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A newsletter published exclusively
for Pennsylvania OB-GYNs

Chair's Message

News from the Chair

by Sherry L. Blumenthal, MD, FACOG



It has been a busy summer. While the Pennsylvania Legislature is not in session, there is much legislative activity, which is detailed further in Dr. Coslett-Charlton's and Dr. Gallagher's reports. We strive to be proactive, rather than reactive, as it pertains to legislation.

Very crucial to the goals I set for my term as Chair, is making contraception affordable for all women in Pennsylvania. I recently met with Senator Daylin Leach, who is the lead author of a bill to mandate that all insurance companies in PA cover FDA-approved contraceptives and devices, just as they cover other FDA approved meds and devices. His belief, with which I agree, is that the current policies discriminate against women. With concerns about continual attempts to limit access to safe, legal abortion, it becomes more urgent to make contraception affordable. Since 40%-50% of pregnancies are unplanned, and about 40% end in abortion, the solution is to help women prevent unplanned pregnancies. I believe this is the most effective and ethical way to prevent abortion.

The IOM recommendation to cover contraception, without co-pays, to all women enrolled in new plans created by the "Affordable Care Act," is an important step. ACOG worked very hard to get this provision, now supported by HHS. Unfortunately, this does not apply to existing private insurance plans, and may not further the agenda in PA. Insurance spokesmen claim that this will increase their expenses. That is incorrect, as studies support that each

dollar spent in contraception prevents \$2-\$4 in health care costs. Perhaps these recommendations will make it easier for women to get equity in PA. An interesting response to the IOM recommendation from a Republican woman legislator was, and I paraphrase, that since the government will cover costs of contraception and breast pumps, will they also start to cover manicures and pedicures? "We have met the enemy and he is us (Pogo)."

There was a very good study in Obstetrics and Gynecology from California, where MediCal, their version

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Note: If you have an important announcement of interest to Pennsylvania ob-gyns, send it to Jan Reisinger at the PA Section of ACOG office.

Patient Safety Resources for You and Your Students

by Steve Smith, MD, PA ACOG Secretary



“All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as self-evident.”

Arthur Schopenhauer
German philosopher (1788-1860)

In 1999, the Institute of Medicine released the report, “To Err is Human”, which estimated that up to 98,000 patients die each year due to medical errors. As a result, efforts

to improve patient safety have proliferated in the last decade. These efforts have changed the way each of us delivers care. For our medical centers, it means becoming a high reliability organization, characterized by a culture of safety, a preoccupation with detecting and analyzing error and a continuous examination and improvement of process. For individual practitioners, it means a change from the traditional concept of the autonomous captain of the ship to the current ideal, the physician who is one member of a collaborative team, whose members share goals and accountability, communicate easily and treat each other respectfully. Each of us has the responsibility not only to dedicate ourselves to these efforts but also to educate the next generation. As I attempt to introduce medical students to these concepts, I use a variety of resources. I wanted to share a few with you.

The first is the transcript of Atul Gawande’s commencement address to the Harvard School of Medicine graduating class. Gawande, who I believe is an extremely insightful observer and analyzer of the state of healthcare, describes the critical skills and values a physician must possess to make effective safe patient care. I find this an inspirational piece.

[Cowboys and Pit Crews](#)

The second resource is an article written by Dr. William Sutker at Baylor University Medical Center. I find this article useful for its straightforward discussion of the characteristics of a high reliability organization and the behavioral changes required to achieve a safe culture. It provides an excellent introduction to these topics.

[The physician’s role in patient safety: What’s in it for me?](#)

Finally, I highly recommend the Institute for Healthcare Improvement (IHI) Open School for Healthcare Professionals. The goal of this web-based educational community is to provide healthcare professionals with the “skills to become change agents in healthcare improvement.” While the site is specifically geared to students in any healthcare profession, it is an excellent resource even for the most experienced professional. The site offers brief web-based courses on patient safety, quality improvement, leadership, teamwork, and patient-centered care. Registration is free for students, residents and university faculty who teach courses. For others, individual (\$250 for 12 months) and institutional subscriptions are offered. CME credits (18.75) are available, which would also fulfill the state patient safety/risk management requirements.

[Institute for Healthcare Improvement](#)

Legislative Report

by Lynne Coslett-Charlton, MD, Legislative Committee Chair



Tuesday, September 27 marks PA ACOG's fourth organized Legislative Day in Harrisburg. This important event provides an opportunity for our Fellows and Junior Fellows to meet with key members of the Pennsylvania House and Senate in efforts to further our agenda in Women's Health.

