

District I



Advisor



Serving New England, Quebec, the Atlantic Provinces, and Chile

July 2009



Chair's report

Mark S. DeFrancesco, MD, MBA

Friends and colleagues, I am astonished (and saddened) to report that my term as your district chair is rapidly drawing to a close. It was the fastest three years of my life and, in many ways, among the most rewarding. During my term, I was privileged to make many new friends not only in our district but across most of this country by virtue of my involvement with the Council of District Chairs, the ACOG Executive Board, and several presidential task forces, national committees, and working groups.

My first instinct for this report was to recap all the wonderful things I have accomplished during the past three years. However, as I mentally started to list them, I realized that I can really claim nothing as “my” accomplishment. Everything that we’ve done, we’ve done together as a team. I know that is getting to be an overused phrase these days, but there’s a reason for that—it’s true.

Keeping our district solvent was a team effort, but special thanks go to our district treasurer, John B. Makin, MD, who watched our funds like they were his own. Organizing great Annual District Meetings and efficient Advisory Council Meetings was the result of the coordinated efforts of many people. My thanks to our vice chair and chair of the Committee on Meetings, Ronald T. Burkman Jr, MD, and our secretary, Mark S. Cooper, MD, as well as the general and scientific chairs of the meetings that we have held so far: J. Douglas Nisbet, MD; Patrick J. Sweeney, MD; Maryanne McDonnell, MD; and Robert Barbieri, MD. Michael R. Tesoro, MD,

our past chair, also provided advice and counsel whenever it was needed. Of course, keeping us all on schedule and looking good was Megan Willis Mazur, our District I project manager.

District changes

The most significant district change that occurred on my watch was the addition of Chile as a new section. Chile is the first South American country to organize as an ACOG section, and we are very happy that it has been added to our district. The opportunity for exchange of cultural, social, and clinical ideas is a wonderful thing, and our Chilean colleagues are excited to be part of ACOG and District I.

2009 Annual District Meeting

This year, we will be doing our first-ever joint Annual District Meeting, with District III, at Disney’s Contemporary Resort in Orlando, FL, October 16–18. We remind you to sign up as soon as possible because the great room rate we have will not be available once our block is full. We also recommend that you try to bring the children and grandchildren to enjoy the fun. You can find more information about the meeting on page 5 of this newsletter.

National changes

As you should have heard by now, ACOG has created The American Congress of Obstetricians and Gynecologists—an organization with an Internal Revenue Service 501(c)(6) designation—that allows us to do more on behalf of the business interests of our membership. The addition of the

Congress will be as seamless as we can make it with a single dues statement for both the College and the Congress. Members of the College, which has a 501(c)(3) designation, will automatically become members of the Congress. It’s a very exciting development that will allow us to do many of the things that members have been requesting of us in the past but were precluded by our 501(c)(3) status. More details are available on the ACOG website (acog.org) under “Announcements” on the home page. The ACOG website and the *ACOG Today* newsletter will continue to provide information related to this transformation throughout the year.

Strategic planning

We are in the process of finalizing ACOG’s new strategic plan. I have been actively involved, first with the Strategic Planning Committee and then with the subcommittee doing the more detailed work, redesigning our present plan to be more responsive to our members. The new plan will help guide both the College and the Congress for years to come.

Our future

I look forward to turning over the helm to our vice chair, Dr. Burkman, at the conclusion of this year’s ADM. Dr. Burkman has great experience in the district and on national committees, and he will be a great advocate for us at the national level.

Patricia M. Miller, MD, will be assuming the role of district vice chair and will

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Junior Fellow news

Jillian A. Carpenter, MD, District I Junior Fellow chair

This has been an active time for the Junior Fellows of District I. There has been a genuine effort to continue many well-established goals of the previous District I Junior Fellow Advisory Council leaders. With strong leadership over the last few years, Junior Fellows have been attempting to actively participate in the issues facing us nationally and within our district.

With the sad and untimely passing of Roger J. Ferland, MD, last year, our Council was missing an advisor. We would like to welcome our new District I Junior Fellow advisor, Heather Z. Sankey, MD. We look forward to her energy and devotion to help us complete our goals. We have had the majority of our section officer seats filled over the last few years, and we intend on having our roster filled over this next year.

There have been many wonderful experiences and opportunities available to Junior Fellows over these last few months. Our vice chair section officers were funded to attend the 2009 ACOG Congressional Leadership Conference, The President's Conference, in Washington, DC. The experience was amazing for all. A new Junior Fellow section officer orientation was held the day before the CLC with the goal of helping Junior Fellows understand more about ACOG and their role as section officers. It was a huge success, and we hope it will continue in future years.

