Improving Retention and Access to OB/GYNs in Rural Georgia

By Hugh D. Smith, MD
Society President

Our 66th Annual Meeting at Amelia Island was a tremendous success! More than 160 physicians and 90 vendors attended. A huge thank you is extended to Dr. Cyril Spann and the GOGS staff for yet another high-quality meeting.

During the meeting, many GOGS members met to discuss their particular rural hospital problems: myself (Upson County), Thomas Hatchett (Habersham County), Joy Baker (Upson County), James Bauerband (Franklin County), Benjamin Harris (Fannin County), Jeffrey Harris (Wayne County), Jesse Kane (Coffee County), and Adrienne Zertuche (Atlanta). Our discussion covered several subjects including medical billing, locum availability, and physician recruitment and retention. I would like to share with you some of our observations and thoughts.

We have a rural medical manpower shortage in Georgia, which is not uncommon in many other parts of the nation. Competition for newly trained OB/GYN physicians is fierce, and the recruitment is tough. The State of Georgia graduates 23–25 OB/GYN Residents per year, and about 12 remain in Georgia. Of the 159 counties in Georgia, 79 have no OB coverage. On average, Labor and Delivery units are closing at a rate of two per year. The expense of running a rural OB/GYN practice that is dependent on Medicaid is very high. Most of these practices must get financial support from their local hospital to stay afloat, and many rural hospitals in Georgia are financially stressed.

If your practice accepts Medicaid, you know how time consuming and expensive Medicaid precertification can be. GOGS meets with all four of the Medicaid CMOs quarterly, which is an opportunity to raise these issues and hopefully improve practice administration. Locum Tenens is a good, but expensive way to give solo practitioners some needed time off. A large part of the costs of Locums goes to the staffing company. One way to defer this cost is to use your Med Mal insurance coverage through your personal Med Mal contract. Each company has a designated amount of coverage for this. A great way to decrease cost is to use an independent practitioner to fill in for you and not use a staffing company. Your hospital can credential and contract them, as well as room and board them, if available. My hospital at Upson Regional Medical Center has done all of this, which has cut the cost of Locums by at least half. GOGS will attempt to set up a web-based Information Board for any member to try to locate a Locums. Using a Georgia-licensed OB/GYN will avoid extra paper work.

Physician recruitment and retention is difficult at best. This process requires a designated person in your practice or hospital to improve communications. I do not recommend using a professional recruiting service, due to the costs. Please remember that it is important to also recruit medical school candidates’ significant others. Without this person’s involvement, your candidate will not stay in your community for long. Also, start recruiting someone from your area, especially if they have family in your area. The likelihood of retention is much higher.

Finances for medical students and residents is of utmost importance. Some hospitals have foundations or trusts set up to help support interested students or residents. This support can be tied to a candidate’s agreement to stay in your community for several years. The State of Georgia also has financial incentive programs that are available to students and residents. The financial office at your candidate’s training institute can be of much help. Remember that Morehouse and Mercer have a specific mission for supporting MDs for rural health care. The Ga. Board for Physician Workforce has funds for support of rural health care. The Georgia House and Senate have recently liberalized the population requirements of not just your county, but all adjacent counties, as well. Remember that medical students generally do not know where they want to practice, and residents have made up their minds by the 3rd or 4th year of training. These are some of the things we have discussed. We hope this is helpful to you. It is the goal of GOGS to help members recruit and keep OB/GYN positions.
Pediatric and Adolescent Gynecology Comes to Georgia

Pediadtric and Adolescent Gynecology (PAG) is a specialty that focuses on medical and surgical gynecologic issues in pediatric, adolescent, and young adult patients. By most measures, the field of PAG is in its infancy; the 1st Edition of Pediatric and Adolescent Gynecology was published in 1977. Since that time, the field has grown and expanded rapidly. The primary society, North American Society of Pediatric and Adolescent Gynecology, was founded in 1986. There are now 13 fellowship programs between the United States and Canada, multiple textbooks, and PAG specific curriculums for obstetrics and gynecology residency programs.

Pediatric and adolescent gynecology is a subspecialty within obstetrics and gynecology that focuses on females from birth to young adulthood. Patients in this age range often have gynecologic needs that are distinct from adult females. This subspecialty includes consultation for rare and unique clinical issues including abnormal anatomy, differences in sexual development, and transgender adolescent care. They have expertise in caring for teenagers and young adults with bleeding disorders and PCOS. PAG providers often collaborate with other specialists to provide comprehensive care for complex patients. Pediatric and adolescent gynecologists are well versed in evaluating and treating vaginitis, the most common gynecologic complaint among pediatric patients and irregular menses, the most common presenting symptom of an adolescent to the gynecologist. They also provide routine care for issues such as symptomatic labial adhesions or urethral prolapse, abnormal puberty, difficult periods, and ovarian masses. They get exposure to complex contraception and have extensive experience with use of long-acting reversible contraceptives in the adolescent and young adult population. PAG serves as a bridge between the fields of pediatrics and obstetrics and gynecology. It deals with issues that pediatricians may not feel well-trained in among a population that obstetrician-gynecologists are often not comfortable with.

