



Georgia Obstetrical
and Gynecological
Society, Inc.

FEBRUARY 2022 | VOLUME 16, NUMBER 1

OBGYN NEWS

Promoting Excellence In
Women's Healthcare In Georgia



Postpartum Medicaid Extension Approved from 6 months to 1 year in FY22 and FY23 Budget

Kate Boyenga
Executive Director, GOGS

Governor Brian Kemp released his AFY2022 and FY2023 state budget report on January 13, 2022. The budget includes \$28,184,166 to extend postpartum Medicaid coverage from 6 months to one year. More than half of all births in Georgia are covered by Medicaid and by extending the period for postpartum coverage the State has

illness, addiction crisis, hypertension, and cardiovascular disease. Senator Dean Burke (R-Bainbridge) solidified support for this funding by authoring SB338 - postpartum coverage under Medicaid from six months to one year following birth.

The budget also includes funding for several additional



areas of Georgia where the payor mix is dominated by Medicaid.

Continued on page 5

To view the final budget report, scan QR code, click or use the following link:



https://drive.google.com/file/d/1MGI3uMp3XTDUeZCyX16CaXDUMZ_eo0uf/view



an opportunity to improve women's health and improve birth outcomes. This is a huge step toward supporting the management of pregnancy-related and chronic conditions that impact maternal mortality in Georgia. The extension will allow providers to facilitate ongoing monitoring, diagnosis, and management of potentially fatal postpartum issues like mental

health care focused items including the creation of a postpartum echocardiogram pilot program to address maternal mortality, the elimination of the attestation requirement, 136 new residency slots for primary care medicine, and an increase for 108 CPT codes to 2020 Medicare rates to reimburse providers at enhanced rates which will help those physicians in rural

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Half and Half MAT Waiver Training Webinar



Date: Friday, March 25, 2022 **Fee:** No Cost

Time: 4:00 PM - 8:00 PM (E/T) **Location:** Zoom Webinar

Target Audience: Assist Physicians, Midwives, and NPRNs who wish to apply for a waiver to prescribe buprenorphine for the treatment of opioid use disorders

Registration: Register in advance for this meeting by Wednesday, March 23, 2022

Educational Objectives:

- Screen and identify patients with OUD and define evidence-based treatments
- Discuss the pharmacology of opioids as it relates to treatment of opioid use disorder (OUD) patients
- Describe the fundamentals of office-based opioid treatment including the treatment of the co-morbid patient
- Explain the process of buprenorphine induction as well as stabilization and maintenance
- Discuss all FDA approved antagonist and agonist medications to treat OUD
- Discuss basic office protocols including medical record documentation and confidentiality
- Utilize evidence-based resources to ensure providers have the confidence to prescribe buprenorphine for patients with OUD
- Recognize the importance of obtaining a waiver to begin treating patients with OUD

ACCREDITATION



Joint Accreditation Statement: In support of improving patient care, this activity has been planned and implemented by the American Academy of Addiction Psychiatry and Georgia Obstetrical and Gynecological Society. American Academy of Addiction Psychiatry is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Physician Designation Statement: American Academy of Addiction Psychiatry designates this other activity (one portion of this course is an independent online activity and another portion of this course is a live face-to-face educational exchange with a clinical expert trained to present this material) for a maximum of 8 (eight) AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing Designation Statement: American Academy of Addiction Psychiatry is an approved provider of nursing continuing education through AAPA's Joint Accreditation provider # 4008192. This program is approved for up to 8 Nursing Contact Hours.



PA Designation Statement: American Academy of Addiction Psychiatry has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 8 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

American Academy of Addiction Psychiatry (AAPA) is the Data Sponsor for this training. Contact PCSS at: pcss@aap.org



AAPA is the Data Sponsor for this waiver training
Funding for this initiative was made possible (in part) by grant no. 1H79T081968 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
www.pcass.org

INSTRUCTOR

Ayman Fareed, MD

Associate Professor
Department of Psychiatry,
Emory University School
of Medicine
Director
Buprenorphine Program,
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Click on Photo for Instructor's Bio



For more information contact
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770.904.5288



For more details on the program
and to register, scan QR code,
click or go to the following link:

<https://conta.cc/3uHqgFl>

Register for both webinars, today!

