Each healthcare facility should have a clear understanding of its own classification, as well as a well-defined threshold and system for transferring women to facilities offering higher levels of care, if needed.

In addition, because levels of maternal care and neonatal care may not match within individual facilities, a pregnant woman should be cared for at the facility that best meets both her needs and her baby’s needs.

The proposed classifications are as follows:

- Level-I facilities (basic care) provide care to women who are low risk and are expected to have an uncomplicated birth. They have the capability to perform routine intrapartum and postpartum care that is anticipated to be uncomplicated.
- Level-II facilities (specialty care) provide care to appropriate high-risk pregnant women, both admitted and transferred to the facility. In addition to the capabilities of a level-I facility, level-II facilities should have an attending obstetrician-gynecologist at all times, as well as access to a maternal-fetal medicine subspecialist available for consultation onsite, by phone or by telemedicine as needed.
- Level-III facilities (subspecialty care) provide all level-I and level-II services, and also have maternal-fetal medicine services available at all times and led
Many OBGyn physicians hope this legislative session will be a beneficial one for the OBGyn community in Georgia. The Society remains focused on talking to our legislators about two crucial areas, access to OBGyn physicians and women’s health in Georgia. First, fewer rural hospitals are delivering babies in Georgia and we need to work to protect the dwindling access to obstetrical care. High cost significantly lower reimbursement rates than private insurance pays for obstetrical care. Medicaid reimbursement rates have not increased in 14 years in Georgia! In fact, if OBGyns do not get a Medicaid raise it is, in fact, just like another pay cut in our economy. Rural OBs can’t keep their doors open anymore when a majority of patients are insured by Medicaid. From the patient’s perspective, women are driving longer distances in Georgia just to deliver their babies. Dr. C. Anne Patterson testified before the Georgia Legislature February 4th, advocating a Medicaid fee increase for OBGyns and primary care physicians.

OB services at the hospital and local provider level are difficult to maintain with low reimbursement rates. This is especially true in rural Georgia as more hospital labor and delivery units close (31 to date) and 60% of births are covered by Medicaid, which pays

practice elsewhere. Even if all the new graduates stayed in Georgia, we would still have an OBGyn provider shortage. The legislative budgeting process is in full swing and we are asking each of you to take a moment to make your voice heard with the legislators. If you have not contacted your legislators with this message, please do so this month. Every vote counts and your senator and representative need to hear from you about how women’s healthcare in your community will be affected both with and without their vote. I sincerely appreciate all of your efforts and would like to take this opportunity to thank all OBGyns who make time in their busy schedules to come to the Capitol during the legislative session to personally make their voices heard. I hope to see more of you on March 5th for our Legislative Day at the Capitol.

Secondly, we are lobbying for legislative funding assistance for OBGyn medical education and residencies for those physicians willing to work in rural areas. Look at your colleagues in rural Georgia. How many of them are nearing retirement age? In some communities the same providers may be one of the few OBGyns in their area. Where is the next generation who will ensure access to good care for the women in our state? Georgia graduates about 25 new OBGyns per year, but, generally, 50% leave the state to practice elsewhere. Even if all the new graduates stayed in Georgia, we would still have an OBGyn provider shortage.

Legislative Day at the Capitol

C. Anne Patterson, MD
GOGS President
Atlanta, Georgia

Dr. C. Anne Patterson testified before the Georgia Legislature February 4th, advocating a Medicaid fee increase for OBGyns and primary care physicians.

December, 2014 déjà vu. “Please, Doctor, I need surgery this month?” Unstated, of course, is the fact that the patient has had this same problem for the past two years. The predictable results are overcrowded waiting rooms with anxious patients desperate to avoid their burgeoning deductibles and uncertain premium increases awaiting them on New Year’s Day. Some patients will request a change of physician in hopes of getting the procedure or service before the dreaded December 31st deadline.

This end-of-year tsunami also washes into the hospitals. It is not unusual during this period to see physicians performing in-hospital procedures on Saturdays with make shift operating room teams that are less experienced and efficient than the usual, dedicated staff. Believing this “December Rush” phenomenon is universal, I attempted to research what the scholars had to say. What are the consequences of this end of the year scramble? What impact does it have on costs and outcomes? Is there a better way to manage or prevent this log jam? To date, I have found nothing in reputable peer review journals addressing these concerns. As I thought further about this particular recurring quandary, I wondered if this was primarily a large, metropolitan city issue. Is it a non-issue in rural Georgia where the demographic makeup most resembles patients of state and federally funded health insurance plans? For this editorial, whether an insurance plan is subsidized by our government or the private sector is of no importance. However, I do know that the majority of commercial insurance plans utilize a calendar year renewal system for their enrollees, such as school systems or state colleges and universities, more creative in managing their employee benefits? Why wouldn’t insurance providers, both public and private, arrange renewal dates according to the individual’s birth date? The State Department of Transportation, generally not noted for its efficiency, has managed to employ birth date renewal quite successfully. Not to mention my medical license, DEA registration and car insurance all renew during my birth month.