Pediatric and adolescent gynecologists complete a residency in obstetrics and gynecology, followed by a two-year fellowship in PAG. Georgia currently has two fellowship-trained pediatric and adolescent gynecologists. Dr. Nancy Sokkary established a PAG practice at the University of New Mexico following fellowship at Baylor College of Medicine. She moved to Macon, GA, in the fall of 2016 and has now developed a PAG clinic at Navicent Health Children’s Health Center. Children’s Healthcare of Atlanta welcomed Dr. Krista Childress in September of 2017. Dr. Childress also attended Baylor College of Medicine for PAG fellowship, which she completed in the spring of 2017. Dr. Sokkary and Dr. Childress are excited to collaborate and provide quality care for young women and children in Georgia.
Editor's Column

Welcome Cary Perry

Greetings! My name is Cary Perry, and I will be taking over the responsibility of editor of this newsletter from the capable hands of Al Sermons, who has quietly helmed the duties for the past few years. A huge THANK YOU to Al for his time and devotion to this job. For those of you who haven't had the pleasure of meeting, I have practiced in Athens for the past 21 years with the same busy practice. I am married to an OB/GYN and the mother of two wonderful sons. I have been privileged to serve as a Board member of the GOGS for more than a decade, during which time I have seen the results of untold hours spent bringing us a superior docket of speakers and subjects at the Ritz at Amelia Island.

As I sit at the keyboard on some of the final days of September, which is also Suicide Prevention Month, one of the facts presented by current ACOG president Dr. Donald Haywood that resonates: almost twenty percent of deaths in reproductive-age women are attributable to suicide. This statistic is sobering for a moment. We are furiously working to correct and eliminate cardiovascular disease, hypertension disorders, and acute hemorrhage as causes of death in our maternal cohort through thoughtful, concerted plans involving standardization of care, recognition of high-risk patients, and identification of at-risk populations through collection/examination of data. But what are each of us doing for our patients to identify and help those patients at risk for self-harm?

Dr. Brown pointed out during his lecture on refresher courses that expedited partner testing for STIs is permitted in the state of Georgia, and nucleic acid amplification tests are the only tests doctors should be using to diagnose Neisseria gonorrhoeae and Gonorrhea. Oh, and LGV is SUPER difficult to confirm, so we should be treating presumptively.

Another frightening statistic that I came across this week: there will be more than 400 physicians who take their own life this year. Please don't forget to include self-care in your daily schedule and seek counseling and help if you find yourself struggling. The National Suicide Prevention Hotline is always open at 1-800-273-TALK (8255), and many communities have local resources also available. It pays to have an “office champion” (shout-out to Donna in my office!) who keeps track of local resources, hotlines, and counselors. This way, they are always at hand to provide to your patients.

On a different note, this is typically the time of year when we review the amazing presentations and topics presented at our recent meeting. Dr. Fidel Valea of Virginia Tech Carilion SOM had a fantastic presentation on ERAS, an area much more familiar to everyone to review these presentations and useful. I would encourage you to maintain and seek counseling and help for your patients to identify and help those patients at risk for self-harm.

Our GOGS mission statement is broad and expansive: serving the Society and our members in providing timely and interesting content that has become an excellent source of information and communication. Many thanks for the opportunity!
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ICD-10-CM Codes 2018

Gynecologic Code Changes

- N63, Unspecified lump in breast, expanded to distinguish right and left breast. Code N63 invalid after October 1, 2018.
- Change to description for Z31.5, Encounter for genetic counseling.
- Z40.02, Encounter for prophylactic removal of ovary(s), now without distinction of right or left, and Z40.03 added for removal of fallopian tube(s).
- Inclusion term "endometriosis of the thorax" added to N80.8.
- Inclusion term "premenstrual dysphoric disorder" deleted from N94.3, Premenstrual tension syndrome. If patient is diagnosed with condition, report F32.81.
- "Excludes 1" under Z87.41, Personal history of dysplasia of female genital tract, revised.

Obstetric Code Changes

- Ectopic pregnancy codes revised to reference right or left structure, changing codes from 5 digits to 6.
- Codes added to report fetal heart rate or rhythm abnormality during antepartum period.
- Corrected "excludes" note error for O99.1.
- Z36 expanded to match codes in ICD-9-CM for antenatal screening.
- Code range for Z3A, weeks of gestation, changed from O00-O9A to O09-O9A.