Several Junior Fellows also attended the ACOG Leadership Institute at the University of North Carolina-Chapel Hill. It was a fantastic experience with many new skills obtained and others further developed. We owe many thanks to all the District I Fellows. Without their encouragement and support, none of this would be possible.

District I Junior Fellow initiatives

The Junior Fellow Interim Advisory Council Meeting was held in Providence, RI, in March. We had great representation from all our different sections. Ralph W. Hale, MD, ACOG executive

vice president, gave a very informative session regarding the new structural changes at ACOG. Thanks to our district chair, Mark S. DeFrancesco, MD, MBA, and vice chair, Ronald T. Burkman Jr, MD, as well as our Chile Section chair, Eghon Guzmán, MD, and vice chair, Eugenio Suárez, MD, for taking the time to attend our meeting.

Our most recent efforts can be witnessed on the District I Junior Fellow website. There, you can view profile information and photos as a way to get to know your section leaders. Our most intensive project to date has been the medical student teaching modules. There are currently about 15 modules posted on our website with topics such as Pap screening, breast cancer, preterm labor, and dysfunctional uterine bleeding. There are many more modules in production, and our hope is they will assist in the development of teaching skills and encouraging mentorship. Other website features are still under production, but please take the time to visit our website at www.acog.org/acog_districts/dist_web.cfm?recno=17, and let us know what you think.

Medical student recruitment is always a top priority for our Council. We hope to develop a medical student recruitment kit for all the section officers. It would provide Junior Fellows with a template to hold successful recruiting events in hopes of showing ob-gyn in all its glory.

Our next Advisory Council Meeting will be held in Orlando, FL, in conjunction with the upcoming District I Annual Meeting. We can't wait to experience the magic firsthand.

Junior Fellow College Advisory Council initiatives

A new medical student recruitment video has been completed, and it is tremendous. It can be viewed at acog.org by clicking on "Medical Students" under "Quick Links," then clicking on "Choose Ob-Gyn for Women's Health."

There are ongoing efforts to meet the needs of the Junior

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Congratulations, Dr. Elena Tunitsky-Bitton, District I winner of the ACOG Junior Fellow essay contest



The topic for the 2008 Junior Fellow essay contest was "Ob-Gyn ... The Day I Made a Difference." One winner was chosen from each district. District I's winner was Elena Tunitsky-Bitton, MD. Her essay can be read in the May issue of *Obstetrics & Gynecology*, along with the 10 other winning district essays.



Dr. Angela N. Aslami



Dr. Beth W. Rackow

Young physician news

Angela N. Aslami, MD, and Beth W. Rackow, MD

District I young physician representatives

A number of years ago, ACOG began to recognize newer Fellows as young physicians. Young physicians

are not a new category of Fellowship, but a sub-group of Fellows who are younger than 40 or within their first eight years of practice. Young physicians enjoy all the privileges of full Fellowship, so this is not an intermediate category of membership. Most ACOG districts have two young physicians on their District Advisory Council, as we do in District I. There are also two young physicians who serve as Fellows-at-Large on the ACOG Executive Board.

The purpose of recognizing young physicians is twofold. First, it offers a way for those who had been active in ACOG as Junior Fellows to stay active in the organization. Serving on the District Advisory Council is a fantastic way to learn the inner workings of ACOG and network with leaders in our specialty.

Second, young physician representatives look for the best way to represent the needs of all young physicians in their district. At the last Interim District Meeting, many potential needs were identified. Some ideas included creating both online

and meetings-based programs to assist young physicians in balancing careers and families. Another idea was to set up mentoring programs between young physicians and Fellows and Junior Fellows in Practice.

The most important need that was identified was a need to open up lines of communication with the members. Because young physicians represent the entire district, there is a need to improve communication among the young physician representatives and the members they serve.

ACOG recognizes that young physicians are the future leaders of women's health and values your opinions and contributions to your patients, hospitals, and communities. At the same time, it recognizes that balancing the needs of young families, entry-level career positions, and leadership positions can be challenging.

The needs of young physicians, Junior Fellows in Training, Junior Fellows in Practice, and more seasoned physicians all differ from each other. If you live in District I, you will soon be receiving a survey via surveymonkey.com to better clarify the needs of all members. We hope the results will allow ACOG to develop some strategies on how to meet those needs. Stay tuned for the results of the survey. ♦

District I call for papers: Donald F. Richardson Prize Paper Awards

This is a great opportunity for Junior Fellows (current residents or recent graduates) to present their research. District I will be selecting three papers for presentation at the 2009 Annual District Meeting in Orlando, FL, October 16–18.

