An Annual Meeting Worth Attending

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Once again, I have the pleasure of sharing my experience of the GOGS Annual Meeting with you, via this column. The knowledge and camaraderie shared between colleagues and friends during this event is something I now look forward to every summer. This year, we returned to Sea Island, Georgia for the Annual Meeting. As guests, we received star treatment from the minute that we entered The Cloister property. The establishment recognized each of us by name and rank. It was as if we were high-level dignitaries or international celebrities. I must say that I rather enjoyed the attention! Seriously, I have experienced no other meeting venue, to date, that provides better hospitality than The Cloister.

The GOGS Board convened on Thursday morning prior to the official start of our Annual Meeting. This diverse group of talented professionals discussed accomplishments of the current year, in brief, before setting the agenda for the upcoming year. This collection of gifted minds is the “go-to” group for all Georgia legislative officials seeking consultation on issues of women’s health and welfare in our state. I choose to believe no vote is cast in any state legislative assembly, relative to said issues, without input from this Board.

The official meeting began at 1:30pm on Thursday afternoon, with hands-on simulation lab activities. Participants had the opportunity to learn new skills, hone old skills, or practice new surgical techniques. It was a great way to officially kick-off the meeting. I might add that it was significant enough to warrant the awarding of MOC credit for those who participated. You can thank Drs. Bonk and Wendel (ABOG) for this feat. The Opening Reception was the highlight of the evening. We ate. We drank. We mingled.

On Friday morning, Dr. Wendel (ABOG) spoke informatively about the current MOC program and the ongoing effort to make MOC user-friendly. He emphasized the need to remain self-regulatory, rather than succumb to forced regulations from big government. Particularly, he confirmed that the pilot program is set up to allow physicians to “opt-out” of the MOC exam, based on annual test scores of 86% or above for six consecutive years. He noted this initiative could become a permanent part of the MOC program, if successful. I made a mental note to check my own scores for the past two years, and vowed to make at least 87% for the next four! I left Dr. Wendel’s presentation with a better understanding and appreciation of the MOC program.

Dr. Huh (UAB) updated participants on HPV vaccine and cervical cancer screening; and the pitfalls and complications of robotic surgery during two excellent presentations. As relates to cervical screening, co-testing with Pap and HPV should continue to be the “gold standard.” However, it is imperative we, as gynecologists [aided by The College], continue to educate our patients that a Pap smear is not synonymous with an annual exam. This is particularly true as our profession transitions from specialist to a more primary care role.

Relative to our profession, the shortage of Ob/Gyns in the state of Georgia is currently being addressed in several innovative ways. In the meantime, however, the effects of this dearth [of doctors] are being felt throughout the state, especially in the more rural areas and where socio-economic conditions fall well below the national average. According to Dr. Zertuche, the shortage of Ob/

Continued on page 4
CDC Communications

Zika Virus Microsite: Public Health Media Library offers a link for pulling mini sites of information into your practice website through an embed code.


March of Dimes Zika Site

Other CDC Resources

Design/content by Mallory Ellingson and Allison Chamberlain, MS, PhD

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The Doctors Company

Let Us Tell You About Your Malpractice Program

OBGyn NEWS, October 2016
Gyns in the state of Georgia may be a contributing factor to a more depressing statistic, the maternal mortality rates. Dr. Lindsay (Emory), in addressing participants, noted that Georgia currently ranks #49 among the 50 states, with a state grade of "F" on maternal mortality. Dr. Peterson (WHO) reminded us that we can no longer think of the United States as an entity or nation separate from the rest of the world. Moreover, we cannot conceptualize maternal and infant mortality as a local or endemic problem. We must consider and focus on global approaches to eradicating maternal and infant mortality. We must also continue to work selflessly to improve the maternal morbidity and mortality data for the state of Georgia.