The December holiday season traditionally provides much needed down time for patients, physicians and staff. It is a chance to spend time with family and friends. Senior staff often request and take vacations during this time. But for most of us, The December Rush is our reality. In the grand scheme of things, considering the more pressing issues physicians face daily, the effort to change this annual patient flow anomaly may be low on our wish list. Still, this seemingly small change (i.e., varying the deductible deadline and policy renewal dates) would alleviate the end-of-year crush for physician and hospital time. It would also allow our patients, even the most devout procrastinators among them, to obtain their care on a schedule that works best for them and us.

All said, this matter may not be worth the effort it would require to change it, especially on a large scale. Like childbirth, maybe it only hurts when it’s happening. Nonetheless, we continue to welcome it as a necessary part of our business.

In the meantime, a note to patients: MD January is a great time to get a convenient appointment with your doctor.

President’s Column

Two Crucial Legislative Issues for Georgia OBGyns

December Rush...Is There a Better Way?

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Editor’s Column

2015 Physicians Legislative Day at the Capitol

Thursday, March 5, 2015

Mark your calendars now and plan to join us under the Gold Dome!

Meet your state legislators and top government officials and learn how the state government and legislature impact your practice and OBGyns in Georgia.

Call the Society office at 770-904-5293 for more details.

2015 Winter Symposium

Jointly sponsored by the Georgia OBGyn Society and the Georgia Chapter of American Association of Pediatrics

Saturday, February 21, 2015
Atlanta Airport Marriott, Atlanta

Slaed topics include:

• Neonatal withdrawal syndrome on the rise—What can be done?
• Breastfeeding—What drugs can safely be prescribed?
• LARCs—Can we reduce teen pregnancies?
• HPV Vaccines and cancer

Contact the Society at 770-904-5293 to register.

OBGyn NEWS, February 2015

OBGyn NEWS, February 2015
Baby Friendly – Aren’t We That Already?

“Baby friendly” Of course we all are. We are caring obstetricians and it goes without saying. Or does it?

B aby-friendly, however, is also a highly sought after; somewhat elusive designation created in 1991 by UNICEF and the World Health Organization (WHO) to define an internationally recognized standard of excellence in breastfeeding care and education. The Baby-Friendly program consists of a set of Ten Steps to Successful Breastfeeding (see box) institutions can adopt to achieve the designation.

The program is well established internationally, with more than 15,000 hospitals in 138 countries having achieved the designation. In the United States, the program has not been as well adopted, with less than 200 hospitals certified by 2010. The Centers for Disease Control and Prevention (CDC) began an initiative entitled Best Fed Beginnings to promote breastfeeding in the U.S., consistent with its Healthy People 2020 goals. The CDC enlisted the help of the National Institute for Child Health Quality to administer the program. Hospitals applied for one of the funded slots to be coached through the adoption of the Baby-Friendly Ten Steps in a rapid track process. Eighty-nine hospitals in 29 states were accepted into the program. Seven of these were in Georgia. Thus far, two have achieved the Baby-Friendly designation.

DeKalb Medical was designated in December 2014 and Emory Midtown in January 2015. The other hospitals in the group are Atlanta Medical, Cobb, Grady, Piedmont Henry and Doctors’ Hospital in Augusta. These are all in various stages of preparation and site visits.

The Georgia Department of Public Health (DPH) developed a sister process, the Five Star Breastfeeding hospitals recognition program. In this designation, each hospital represents accomplishment of two of the Ten Steps. DPH offers technical funding to hospitals not in the Best Fed Beginnings group to help them achieve the Ten Steps. As the first hospital in Georgia to achieve the Ten Steps, DeKalb Medical also became the first Georgia Five Star Hospital.

