

National program develops ob-gyn researchers

A NATIONAL PROGRAM LAUNCHED IN 1998 AIMS TO produce a cadre of physician researchers in women's health. Twenty institutions across the country serve as sites for the Women's Reproductive Health Research Career Development Program, which was initiated by the National Institute of Child Health and Human Development to provide funding for training and mentoring that ob-gyn junior faculty need to pursue independent research careers.

Appointments as a WRHR scholar (pronounced "wer-her") range from two to five years; the length of time is determined individually to accommodate each scholar's ongoing research projects.

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Historical photos donated to ACOG

THE J. BAY JACOBS LIBRARY for the History of Obstetrics and Gynecology recently received a unique and priceless photographic donation from Life Fellow Lawrence D. Longo, MD, of Loma Linda, CA.

Dr. Longo's gift consists primarily of two photo albums, each containing more than 200 photos, that chronicle two trips the American Gynecological Club made to Europe just prior to World War I. The photos in both albums were taken by an AGC member known for his photographic skills, Dr. Richard Root Smith of Grand Rapids, MI. Dr. Longo obtained the two albums from Dr. Smith's estate through a rare book dealer.

The first album documents the group's activities on its first European tour through Germany, Austria, and Holland in the summer of 1912. Besides the usual tourist shots, there are photos of the hospitals the members visited and operations they observed and of AGC members and their hosts. The operating room scenes are dramatic and give a realistic view of operating in the early 20th century.

The second album records the activities of the second European tour in July 1914, through England, Scotland, France, Switzerland, and Germany. At the end of the tour, as European countries began declaring war on each other on Aug 1, 1914, the group abandoned plans to visit clinics in London and managed to book alternative passage home.

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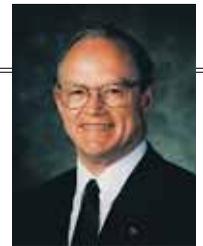
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EXECUTIVE DESK

New VP of practice selected



LAST MAY, STANLEY ZINBERG, MD, MS, ACOG vice president of practice activities, announced he would be retiring at the end of December 2007. Following the announcement, ACOG initiated a nationwide search for candidates for the position. By the close of applications in August, there were 19 applications and more than a dozen additional inquiries.



Dr. Lawrence

We were extremely pleased with the number of interested Fellows but also recognized that it would be a particularly difficult selection process. The Screening Committee reviewed all curricula vitae and letters of recommendation and finally narrowed the candidates to five Fellows, who were then interviewed by multiple individuals at ACOG headquarters. The background and interests of the five candidates were truly outstanding and made the final decision tremendously difficult.

I'm pleased to announce that the physician selected as the new vice president of practice activities is Hal C. Lawrence III, MD. The Executive Board has

approved Dr. Lawrence's appointment, and he will join ACOG on July 1.

Dr. Lawrence, a graduate of Indiana University, is currently practicing in Asheville, NC, where he serves as clinical professor at the University of North Carolina. He is also the director of ob-gyn at the Mountain Area Health Education Center. Dr. Lawrence has been very active in ACOG's District IV and is a former District IV chair. He has served in a number of other officer roles, as well as chair of the Residency Review Committee for Obstetrics and Gynecology. He is currently serving as chair of ACOG's Committee on Scientific Program.

Dr. Lawrence began his activity with ACOG as a Junior Fellow in 1975 and has remained active in ACOG throughout his career. ACOG is extremely pleased that he has decided to accept the position. Dr. Lawrence will spend three months becoming oriented with the College, before assuming his position on Oct 1, 2007.™

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President

IN MEMORIAM

Allen J. Awad, MD
Mechanicsville, VA • 8/06

Robert C. Bateman, MD
Danville, KY • 6/06

Charles R. Cochrane, MD
Colorado Springs, CO • 8/06

D.A. Giannoni, MD
Ponce, PR

Cyril V. Gross, MD
Boca Raton, FL • 7/06

Edward H. Hon, MD
Bradbury, CA • 11/06

Loren J. Jacobson, MD
Scottsdale, AZ • 7/06

John R. Kelly, MD
Hornell, NY • 10/06

Juan Antonio Kosmas, MD
Panama, Panama • 7/06

A.J. Linder, MD
Northridge, CA

Ralph Loebenberg, MD
Halifax, NS

Harvey D. Lynn, MD
Scottsdale, AZ

Richard H. Marquette, MD
Santa Rosa, CA • 7/06

Carl A. Nimrod, MD
Ottawa, ON • 7/06

George F. Nisius, MD
Duluth, MN • 8/06

James L. Royals, MD
Jackson, MS • 8/06

M. Leon Tancer, MD
Teaneck, NJ • 5/06

Andrew H. Veldhuis, MD
Mt. Pleasant, MI • 9/06

Obstetrics & Gynecology
HIGHLIGHTS



The February issue of the Green Journal includes the following ACOG documents:

Sex Selection
(Committee Opinion #360, revised)
For more information, see page 14.

Breastfeeding: Maternal and Infant Aspects
(Committee Opinion #361, new)
For more information, see page 14.

Pelvic Organ Prolapse
(Practice Bulletin #79, new)
For more information, see page 13.

Submit your nomination for national office

ALL VOTING MEMBERS OF ACOG will receive a letter from the College later this month outlining the process for nominating national officers. Participation in national, district, or section activities is an important prerequisite to serving as a national officer.

April 2 deadline

Individuals may nominate themselves or someone else; ACOG districts and sections may also nominate individuals. Nominations for the offices of president elect, vice president, assistant secretary, or Fellow-at-large (restricted to qualified applicants for a two-year term) must be submitted by April 2 and contain the following:

- ▶ A letter stating the office(s) of interest
- ▶ A one-page CV in a specified format
- ▶ A complete CV

Candidates must make a presentation about their qualifications at the National Officer Candidates Forum on May 9 during the Annual Clinical Meeting in San Diego.™

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→ For office position descriptions, contact Elsa Brown at 800-673-8444, ext 2517, or ebrown@acog.org, or download from ACOG's website, www.acog.org

Timetable for election of national officers

2007	
February	ACOG sends letter outlining nomination process to Fellows
March	Candidates are announced on the ACOG national and district websites
April 2	Nominations deadline
May 9	Committee on Nominations interviews candidates at the ACM in San Diego
July	Personal statements and brief bios of candidates are published in <i>ACOG Today</i> and on the ACOG national and district websites
Fall	Candidates are discussed at Annual District Meetings
November	Committee on Nominations selects slate of candidates
2008	
February	Executive Board receives and accepts final slate
March	Slate and proxy ballots are mailed for use by Fellows who do not plan to attend the Annual Business Meeting
May 7	Slate voted on at Annual Business Meeting in New Orleans