It is increasingly evident that our economies and health are globally intertwined. Last year, we struggled to search for the state of Georgia. Where we authored numerous bills aimed at improving the health of Georgia’s women and children, Drs. Michael Lindsay and Melissa Kottke received recognition for their tireless effort in the area of maternal mortality and the LARC program, respectively. The highlight of the awards for the evening was the presentation of the Luella Klein Lifetime Achievement Award to Professor John D. Thompson, M.D. This recognition is a national award presented by ACOG to a most consistently distinguished candidate in our area of practice. ACOG representatives traveled to Sea Island to personally honor Dr. Thompson with this prestigious award. I was told that The College came to Dr. Thompson (due to his health concerns), rather than require that he travel to them, to personally honor Dr. Thompson with this award. I was told that The College had approved the gavel from Dr. Cathy Bonk (2016) and watched the passing of the gavel from Dr. Cyril Spann (2017). Dr. Spann thanked Dr. Bonk for her tireless efforts and accomplishments over the past year. The music began and played on into the night.

At the close of the evening, I sipped my usual glass of red wine and watched the passing of the gavel from Dr. Cathy Bonk (2016) to Dr. Cyril Spann (2017). Dr. Spann thanked Dr. Bonk for her tireless efforts and accomplishments over the past year. The music began and played on into the night.

On the final morning of the meeting, I joined colleagues for breakfast with the stars. We enjoyed bacon and eggs with such notables as Hal C. Lawrence III, M.D. (ACOG), George D. Wendel, Jr., M.D. (ABOG), and Herbert B. Peterson, M.D. (WHO). We drank juice, sipped coffee, and discussed the future of the Ob/Gyn profession. As usual, there were significantly more questions than answers. COLleagues voiced concerns about a single payer system and the continuance of government intrusion, the future of medicine in general, and Ob/Gyn in particular.

I simply can't tell it all! But, I can reduce the plan of the Annual Meeting, knowing that a number of excellent lectures, presentations, late breaks, and sidebar discussions cannot be shared in this edition. I believe ACOG made the trip because of government intrusion, the future of medicine in general, and Ob/Gyn in particular. I sat quietly, listening, and aware that many of the answers we seek are not to be found during the meeting. But, we must continue to search.

I conclude my summation of the Annual Meeting, knowing that a number of excellent lectures, presentations, late breaks, and sidebar discussions cannot be shared in this edition. I simply can't tell it all! But, I can encourage you to come, hear, enjoy and participate for yourselves. We are doing it again next year, and I invite you to experience the meeting up close and in person. Make your plans now to meet us for the 66th Annual Meeting, at the Ritz Carlton, Amelia Island, Florida, August 24-27, 2017. See you there!
2016 Annual Meeting Highlights

Simsational!

MOC Credit Awarded

If you require ABOG MOC credits, and you participated in the Thursday Simulation Lab, 8/25/2016, you received credit for Part IV of your MOC requirements.

Congratulations!
In late August 2016, Dr. Janet Boone became somewhat of a pioneer. She is the first provider in the state to participate in the formalized obstetrics re-entry program at Augusta University. Like many providers, she chose to change her practice patterns away from obstetrics many years ago. While she had a desire to once again practice obstetrics, options for re-entry into practice were extremely limited and not viable based on her individual needs.

The State of Georgia is in the midst of a crisis related to maternal and infant care, ranking at or near the bottom in both areas. Like most problems in medicine, this is a multifacrical issue with significant difficulties in identifying all of the causes, accurately capturing data, gaining support from stakeholders, and ultimately finding solutions to reverse these negative trends. Analysis of data from the Centers for Disease Control and the World Health Organization reveals a disturbing trend that pregnancy in the U.S. is not getting safer. In addition, the State of Georgia has maternal and infant outcomes that mirror metrics in developing countries, not consistent with those expected of a state in an industrialized nation spending billions on healthcare annually.

In collaboration with the Georgia Obstetrical and Gynecological Society (GOGS), the Georgia Maternal and Infant Health Research Group (GMIHRG) provides data regarding the dwindling obstetrics workforce in the state. It is readily apparent that the shortage of obstetrics providers and the diminishing numbers of hospitals providing obstetric care could further impair those living in rural areas and likely increase the negative outcomes.