Most of our past legislative initiatives have focused on patient centered bills, often dealing with varied women's health concerns from breastfeeding in the work place to HIV opt-out testing. Often our conversations lead to matters within our specialty, from scope of practice issues to medical liability reform. This year's meeting will most likely focus on the threat of access restriction for procedures, screening, and contraception with recent legislation introduced which places undue burden on health clinics to comply with ambulatory surgical center guidelines.

One of the most notable highlights of our Legislative Day has been our ability to ignite enthusiasm in our Junior Fellows and medical students to explore the impact of government relations on women's health and our specialty. National ACOG has done a tremendous job educating our younger membership on the importance of political engagement. We are also seeing success at the state level for political activism and have found the Junior Fellows to be effective communicators as the future of women's health.

Taking a small amount of time out of our clinical responsibilities for PAACOG has proved to be rewarding for our membership. By establishing relationships with members of the Pennsylvania Legislature, we gain respect and access as experts in women's health. We hope to continue to see more active participation from our fellows and students to ensure future success.

A [registration form](#) for PA ACOG Legislative Day can be found at the end of this newsletter. Please send in today!

2011 PA ACOG

Legislative Day is Almost Here!



PA ACOG Legislative Day is open to physicians who want to get involved and speak with their elected representatives about the serious issues facing ob/gyns today. The meeting is scheduled for Tuesday, September 27, and will include an informational briefing session, meals, and transportation to the Capitol to meet with your elected official.

Please plan to attend and to bring your colleagues, residents and students. We need to have a strong and united effort to effectively reach the decision-makers! A [registration form is available on page 9](#) and the registration deadline is September 16. Please call the PA ACOG office at 888-726-2496 for more information.

Pennsylvania Legislature Enacts Reform in HIV Counseling Requirements Advocated by PA ACOG

by John Gallagher, MD, Division V Representative

After years of active lobbying by PA ACOG and the Pennsylvania Medical Society (PAMED), on July 7 Gov. Corbett signed Act 59 changing the consent requirements for HIV testing in Pennsylvania. In 2006, the CDC recommended specific screening of prenatal patients as well as universal screening of other patients. Pennsylvania has been one of the few states to require signed consent as well as pre and post test counseling of all patients to whom the test is offered. This “opt in” method required by Act 89 restricted physicians from offering the best medical care to their patients. Efforts to bring Pennsylvania into compliance with these national guidelines were repeatedly blocked for several legislative sessions by special interest groups fearing societal repercussions of wide spread testing. PA ACOG and PAMED continued to argue for the benefits of early diagnosis and newer therapies, with the finding that 91% of childhood HIV cases are by perinatal transmission, and the 98% decrease in transmission with prenatal retroviral therapy.

Legislation proposed by Sen. Ted Erickson (R-26th District) and championed by Sen. Pat Vance (R-31st District) has now been passed as Act 59 and will become effective on September 5, 2011. Under this act, “opt in”

testing will be allowed. All patients need to be advised that HIV testing will be performed when ordered by the physician as “routine” testing with discussion of the reasons for the test. This notice must be documented in the medical record. Written consent is no longer required. If the patient decides to “opt out” of the testing, a written consent stating her refusal of testing is now mandated and must be placed in the chart. Pre-test counseling is no longer required, nor is post-test counseling of a negative test. Any positive HIV test, however, requires face to face notification and counseling consistent with good medical practice. The one exception is for screening the source patient when an accidental exposure occurs with medical personal. In these cases the attending physician must notify the source patient’s physician in writing before further testing can be done on the patient.

With the success of our efforts, Pennsylvania Ob/Gyn’s will now face fewer hurdles in providing standard of care medicine for our patients. PA ACOG thanks Senators Erickson and Vance for their commitment to women’s health and patient care in the face of significant obstacles.

“Milestones” to Maintenance of Certification (MOC): The Progress of the Continuum of Education

by Mark B. Woodland, MS, MD, Education Committee Chair, Program Director OBGYN and Associate Dean GME Drexel University College of Medicine

While the Residency Review Committee in OBGYN ponders its renovation of the specialty specific program requirements, the ACGME efforts to adequately represent the progress of each resident through the achievement of “milestones” in education continue. The concept is that the ACGME would like to assess a program’s ability to have the residents achieve different milestones in their education. Certainly there will be junior level achievement and senior level achievement. The “milestones” project is expected to capitalize on the momentum of the outcomes project by incorporating the competency based education into the achievement of different levels of education throughout residency.