2022 LEGISLATIVE ADVOCACY WEBINAR

Join us for a Legislative Advocacy Webinar
Wednesday, March 9, 2022
6:00 pm - 7:30 pm

- **Public Policy & Medicine: Perspectives of Physician Legislators:** Hear from physician members of the Georgia general assembly and their unique views on how healthcare policy is shaped at the gold dome
- **Covering Healthcare:** The media perspective healthcare impacts every single citizen and accordingly, the media covers it extensively -- we'll learn from reporters how they approach this issue for their audiences
- **Legislative Priorities of the Coalition:** What they mean to you and your practice

Moderator: Melinda Willingham, MD; Georgia AAP

THE PREVIOUSLY ANNOUNCED MARCH 3RD IN-PERSON AND MARCH 1ST VIRTUAL EVENTS HAVE BEEN RESCHEDULED TO THE ABOVE MARCH 9, 2022 WEBINAR DUE TO COVID-19 PRECAUTIONS AND SCHEDULING CONFLICTS

This webinar is open to all obstetricians, gynecologists, residents and medical students
Opportunities for corporate support also exist

To register
scan QR code
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Maternal Mental Health Leadership Alliance (MMHLA): Year Long Screening Project Launched

MMHLA
Maternal Mental Health
Leadership Alliance

MMMHLA and the March of Dimes have launched a year-long project to address MMH screening. The goal of the Screening Project is to synthesize existing screening guidelines from a variety of organizations into a cohesive approach to educate and screen pregnant and postpartum people throughout the two-year perinatal timeframe during pregnancy through one full year postpartum. Input and feedback will be included from public and private organizations in maternal-child health, mental health, affiliated providers, payors, and individuals with lived experience.

SCREENING PROJECT TIMELINE

- January: Meeting of 35-person Working Group to create a draft framework for WHEN to screen for MMH conditions throughout the perinatal timeframe.
- March - October: Host Roundtable Discussions (2 per month with 10-15 participants each) to gather input and feedback on the draft framework.

- November - December: Reconvene Working Group to incorporate feedback, and prepare and publish deliverables.

Learn more about the screening project by scanning QR code below, clicking or using the following link:
<https://www.mmhla.org/screening-project/>



1/5



women will experience
MMH conditions during pregnancy
or first year following pregnancy¹⁻³



of women who
experience
MMH symptoms
go untreated¹⁰

Cost of not treating MMH conditions
is \$32,000 per
mother-infant pair
(adding up to
\$14 billion
nationally)¹¹



www.mmhla.org | info@mmhla.org



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The Doctor's Beat News from Fellow Society Members



DON R. ROBINSON, MD, of Bainbridge, Georgia recently published his first book: ***Doctor Undaunted, Answering Head Injury with Hope***, where he chronicles his lengthy journey from a mild traumatic brain injury to healing as a small-town obstetrician and gynecologist. Available on [Amazon](#) and [Barnes & Noble](#).

Do you have recent news you would like shared with membership? Please submit by clicking or using the following link:

<https://tinyurl.com/4m5439kz>



To learn more about Black history & heritage, visit: blackhistorymonth.gov/

Postpartum Medicaid Extension Approved *Continued from pg 1*

GOVERNOR KEMP AFY2022-FY2023 BUDGET REPORT:

- \$28,184,166 to extend postpartum Medicaid coverage from 6 months to one year.
- \$680,000 to create a pregnant and postpartum echocardiogram pilot program to address maternal mortality.
- \$85,403,385 to bring equity to 108 Medicaid provider rates, including 4 specific OB/Gyn, and support existing physicians through the elimination of attestation.