Learn about the rest of the ICD-10 changes at our CPT Coding Workshop Dec. 8, 8-2, at the Atlanta Buckhead Marriott. Register by 11/29 at www.gaoobgyn.org.

News from Around the State

Premature Birth Rate Rising in Georgia

Georgia’s preterm birth rate rose in 2016 after years of decrease.

The state birth rate climbed to 11.2 percent last year, up from 10.8 percent in 2015, higher than the national preterm birth average of 9.8 percent in 2016, which rose from 9.6 percent the year before, according to data from DPH. Health of the pregnant woman and prior pre-term births are contributing factors. Race is a factor as well. In 2015, the national rate of preterm births among African-American women (13%) was about 50 percent higher than the rate of preterm births among white women (9%), the CDC says. Preterm birth rates nationally decreased from 2007 to 2014, and CDC research shows that this decline is due, in part, to declines in the number of births to teens and young mothers. Read more: http://www.georgiahealthnews.com/2017/10/alarming-trend-premature-births-georgia/

HIV Raging Through Atlanta

The metro Atlanta area ranks fifth in the rate of new HIV diagnoses, according to the Centers for Disease Control and Prevention. Georgia ranks second in the nation among states. Apart from the stigma and discrimination, there are other barriers in Atlanta and in the South, such as higher rates of poverty and the number of people who are uninsured. Read more: https://www.wabe.org/atlanta-continues-grapple-hiv-epidemic/ Patient programs: https://dph.georgia.gov/hiv-care http://www.gacapus.com/r/ Care training: http://www.msm.edu/Research/research_centersandinstitutes/ga-aetc.php
New Hospital for Piedmont

Rockdale Medical Center, about 25 miles east of Atlanta, has officially become the eighth hospital in the Piedmont Healthcare system. The hospital in Rockdale County was purchased from LifePoint Health, a for-profit company based in Tennessee. Piedmont officials announced completion of the deal October 2nd. Read more: http://www.georgiahealthnews.com/2017/10/rockdale-hospital-officially-joins-piedmont-family/

Changes to Birth Control Rules

The Trump administration is rolling back the Obama-era requirement that employer-provided health insurance policies cover birth control methods at no cost to women. According to senior officials with the Department of Health and Human Services, the goal of the new rule is to allow any company or nonprofit group to exclude coverage for contraception if it has a religious or moral objection. The Affordable Care Act requires employer-provided health insurance policies to include coverage for preventive health care, including birth control. The Obama administration had created an exemption for churches and allowed other “religious employers” to opt out by notifying the government. When they did so, the administration would arrange with their insurance companies to provide the coverage directly, without the employers’ involvement. Read more: http://www.npr.org/sections/health-shots/2017/10/06/55970210/trump-ends-requirement-that-employer-health-plans-pay-for-birth-control

The opening session will highlight news from the Georgia Department of Community Health (DCH) including an overview of current initiatives and program and policy updates. The day will feature break-out sessions focused on relevant topics for our provider community along with time for questions and answers. Some of the areas that will be covered are:
- Alliant GMCF/ Submitting Prior Authorizations and Appeals
- Behavioral Health Services
- Billing 101/Remittance Advice
- Crossover Common Denials
- Division of Family & Children’s Services (DFCS) and DCH Member Eligibility
- Portable Medical Equipment/DME/ Providers’ Administered Drug List (PADL)
- Electronic Clinical Quality Measures (eCQM)
- Electronic Visit Verification (EVV)
- Georgia Medicaid Appeals Process
- Hospice Services
- Hospital Services
- Meaningful Use Modified Stages 2 & 3
- Overview of Common Denials
- Panel Discussions featuring all four Care Management Organizations (CMO’s)
- Physician and Mid-Level Forum
- Provider Enrollment and Centralized Credentialing
- Verification Organization (CVO) Processes
- Advance Common Denials
- Behavioral Health Services

Infertility and Your Options

Atlanta Reproductive Medicine is hosting a seminar for patients to learn about their fertility options. Free seminar led by Dr. André L. Denis, one of ACMR’s Reproductive Endocrinologists, on November 14, 2017 at 6:30 pm. Registration: http://ow.ly/xHbD or call 678-841-1089.

OBGyn NEWS, October 2017

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Friday, December 8, 2017
8am - 2pm

Atlanta Marriott Buckhead
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3405 Lenox Road NE
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Featuring
• Steve Adams, MCS, COC, CPC, CPC-I, PCS, FCS, COA, InHealth Professional Services
• Sheila Pierce, Director, Prescription Drug Management Program — Georgia DPH
• Amy Wasdin, RN, MBA, CPHRM, Patient Safety Manager, The Doctors Company

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Sign up by 11/29 at www.gaobgyn.org