Dr. Rebecca McAllister heads our “milestones” committee established in OBGYN and is hosting ongoing meetings. They have decided on using the term “Core Clinical Content” (CCC). Clinical skills will be aligned with behaviors and content established by the ABOG. There will be five levels of milestones and the expectation is that programs will be reporting progress in these milestones to the ACGME periodically throughout their training. One area of concern is that this information will be tracked by residents and will not be anonymous which may have legal implications. CREOG will certainly be at the table to help programs to develop meaningful tools and faculty development information.

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PA ACOG Jr. Fellow Update

by Holly Cummings, MD, MPH, Junior Fellow Section Chair

The new academic year is well under way and I hope that all the Pennsylvania Junior Fellows are becoming comfortable in their new roles as interns, residents moving through the ranks, new fellows, and newly minted attendings! Remember that ACOG is a great resource always available to you. The ACOG website section for Junior Fellows has helpful information on teaching medical students, links to CREOG quizzes, and links to help you with your career search.

One of our Junior Fellow initiatives this spring was to encourage the passage of SB 260, which would allow opt-out HIV testing in Pennsylvania (previously, we have had opt-in testing, which requires patients to sign a separate consent form when getting HIV tests). Thank you to everyone who responded to my requests in May to contact their legislators! On June 29 the state House passed SB 260, 177-24. It had already been passed by the state Senate on April 27, 50-0, and it therefore went to the Governor for approval. On July 7, Gov. Corbett signed SB 260 (now known as Act 59) in law, and it will go into effect September 5. Patients will now be able to verbally consent to testing for HIV as they do for all other sexually transmitted infections, which will help to eliminate the stigma surrounding universal HIV testing and make HIV testing as routine as testing for other conditions, as well as reduce time-intensive pre-test counseling requirements. This is a wonderful step for Pennsylvania to have taken for public health.

This month we are electing our new Junior Fellow officers at the District III level, and then will hold elections for Section Vice-Chair in September. Please consider running! It is a two-year term, first as Vice-Chair, then as Chair, and it is a great way to become involved with ACOG and meet amazing people at the Section, District, and National levels. You should have received an email August 3 with application instructions; feel free to contact me with any further questions.

The event we are most excited for this fall is the 4th Annual District III Junior Fellow Day. Junior Fellow Day will be held October 14 at Drexel University School of Medicine, as part of the annual District III ACOG meeting, and the annual national ACOG meeting, in Philadelphia. Aasta Mehta, MD, District III Junior Fellow Chair, has been working hard to create an exciting and educational day, including lots of simulation activities for residents and medical students. Back by popular demand are the Laparoscopic Olympics and the laparoscopic pig

lab. Registration materials for Junior Fellow Day can be found on the ACOG District III website. There will also be a "Stump the Chiefs" presentation, similar to the ever-popular "Stump the Professors" session at the Annual Clinical Meeting.

Along with Junior Fellow Day, be sure to attend the annual District III meeting, to be held October 13-16 in Philadelphia. There is an open call for Junior Fellows to submit papers for presentation at the annual District meeting, with an opportunity to present at the Annual Clinical Meeting in San Diego next spring. Submission information can be found on the District III ACOG website, and the submission deadline is September 1.

Watch for information later this fall about a diaper drive, as we participate in a national service activity proposed by National Junior Fellow Chair Ravi Gada, MD. We will need your help to make this service activity a success!

As always, if you have any questions or concerns, please do not hesitate to contact me. I am always available by email at holly.cummings@uphs.upenn.edu. The District III website can be found from the main [ACOG website](#).

The Light at the End of the Tunnel? Tort Reform Comes to Pennsylvania

by John Gallagher, MD, Division V Representative

After years of being listed as one of the worst medical liability environments in the country, Pennsylvania's physicians may be starting to see some hope at the end of the tunnel. Faced with exorbitant awards and ever increasing difficulty obtaining reasonably priced liability coverage, physicians, especially those in high risk specialties such as Ob/Gyn, have fled the state, while recruiting new physicians became ever more difficult. The crisis led to debacles such as the Mcare fund with its subsequent raiding of physician overpayments by the Legislature to fund general services. Act 13 of 2002 improved the climate for physicians and hospitals and led to a significant reduction in medical liability filings over the last nine years. There has yet, however, been no significant decrease in the amount of the monetary awards in the cases that reached trial.

PAMED and its associated specialty groups, including PA ACOG, have continued their campaign to inform and lobby legislators of the need for tort reform. PAMPAC was a strong supporter of Gov. Corbett's campaign largely based on his positions on these liability issues. A strong coalition of medical societies, hospital groups, and business groups like the PA Business Council was developed to push the agenda. With the election of Gov. Corbett, a renewed drive for legislative action has achieved early success with the signing into law of the Fair Share Act.