Governor Kemp AFY2022-FY2023 Budget Report:

CPT CODE	DESCRIPTION	CURRENT RATE	2020 MEDICARE RATE	DIFFERENCE
59400	Obstetrical Care	\$2,175.58	\$2,220.59	\$45.01
59510	Cesarean Delivery	\$2,405.21	\$2,462.75	\$57.54
59610	Vbac Delivery	\$2,280.40	\$2,336.44	\$56.04
59618	Attempted Vbac Delivery	\$2,437.78	\$2,494.51	\$56.73

- \$469,138 to provide funds for the Medicaid reimbursement of donor milk.
- \$2,534,985 in the Georgia Board of Health Care Workforce for 136 new residency slots in primary care medicine

Communication and Optimum Resolution (CANDOR) An Answer for Changing the Healthcare Culture

John Antalis, MD, FAAFP and Merrilee Gober, BSN, RN, JD



We are excited about the legislative prospects of Representative Sharon Cooper's HB 807—the CANDOR Act.[1]

CANDOR is an acronym for “Communication AND Optimum Resolution.” This legislation would protect a communications and resolution process from admissibility in any subsequent trial for alleged medical malpractice. The CANDOR Act would allow clinicians to have open communication, include the families in the investigation process, and let all of those involved openly partake in creating process solutions to avert future similar adverse events. With CANDOR, adverse events can often be resolved in a matter of months instead of years of litigation. This legislation would also afford opportunity for emotional resolution—an often-important element of healing for all involved—that typically is not part of the litigation process.

This legislation, if enacted, would be completely voluntary. No one would be compelled to use it, but for a clinician who chooses to use it, any payment he/she makes within the CANDOR process would not trigger a report to the National Practitioner Data Bank or to the Georgia Composite Medical Board.

CANDOR legislation has already been enacted by unanimous vote in two states: Iowa (2015)[2] and Colorado (2019),[3] but some other hospitals across the country are also utilizing the concepts even without the additional inadmissibility protections in place. One such hospital is Erlanger in Tennessee.

Georgia physician, Florence LeCraw, M.D., led a research team to review Erlanger's pre- and post-implementation data spanning 12 years of time. The data showed a 43% decrease in liability costs, a 66% decrease in incidents litigated, a 53% decrease in time interval to closure, and a 41% decrease in legal expenses. Further, for 2/3 of the matters that went through their resolution process, it was determined that there was no deviation from the standard of care (thus, no offer of compensation) and when there was a deviation from the standard of care, 43% of those incidents resolved without any compensation (with 60% of those patients being represented by an attorney).[4]

As outlined by Ken Broda-Bahn, PhD.: When physicians make a mistake, we are supposed to take responsibility, show remorse, proactively repair the harm, and show that we are taking steps to reform our behavior so that it does not happen again.[5]

That dialogue and behavior builds our relationships, allows for forgiveness (from others and from ourselves), creates a path for resolution, and improves physician wellbeing while creating the ability for all involved to move forward. While these elements of relationship healing are generally a part of life, they are not commonly seen in medicine.

More than 20 years ago, the Institute of Medicine (IOM), now called the National Academy of Medicine, brought this issue to the forefront by speaking, and even titling their book with, words that we have been conditioned to defy, “To Err Is Human.” The IOM outlined the facts that healthcare is a complex system prone to accidents and injury; showed us that as in every industry, injury occurs due to human error; told us that humans who cause injury are NOT bad people (they are not incompetent); and encouraged us to change, as other industries have done, to shift our thinking so that



we look at injury as a weakness in the system. As the IOM aptly stated, “improving patient safety requires fixing the system, not fixing the blame.”[6]

As the IOM perceived, in order to fix the healthcare system, we have to fix the healthcare culture. But, as we have recognized over these last two decades since their book, in order to change the culture—we need to first make a change to the legal system-- because the culture of healthcare is inextricably tied to the legal system. A forgiving culture requires a forgiving legal system. We believe that the CANDOR Act would be a positive step that would allow healthcare systems to change their culture so that these systems of care can more effectively work with patients and clinicians to intensify patient safety improvements.

We invite you to learn more about CANDOR, see below for direct link. You may also email Merrilee Gober with questions at magober@bellsouth.net.