You may be thinking this is a lot of administrative effort for a process that is so simple and so natural.” My partner, Dr. Jennifer Meyer-Carpenter, herself a successful exclusive breastfeeding mother for more than a year, likes to say, “Breastfeeding, while clearly best practice, but it involves devices and substances, which is much harder or substances. Holding nurseries are closed or emptied as infants must be withheld until each 24 hours. Pacifiers and artificial nipples must be withheld until 4 weeks of age when breastfeeding is well established. Formula becomes a substance saved for emergency use only. This summer at the GGGS Annual Meeting, one of the plenary sessions heard Dr. Haywood

Help Reduce Chlamydia Rates in Georgia

Michelle L. Allen
State Office of Infectious Disease and Immunization Program

The American College of Obstetricians and Gynecologists (ACOG) and the National Chlamydia Coalition (NCC) have focused on reducing chlamydia rates in the nation, especially for young men and women under the age of 24. This is a commendable goal and one that is important for Georgia to accomplish as well. Georgia ranked 8th in 2013 and 9th in 2014 in the nation for Chlamydia infections. The Georgia Department of Public Health Office of Infectious Diseases’ objective is to lower the Chlamydia rates in Georgia and improve our national standing through these steps:

• Increasing screenings for Chlamydia
• Ensuring adequate and appropriate treatment of infected clients
• Utilizing Expected Partner Therapy and partner notification and treatment

Approximately 50% of Chlamydia infections are treated by private sector physicians. OB/Gyn physicians are in an important position to help the State meet its goals to reduce Chlamydia rates. The State Office of Infectious Diseases would like to know about your concerns in treating and/or identifying clients with Chlamydia. Please report any barriers you encounter and tell us about your thoughts at the contact below:

Michelle L. Allen
State STD Director
Georgia Department of Public Health
Office of Infectious Disease and Immunization Program
2 Peachtree Street, NW
Suite 13-440
Atlanta, GA 30303-3142
404.463.2579 (phone)
(770) 442.7777 (fax)
Michelle.Allen@phv.ga.gov

Ever Wonder What’s in Breast Milk vs. Formula?

Breast milk contains more than 200 nutrients while formula contains less than 50 of that amount. These nutrients include water, proteins, fats, minerals, vitamins, enzymes and much more.

To view and compare the full list of nutrients in breast milk and formula, view this amazing poster at: http://gailbynm.com/resources/p=4675

The paper was originally written for the breastfeeding Corner for health care professionals, Breastfeeding .co.uk.

Catherine Bonk, MD
Decatur, GA

CMS Expects to Penalize 50% of Physicians In EHR Program In 2015

P hysicians who have participated in the Medicare and Medicaid Electronic Health Records (EHR) Incentive Program and have submitted a payment as a result should contact their EHR or HIPAA solution vendors to verify they will continue using the program’s meaningful use requirements.

The Centers for Medicare & Medicaid Services (CMS) has reported it has paid $25 billion in incentives to more than 600,000 providers as of December 1, 2014. But CMS also predicts that more than 250,000 providers will be penalized in 2015 for failing to fulfill the meaningful use requirements.

CMS plans to conduct some 38,000 retroactive audits in 2015, and is stressing it will recoup the incentives from physicians/practices that did not fully meet the meaningful use criteria.

CMS auditors have reportedly stated "...being found deficient on any measure will cause a provider to be out of compliance. In this case, CMS will recoup the provider's entire stimulus for the reporting period in question." CMS has up to six years to conduct an audit for a given year.

Debra Steen with ACR 2 Solutions, Inc. said, “In early 2013, nearly 80 percent of those phase one audited practices failed their risk assessments. One failed attester in Texas is facing up to five years in federal prison for false attestation and Medicare fraud. Many other attesters have been required to return millions in subsidy funds.” She added, “The number one problem for meaningful use qualification is the lack of a 45 CFR 162.1430-162.1436 risk assessment, despite the requirements of both HIPAA and meaningful use.”

Million Hearts: A Population Health Approach to Reducing the Burden of Cardiovascular Disease

Jean O’Connor, JD, D.Ph; Yvette Daniels, JD; Daniel Thompson, MPH; Brenda Fitzgerald, MD
Georgia Department of Public Health