The next battle will be for House Bill 495, the benevolent gesture or "Apology Bill." This legislation, which passed the House and now is in the Senate Judiciary Committee, presents the opportunity for physicians to have an open discussion with patients and their families after an untoward event. Apologies, including admissions of fault, made prior to commencement of the lawsuit would not be admissible in future civil liability actions. These statements could potentially decrease some patients' desire to sue while not removing any rights to the victim in the future. All PA ACOG members are encouraged to contact their State Senator and seek their support of this bill.

Other issues being pursued include changes to Act 13 to require an expert opinion to be posted before the case can proceed, rather than a statement that is only accessible after the case is litigated. Attempts to limit lawyers' fees which significantly reduce the plaintiff's award present a more difficult challenge for the coalition. Caps on damages for pain and suffering continue to be a popular, yet divisive, issue among physicians and

a continuing goal for PAMED and the subspecialty societies. In order to do this, amending the Pennsylvania constitution is needed. This will require passage of the bill by both House and Senate in two consecutive sessions followed by a voter referendum in the general election to pass.

Other alternatives to tort reform include Health Courts. PA ACOG Council has reviewed the use of these Specialty Courts which have the potential to provide a fairer route of recourse than the current tort system. Specially trained judges would review the cases, employing recognized experts to avoid the "hired guns" that the system now utilizes. The course of the litigation would be much shorter, allowing the patient a quicker award with lower lawyer fees than now exists. The decisions by the judges would be more consistent as a body of law develops without emotional jury decisions. Awards would also be more predictable as they would be standardized across the country. The punitive nature of the proceedings would be diminished while quality of care could be documented more efficiently to identify those physicians needing further education or training. PA ACOG hopes to encourage other specialties to consider endorsing Health Courts as a viable option for medical liability reform. More information on the courts can be found at www.commongood.org.

Though PAMED, PA ACOG, and the tort reform coalition continue to work to achieve these goals, it is essential that each of us stays alert to the impending changes and challenges. Contact your elected representatives as often as possible so they are aware of your interest and ideas. Grassroots lobbying still is our best chance to change their opinions. PA ACOG will be glad to provide whatever support and information that will help you be most effective. Membership in PAMPAC lets you directly support those legislators across the state providing our best chance for success. Join now at www.pampac.org.

The HCG Diet—Miracle or Hoax?

by Annette Lee MD, Pennsylvania Reproductive Specialists, PA ACOG member



HCG is typically referred to as the "pregnancy hormone." But lately it has been in the news regarding extreme weight loss. What gives?

The widely hyped "medically supervised" HCG diet claims that participants experience dramatic weight loss, mostly comprised of fat, while conserving muscle, all without

hunger pangs. Typically, a "cycle" of treatment lasts 26-42 days. Except for the last 3 days, HCG is taken daily orally or via injection. At the same time, a low carbohydrate diet of only 500 calories per day is prescribed. Subjects then go on a 6 week "maintenance break" consuming 1,500-2,000 calories daily before beginning another "cycle." The HCG injections typically cost \$500-600 per cycle, or for \$100-200 it can be purchased over the internet, often as "homeopathic drops" taken orally.

Obviously, ANYTHING taken in combination with a 500 calorie per day diet will cause weight loss, but is there any validity to these claims? In January, the FDA warned that homeopathic HCG is fraudulent and illegal when sold for weight-loss purposes. Over a dozen randomized placebo controlled trials have shown that the HCG injections

performed no better than injecting a salt-water placebo. A 1995 meta-analysis concluded that "...there is no scientific evidence that HCG is effective in the treatment of obesity..." a conclusion recently reiterated by the American Society of Bariatric Physicians (Lijesen, 1995).

Even worse, depending on the dose, HCG can be harmful. Taken orally, it will have no effect- since as a protein it is quickly digested by stomach acids. Normally, HCG is only seen during pregnancy. It is made by the embryo/placenta to stimulate the ovary to produce progesterone in order to sustain the pregnancy. When administered to a NON-pregnant woman, it can cause premature ovulation, ovarian cyst formation, or menstrual irregularities. Given to men, it stimulates testosterone production which can lead to acne, increased cholesterol levels, and increased breast size. If taken prior to puberty, HCG may cause the premature onset of sexual development.

Unfortunately, the hard truth remains that the only proven method of weight loss is reduction of calorie intake and increasing calories expended.