Historical ob-gyn photos donated to ACOG

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- ▶ Accompanying the photo albums are:
 - ▶ A small memorabilia book commemorating the AGC meeting in Chicago in February 1929
 - ▶ Two pamphlets on the AGC European tour of 1926
 - ▶ A history of the AGC by George G. Ward, covering the years 1911 through 1947
 - ▶ Reprints of an article by Dr. Longo and ACOG Junior Fellow Michael W. Eby, MD, detailing the early years of the AGC

The AGC was formed at the May 1911 meeting of the American Gynecological Society. Meetings were held annually and included visits to the leading academic medical centers in North America, in which physicians at the host institutions demonstrated their latest diagnostic and surgical techniques.™

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- For more about the early history of the AGC and to view some of the photos, see the article by Drs. Eby and Longo, "Furthering the Profession: the Early Years of the American Gynecological Club and its First European Tours," published in the February 2002 issue of *Obstetrics & Gynecology*
- History Library: history@acog.org; 800-410-2264

Fellow running for AMA seat

ACOG ENCOURAGES ITS members to support the election of Fellow Molly A. Katz, MD, of Cincinnati, to serve on the American Medical Association Council on Science and Public Health.

Dr. Katz has been a practicing ob-gyn for 26 years. She has served as the president of the Ohio State Medical Association and as its representative to the AMA's Commission to Eliminate Health Care Disparities and the Physician Consortium for Performance Improvement. She has also served as secretary of the Cincinnati Ob/Gyn Society.

She has worked as a principal investigator on seven clinical trials, all related to women's health, and has been an active physician advisor to the Ohio Tobacco Quitline. She is also a risk management director for a medical liability insurance company.

Dr. Katz continues to be active in community and state health care politics. Her particular interest is in the use of electronic technology and enhancing physicians' ability to continually improve how they deliver care to patients.

Dr. Katz received her medical degree from the Medical College of Ohio at Toledo and completed her ob-gyn residency at Emory University and Affiliated Hospitals.™



Dr. Katz

Dr. David Grimes elected to IOM

ACOG FELLOW DAVID A. Grimes, MD, was elected with 64 other new members to the Institute of Medicine, which recognizes people who have made major contributions to the advancement of medical sciences, health care, and public health. Election to the IOM is one of the highest honors in the field of medicine and health.



Dr. Grimes is vice president of biomedical affairs at Family Health International, Research Triangle Park, NC, and a clinical professor in the ob-gyn department at the University of North Carolina School of Medicine.

He serves on the editorial board of *Obstetrics and Gynecology*, as well as *The Lancet* and *Contraception*. He received the ACOG Issue of the Year Award in 1994 and the ACOG Distinguished Service Award in 1997.

Dr. Grimes is one of a small number of US physicians board certified in both ob-gyn and preventive medicine. Dr. Grimes has had a dual career in clinical ob-gyn and preventive medicine for the past three decades. He served as an epidemiologist at the Centers for Disease Control for nine years and has been a faculty member at four medical schools.

Dr. Grimes' research interests have focused on fertility regulation, technology assessment, STDs, and clinical epidemiology. He has published more than 300 peer-reviewed articles, 40 textbook chapters, and several books.

He received his MD from the University of North Carolina, where he also completed his ob-gyn residency.™

Application deadline: March 15

New ACOG immunization grant

ACOG IS PLEASED TO ANNOUNCE the new ACOG/Merck US Human Health Research Award on Immunization. This \$15,000 grant is to provide ACOG Junior Fellows or Fellows the opportunity to advance knowledge on issues related to immunization in ob-gyn practice. The grant also provides a \$1,000 travel stipend for attendance at the ACOG Annual Clinical Meeting.

Applicants must be an ACOG Fellow or Junior Fellow. Applications are due March 15.

Topics of interest include, but are not limited to:

- Ⓡ Immunization history of patients
- Ⓡ Frequency of immunization of patients by an ob-gyn
- Ⓡ Incidence of infectious diseases preventable by immunization
- Ⓡ Prohibitions to immunizations in ob-gyn patients
- Ⓡ Pregnancy and immunization
- Ⓡ Ob-gyn patients' interest in immunization
- Ⓡ Any other related area

Application guidelines

The scientific research proposal should be written in eight pages or less and should include a hypothesis, objective, specific aims, background and significance, experimental design, and references. Also required:



- Ⓡ A one-page budget
- Ⓡ Curriculum vitae
- Ⓡ Letter of support from program director, departmental chair, or laboratory director
- Ⓡ Six copies of all material™

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→ Application guidelines are on the ACOG website, www.acog.org. Under "Education," click on "Research Fellowships and Awards" and then "Research Awards"

Mail application to:

ACOG/Merck US Human Health Research
Attn: Lee Cummings, director of corporate relations
ACOG, PO Box 96920, Washington, DC 20090-6920

Street address: 409 12th Street SW, Washington, DC 20024-2188



Raise awareness about heart health during American Heart Month

DURING AMERICAN HEART Month in February, ob-gyns can educate patients about the importance of heart health and ways to prevent heart disease.™

ACOG Patient Education Pamphlets

Order through the ACOG Bookstore, <http://sales.acog.org>; 800-762-2264:

- Ⓡ *Keeping Your Heart Healthy*
- Ⓡ *Cholesterol and Your Health*
- Ⓡ *Exercise and Fitness*
- Ⓡ *Weight Control*
- Ⓡ *Healthy Eating*

Heart Month Resources

- Ⓡ www.womenheart.org
- Ⓡ www.nhlbi.nih.gov/health/hearttruth/material/index.htm
- Ⓡ www.goredforwomen.org

Specialties gather at ACOG to advance EHR adoption

ACOG RECENTLY HOSTED A meeting of the Physician Electronic Health Record Coalition that included a discussion with Karen M. Bell, MD, MMS, director of the Office of Health Information Technology Adoption, which is in the Office of the National Coordinator for Health Information Technology of the US Department of Health and Human Services.

Dr. Bell shared her perspectives on the barriers to EHR adoption by smaller medical practices. Her current work includes development, implementation, and coordination of strategies to encourage adoption of health IT and personal health management tools; oversight and evaluation of a health IT certification process; and identification and documentation of methods to assess health IT use as

well as the costs and benefits of interoperable technologies.

In July 2004, ACOG joined with 14 other medical specialty societies to form the coalition. Since then, PEHRC has grown to 23 societies. The coalition was formed to assist physicians—particularly those in small- and medium-size practices—in acquiring and using affordable, standards-based electronic health records and other health information technology to improve quality, enhance patient safety, and increase the efficiency of medical practice.

The coalition is committed to educating physicians about the value and best use of EHRs and to assist in selection of systems. The coalition also helps specialties participate in the creation of the EHR certification process.



ACOG representative Owen C. Montgomery, MD, at the Physician Electronic Health Record Coalition meeting hosted by ACOG in December.

