The Georgia Obstetrical and Gynecological Society, a nonprofit professional society for OB/GYN physicians in Georgia, has appointed Daniel Thompson its executive director. Thompson replaces current executive director, Pat Cota, who served in the role for 15 years. Cota is transitioning to lead the society foundation.

“We welcome Mr. Thompson enthusiastically,” said Dr. Cyril Spann, president of the society. He has been a well-known fixture in the OB/GYN community practically all his life and understands the importance of healthcare for women. His history with the society, strong public health background, experience advocating at the Capitol and work with foundations make him a natural fit to continue and expand the work of Ms. Cota. I am genuinely excited that he has agreed to join us. The future remains bright.”

Thompson joins the society having served as the first executive director of the North Georgia Heart Foundation. Previously, he held the position of deputy director for planning and partnerships for the chronic disease prevention section at Georgia Department of Public Health and spent six years as a lobbyist for Children’s Healthcare of Atlanta, where he led the Pediatric Healthcare Improvement Coalition of Georgia. Thompson is currently a member of the Emory University Alumni Board, where he earned his bachelor’s and master’s degrees; the American Red Cross of Northeast Georgia Board; the Georgia Society for Public Health Education Board and the United Way “One Hall” Steering Committee.

“It is truly an honor to follow in Pat Cota’s footsteps and join the stellar staff at the society,” Thompson said. “Since 1951, the society has worked tirelessly to enhance women’s health in Georgia and provided a voice for OB/GYN physicians. I am excited to continue that work in earnest with our board, more than 950 physician members, the State of Georgia and partners.”

Cota said she will continue to be closely involved with the society’s mission, but feels the need to slow down her life. At the end of this year, she intends to take up a new role leading fundraising efforts for the Georgia OBGYN Foundation, which she helped launch in 2015 to improve maternal outcomes and provide women access to quality obstetric care.

“Since 2003, Pat has done a tremendous job advancing the society’s mission during what has been the most challenging healthcare environment since the 1960s,” Thompson said. “When Pat began in her role, she was the only staff person. Today, the society has grown to seven staff members, and its operations are well-positioned to propel the society into the next phase of meaningful improvements for OB/GYN physicians and the patients they serve.”

For Thompson, though, this position is more than an opportunity to improve women’s health in Georgia; it is a chance to carry on a professional legacy left by his late father, Dr. John D. Thompson, who passed away earlier this year.

“My dad was extremely passionate about his work, which manifested itself in every thought, word and deed during his 40 years as an OB/GYN physician,” Thompson said. “He spoke in the strongest of terms about the importance of women’s health and especially reproductive health, and fiercely advocated for the highest quality of care for his patients. I am honored to be in a position to influence meaningful advances in the practice of obstetrics and gynecology for sustained improvements in women’s health. I can’t help but wish Dad were here to share in this next exciting chapter of my life.”

The Georgia Obstetrical and Gynecological Society is organized to improve obstetrical and gynecological teaching in all areas of training; to promote continuing postgraduate education; to cooperate with agencies and organizations who seek to improve obstetrical and gynecological care in our state and to institute measures which serve to stimulate interest, increase knowledge, and promote fellowship among members. The organization is run by a volunteer statewide board of directors composed of OB/GYN physician members. Activities of the society include a multi-day annual CME meeting, OB/GYN-specific coding workshops, legislative advocacy, joint OB/GYN-pediatric seminars, and maternal mortality review.

For more information regarding the Georgia Obstetrical and Gynecological Society, visit www.gaobgyn.org or call 770 904-0719.
Georgia Birth Statistics

Georgia has the 11th highest infant mortality rate (6.98 infant deaths per 1000 live births) in the United States and the highest maternal mortality ratio (28.7 mothers die from pregnancy for each 100,000 live births).\(^1\) Outcomes like these not only threaten the health and well-being of our constituents, but also raise healthcare costs and burden taxpayers. Recent state efforts to decrease premature births have helped lower Georgia’s preterm delivery rate from 12.7% in 2013 to 10.8% in 2016.\(^2\) However, from 2013 to 2016, the March of Dimes has lowered Georgia’s ranking from “C” to “D.” Hence, maternal care in Georgia still requires immediate attention.