Lijesen GK, Theeuwen I, Assendelft WJ, Van Der Wal G. The effect of human chorionic gonadotropin (HCG) in the treatment of obesity by means of the Simeons therapy: a criteria-based meta-analysis. Br J Clin Pharmacol. 1995;40:237-243.

Welcome New Council Members

PA ACOG welcomes some new members to our Section Advisory Council.

Michele Straka, DO, FACOG, from Pittsburgh, will serve as Young Fellow Representative – West.

John Mantione, MD, based in Middletown, has been appointed Young Fellow Representative – Central.

Jason Baxter, MD, of Philadelphia, is Councillor-At-Large.

Thanks to these individuals for their willingness to participate in PA ACOG leadership!

News From the Chair

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of Medicaid, pays for contraception as well as abortion. Provision of oral contraceptives for one year lowered the abortion rate 40%.

I am contacting leaders in all of the groups which support women's rights in PA, and I spoke with the National Organization of Women in July. The topic was issues in women's health care and the facts about prevention of abortion and mechanism of pregnancy prevention by emergency contraception. NOW is pro-choice, and their medical agenda centers on continuing to make abortion safe and legal. I feel that there are also other issues which are very important to women's health, and currently, bills have been introduced in the PA Legislature which are very urgent. I will be presenting this issue at the annual meeting of PA NOW in October. I will be trying to set up a coalition to work together on the issues which ACOG deems important. We are already helping the Women's Law Project in PA and Sue Frietsche spoke about their defense of the 20 free-standing women's health clinics in PA. Closing them denies access to contraception, cancer screening and STI screening to millions of women. We hope to add Women's Way, Planned Parenthood and others to the coalition. Each group has a slightly different slant, but if we agree on the health issues and work to achieve them as a group, we might have a better chance of success.

I have also had a conversation with Marilyn Heine, MD, president-elect of PAMED. I would like to bring women's health issues to the forefront. PAMED is our champion for tort reform in PA, and we need to add our issues to their list of priorities. Dr. Gallagher will be presenting a resolution using much of the language in Sen. Leach's bill to the PAMED annual House of Delegates meeting in October.

Dr. Heine is also an emergency physician. One of the important bills (which unfortunately is an addendum to the Abortion Control Act, now stalled in the House committee), involves repeated attempts to mandate that ED's and Rape Crisis Centers, who see victims of sexual assault, provide information about emergency contraception (EC) and provide the pills if requested. We all know that they are OTC in women 17 and over. The religious objection is the perception that these pills cause abortion. ACOG clearly states that this is not the mechanism of action, but certain groups still call EC an "abortifacient." The bill, interestingly, contains the word "compassionate" in its title!

Dr. Heine put me in contact with David Blunk, the Executive Director of the PA Chapter, American College of Emergency Physicians, and he is working with their leadership on the issue. I believe that we may lose the

legislative battle, but if all the emergency physicians are aware, educated about the mechanism of action, and "compassionate," there may be no need to fight to get legislation. And, of course, many victims of rape who become pregnant would opt to terminate the pregnancy. I believe it is inhumane to force a woman to carry and deliver the child of a rapist.

The OBesity Project is almost ready to be presented. We have been invited to present it at the Sixth Annual Pinnacle Health Fall Lecture Series in October.

There are many other important issues brewing. We will keep you informed. I hope to see many of you at the PA ACOG Legislative Day in Harrisburg in September.

Respectfully submitted,



Sherry L. Blumenthal, MD, FACOG
Chair, Pennsylvania Section ACOG

"Milestones" to Maintenance

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The alignment of the milestone project with the ABOG and its Maintenance of Certification (MOC) program are strong. ABOG has recently fine tuned the process of MOC to include a patient safety module as well as its article review and chart audit program. Its first objective test will be issued in 2013. The ABOG is also piloting the patient surveys of physicians which will be required of all practicing OBGYNs in the future. The pilot project will target about 50 practitioners. The surveys are targeted to give the ABOG feedback on how a practitioner is perceived by the patients. The initial surveys will be online and in both English and Spanish. More information can be found on the [ABOG website](#).

PA ACOG Legislative Day

Tuesday, September 27, 2011

Registration

Home address must be included to make legislative appointments within your district

Name: _____

_____ MD DO

Home Address: _____

Home City: _____

State: _____ Zip: _____

Email: _____

PA ACOG Member Non-PA ACOG Member Resident

Yes, I plan to have lunch

No, I will not be attending lunch

Practice Information

Practice Name: _____

Practice Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____



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