ACOG is represented on PEHRC by Owen C. Montgomery, MD, District III vice chair and a member of the ACOG Committee on Ambulatory Practice Operations.™

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→ jscroggs@acog.org; 800-673-8444, ext 2447

AMA UPDATE

By Erin E. Tracy, MD, MPH, ACOG delegate to the American Medical Association

THE AMERICAN MEDICAL Association adopted several resolutions of interest to ob-gyns at its interim meeting in November.

Bioidentical hormones

One resolution called upon the US Food and Drug Administration to prohibit the use of the term “bioidentical hormones” unless the preparation has been approved by the FDA. There was significant discussion about the limited oversight of direct-to-consumer advertising of such compounds and of the misinformation in the general public about some of these substances.

Pharmacist refusal clauses

The AMA addressed the issue of pharmacists who refuse to fill a legal prescription, often for contraception or emergency contraception, because they are morally opposed to it. The AMA resolution calls for pharmacists

who refuse to fill a legally valid prescription to provide an immediate referral to an appropriate alternative pharmacy without interference. And, these pharmacists “should return the prescription to the patient and notify the prescribing physician of the referral.”

HPV vaccine

The AMA went on record supporting the use and administration of HPV vaccines and encouraging appropriate coverage by third-party payors. The AMA House of Delegates adopted policy that the AMA should “advocate for the development of vaccine assistance programs to meet HPV vaccination needs of uninsured populations.”

Obesity

The AMA Board of Trustees released a report addressing obesity, stating that the AMA should “assume a leadership role in collaborating with other interested organizations ... to discuss

ways to finance a comprehensive national program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations.” There was considerable testimony regarding the role that sugar-sweetened soft drinks may play in America’s obesity epidemic.

Undocumented immigrants

There was much discussion about physicians’ roles in caring for undocumented immigrant patients. Some were concerned about legislative efforts to make it a criminal offense for physicians to care for undocumented immigrants. The AMA House of Delegates adopted strong language opposing any such government interference in the care of patients.™

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→ The AMA ACOG delegation wants to hear about any issues the AMA should address: eetracy@partners.org

2007 ACM scientific sessions

MONDAY, MAY 7

1st Scientific Session | 8:45-10:30 am

PRESIDENT'S PROGRAM

Samuel A. Cosgrove Memorial Lecture

Moderator:

Douglas W. Laube, MD, MEd

- Ⓢ **Womanly Mysteries: Evolutionary Enigmas of the Female Sex**
David P. Barash, PhD

- Ⓢ **Improving Society Well-Being through Women's Health Care**

Joycelyn Elders, MD, MS

- Ⓢ **Observations of a Partially Paralyzed Gynecologist**
Dale B. Hull, MD

2nd Scientific Session | 2:30-4 pm
The Edith Louise Potter Memorial Lecture

- Ⓢ **Update on Down Syndrome Screening**
Deborah A. Driscoll, MD

3rd Scientific Session | 4-5:15 pm
The March of Dimes Lecture

- Ⓢ **Inherited Thrombophilias and the Risk of Thrombosis in Pregnant and Nonpregnant Women**
Charles J. Lockwood, MD

TUESDAY, MAY 8

4th Scientific Session | 8-9:15 am
The Irvin M. Cushner Memorial Lecture

Availability and Access to Contraceptive Services: Global to Grassroots

- Ⓢ **Global Family Planning at the Dawn of the 21st Century**
Herbert B. Peterson, MD
- Ⓢ **The Politics of Ensuring Equitable Access to Contraceptive Services State-by-State**
Kathryn Moore

5th Scientific Session | 9:30-11 am
Stump the Professors

Fascinating clinical cases submitted by Junior Fellows of the College are presented to a panel of professors.

Moderator:
Joseph S. Sanfilippo, MD, MBA

Professors:
Christos Coutifaris, MD
Vivian M. Dickerson, MD
Laurel W. Rice, MD
Dwight J. Rouse, MD

6th Scientific Session | 2:30-5:15 pm
The Donald F. Richardson Memorial Lecture

- Ⓢ **The Evolving Role of Cesarean Delivery**
Gordon C.S. Smith, MD, PhD
Michael E. Helewa, MD
Mary E. D'Alton, MD



Register now for the ACM

SAN DIEGO • MAY 5-9

2007 ACM

"Guiding the New Direction of Women's Health Care"

- ▶ Preliminary Program now online at www.acog.org/acm
- ▶ Register on the ACOG website at www.acog.org/acm
- ▶ San Diego hotel reservations can also be made on the website: www.acog.org/acm

WEDNESDAY, MAY 9

7th Scientific Session | 11 am-12 pm
The John I. Brewer Memorial Lecture

- Ⓢ **Human Papillomavirus Vaccines: Development and Clinical Usage**
Kevin A. Ault, MD
Eileen F. Dunne, MD, MPH

8th Scientific Session | 12-1 pm
The John and Marney Mathers Lecture

- Ⓢ **Human Papillomavirus Vaccines: Development and Clinical Usage**
(continued from 7th Scientific Session)
Larry K. Pickering, MD
Susan L. Rosenthal, PhD

9th Scientific Session | 2-3 pm
The Morton and Diane Stenchever Lecture

- Ⓢ **Osteoporosis: Beyond the T Score**
Dale W. Stovall, MD

2007 ACM current issues updates

MONDAY, MAY 7

1st Current Issues Update 2-3 pm

Update on Menopausal Hormone Therapy: How the Media, the NIH, the WHO, and the FDA "Goofed," and What You Should Know

James A. Simon, MD, CCD

Since the publication of the Women's Health Initiative Hormone Therapy Arm in July 2002, there have been many other related scientific studies, including those on bioidentical hormone therapy, and the publication of several popular articles and books. Taken together, the information has further confused women and health care practitioners alike. This presentation takes a novel look at the current status of hormone therapy in early menopausal women, focusing on these new publications, and explores the future directions currently under investigation.

TUESDAY, MAY 8

2nd Current Issues Update 11:15 am-12:30 pm

Complications of Mid-Urethral Slings

*Mary T. McLennan, MD
Charles R. Rardin, MD*

This session will review the anatomy of the retropubic and obturator spaces. Common complications and their presentation and management will be reviewed. Various techniques to avoid these potential problems will be discussed.

3rd Current Issues Update 2-3 pm

Improving Quality and Safety Through Health IT: The AHRQ Health IT Portfolio

P. Jon White, MD

Over the past three years, the US Agency for Healthcare Research and Quality has funded \$66 million in projects investigating the

impact of health IT on the safety and quality of American health care. AHRQ is embarking on a new Ambulatory Safety and Quality Program in 2007 and is also involved in several national initiatives promoting the use of health IT. This lecture will describe the current and future program, as well as several relevant and important national quality initiatives.