1. Georgia General Assembly, Georgia CANDOR Act, HB 807 (2022). <https://www.legis.ga.gov/legislation/60631>
2. Iowa Statutes, Privileged Communications Following Adverse Health Care Incident, Sec. 135P.1 et seq. (2021).
3. Colorado CANDOR Act, C.R.S.A. 25-51-101 et seq. (2021). https://www.callcopic.com/docs/default-source/resource-center/candor/co-candor-act.pdf?sfvrsn=2bc945b3_2
4. LeCraw FR, Montanera D, Jackson JP, Keys JC, Hetzler DC, Mroz TA. Changes in liability claims, costs, and resolution times following the introduction of a communication-and-resolution program in Tennessee. *Journal of Patient Safety in Tennessee. Journal of Patient Safety and Risk Management*. 2018;23(1):13-18. doi:10.1177/1356262217751808
5. Broda-Bahm K. Doctors, Don't Expect a Partial 'Sorry' to Reduce Liability, *Persuasive Litigator*, May 13, 2019. <https://www.persuasivelitigator.com/2019/05/doctors-dont-expect-a-partial-sorry-to-reduce-liability.html>
6. Institute of Medicine (US) Committee on Quality of Health Care in America; Kohn LT, Corrigan JM, Donaldson MS, editors. *To Err is Human: Building a Safer Health System*. Washington (DC): National Academies Press (US); 2000. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK225182/doi:10.17226/9728>

View the latest video highlighting

WIC,

the federally funded program that supports the health and nutrition for families

GOGS is pleased to have collaborated with the Women, Infant, and Children (WIC) program on these videos

ENGLISH:
<https://youtu.be/cCBnXliAuPI>

SPANISH:
<https://youtu.be/6r2grMpV5kc>

To view videos, scan QR codes, click or use the links above
See page 10 for more information on the Pickles & Ice Cream group

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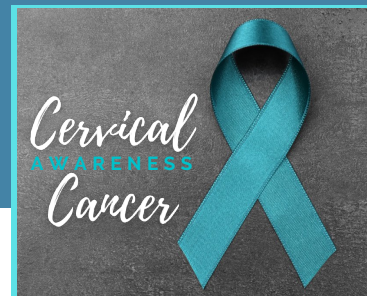
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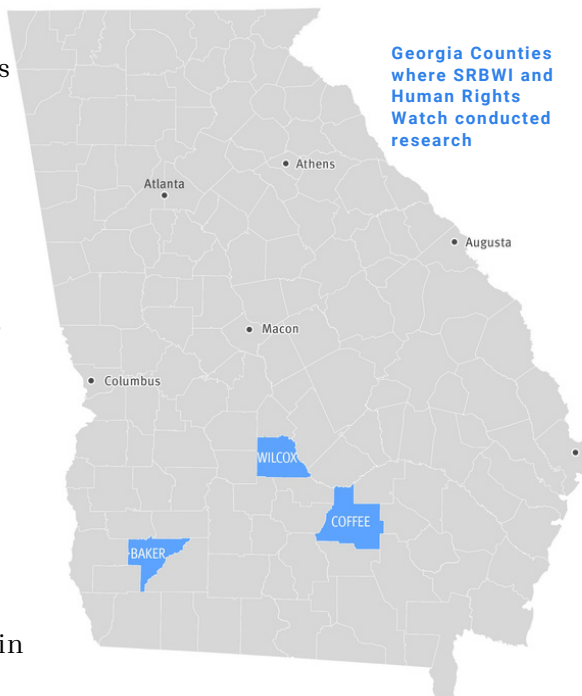
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Human Rights Watch Ending Preventable Deaths from Cervical Cancer in Rural Georgia



Beginning in December 2020, community-based researchers interviewed 148 women from Baker, Coffee, Wilcox, and surrounding counties in rural Georgia. Their research found significant barriers contributing to high cervical cancer mortality rates for Black women in Georgia, including inadequate access to affordable health care, a lack of information on sexual and reproductive health—including information on the HPV vaccine—and racism and discrimination in the healthcare system. This research builds on work Human Rights Watch started in Alabama in 2018, where there were similar findings.

On January 20th, the Southern Rural Black Women's Initiative for Economic and Social Justice (SRBWI) and Human Rights Watch's launched a joint report during a webinar: We Need Access: Ending Preventable Deaths from Cervical Cancer in Rural Georgia and had the opportunity to hear from several speakers including:



Annerieke Daniel, Human Rights Watch Women's Rights Researcher; Representative Kim Schofield, Georgia House District 60; Dr. L. Joy Baker, OB-GYN in LaGrange, GA, and GOGS Board Member; Knetta Adkins, Organizing Manager, Georgians for a Health Future; Dr. Kay Eady, Community-Based Researcher from Baker County; Olivia Coley-

Pearson, Community-Based Researcher from Coffee County; and Vickie Kemp, Community-Based Researcher from Wilcox County.