Obstetric Provider Workforce

In both 2011 and 2016, the Georgia Maternal Infant Health Research Group (GMIHRG) collected data on Georgia’s obstetric provider workforce outside of the Atlanta Metropolitan Statistical Area (MSA). Phone surveys of birthing facility charge nurses, nurse managers, and care coordinators revealed key information about the available obstetric services in Georgia’s 82 non-Atlanta Primary Care Service Areas (PCSAs); the “obstetric providers” delivering these services include obstetricians, certified nurse midwives, and family practice physicians. As of 2016, 55% (45/82) of PCSAs outside the Atlanta MSA had an overburdening or complete absence of obstetric providers.\(^4\) Even more concerning is that from 2011 to 2016, the proportion of PCSAs outside the Atlanta MSA completely devoid of obstetric providers increased from 36% to 44%.

These shortages have real world consequences. Women who cannot access local care are forced to drive long distances, both for prenatal visits and while in labor to deliver their child. Lacking obstetric services may lead to an increased risk of prematurity, low birthweight infants, and obstetric complications. For instance, a recent GMIHRG study found that 24% of women in Georgia drive more than 45 minutes to access obstetric services, and these women are 1.5 times more likely to deliver preterm than women who drive fewer than 15 minutes.\(^5\)

Obstetric Care Shortages Outside the Atlanta MSA

• PCSAs with a shortage of or no obstetric care: 45 (55%)
• PCSAs without any obstetric providers: 36 (44%)
• PCSAs without certified nurse midwives: 62 (76%)
• PCSAs without delivering family practice physicians: 75 (91%)

Obstetric Provider Demographics for PCSAs Outside the Atlanta MSA

• Obstetricians retiring in 5-10 years: 27%
• Female obstetricians: 42%
• Female family practice physicians: 33%

Continued on page 4

The Obstetric Crisis in Georgia: An Update

Continued

Reasons for the Obstetric Crisis

The obstetric crisis stems from a variety of factors — including inadequate state healthcare funding and penalizing litigation — that deter obstetricians from practicing in Georgia, particularly in underserved areas. Due to these issues, many rural labor and delivery units are forced to close their doors, and many OB/GYN residents and certified nurse midwives in Georgia leave after their training to practice in other states.

Georgia’s obstetricians have had difficulty securing appropriate reimbursement for their services for many years. Medicaid covers approximately 60% of the state’s deliveries, and direct obstetric services in 2015 and 2016, obstetricians and hospitals in rural and underserved areas still struggle to remain financially solvent. Similarly, Georgia faces an inadequate state health infrastructure, wherein preventative public health efforts to decrease premature birth, deter repeat teen pregnancy, and penalizing litigation — that threaten the freedom of individual practitioners also minimize complications in high risk pregnancies are underfunded.

Inadequate state healthcare funding, areas still struggle to remain financially solvent. Likewise, many certified midwifery students in Georgia leave rural labor and delivery units are needed to address the multifactorial reasons for the obstetric crisis in Georgia. System-wide changes are critically needed to address the multifactorial effects of the obstetric crisis in Georgia and at increasing the state’s number of OB/GYN residents.

“Offer antenatal corticosteroids to women delivering preterm in non-metropolitan Georgia, and at increasing the state’s number of OB/GYN residents. Lastly, as more obstetricians retire or leave the state, their practice partners’ own daily schedules become overburdened.

System-wide changes are critically needed to address the multifactorial provider shortage.

Recommendations

As part of GMIHRG’s commitment to motivating policy improvement through research, the team has created “report cards” to deliver to all Reps and Senators based on data from their PCGs. The cards urge legislators to support potential solutions to Georgia’s provider shortages and to oppose legislation that further threatens the obstetric workforce. As GMIHRG and GOOG continue to work within Georgia to advocate for solutions to our workforce crisis, here are some things you can do to get involved:

• Talk with your local obstetric providers/your peers about the obstetric provider shortage and to brainstorm ideas to keep them/you working in Georgia.

• Call your local representatives, show them GMIHRG’s report cards, and ask them to:
  • Adequately fund Medicaid, which pays for approximately 60% of deliveries in Georgia.
  • Vote “yes” on legislation aimed at keeping obstetric providers in Georgia, and at increasing the state’s number of OB/GYN residents.
  • Vote “yes” on measures to support adequate public health infrastructure that improves care for mothers and babies.

• Vote “no” on ill-constructed bills that threaten the freedom of obstetric providers to treat patients without fear of public ridicule, litigation, or criminal penalty.