4th Current Issues Update 3:30-5:15 pm

Late-Breaking News

Update on hot topics in ob-gyn and its subspecialties

- Representing the American Society for Reproductive Medicine:

Marc A. Fritz, MD

- Representing the Society of Gynecologic Oncologists:

Thomas J. Herzog, MD

- Representing the Society for Maternal-Fetal Medicine:

Roger B. Newman, MD

- Representing the American Urogynecologic Society:

Joseph M. Montella, MD

- Representing the Centers for Disease Control and Prevention:

Eileen F. Dunne, MD, MPH

WEDNESDAY, MAY 9

5th Current Issues Update 7:30-8:30 am

Perceived for Birds (Can We Do More?)

Cornelius O. "Skip" Granai III, MD

Are unquestioned answers always fact? Or, could it be that ... down is up, left is right, dark is light? Framed in the context of physicians, could challenging standing assumptions, and examining ourselves, point to better ways of caring? For example, are you afraid of dying or suffering? Aware of such (universal) fears, how can we improve the care of patients facing life's most difficult circumstances? This session will reexplore the needs of patients and physicians and the vital relationship between the two.

Participate in the Fun Run/Walk at the ACM

ATTENDEES AT THE 2007 ANNUAL Clinical Meeting in San Diego, May 5-9, are invited to take part in a 5K Fun Run/Walk, which will benefit the National Organization on Fetal Alcohol Syndrome.

The event will take place on Sunday, May 6, and is open to all ACM registrants and guests. There is a \$10 donation fee. Runners and walkers can register when they register for the ACM or they can sign up on site at the ACM registration desk.

First-place winners in the male and female

categories will receive unlimited access to the ACM's VIP Donor Lounge in the San Diego Convention Center and free registration to the next ACM, which will be held in New Orleans, May 3-7, 2008.

Second-place winners will receive their choice of one free luncheon conference ticket for Monday and Tuesday at this year's ACM (subject to availability).

Each participant will receive a T-shirt, water bottle, towel, and refreshments. The Fun Run/Walk is sponsored by Upsher-Smith.™



Financial reports you'll be judged on

By David Seil Kim, MD, member of the ACOG Committee on Ambulatory Practice Operations

AS YOU PREPARE FOR LIFE after residency or fellowship, it's important to recognize that when you are hired into a new community, academic, or hospital ob-gyn practice, your productivity may be measured using reports generated by billing software. This may become even more pronounced as pay-for-performance requirements are phased in.

Data from billing reports are often used to justify your salary, give you a bonus, or reduce your pay. Therefore, it's crucial that you familiarize yourself with these reports.

Three commonly used reports in practices are the production, collections, and accounts receivable reports. All three reports should be produced each month for your review. Understanding the reports can give you an advantage by understanding if the problem is with your production or with the billing office collecting the payments. If your pay or bonus is based on production reports alone, then focusing on your production would be the obvious choice. But if you are judged by your collections or accounts receivable, then the quality of the billing office operations will have a bigger impact on how much more you may have to work to earn your salary or bonus.

Production report

A production report is an itemization of each procedure charged, often organized by CPT codes. The charges are often much more than the contractually agreed upon payment by the insurance company for a particular CPT code. For example, although you may charge \$3,000 for a global delivery, the contracted rate with an insurance company may be half that amount. Different employers and partners may view the production report differently. Instead of looking at the dollar amount of charges, they may look at the work "relative value units" produced. Work RVUs are units assigned to each procedure. The actual payment generated by the Centers for Medicare & Medicaid Services and insurance companies for procedure charges are based on the RVUs for a procedure.

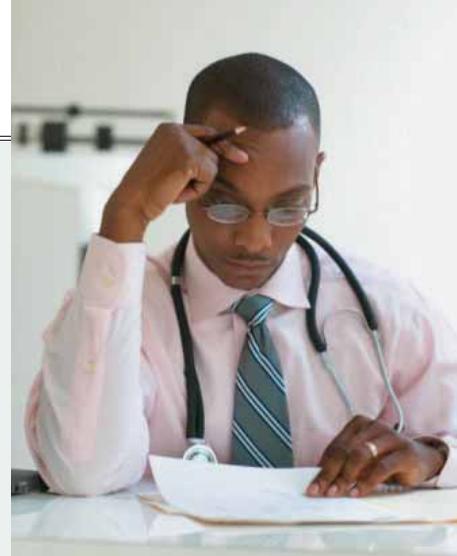
Collections report

The collections report summarizes the actual amount paid for the charges. Oftentimes, the amount paid for a procedure will be much less than the charge. The payment amount is usually decided contractually between the physician group and the medical insurance company.

Most private group practices will use the collections report as a measure to justify your salary because it is a record of the actual cash coming into the practice.

Another way to measure the health of the billing process can be the percent of total billings that were collected. This percentage will vary depending on the provider, insurance company, and types of procedures performed.

Tracking the average percent collected can help you detect problems occurring with the collections. Calculating the percent of claims initially submitted to insurance companies but that were rejected can also be helpful.



Accounts receivable report

The accounts receivable report is a good way to see if claims are being rejected and if follow-up on claims are occurring successfully in a timely manner. The report is a summary of charges that have not been paid yet; they are usually grouped into 30-day, 60-day, and 120-day perspectives.

Be alert to large amounts of accounts receivable that are more than 120 days past due because you are unlikely to be paid for those charges. The accounts receivable can usually be grouped by procedures, physicians, and insurance companies to give different perspectives on where and why the claims are being rejected.™

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→ Dr. David Seil Kim: davidski@hawaii.edu



- Click on the ACOG Career Connection logo on the ACOG home page, www.acog.org
- 888-884-8242; info@healthcareers.com

Career Connection offers helpful features

CAREER CONNECTION, ACOG'S OFFICIAL ONLINE job bank, has several features to make your career search or career advancement easier than ever. All features are free to job seekers.

An easy-to-use resume builder allows you to create a resume online or upload your existing resume. You can store multiple resumes, post your resume online (confidentially, if desired), and create and send a cover letter along with your resume.

A "My Site" section allows you to easily create and maintain your own password-protected career website, where you can:

- ▶ Create a home page
- ▶ Upload a photo
- ▶ Post your resume
- ▶ List references
- ▶ Upload or link to articles you've written or published
- ▶ Provide your unique website address to anyone you wish, including potential employers
- ▶ Brand your site as a member of ACOG™

Nominations due June 1

Nominations sought for Junior Fellow district officers

BECOME AN ACTIVE LEADER and an energetic voice for Junior Fellows in your district. Every year, each district elects a Junior Fellow district vice chair and district secretary/treasurer.

Junior Fellow vice chairs progress to chair after one year; after a year as chair they continue to serve as immediate past chair (for a total commitment of three years).