For more information, scan QR code below, click or go to the links to the report and related materials below:

• FULL REPORT:
<https://www.hrw.org/node/380901>



• PRESS RELEASE:
<https://www.hrw.org/news/2022/01/20/us-cervical-cancer-disproportionally-kills-black-women>



• VIDEO OF REPORT:
<https://www.hrw.org/video-photos/video/2022/01/19/380978>



• VIDEO OF REPORT LAUNCH:
<https://youtu.be/YeONDYIHGVU>



• VIDEO OF CONVERSATION W/ COMMUNITY-BASED RESEARCHERS:
<https://youtu.be/vLUBAwfdn5Q>



Thank you to Human Rights Watch. If you have questions or interested in finding ways to collaborate, please contact Annerieke Daniel at daniela@hrw.org or Erika Nguyen at nguyene@hrw.org.



Proclamation Submitted and Approved Maternal Health Awareness Day January 23rd



The Georgia OBGyn Society along with our partners at the Georgia Perinatal Quality Collaborative (GaPQC) submitted a proclamation to the Office of Governor Brian Kemp declaring Jan 23, 2022 Maternal Health Awareness Day. The day was established to help more people learn about the country's maternal mortality crisis and how we can work together to reverse its course. This proclamation recognizes January 23rd, 2022 as a day of action for Georgia providers to educate, advocate and bring awareness to the leading causes of maternal death in Georgia.

The leading cause of maternal death in Georgia is Cardiovascular and Coronary conditions accounting for 18 pregnancy related deaths between 2015 - 2017.

To combat the maternal mortality rate, Georgia has engaged in ongoing efforts to systematically collect and comprehensively review maternal deaths through the Maternal Mortality Review Committee and the GaPQC. Georgia is making strides towards optimal outcomes for Georgia mothers and babies through perinatal regionalizations and supporting maternal mental health.



PERINATAL PSYCHIATRY EDUCATION ACCESS AND COMMUNITY ENGAGEMENT FOR GEORGIA

BEFORE AND AFTER BABY YOU MAY HAVE LOTS OF FEELINGS.

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www.peace4momsga.org

To register, scan QR
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<https://redcap-neuro.emory.edu/surveys/?s=T89FED9DEM>

BY THE GOVERNOR OF THE STATE OF GEORGIA

A PROCLAMATION MATERNAL HEALTH AWARENESS DAY

WHEREAS: The leading cause of maternal death in Georgia is Cardiovascular and Coronary Conditions, accounting for 18 pregnancy-related deaths between 2015-2017, followed by Cardiovascular, Hemorrhage, Infection, and Cardiovascular Accidents; and

WHEREAS: To combat the maternal mortality rate, Georgia has engaged in ongoing efforts to systematically collect and comprehensively review maternal deaths through the Maternal Mortality Review Committee; and

WHEREAS: The Georgia Perinatal Quality Collaborative (GaPQC) is a network of perinatal stakeholders committed to leading the statewide implementation of equitable, evidence-based, quality improvement initiatives; and

WHEREAS: Seventy-eight percent of Georgia birthing hospitals participate in the GaPQC's maternal patient safety initiatives and use research, quality improvement and the Alliance for Innovation on Maternal Health (AIM) national initiative to improve health outcomes for mothers and infants; and

WHEREAS: During the 2018 session, the Georgia General Assembly allocated \$2,000,000 to the Department of Public Health for maternal mortality prevention, which provided funding to support the implementation of AIM hemorrhage and hypertension patient safety bundles in 10 birthing facilities; and

WHEREAS: Georgia has also seen collaborative improvements, demonstrating an overall reduction of 8 percent in severe Maternal Mortality among patients experiencing a maternal hemorrhage and an overall reduction of 14 percent among patients experiencing severe hypertension without requiring blood transfusion; and

WHEREAS: Georgia is making strides towards optimal outcomes for Georgia mothers and babies through perinatal regionalization, supporting maternal mental health; and

WHEREAS: Georgia seeks to bring awareness to maternal health and continue its work to improve the quality of care and outcomes for all Georgia mothers and infants; now

THEREFORE: I, BRIAN P. KEMP, Governor of the State of Georgia, do hereby proclaim January 23, 2022 as MATERNAL HEALTH AWARENESS DAY.