Cardiovascular disease (CVD) remains the single leading clinical cause of death in Georgia, accounting for more than 20,000 deaths a year, or about 1 in 5 deaths overall. A significant proportion of these deaths are premature and preventable. In the GQGS December, 2014 newsletter, Chrabot and Eliner shared facts about the significant role hypertension, including chronic hypertension, plays in maternal mortality. In Georgia, 2011, there were 12 maternal deaths in Georgia in 2011.1 hypertension, including chronic hypertension, plays in maternal mortality. A significant proportion of these deaths a year, or about 1 in 5 deaths overall. A significant proportion of these deaths are premature and preventable. According to data from the 2013 Behavioral Risk Factor Surveillance Survey, nearly 1 in 3 adults in Georgia have been told they have undiagnosed hypertension, and close to 1 million are estimated to have undiagnosed hypertension, bringing the total number of adults in the state with hypertension to well over 3 million. The risk factors are similarly prevalent. Approximately 8 in 10 adults (47 percent) have at least one of the risk factors for CVD. Nearly 2 in 5 adults have high cholesterol, and an increasing proportion of cardiovascular-related mortality in Georgia, like in other states, is attributable to hypertension. While rates of smoking in our state are declining rapidly, down to under 18 percent in 2013, smoking is still a major contributor to rates of CVD. And, with high numbers of Georgians overweight and obese, as well as a diabetes prevalence of 10.4 percent in the general population, more Georgia women are developing hypertension at younger ages. This hypertension sometimes is underlying chronic, primary hypertension that goes undiagnosed until it presents in pregnancy, increasing the risk of complications in pregnancy and lifelong poor health. For all of these reasons, the Georgia Department of Public Health; five Georgia Public Health Districts (Augusta, Coastal, Gwinnett, Rome, and Valley) (Valdosta); the Georgia OBGyn Society; the Georgia Academy of Family Physicians; the Georgia Chapter of the American College of Physicians; the Georgia Hospital Association; CabaH Health Government Business Associates, the Georgia Department of Human Resources for Georgia; the Georgia Health Policy Center, which is Georgia’s nationally designated Public Health Institute; and Alliant, the Centers for Medicare and Medicaid Services (CMS) designated Quality Improvement Organization for Georgia, have teamed up to sign on to the Million Hearts Initiative. Million Hearts is a national initiative sponsored by the U.S. Department of Health and Human Services to prevent 1 million heart attacks and strokes by 2017. Through this initiative, partners across the public and private sectors pledge to prevent heart disease through environmental interventions and, to improve adherence to evidence-based protocols that promote the ABCS: • Appropriate BP • Appropriate cholesterol • Appropriate smoking • Blood pressure control; • Cholesterol management; and • Smoking cessation.2 To address smoking cessation, Georgia has already successfully expanded access to smoking cessation support by partnering with the Georgia Medicaid program to make the Tobacco Quitline available to Medicaid participants, including the tobacco-dependent women who smoke for the entire duration of their pregnancies. Together with other obesity; the support offered at the worst risk populations and the creation of tobacco-free environments, Georgia’s rates of tobacco use and tobacco-related cardiovascular disease should continue to decline. In this next phase of Million Hearts work, the Georgia partnership has been awarded funds from the Centers for Disease Control and Prevention and the Association of State and Territorial Health officials to participate in a national learning collaborative to address the “B”—blood pressure of the ABCS, and improve the hypertension control achieved in outpatient settings through use of evidence-based strategies, such as self-monitoring and group education. According to data from HRSA health care sites reported through the HRSA Uniform Data System for Georgia, fall/fall 2014, the regional and national target for percent of patients with controlled hypertension, with less than 140/100 mmHg, is 70 percent.3 The regional, goal, and goal for Georgia, is 70 percent. Public and private clinical partners from 9 clinical sites across 5 public health districts are participating in the learning collaborative with partners, which met in Washington, DC in December to learn from other states; are using the 2014 Evidence-Based Guidelines for the Management of High Blood Pressure in Adults report from the Eighth Joint National Committee (see Figure 1. JNCH Guidelines).4 Using the algorithm in the guidelines to update their protocols and a Plan-Do-Study-Act model for quality improvement, participating clinicians saw small changes to improve performance on the measures reported in CMS’s Physician Quality Reporting System and on National Quality Forum (NQF) Measure 18—The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.5 While the initial cohort participating in the project will not have final results until late summer of 2015, there are promising signs that private and public healthcare partners in Georgia can successfully work together to identify key strategies to improve blood pressure control and improve the quality of care. In the Coastal Public Health District, for example, the Curtis V. Cooper Health Center is partnering with Alliant and Public Health to train its nutritionists on hypertension control protocols, test home blood pressure monitoring, and use its electronic medical record and other tools available from the American Heart Association to re-engineer care for women with hypertension and test opportunities to improve control rates. The Gwinnett, Newton and Rockdale Public Health District has partnered with five safety net clinics to improve control and identify undiagnosed hypertension. Statewide, the partners plan to convene in March to identify lessons learned, discuss opportunities to expand the project, and further work together to improve population health in Georgia. February is Heart Health Awareness month. Consider taking the Million Hearts pledge. The Million Hearts initiative and Georgia partnership to improve blood pressure control is open to any practices that wish to participate. Interested physicians and practices should email Kaprice Welch, kwelch@ georgiaobgyn.org, or millionhearts@cdc.gov.