GMIHRG continues to investigate the effects of the obstetric crisis in Georgia and strives to champion efforts to improve maternal healthcare across the state. Please contact Adrienne Zertuche at ZertucheMD@gmail.com if you have any questions about GMIHRG’s work, or if you are interested in getting involved.

Acknowledgements:

Anna Carson, Meredith Pinto and Dr. Adrienne Zertuche are members of GMIHRG, which was founded by Zertuche in 2010. GMIHRG is administered through GOOG and has been generously funded by the Department of Public Health and the March of Dimes-Georgia Chapter. The work described above would not have been possible without the support Dr. Adrienne Zertuche, as well as GMIHRG advisors Dr. Roger Rockat, Dr. Andrew Dolt, and Pat Cota, and a team of over 40 student researchers.

1 Georgia Maternal Mortality: 2012 case reviews; Georgia Department of Public Health, 2013.


3 The majority of residents in a PCSA receive primary care within the area (http://obm.georgia). A recent survey (http://obm.georgia) conducted by GMIHRG assessed the satisfaction of PCSA residents with their obstetric care.

4 Georgia Obstetric Midwifery Co-op (GOMC) is the sole recognized midwifery organization in Georgia, and at increasing the state’s number of OB/GYN residents.


MD IQ: The Medical Intelligence Quiz

MDedgeOBGyn. News. A new study has shown that an antiviral treatment, tenofovir, plus Metformin or OEP plus spironolactone is more effective: http://www.mdedge.com/obgynmanagement/article/1346556/gynecology/treating-polyclotic-ovary-syndrome-start-using-dual-therapy-plus-Metformin-or-OEP-plus-spironolactone-over-4-weeks

"Offer antenatal corticosteroids to women delivering between 34 and 36 6/7 weeks of gestation to improve newborn outcomes” MD-edge discusses three options for corticosteroids use and their benefits in premature infants. Read the article: http://www.mdedge.com/obgynmanagement/article/1367198/gynecology/offer-antenatal-corticosteroids-women-delivering-between-34-and-36-weeks-of-gestation

"Treating PCOS with dual therapy is more effective” Many clinicians treat polycystic ovary syndrome with oral estrogen-progesteron (DEP) monotherapy. Find out why dual therapy with OEP plus Metformin or OEP plus spironolactone is more effective: http://www.mdedge.com/obgynmanagement/article/1367198/gynecology/offer-antenatal-corticosteroids-women-delivering-between-34-and-36-weeks

JOURNAL WATCH

"Anti-viral therapy during pregnancy reduces HBV transmission" UPI - A new study has shown that an antiviral treatment, tenofovir, given to women during pregnancy can help prevent transmission of hepatitis B from mother to child. Hepatitis B affects 246 million people worldwide. http://www.upi.com/Health_News/2017/04/24/Anti-viral-therapy-during-pregnancy-reduces-HBV-transmission/1617493047988/

"Hormone Replacement Effective for Treatment of Hot Flashes” An oral combination of naturally-occurring estrogen and progesterone was found safe and effective for treatment of hot flashes in postmenopausal women with an intact uterus.” Read the MD-edge article: http://www.mdedge.com/clinicianreviews/article/135045/obstetrics/hormone-replacement-therapy-clinicians-report

RE: New Peach State Health Plan Tobacco Cessation Initiative

We have exciting news! In an effort to encourage members to cease nicotine use while pregnant, Peach State Health Plan will offer financial incentives to providers who successfully coach and encourage our members to quit. As you are aware, there are many adverse effects of tobacco usage to both the mother and the unborn baby. Due to these increased risks, it is critical for providers to have reliable information regarding their patient’s use of tobacco during pregnancy.

Beginning May 1st, 2017, Peach State Health Plan would like for all providers to perform a qualitative Nicotine Metabolite Urine Test on all of our pregnant members during their first pre-natal visit, using the CPT Code 80307. Providers must use either Quest Diagnostics (test code 14464) or LabCorp (test code 71655) for this testing. Additionally, we are asking you to retest those members who report tobacco cessation during their post-partum visit using the same test code to confirm their cessation.

The results of this second test will be used to reward members who successfully quit tobacco use. Peach State Health Plan will also compensate your office $100 for every successful cessation. Our internal data sources will allow us to confirm cessation.