Qualifications for Junior Fellow district officers

Vice chair

- Ⓞ Junior Fellow member of the district (but may become a Fellow during term of office)
- Ⓞ History of service to ACOG at section, district, or national level as an officer or committee/task force member
- Ⓞ Able to attend required national and district meetings (about three per year)

Secretary/treasurer

- Ⓞ Junior Fellow member of the district

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- If you are interested in an office or in nominating someone, contact Chris Himes: 800-673-8444, ext 2561; chimes@acog.org
- On the ACOG website, www.acog.org, click on "Junior Fellows" in the "Quick Links" box on the left side of the home page

Process for submitting nominations

Submit a letter stating the office that you are seeking and a one-page summary of your CV to chimes@acog.org.™

ELECTION SCHEDULE

June 1

Nominations due

June

District Nominating Committee develops slate of up to three candidates for each office

July

Slate of candidates posted on Junior Fellow website

August 1-31

Online polls open

Annual District Meetings

Elected officers will begin their terms after their ADM



Junior Fellow ACM events

JUNIOR FELLOWS ATTENDING the Annual Clinical Meeting have a number of educational and fun events specifically geared toward them. Be sure to take advantage of these activities at the ACM, May 5-9 in San Diego.

The successful Business of Medicine Symposium for Junior Fellows will return this year as a two-day course. A lunch session will be held on Monday and Tuesday. The material in the course will complement the ACOG publication *The Business of Medicine: An Essential Guide for Obstetrician-Gynecologists*, and participants are strongly encouraged to read the book before the sessions.

Tickets are required for the symposium and cost \$70 total. Register when you fill out your ACM advance registration form.™

info

- www.acog.org/acm

MONDAY, MAY 7

The Business of Medicine Symposium for Junior Fellows

12:15-1:45 pm

Medical Student and JFCAC Reception

5:30-7 pm

TUESDAY, MAY 8

Junior Fellow Breakfast and Business Meeting

7-8:30 am

Stump the Professors

9:30-11 am

The Business of Medicine Symposium for Junior Fellows

12:15-1:45 pm

Textbooks destroyed by Hurricane Katrina are replaced

ACOG DONATIONS HAVE helped New Orleans ob-gyn residents replace their textbooks lost or damaged by Hurricane Katrina. The Junior Fellow College Advisory Council Katrina Book Fund generated approximately \$4,500, which was evenly distributed among the three residency programs in New Orleans: Tulane, Louisiana State University-New Orleans, and Ochsner Health System.

In addition, the District VII Advisory Council agreed to contribute \$500 per af-

ected resident—providing approximately \$33,000 in relief. Each resident compiled a textbook wish list, and purchases were subsequently made from the ACOG Bookstore.

"It has been great to hear firsthand from the residents in New Orleans how this overwhelming generosity has benefited them," said District VII Junior Fellow Chair Neil Hamill, MD. "The residents are all deeply appreciative of the educational resources they have received." ♀

e-health part of an ongoing series

Entering the world of medical blogs

IN ANNOUNCING THAT ITS 2006 person of the year was “you,” *TIME* magazine wrote that 2006 was “a story about community and collaboration on a scale never seen before.” Making that story happen, *TIME* noted, are the individuals who are linking, posting, and creating on the Internet through personal websites and networking tools like blogs.

Blogs related to health care are written by doctors, patients, hospital administrators, consultants, researchers, insurance companies, and even trial lawyers. Some physicians write blogs about their practice (“Ob/Gyn Kenobi”), while others are more political (“DB’s Medical Rants”). Could a blog be in your future?

Patient education the goal of the Infertility Blog

For a year now, New York City infertility specialist and ACOG Fellow Frederick L. Licciardi, MD, has been using a blog to help patients understand their infertility and various approaches to treatment.

Offering scientific information, along with

blog \blɒɡ\ *n* : short for “web log,” a type of website with journalistic entries displayed in reverse chronological order. Often written by one person, but some have several regular contributors. Except for the dated entries, the look is similar to other websites, with graphics, links to other blogs and websites, and downloadable files.

his personal experience and perspectives, Dr. Licciardi’s blog gets about 6,000 hits a month with entries such as “Is LH Important for IVF Success?” and “Uterine Scar Tissue after a D and C.”

“I’m trying to give patients the ability to see through the sensationalism.”

Noting that reproductive medicine lends itself to the “selling” of new techniques, Dr. Licciardi said, “I’m trying to give patients the ability to see through the sensationalism. There are no quick fixes; there’s no magic bul-

let. People want to know ‘Is that something that is really going to help me?’ Once they get the basic understanding they’ll be able to have more control over their fertility care.”

Dr. Licciardi considers a blog a great way for physicians to communicate their message.

“The doctor can’t be afraid to let the patients know who she or he really is. It helps with the doctor-patient relationship.”

Blogs allow straight talk and create a community

A very different kind of blog, “The Blog that Ate Manhattan” is also written by an ACOG Fellow living in New York City. In addition to medicine-related topics, the blog covers ven-

MEDICAL BLOGS



The Blog That Ate Manhattan:
www.theblogthatatemanhattan.blogspot.com



Infertility Blog:
www.infertilityblog.blogspot.com



Ob/Gyn Kenobi:
www.obgynkenobi.blogspot.com

tures in the kitchen. Maintaining anonymity, the blogger—known as Dr. TBAM, the acronym for the blog's name—makes this simple statement on the site, "I practice medicine, cook, and wax prolific in New York City."

Dr. TBAM told *ACOG Today* that she selects topics using the "whatever grabs me" approach, coupled with how much time she has. A December entry aimed to help readers understand the results of a randomized control trial on discontinuing Fosamax use after five years. Another entry addressed the efficacy of mammograms for women younger than 50 and the differences in screening guidelines between the US and Britain.

Dr. TBAM said her goal in the blog is "to balance out the negative in medicine and give it a positive spin."

"It's a way to get our voice out without going through a reporter. It's a place for us where there's no media in between," she said.

Being part of a blogging community, whether as the blogger or a reader, is one of the best things about blogging, according to Dr. TBAM.

"I feel like I have friends out there that I've never met. I know a lot of the people who read my blog—because they comment," she said.

"And I read their blogs and comment on them. That part's really been fun."

MedGadget blog has nearly 3,000 hits a day

The robust blog medGadget has several posts every day, with topics ranging from a vaginal "molecular condom" to implantable optical glucose sensors designed for patients with diabetes and high-definition video equipment used for medical procedures.

"MedGadget is not trying to offer patient education—it's the 'wow' factor of medicine," said Brian Levine, MS, medical student representative to ACOG's District II Junior Fellows. Mr. Levine is one of medGadget's eight contributors, whose entries go through an editorial team before posting.

An avid fan of blogs, Mr. Levine believes they have a beneficial effect on medicine.