References:

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MagMutual

Brown of Duke University Medical Center say he thinks infant formula should be “available by prescription only.” While not a part of the Ten Steps, this view entirely complements the work of the Baby-Friendly program. In most U.S. hospitals, infant formula is donated by the manufacturers, and for many hospitals the “final frontier” of the Baby-Friendly journey is the process of paying for the formula and providing the invoices to prove it. As the Obstetric Champion of the Best Fed Beginnings project, I can honestly say this was a very difficult, and at times overwhelming, process. However, when I do a delivery and watch a family welcome their child with the “Baby-Friendly” sticker, I feel such joy. In one family, the baby was given the mom immediately upon delivery and allowed to stay there until breastfeeding cues are demonstrated and the baby is fed (which sometimes takes more than an hour), I remember the olden days (less than 2 years ago) when we put the baby in the warmer and on a cold plate before we feel its mom’s warmth. I speak to moms regularly who were not successful in nursing their first born, but with the help of all the Baby Friendly Ten Steps become successful at breastfeeding their second child. These moments and countless others make me aware the words “Baby-Friendly” truly do mean more than we all thought and the process is a path well worth taking. I applaud all who are on the path already and encourage all our partners in Georgia to start the work of adopting the Ten Steps.

Dr. Catherine Bank is partner in Atlanta Gynecology and Obstetrics, PC and is the Society’s 2015 President-Elect.
What Does This Mean For Providers?

• Includes: a longer, healthier and more fulfilled requests, provider

Be Well SHBP at a Glance

The program.

well-being goals and activities with and are encouraged to follow provider

management, medication adherence, tobacco cessation and other lifestyle changes.

Healthways administers the Be Well SHBP Well-Being program for the State Health Benefit Plan and offers support so both physicians and their patients may fully utilize everything it has to offer. Physicians are encouraged to refer their SHBP patients to enroll in the program. Be Well SHBP members are educated about their responsibility for appropriate follow-up with their healthcare providers and are encouraged to follow provider recommendations in establishing their well-being goals and activities with the program.

Be Well SHBP at a Glance

Members have access to a comprehensive set of effective strategies empowering them to pursue a longer, healthier and more fulfilled life. The support available for members includes:

• Biometric screening
• Well-being assessment (WBA)
• Web-based plan for well-being
• Phone well-being coaching and registered dietician counseling
• Resources for quitting tobacco use

What Does This Mean For Providers?

Beyond supporting direct member requests, providers are encouraged to advocate for member engagement in the resources available to them through Be Well SHBP. Members may ask providers to support their well-being actions:

• Completing the 2015 Physician Screening Form (see below for details)
• Reviewing results from SHBP-sponsored onsite screening events
• Reviewing a member’s Well Being Assessment Report
• Providing nicotine replacement therapy prescriptions

2015 Physician Screening Forms

The most common request providers may receive is to complete a 2015 Physician Screening Form. Below are some key things to know about the form:

• The 2015 Physician Screening Form must be downloaded by the member from the 'Download your physician form here' link at http://www.BeWellSHBP.com/biometric-screenings/ or ordered from Healthways Customer Support (888-616-6411). Once downloaded or ordered, the 2015 Physician Screening Form will be pre-populated with member information: First and last name, Healthways member ID number, date of birth and gender.

Forms cannot be altered to be used for any other members

• 2015 Physician Screening Forms must be completed with health data collected in 2015

• The form must be signed by the health care provider to be processed

• Completed forms can be submitted in the following methods by either the member or the provider:

- By fax to Healthways secure fax at 615-349-9111 - By mail to Digital Documents, PO Box 361290, Milpitas, CA 95036-1290

• Completion of the form is one facet of the access for members to earn SHBP-incentive credits. Members can earn up to 480 well-being incentive credits that can be used to offset health expenses.

Provider Dedicated Representative

Recognizing the importance of partnership with the provider, Healthways offers a dedicated resource to support provider interactions with their patients and their use of the Be Well SHBP program.