In addition, if you have a high suspicion that your Peach State Health Plan patient is using unreported opioids or benzodiazepines, we recommend you use the same urine sample to screen them for these specific drugs.

We are eager to partner with you in our efforts to promote tobacco-free pregnancies and healthy birth outcomes for our Peach State Plan Health members. If you have any questions, please contact your Provider Services Representative at 1-866-874-0633.

Thank you for the quality of care and service that you provide to our members.

OSHP.com

OBGyn NEWS, June 2017

OBGyn NEWS, June 2017
The Saving Power of Vaccines

Every year, a handful of physicians are selected to participate in a year-long program sponsored by the Medical Association of Georgia. I had the privilege of participating in this program, the Georgia Physician Leadership Academy Class IX. Participants are expected to present a leadership project. Three participants from my class and I teamed up to do a project to improve the health of Georgians by increasing adult immunization rates. We call ourselves “Vaccinator Super Heroes.”

The project focused on the ACIP (Advisory Committee on Immunization Practices) adult schedule. There are thirteen vaccines that are recommended by ACIP for all adult patients. We decided to increase the awareness of adult immunization for Tdap, HPV and influenza through education videos starring the four super heroes. We used social media to disseminate information throughout the state, and we gave presentations to our colleagues at medical association meetings. We produced a motivational video called “Move the Needle” to inspire and motivate physicians and other healthcare professionals to vaccinate their patients.

I added my individual touch to the project by establishing a vaccination program in my OB/GYN practice. My OB/GYN practice partnered with a vaccine company called Vaxcare to handle some of the undesirable aspects of giving vaccines. Its staff time used for giving vaccinations. Many physicians have been discouraged from offering vaccines in their offices. There are concerns about reimbursement, coding, and amount of staff time used for giving vaccinations. However, these perceived barriers can be overcome. My OB/GYN practice partnered with a vaccine company called Vaxcare to handle some of the undesirable aspects of giving vaccines. Vaxcare buys your current inventory and provides vaccines direct from the manufacturers at no cost. Vaxcare’s real time inventory tool provides on-demand visibility, tracking and automatic ordering. Finally, Vaxcare bills for the product automatically; this eliminates lost doses and misfiled claims, as long as the patient data is placed in their system. A good time for you to get started on set up before the next flu season begins. Check out our “MOVE THE NEEDLE” video on YouTube.

Remember, “WE ARE THE VACCINATORS.” PLEASE JOIN US!

Al Scott, MD Ob/Gyn
Sandra Fryhofer, MD Internal Medicine
Eddie Richardson, MD Family Medicine
Matt Astin, MD Emergency Medicine/ Internal Medicine

The Georgia Immunization Registry
The Georgia Immunization Registry law 31-12-31 requires reporting by any person who administers a vaccine or vaccines licensed for use in the United States Food and Drug Administration to a person. GRITS is a confidential, population-based, electronic registry of immunization information for Georgians of all ages. It is an important public health tool that provides a single data source for all immunization providers. Don’t forget to put your immunization records in the registry at https://www.grits.state.ga.us/. If your practice administers vaccines and you have not been recording that data into GRITS, please call 404-463-0810 or email dph-immreg@dph.ga.gov for GRITS enrollment assistance.

The Saving Power of Vaccines

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Gynecologic Oncology Fellowship to Start at MCG/Augusta University Health

Beginning in July 2017, Georgia will have its first fellowship program in Gynecologic Oncology. After many years of planning and design, Dr. Bunja Rungruang and Dr. Sharad Ghamande were successful in achieving accreditation through the ACGME, an independent, not-for-profit, physician-led organization that sets and monitors professional educational standards for physicians. The program will further the mission of the university to advance education, research, and clinical care in women’s health.