While strategies to combat the closure of more obstetrical units has gained some traction across the state, the need to address the workforce concerns is perhaps a more daunting problem. The shift in workforce demographics and practice patterns of obstetricians over the last decade is readily apparent. After more than a year of discussions and development, the Medical College of Georgia at Augusta University successfully provided an option to those individuals wishing to re-enter the practice of obstetrics, even getting funding from the State of GA. The GA Center for Obstetrics Re-Entry Program (CORP) formally opened July 1, 2016. The goal of the program is to remove the most important barriers to re-entry: cost and distance. There are very few options for re-entry in the US. Other programs require in-person retraining at a great distance from home at a prohibitive cost, often making participation impossible. Also, under the direction of Dr. Chadburn Ray, a flexible curriculum was designed to meet the needs of nearly any individual. With supervision by dedicated academic faculty at a Regional Perinatal Center with high patient acuity, each individual will get exposure to significant pathology across the spectrum of obstetrics. Both high- and low-fidelity simulation is built into the curriculum for additional structure, especially in areas such as operative vaginal delivery, breech extraction, hemorrhage, and shoulder dystocia.

“This program is an invaluable opportunity,” says Dr. Boone. She notes that the program has excellent, very supportive faculty who foster an environment of learning, allowing her to have gained confidence in decision making and technical skills that were once routine in her busy practice. GA CORP is currently accepting applications. Applicants must have an unrestricted Georgia medical license and be certified by the American Board of Obstetrics & Gynecology. For more information, please visit the website at http://www.augusta.edu/mcg/obgyn/georgiacorp.php or contact Dr. Chadburn Ray at 706-721-2541 or via at chray@augusta.edu.

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Georgia again ranks high in rate of uninsured

Georgia ranked third in the rate of uninsured, at 13.9 percent in 2015, falling from 13.8 percent in 2014. Texas and Alaska were the only states with a higher rate. The number of Georgians without health insurance, 1,388,000, was the fourth-highest total in the nation in 2015. As the percentage of Americans who have no health insurance last year fell to its lowest in history at 9.1 percent, with a decline from 13.7 million to 29 million people, Georgia’s numbers continue to be above the average.

Federal data shows states that have expanded their Medicaid programs under the ACA had lower rates of people without coverage than states that have not, such as Georgia. Medicaid expansion, which is optional for states, extends health care to more low-income people. Arizona and Kentucky, which have both implemented Medicaid expansion, for example, had 2015 uninsured rates of 9.5 percent and 6 percent, respectively, the Census figures showed.

The argument against this expansion in Georgia is the program is too expensive. A task force created by the Georgia Chamber of Commerce has proposed three alternatives to standard Medicaid expansion, all of which would increase access to health insurance.

To read about these proposals, visit: http://www.georgiahealthnews.com/2016/08/task-force-unveils-options-cover-uninsured-georgia/.

Leadership change on Grady Board

Frank Blake, a retired chairman and CEO of Home Depot, has assumed leadership of the Grady Memorial Hospital board, succeeding Pete Correll. Blake joined the board in 2015. Correll helped rescue Grady from financial crisis by

News from Around the State

GOGS December coding workshop

On December 3, 2016 at the Atlanta Marriott Buckhead, coding guru Steve Adams of InterHealth Professional Services will be back to walk doctors and coding staff through the ICD-10-CM updates, as well as a preventive coding update for 2017. Dr. Alan Joffe of Peach State Health Plan will speak on coding C-Sections, and Annette McMullen and Myrthia Hall from the Georgia Department of Community Health will discuss Medicaid electronic health records incentives. Attendees may earn 3 CEU credits. To register, visit http://goadbym.org/practices/2016-coding-seminar/ and download and return the registration form and a check to the Society. The deadline to register is November 25. Call the Marriott at 1-888-855-7741 for room reservations by November 3, 2016.

Contraceptive Technology Conference

Make it a point to hear one of the most popular panel presentations: Late Breakers on Innovations in Reproductive Health. You could earn up to 22.5 CE hours. To register, visit http://contemporaryforums.com/ continuing-education-conferences/2016/ contraceptive-technology-october-atlanta.html.