"You have patients come in who are more educated than you can imagine. The best thing about blogs is that they spur conversation. Patients educate physicians on what they want to know."™

info

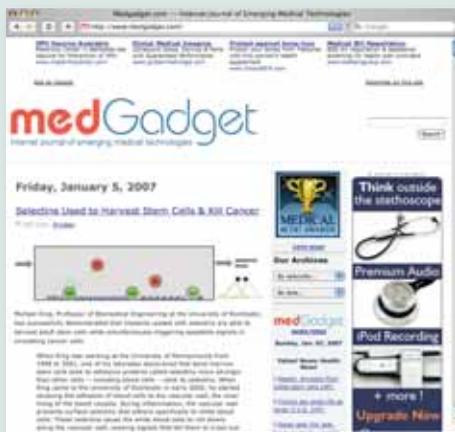
→ Introduction to blogging: http://codex.wordpress.org/introduction_to_blogging

"You have patients come in who are more educated than you can imagine. The best thing about blogs is that they spur conversation."



Getting to know blogs

- ⓐ A number of free blog services allow anyone to set up a blog in a matter of minutes. The blogger may be anonymous, but even anonymous bloggers usually include a little information about themselves, such as "I'm an emergency physician in Texas"
- ⓑ Blogs with lots of readers often attract advertisers, and some blogs are created by a commercial enterprise, which may or may not be apparent
- ⓒ Most blogs offer readers a link to submit comments, which are then posted on the blog site, giving readers a way to communicate with the blogger as well as each other. The blogger has the option of screening comments and omitting spam or offensive posts
- ⓓ "Blogsphere" is a term that has been coined to refer to the interconnectivity of blogs, including not only comments posted, but also the links between blogs
- ⓔ Some blogs allow readers to subscribe to receive an alert of new entries through email



Links to more than 100 sites nominated for annual "best medical blog" awards: www.medgadget.com

DB's Medical Rants: www.medrants.com



Grand Rounds, a weekly blog that accumulates the best medical posts from previous week: www.blogborygmi.blogspot.com

YOU ASKED, WE ANSWERED

Providing medical care to employees

Q IS IT OK FOR PHYSICIANS TO provide medical care to their employees as a professional courtesy?

A TREATING STAFF MEMBERS and other nonpatients appears to be a widespread practice. At first glance, treating staff members would seem to be a harmless and practical benefit that physicians can provide for little cost. But once a physician treats an employee, a physician-patient relationship is established, making the doctor legally liable for the treatment and its consequences.

When sensitive issues are involved, treating employees can expose you and your practice to costly litigation. *Medical Liability Monitor* outlines several potential pitfalls to look out for and offers steps on how to reduce the risk.

Potential pitfalls

- ▶ You may be tempted to keep less-than-thorough records of the care you deliver to staff. You may be reluctant to document in detail psychosocial factors, knowing other

employees can access the record (regardless of office rules)

- ▶ You may give an employee advice or medication samples informally. Nothing shows up in the chart, no vital signs are taken, and other physicians don't know which drugs the employee was given
- ▶ Employees may be reluctant to use your services as they should. For example, a female staff member may be willing to ask you about a cold but be extremely reluctant to have you perform a pelvic exam

The decision to treat employees requires careful consideration. Deciding not to provide such care is an acceptable position. Whatever you decide, state your policy clearly in your personnel manual and stick to it.

Steps to reduce your risk

If you opt to provide medical care to your employees, here's how to minimize risks:

- ▶ Limit treatment of employees to minor medical problems or emergencies
- ▶ Maintain high standards of care. Insist on the same criteria and procedures for evalu-



ating and treating your employees that you use for your regular patients

- ▶ Document all encounters, including complaints, findings, treatment plans, and progress. Document every time you give sample medications to employees
- ▶ Avoid prescribing controlled substances. Federal law states that a doctor must have a bona fide physician-patient relationship—including a written record of the relationship—before prescribing controlled substances. Some states require a documented medical history and a physician exam™

The information in this article should not be construed as legal advice. As always, physicians should consult their personal attorneys about legal requirements in their jurisdiction and for legal advice on a particular matter.



New format introduced for ACOG webcasts

IN 2007, ACOG'S MONTHLY WEBcasts will touch on a variety of professional liability, practice management, clinical, and patient safety topics important to Fellows and their staff. Webcasts, which are offered on the second Tuesday of each month, allow physicians and their staff to stay up-to-date on important issues without leaving the office.

A new webcast format was recently introduced: Both the audio and visual presentation are now presented through the Internet. Previously, the presentation was viewed on a computer, but heard only through the telephone. Questions for the presenters can now be submitted at any time during the webcast, to be answered at the end of the presentation.

All webcasts are held from 1 to 2:30 pm Eastern Time. Webcasts will be archived for

three months and available for purchase.

Webcast on choosing an EMR

On March 13, ACOG will present "Choosing an Electronic Medical Record," which covers a task that can seem overwhelming to many physicians. The EMR selection process requires a significant investment of time and money and can affect all aspects of a practice. Rather than recommending a particular EMR product, the webcast will help participants with the process of choosing an EMR.™

info

- To register for a webcast and for the list of all 2007 webcasts: On the ACOG website, www.acog.org, under "Meetings," click on "Postgraduate Courses and CPT Coding Workshops"

Consider IC in patients with chronic pelvic pain

WHEN A PATIENT PRESENTS with unexplained urinary urgency and frequency and chronic pelvic pain, yet urine cultures are negative, ob-gyns should consider interstitial cystitis as a potential cause, according to the Interstitial Cystitis Association.

“Finding out if the patient has IC as soon as possible, rather than delaying the diagnosis is ideal,” said ACOG Fellow Fred M. Howard Jr, MD, an ICA advisory board member. “Ob-gyns should be sure to document the absence of infection with negative urine cultures if a patient has recurrent symptoms suggesting recurrent acute cystitis. For example, if the patient has symptoms of acute cystitis more than two times in two months with no bacteria on urine cultures, then IC may be present.”

Ninety percent of those suffering from interstitial cystitis, a chronic inflammatory condition of the bladder, are women—a quarter of whom are younger than 30, according to the

Interstitial Cystitis Association. The condition affects more than 1 million people in the US, but advocates believe this number is underestimated because many patients are misdiagnosed or undiagnosed.



Of patients referred to Dr. Howard for chronic pelvic pain, about one-third have IC. Of those, 75% have been managed effectively in his practice, he said. The other 25% were referred to a urologist.

According to Vicki Ratner, MD, ICA founder, president and chief medical officer, pelvic pain from IC can be so severe that it interferes with nearly every aspect of a patient's life. Patients may also develop vulvodynia, fibromyalgia, and irritable bowel syndrome.

“Pain is a critical part of the disease to treat,” she said. “Ob-gyns can collaborate with urologists and pain specialists to provide maximum benefit to their patients with IC.”