The three-year fellowship, one of fewer than 50 programs in the entire country, will help address the critical shortage of these physicians in our region. “There are no other Gyn Oncology fellowships in our surrounding areas, such as South Carolina, Mississippi, Louisiana, and northern Florida. Our program will have a huge regional impact,” says Dr. Ghamande, professor and division director of Gyn Onc at MCG/AU Health. While a national OB/GYN workforce shortage looms large, the same is true for subspecialists, especially in gynecologic cancer care. “When considering the impact of residency or fellowship training on a community, individuals have a tendency to stay in the area in which they train,” says Dr. Rungruang, associate professor and fellowship director of Gyn Onc at MCG/AU Health. “Retaining some of the program graduates in Georgia will be a priority,” Rungruang adds. “Beyond the obvious positive impact on clinical care and potential for scientific advances, the success of this program is very important for Georgia,” says Dr. Chadburn Ray, OB/GYN residency director at MCG/Augusta University. As funding for graduate medical education remains stagnant nationally, the Georgia Assembly has prioritized GME in the past few years. “Funding for fellowships like this remains challenging; therefore, the state must continue to grow GME to meet the needs of a rapidly growing population,” Ray says. Beyond cancer care, gynecologic oncologists are often the safety net for obstetricians and gynecologists, especially with complicated surgical cases. With 2018 recruitment well underway, Dr. Rungruang already has more than 50 applications for the single fellowship spot. The program will add one fellow per year to reach a complement of three individuals. Dr. Heather Williams, a fourth-year obstetrics and gynecology resident at University of Iowa Health Care, begins her fellowship training at MCG/AU Health on July 1st.

Dr. Chadburn Ray
Residency Program Director
Medical College of Georgia

Dr. Rungruang (left) and Dr. Ghamande

Notice Of Potential Payment Denials

Careful research statewide has revealed that the LACK OF A DIAGNOSIS on your submitted C/Section claim forms results in the designation of that surgery as “ELECTIVE.” Medicaid does not reimburse elective c-sections. Additionally, incorrect coding results in an INCORRECT elective c-section rate statewide. Your billers should be aware that there are more than 1200 ICD-10 medically indicated codes available. To avoid a re-imbursement DENIAL—Please inform your billers and coders to INCLUDE the diagnosis for the operation on the claim form each and every time.

Schedule

66th Annual Meeting

Friday, August 25

7:00 - 7:55 am  Breakfast for Physicians & Exhibitors

CLINICAL SESSIONS

8:00 am  Welcome: Cyril Spann, MD, Georgia OB/Gyn Society President

8:10 - 9:00 am  ERAS & Minimally Invasive Gynecologic Surgery, Fidel A. Valea, MD

9:05 - 9:50 am  Watson for Genomics in Women’s Health, Jennifer Novitski, RN

9:55 - 10:40 am  BREAK with Exhibitors/Sim Lab

10:45 - 11:30 am  Reducing the Primary Cesarean Rate: A Quality OB Measure, Haywood Brown, MD

11:35 am - 12:20 pm  Gyn Cancer & the Evolving U.S. Health Care System, Carol L. Brown, MD

12:20 - 1:05 pm  What’s New in STI/STD, Kimberly A. Workowski, MD

Thursday, August 24

10:00 am - 1:30 pm  Physician Registration

10:30 am - 1:30 pm  GOGS Board of Directors

1:30 - 5:00 pm  Sim Lab Activities/Training

MOC IV CREDIT AWARDED

To receive MOC credit (no added cost), attend the full sim lab session on Thursday

6:00 - 7:00 pm  Opening Reception for All Guests (Business Casual)

Saturday, August 26

7:00 - 7:55 am  Breakfast for Physicians & Exhibitors

CLINICAL SESSIONS

7:55 am  Moderator: Victoria Green, MD, JD

Chair, GA Section ACOG

8:00 - 8:45 am  Modern Management of Endometrial Cancer, Carol L. Brown, MD

8:50 - 9:35 am  Health Outcomes for Georgia Women, Commissioner Brenda Fitzgerald, MD

9:40 - 10:30 am  BREAK with Exhibitors/Sim Lab

10:30 - 11:15 am  Heart Disease and Pregnancy, Wendy Book, MD

11:20 am - 12:05 pm  DVT Prevention and Management, Fidel A. Valea, MD

12:10 - 12:45 pm  Society Update & Business Meeting, Cyril Spann, MD, President

12:50 pm  ADJOURN for Afternoon

6:00 - 7:00 pm  President’s Cocktail Reception

7:00 - 12:00 pm  Annual Banquet, Awards and Dancing

Sunday, August 27

7:30 - 8:35 am  Breakfast for Physicians: Current Trends in OB/Gyn Litigation, Paul Weathington, JD

CLINICAL SESSIONS

8:40 am  Moderator: Hugh Smith, MD, GOGS President-Elect

8:40 - 9:25 am  Redefining Postpartum Care, Haywood L. Brown, MD

9:30 - 10:15 am  Watson for Oncology in Women’s Health, Jennifer Novitski, RN

10:20 - 11:05 am  Update on Cardiovascular Guidelines: What You Need to Know, Wendy Book, MD