Please contact Allison Leppke, Dedicated SHBP Provider Service Manager, with any questions or for additional information at Allison. leppke@healthways.com or 404-405-8371. Full program details are available at: http://www.BeWellSHBP.com/provider.

Physician led, peer-to-peer education in your office

• Breastfeeding Program
• Immunizations Program

Earn CME & contact hours

To schedule a program for your office call EPIC Breastfeeding: 404-881-5068 EPIC Immunizations: 404-881-5054 or visit www.GAEpic.org to complete a request form.

This program is available to your practice free of charge. The Georgia Chapter of the American Academy of Pediatrics is accredited by the Medical Association of Georgia to offer continuing medical education for physicians. The Georgia Chapter of the American Academy of Pediatrics designates this Live Activity for a maximum of 4.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
News from Around the State

February is Heart Health Awareness Month
Cardiovascular disease — including heart disease, stroke, and high blood pressure — is responsible for one out of every three deaths. It is the No. 1 killer of American women and men, and it is a leading cause of serious illness and disability. While nearly half of all Americans have at least one major risk factor, many don’t know it, and others slow to act upon it, and others are slow to act upon it. Visit www.heart.org for more information.

March is National Endometriosis Awareness: www.endometriosisasian.org

• Trisomy Awareness Month:
  - www.birthdefeats.org

• Patient Safety Week (March 8-14):
  - www.npsf.org/hp/psaw

• National Women and Girls HIV/AIDS Awareness Day (March 10):
  - www.mother2mother.org/nwaga

• American Diabetes Alert Day (March 24):
  - www.diabetes.org/in-my-community/programs/alert-day

Upcoming GOGS Events: Winter Symposium by GOGS and GA AAD
A jointly-sponsored symposium by GOGS and Georgia Chapter of the American Association of Pediatrics will be held Saturday, February 21, 2015, 8:30 am to 4:30 pm at the Atlanta Airport Marriott, Atlanta. See ad on page 3 for more details or contact the Society at 770-904-5293.

GOGS Legislative Day at Capitol
Join fellow physicians in-force at the Capitol on March 5, 2015. Invite your legislators to meet with you. See the ad on page 2 for more details and look for your registration flyer in the mail. Contact the Society at 770-904-5293 for additional information.

GOGS Annual Golf Tournament
Save the date of Wednesday, May 13, 2015 for the Annual Golf Tournament to be held at Bear’s Best in Suwanee. Look for the Golf Tournament registration brochure soon.

2015 Spring CPT Coding Seminar
Save the date of Friday, May 1, 2015 for the GOGS spring CPT seminar at the Marriott Macon City Center in Macon.

NASPG 29th Annual Clinical & Research Meeting
Registration is open for the 2015 ACOG Annual Clinical and Scientific Meeting in San Francisco, CA, May 2-6. This year’s theme is “Teaming Up for Women’s Health.” For additional information and registration, visit http://www.acog.org/About-ACOG/ACOG-Departments/Annual-Meeting.

2015 ACOG Annual Clinical Meeting
Registration is open for the 2015 ACOG Annual Clinical and Scientific Meeting at the Grand Cypress in Orlando, Florida. This meeting is a forum for education, research and communication among health professionals who provide gynecologic care and/or consultation to children and adolescents. To view the meeting program, visit http://c.vmdcn.com/sites/www.naspg.org/resource/resmgr/NASPG__ACRM_2015__Agenda_pdf. For registration information, visit http://naspg.org/events/event_details.asp?id=583625.

CenteringPregnancy Conference
CenteringPregnancy conference April 17, 2015 at The Carter Center. The conference title is “CenteringGeorgia: Our Journey toward Building Linking Communities with Partners and Across States.” Save the date and look for more details soon.

Clayton County Board of Health
Clayton County Board of Health Introduction and Healthier Generation Project
Even with major advancements in medicine and technology, far too many babies in Georgia are born too soon and too small which increases the likelihood of lifelong health problems, including not making it to his or her first birthday. The problem is more prevalent in the African-American community, where the risk factors that lead to low-weight and premature births are higher than in other communities. The Clayton County Board of Health (CCBOH) is taking an aggressive stance in combating this dilemma through qualit...
The Physicians’ Alliance Health Plan Trust (PAHPT) Is Saving Members Thousands on Their Health Plans!

PAHPT:

- Is a non-profit, member owned benefits plan that provides stable, affordable, quality health coverage
- Has a full Certificate of Authority to offer coverage in Georgia and Alabama (with more states in process)
- Is compliant with all applicable state and federal regulations…including ACA
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