The ICA encourages ob-gyns who are interested in learning more about IC and treating patients with IC to become part of the organization's physician registry and to join the referral list for patients. The ICA also provides free doctor packets upon request by phone (see below). Patient and physician information is available on the ICA

website.™

info

→ www.ichelp.org; 800-HELP-ICA

Guidelines released for managing pelvic organ prolapse

A NEW ACOG PRACTICE BULLETIN, *Pelvic Organ Prolapse*, recommends that clinicians discuss pessary use with all women who have prolapse, when treatment is indicated based on symptoms, and that pessary use be considered before surgical intervention. The document was published in the February issue of *Obstetrics & Gynecology*.

As the Baby Boomer generation gets older, more and more ob-gyns will likely see patients with pelvic organ prolapse. The lifetime risk of having surgery for prolapse or urinary incontinence is 11%, and prolapse is the most common indication for hysterectomy in US women age 55 and older.

The document recommends that nonsurgical management be discussed with all women with prolapse-related symptoms that warrant treatment. Since many symptoms commonly attributed to prolapse, such as urinary frequency, pelvic pressure, and back pain, are not specific to prolapse, clinicians and patients should not assume that such symptoms will necessarily be relieved with prolapse treatment.

Although pessary use is the only specific nonsurgical treatment, pelvic floor muscle rehabilitation and symptom-directed therapy may be offered, despite the lack of data supporting their use to prevent prolapse progression, according to the Practice Bulletin.

When surgery is warranted for uterovaginal prolapse, surgical planning must include a specific procedure that will provide apical support; hysterectomy alone is not sufficient, and some question whether hysterectomy is necessary when performing prolapse surgery.

Traditional approaches to prolapse surgery include vaginal uterosacral or sacrospinous ligament suspension and abdominal sacrocolpopexy. New techniques that use synthetic or biologic graft materials placed by trocars are being marketed across the country; however, without data on safety and effectiveness, the Practice Bulletin recommends that clinicians consider such procedures experimental until evidence becomes available.™

New Committee Opinions issued

Ethical issues of sex selection

The new Committee Opinion *Sex Selection* from the ACOG Committee on Ethics opposes sex selection for nonmedical reasons in the prefertilization, postfertilization, and postimplantation stages. The committee supports offering patients procedures to prevent serious sex-linked genetic diseases but opposes sex selection for family balancing or other personal or family reasons. The document was published in the February issue of *Obstetrics & Gynecology*.

When a medical procedure is done for a purpose other than obtaining information about the sex of a fetus, yet the procedure will reveal the fetus's sex, the information should not be withheld from a pregnant woman who requests it. Consequently, it may be difficult for providers to avoid the possibility of unwittingly participating in sex selection. To minimize this possibility, providers should foster open communication with patients to clarify patient goals.

Support of breastfeeding

A new Committee Opinion, *Breastfeeding: Maternal and Infant Aspects*, reiterates ACOG's support of breastfeeding and calls upon Fellows, other health care professionals, and employers to support women in choosing to breastfeed their infants. The document was published in the February issue of *Obstetrics & Gynecology*.

ACOG recommends exclusive breastfeeding until infants are approximately six months old, but encourages women to breastfeed as long as possible. However, the document recognizes that women often face practical obstacles to breastfeeding, and, therefore, stresses that advice and encouragement from ob-gyns are critical during preconception, prenatal, postpartum, and interconception in their patients' decision to breastfeed.

In addition, ob-gyns should be at the forefront of fostering changes in the public, such as encouraging hospitals not to provide gift packs that include free formula or formula coupons.™

National program develops ob-gyn researchers

► PAGE 1

W. Thomas Gregory, MD, became a WRHR scholar at the Oregon Health Sciences University after he completed a fellowship in urogynecology there. He is now finishing his fifth and final year in the WRHR program. His research interests are in fecal incontinence, especially related to childbirth.

Initially, Dr. Gregory's research related to use of ultrasound of the anal sphincter, but he was intrigued by nerve and muscle injury of the pelvic floor and began working with the director of the electrophysiological laboratory. He trained with the fellows in the OHSU neurophysiology program, learning how to do nerve conduction studies using electromyography on biceps and quadriceps, and later applying the technique to the pudendal nerve and developing pelvic floor research protocols.

"The WRHR program provides options to tap into the infrastructure at your institution," Dr. Gregory said. "I started with one and now have two true mentors. In addition, the [program leaders] have set up regular meetings for me to talk to senior investigators way out of my field, who listen to my thought processes, help me hone my hypotheses, and give feedback on specific aims in grant writing—opening doors for me."

PCOS clinical research

Reproductive endocrinologist Kathleen M. Hoeger, MD, was in academic clinical practice for four years at the University of Rochester when she decided to apply to be a WRHR scholar there.

"I realized that to be an investigator, I needed additional time to focus on the areas I wanted to study, and I needed training I hadn't received during my fellowship," she said.

The WRHR program provides 75% protected time for the scholars to obtain additional training and conduct research. During her stint as a WRHR scholar, Dr. Hoeger embarked on an MPH program at the university.

"The public health field would really not have been open to me had I not been in the

WRHR program," she said. "Without a doubt, the ability you have to spend the time getting to know the accomplished individuals within your own institution is instrumental. We really need to have a multidisciplinary approach to do research that's going to be productive to us as ob-gyns."

While a WRHR scholar, Dr. Hoeger worked with her mentor on research of polycystic ovary syndrome. Now the director of the reproductive endocrinology division at the University of Rochester, Dr. Hoeger is conducting a randomized clinical trial comparing the effects of lifestyle interventions and the use of metformin in adolescents with PCOS, measuring both hormonal and metabolic endpoints. Her project is funded by a National Institutes of Health grant.

Global research goals

Gretchen S. Stuart, MD, is just starting as a WRHR scholar at the University of North Carolina. She has a master's degree in public health and tropical medicine and worked in a health program in Uganda.

Dr. Stuart applied to be a WRHR scholar at UNC specifically because of the university's international health programs.

"My goal is to establish research projects that will improve women's reproductive health care in developing countries—whether in HIV prevention, STD prevention, or contraception, and ideally a mixture of all three," Dr. Stuart said.