11:10 - 12:10 am  Meeting Evaluation / Credit Certification

12:10 am  ADJOURN
Physician’s Name: __________________________________________________________________________________
Practice Name: _____________________________________________________________________________________
Spouse/Guest(s) Names(s): ___________________________________________________________________________
Children: Name: _____________________________________________________________ Age: _____________
Name: _____________________________________________________________ Age: _____________
Office Address: _____________________________________________________________________________________
City/State/Zip: ______________________________________________ Work Phone: _____________________________
Primary Phone: _________________________________ Email: ______________________________________________
Media Release Permission:         Yes           No                   I agree to receive meeting notifications via text message
Registration Fee
(Late Registration: $50 will be added to the registration fee after July 23, 2017, or at the door.)
Physician Member: $450.00 Subtotal: $___________________
Physician Non-member: $550.00 Subtotal: $___________________
Spouse and/or Guests (18 years and older): ___ @ $150.00 each Subtotal: $___________________
(Fee includes all evening social events and spouse/guest breakfast)
____ # Spouse/Guest(s) for Friday breakfast (Included in Registration fee)
____ # Attending Saturday Night Banquet (Included in Registration fee)
____ # Of Children for Saturday Kids’ Night Activity (No Charge)
(6:00-9:00pm for ages 5-12) Total: $___________________
For assistance or to pay by credit card: Fax 770-904-5251 or contact Nicole at 770-904-5298; nreaves@gaobgyn.org
Credit Card Type (check the one that applies): AMEX Visa MasterCard
Credit Card Number: ___________________________ Expiration Date: _______/
Billing Address (if different from above): ___________________________________________________________________
Pay by check: Please mail check and registration form to be received by July 23, 2017, payable to GOGS:
2925 Premiere Parkway, Suite 100, Duluth, GA 30097.

We look forward to seeing you at the Ritz-Carlton!

RESOURCES FOR GEORGIA PROVIDERS
HELPING YOUR PATIENTS MEET THEIR WELL-BEING GOALS.

We recognize the powerful influence providers have with helping their patients lead healthy happy lives. Be Well SHBP wants to help you support your patient’s well-being goals.

Be Well SHBP is a comprehensive well-being program, administered by Healthways, that is available to all (non-Medicare Advantage) Blue Cross and Blue Shield of Georgia and UnitedHealthcare State Health Benefit Plan (SHBP) members and covered spouses.

It is Healthways’ goal to increase engagement through collaboration and partnership with as many providers within Georgia that is feasible possible. This program can reinforce the recommendations of health care providers around healthy eating, exercise, stress management, medication adherence, tobacco cessation and much more. Recognizing the importance of partnership with the medical community, Healthways and SHBP offer healthcare providers in Georgia a dedicated resource to support provider’s interactions with their patients and their use of the Be Well SHBP well-being program. The program reduces out of pocket cost for members and increases their well-being.

We encourage you to advocate member engagement in the well-being resources available to them through Be Well SHBP. Learn more:

Health Care Provider Overview Brochure

Members may ask providers to support their well-being actions by:

• Completing Physician Screening Forms
• Reviewing results from SHBP-sponsored onsite screenings
• Reviewing a Members’ Well-Being Assessment Report
• Providing nicotine replacement therapy (NRT) prescriptions

Please contact your dedicated SHBP provider representative Jacqueline Jackson, RN, at 404-234-0975 or Jacqueline.Jackson4@healthways.com with any questions.
SAVE THE DATE

The King and Prince
Beach and Golf Resort
St. Simons Island, GA

Hotel Accommodations:
- Ocean Front Rooms: $161/night
- Partial Ocean Front Rooms: $151/night
- Resort View Rooms: $140/night
- Standard Rooms: $130/night

A limited number of each room type is available. Reserve your room now to make sure you get the room you want! To reserve a room call 800-342-0212 and mention the Georgia Perinatal Association or book online at www.kingandprince.com and use the group code GPA17. To get these rates, rooms must be booked by August 20th.

Come Celebrate!!!
Georgia Perinatal Association 40th Anniversary
Annual Conference
September 20-22, 2017
Early Bird Discount End August 20th!
Visit www.georgiaperinatal.org for more information.