Flu facts

It’s flu season again! Be sure to talk to your patients about receiving the vaccine, and remember to bill two codes afterward, one for the procurement of the vaccine, and one for administering it. Here’s what you need to know:

• Getting the flu during pregnancy might cause serious problems for both mother and baby, including premature labor and delivery, unplanned hospitalization and possibly death. Getting vaccinated is the best protection.

• Women can get the flu shot any time during pregnancy or after birth, even if they’re breastfeeding.

• The flu shot has been safely given to millions of pregnant women over many years. Pregnant women should not receive the nasal spray vaccine.

• Getting a flu shot during pregnancy helps protect babies for up to six months after birth - the time when babies cannot get vaccinated against flu and are particularly vulnerable.

• Recommending flu vaccine to caregivers and household members of pregnant and postpartum women will help protect not only the pregnant mother, but also the new infant once he or she is born.

• Prompt treatment with antiviral medication is important. If a pregnant or postpartum woman gets sick with flu-like symptoms, she should call her doctor right away. Early treatment can lessen symptoms. Antiviral treatment can and should be started even before influenza is confirmed.

Visit, or direct patients to, these links to learn more: https://www.cdc.gov/flu/pdf/ freeresources/pregnant/obgyaa-flu causation-card.pdf


• “Cervical injection of methylene blue for identification of sentinel lymph nodes in cervical cancer”

Guldén Mendeser, MD; Cantor L. Schwartz, MD; Jonathan Black, MD; Véronique Micalul Acozy, MD Published in OBG Management 08/16

• “Women’s opinions of legal requirements for drug testing in prenatal care”

Tucker Edmonds, Mckenzie, Austgen, Carroll, Meslin Tucker Edmonds, Mckenzie, Austgen, Carroll, Meslin Published in PubMed 09/16

• “Postnatal depression screening at well-child appointments: A quality improvement project”

Morgan S., Schoening A. Morgan S., Schoening A. Published in PubMed 09/16

• “The use of antenatal screening depression screening program at school-based clinics is effective”

Carroll, Meslin Published in McKeen, Austgen, Carroll, Meslin Published in McKeen, Austgen, Carroll, Meslin

Surgical Practice

The Bell Russell Board Room (after surgical practice.

In 1919, the Board of Directors of the Georgia Hospital Board Room will be renamed the Hospital’s atrium will be renamed the leading an organizational restructuring and new name will be announced in January. carve out a new role to lead the hospital’s clinical, research, educational and administrative functions, and lead the executive team towards new strategic goals. Gail Barlow, PhD, MPA, has been named acting CEO. Chang will lead a nationwide search for a new CEO. Barlow was previously chief executive officer of the Atlanta VA Medical Center and served in various leadership roles with the Department of Veterans Affairs.

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Georgia Medicaid Fair

The Georgia Department of Community Health’s Fall Medicaid Fair is scheduled for November 3rd from 7:00am-3:30pm at the Columbus Convention and Trade Center in Columbus, GA. This is an opportunity to attend information sessions on Medicaid programs, covering topics such as emergency care, prescription drug coverage, and more. Attendees can learn about new policies and programs, network with healthcare providers and exhibitors, and register for the Medicaid expansion program. For more information, contact your local Medicaid office or visit the Georgia Medicaid website.
CPT Coding Seminar for OBGyn Practices

Friday, December 2, 2016
Atlanta Marriott Buckhead Hotel & Conference Center
3405 Lenox Road NE, Atlanta, GA 30326

Featuring
- Steve Adams, MCS, COC, CPC, CPC-I, PCS, FCS, COA, InHealth Professional Services
- Alan Joffe, MD, Community Medical Director, Peach State Health Plan
- Annette McMullen, MSOM, PMP®, ITIL®, Chief, Health Info Tech and Myrthia Hall, CMNP, Director, Medicaid Incentive Program (MIP) GA Department of Community Health

3 CEU Credits

For Marriott Reservations, Call 1-888-855-7741. Ask for CPT Coding for OBGyn Room Block Rate at $139/Night. Make Room Reservation No Later Than Thursday, Nov. 3, 2016 to Obtain Block Rate