Research capacity increases

Each of the 20 WRHR sites, which are designated through a competitive application process, has its own selection criteria and selects scholars in collaboration with NICHD staff. To date, there have been 117 scholars appointed to the WRHR program.™

info

- www.wrhrscholars.org
- Estella C. Parrott, MD, MPH, WRHR program officer: parrotte@mail.nih.gov



Dr. Gregory



Dr. Hoeger



Dr. Stuart

2007 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

FEBRUARY

5-10

Society for Maternal-Fetal Medicine 27th Annual Meeting

San Francisco
www.smfm.org
800-673-8444, ext 2476

7-10

International Symposium on Radical Hysterectomy: 16th Annual Review Course on Gynecologic Oncology and Pathology

Kyoto, Japan
info@macc.jp

9-10

North American Society for Psychosocial Obstetrics and Gynecology Annual Meeting

Portland, OR
www.naspog.org
800-673-8444, ext 2570

13

ACOG WEBCAST: Global Surgical Package

1-2:30 pm ET
800-673-8444, ext 2498

25-27

ACOG Congressional Leadership Conference

Washington, DC
ecoit@acog.org
800-673-8444, ext 2505

MARCH

3-7

Society of Gynecologic Oncologists 38th Annual Meeting on Women's Cancer

San Diego
www.sgo.org
312-235-4060

7-10

CREOG and APGO Annual Meeting

Salt Lake City
CREOG: 800-673-8444, ext 2558
APGO: 410-451-9560

8-11

Society for Sex Therapy and Research 32nd Annual Meeting

Atlanta
www.sstarnet.org
800-673-8444, ext 1644

13

ACOG WEBCAST: Choosing an Electronic Medical Record

1-2:30 pm ET
800-673-8444, ext 2498

14-17

Society for Gynecologic Investigation 54th Annual Scientific Meeting

Reno, NV
www.sgionline.org
800-673-8444, ext 2544

28-Apr 1

American College of Osteopathic Obstetricians and Gynecologists 74th Annual Conference

Palm Springs, CA
www.acoog.org
817-377-0421

APRIL

10

ACOG WEBCAST: Shepherding the Second Stage of Labor

1-2:30 pm ET
800-673-8444, ext 2498

12-14

Society of Gynecologic Surgeons 33rd Annual Scientific Meeting

Orlando, FL
www.sgsonline.org
901-682-2079

18-22

Pacific Coast Reproductive Society 54th Annual Meeting

Rancho Mirage, CA
www.pcrsonline.org
562-947-7068

19-21

North American Society for Pediatric and Adolescent Gynecology Annual Clinical Meeting

Atlanta
www.naspag.org
205-978-5011

MAY

1

ACOG WEBCAST: Coding for Misadventures and Complications of Care

1-2:30 pm ET
800-673-8444, ext 2498

5-9

ACOG 55th Annual Clinical Meeting

San Diego
www.acog.org/acm
800-673-8444, ext 2460

JUNE

5-10

Western Association of Gynecologic Oncologists Annual Meeting

Sunriver, OR
www.wagogynonc.org
800-673-8444, ext 1648

12

ACOG WEBCAST: Techniques for Improving Safety in Perinatal Care

1-2:30 pm ET
800-673-8444, ext 2498

21-26

Society of Obstetricians and Gynaecologists of Canada 63rd Annual Clinical Meeting

Ottawa, ON
www.sogc.org
613-730-4192

23-27

American Medical Association Annual Meeting

Chicago
www.ama-assn.org
800-673-8444, ext 2515

29-Jul 1

North American Society for the Study of Hypertension in Pregnancy

San Diego
www.nasshp.com
800-673-8444, ext 1648

ACOG COURSES

- For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit www.acog.org and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings"
- For Coding Workshops, visit www.acog.org and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings." Telephone registration is not accepted for Coding Workshops.

Registration must be received one week before the course. On-site registration subject to availability.

FEBRUARY

12-14

Genetics, Genomics, and Traditional Screening Methods in Obstetrics and Gynecology

Acapulco, Mexico

23-25

ICD-9-CM and CPT Coding Workshop

St. Petersburg, FL

23-25

Practice Management Update for the Ob-Gyn

Orlando, FL

MARCH

1-3

Complex Gynecologic Surgery: Prevention and Management of Complications

Tucson, AZ

9-11

ICD-9-CM and CPT Coding Workshop

Atlanta

17-18

"No Frills" Diagnostic and Operative Office Procedures

Los Angeles

23-25

ICD-9-CM and CPT Coding Workshop

Phoenix

29-31

Quality and Safety for Leaders in Women's Health Care

Washington, DC

APRIL

5-7

Hands-On Operative Hysteroscopy

Hilton Head, SC

13-15

ICD-9-CM and CPT Coding Workshop

Chicago

MAY

10-12

ICD-9-CM and CPT Coding Workshop

San Diego

JUNE

22-24

ICD-9-CM and CPT Coding Workshop

Baltimore

28-30

Practical Ob-Gyn Ultrasound: Spotlight on Chronic Pelvic Pain

Orlando, FL

JULY

13-15

ICD-9-CM and CPT Coding Workshop

Seattle

AUGUST

10-12

ICD-9-CM and CPT Coding Workshop

Atlantic City, NJ

16-18

The Art of Clinical Obstetrics

San Antonio

Application deadline: March 1
Vulvodynia grant available

FACULTY INTERESTED IN PURSUING their clinical and/or academic interest in vulvodynia can apply for the Dr. Stanley C. Marinoff Career Development Award. The award was established last year by the National Vulvodynia Association.

The award provides seed money for either medical research, writing of a publication on vulvodynia, or the organization or enhancement of a vulvar pain clinic. The NVA's intent is to enrich the professional growth of faculty members in this field and enable them to pursue further funding opportunities.

Applicants must have any clinical or full-time faculty appointment up to the level of

assistant professor. NVA will offer an annual award of \$5,000. The applicant's academic or clinical institution is encouraged to contribute at least a matching amount. The grant may be used to fund equipment, required travel, and any other direct cost relevant to the project. NVA does not permit any amount of the award to be spent on overhead charges or indirect costs.

The application deadline is March 1, and an award will be made by May.™

info

→ [Christin Veasley: chris@nva.org](mailto:Christin.Veasley@nva.org); 401-398-0830

Information you and your patients can trust

Save 20% for a limited time. Take advantage of this special offer on ACOG's revised pamphlets.



If Your Baby Is Breech (AP079)

- ▶ How breech presentation is found
- ▶ Reasons it may occur
- ▶ What can be done before birth



British ob-gyn congress in July

ACOG FELLOWS ARE INVITED to attend the 31st British International Congress of Obstetrics and Gynaecology, which will be held in London, July 4-6. Registration at a reduced rate ends on April 25.™

info

→ www.bcog2007.co.uk



Cancer of the Ovary (AP096)

- ▶ Who is at risk for cancer of the ovary
- ▶ What its symptoms are
- ▶ How cancer of the ovary is detected and treated



Disorders of the Vulva (AP088)

- ▶ How to examine your vulva
- ▶ Signs of a problem
- ▶ Types of vulvar problems and how they are treated

info

- To preview these pamphlets: www.acog.org/goto/patients
- To order pamphlets: <http://sales.acog.org>; 800-762-2264 (use source code DM68 1006)
- To request a free sample: resources@acog.org



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