In witness thereof, I have hereunto set my hand and caused the Seal of the Executive Department to be affixed this 11th day of January in the year of our Lord, Two Thousand and Twenty-Two.



B. Kemp
GOVERNOR

ATTEST
Nancy K. Spivey
CHIEF OF STAFF

To view the
signed
Proclamation,
scan QR code
below, click or go
to the following
link:

<https://tinyurl.com/k4mnatv2>



GOGS Connections GOGS Members Hard at Work for our Society & Members

GEORGIA OBGYN SOCIETY

connections

GOGS members testifying during the Senate Health and Human Services Committee meeting in opposition of SB456:

Thank You!



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ON BEHALF OF THE
SOCIETY AND MEMBERS!**

connections

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GOGS Partnerships Pickles & Ice Cream Georgia Resources Available



Pickles & Ice Cream Georgia (P&I) is the project of Healthy Mothers, Healthy Babies Coalition of Georgia (HMHGA), a non-partisan, non-profit organization dedicated to improving maternal and infant health outcomes across Georgia through education, access to resources, and advocacy. Recently, P&I packed and shipped 150 perinatal care packages to mothers and birth givers across Georgia. The care packages include items such as a blood pressure monitoring system, compression socks, a thermometer, breastfeeding storage bags, printed educational resources, and so much more! For more information on how providers and their patients can order care packages, scan QR code below, click or go to following link:

picklesandicecreamga.org/peporder



See page 7 for more details on
Pickles & Ice Cream



PROJECT ECHO

Virtual Community Learning Platform
Extension for Community Healthcare
Outcomes

Georgia Maternal Health ECHO provides a virtual community learning platform for clinicians and community advocates to collaborate on the implementation of solutions to address maternal mortality and severe morbidity in our state.



Click or use the following link:

<https://dph.georgia.gov/maternal-health-echo>

GOGS Resources Webinars and Videos Available

You
Tube

Check out GOGS YouTube Channel! Our YouTube page was designed to serve as a home base for on-demand educational and informative content for OBGyn providers.

Click on the YouTube button above to find videos on a wide range of topics. New webinars and videos are added frequently, so be sure to SUBSCRIBE to our YouTube channel or check back regularly for the latest content!



- Is there a topic you would like to see added? Please email president@gaobgyn.org with your suggestion.

GOGS Upcoming Events Save the Date for GOGS Events



A collage of three event flyers. The top-left flyer is for a '2022 SAVE THE DATE CPT CODING WEBINAR' by the Georgia OBGyn Society, scheduled for May 13, 2022. The top-right flyer is for a 'Registration for the May 13th webinar begins in March'. The bottom-left flyer is for the '71st ANNUAL EDUCATIONAL MEETING' at The Cloister at Sea Island, Georgia, from August 25-28, 2022, with a 'Save the Date' graphic. The bottom-right flyer is for the '2022 ANNUAL GOLF TOURNAMENT' on Wednesday, 05/18/2022, at the Georgia OBGyn Society, with a 'Save the Date' graphic. Handwritten text 'Registration begins in May' is overlaid on the bottom-left flyer, and 'Registration begins in April' is overlaid on the bottom-right flyer. A QR code is also present on the bottom-left flyer.



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Gynecological Society, Inc.

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Save
the
Date

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For questions or additional information,
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2022 DATES TO REMEMBER



Legislative Day
March 9, 2022
On-Line Event



CPT Coding Webinar
May 13, 2022
On-Line Event



GOGS Golf Tournament
May 18, 2022
Bear's Best, Suwanee, Georgia



Annual Education Meeting
August 25-28, 2022
The Cloister at Sea Island, Georgia



GaPQC Annual Meeting
Fall 2022
Date & Location TBA



CPT Coding Webinar
December 2, 2022
On-Line Event