The best paper presented will be chosen and sent to the ACOG national office to be considered for the 2009–10 Donald F. Richardson Memorial Prize Paper Awards.

We invite the Junior Fellows of District I to submit a paper to Megan Willis Mazur at mwillis@acog.org.

New ACOG Mentor Award

The newly established ACOG Mentor Award is in honor of individuals who have mentored a young physician in practice. The award requires a nomination by a Junior Fellow in Practice and must be related to the mentoring in the early years of practice. The first awards will be selected by the ACOG Committee on Honors and Recognitions at its May 2010 meeting. To see more details or fill out a nomination form, visit acog.org and click on the "ACOG Has Established a New Mentor Award" link.

Chair's report continued from page 1

play a great supporting role. She also has extensive experience at the district and national levels on various committees and will serve us well.

Dr. Mark Cooper was elected as our new treasurer, and Dr. Maryanne McDonnell will be assuming the secretary role. All in all, things look great for the future of district leadership!

In addition to our Fellows, of course, we have an amazingly gifted group of Junior Fellows throughout the district. They have created some excellent tools to help teach (and attract) more medical students and have been real leaders on the national level in many areas. With future leaders like these, we can be confident that we will thrive as a professional organization.

Finally, I would like to thank our entire Executive Committee and members of our District Advisory Council for the countless hours of work they devote to our specialty and ACOG. In this time of a difficult economy and major changes in the practice environment, their contributions are especially appreciated.

Thank you for a wonderful three years and, as the old song says: "See you real soon ..." in Orlando! ♦

Junior Fellow news continued from page 2

Fellows in Training. A legislative task force has been started to help Junior Fellows and medical students learn the grassroots of legislative advocacy.

Thanks to all the Junior Fellows, Fellows, and especially our project manager, Megan Willis Mazur, for all your hard work and support. ♦



Outstanding District Service Award Winner: Dr. Thomas F. Baskett

Congratulations to Thomas F. Baskett, MB, for winning an Outstanding District Service Award at this year's Annual Clinical Meeting in Chicago in May. The award is given to those individuals who have made notable contributions to their districts.

Dr. Baskett was born in Belfast, Northern Ireland, and educated at Belfast Royal Academy and the Queen's University of Belfast. He qualified for medicine in 1964 and completed six years of postgraduate training in surgery, ob-gyn, and general practice in Northern Ireland.

He moved to Winnipeg, Canada, as a clinical fellow and remained on staff at the Winnipeg General Hospital, now the Health Sciences Centre. During this time, he also acted as traveling consultant to the Central Canadian Arctic and Northern Manitoba regions with the Northern Medical Unit of the University of Manitoba. Since 1980, he has lived and worked in Halifax, Nova Scotia, where he is a professor of ob-gyn at Dalhousie University.

For ACOG, he has served as chair of the Committee on International Affairs for several years; he also served on the Committee on Continuing Medical Education, formerly called the Committee on Course Coordination. Dr. Baskett has served on the District I Advisory Council for several years and served as the program chair for the 2001 Annual District Meeting. He was the 2008 history fellow of ACOG.

He is a past president of the Society of Obstetricians and Gynaecologists of Canada and of the Canadian Gynaecological Society. Dr. Baskett has been an examiner in ob-gyn for the Royal College of Physicians and Surgeons of Canada and editor-in-chief of the *Journal of Obstetrics and Gynaecology of Canada*. He has given numerous presentations in many different venues in the district and the world and has done much to advance the cause of patient safety with his excellent presentations on obstetric emergencies and intrapartum care. Additionally, he has made many contributions to the study of the history of ob-gyn with his various book chapters, articles, and presentations. ♦

Maine Section honored for state Maternal and Infant Mortality Review Committee

When Jay A. Naliboff, MD, became an officer of District I's Maine Section, his goal was to bring a maternal mortality review to his state. After years of hard work, in 2008, the Maine Maternal and Infant Mortality Review Committee had its first official meeting, and the program was nominated for the 2008 Wyeth Pharmaceuticals Section Award, which recognizes contributions to the field of ob-gyn.

Developing the committee proved to be more difficult than first imagined in 2004. According to Dr. Naliboff, Maine, unlike most states, does not have a comprehensive public health law allowing the health department to obtain and use whatever information it deems necessary for the health of the public. Each new public health initiative must be passed by the Legislature and be subjected to the state rulemaking process. Establishing a Maternal Mortality Review Committee, therefore, required specific new enabling legislation.

Dr. Naliboff first approached the Maine Medical Association, which has assisted the Maine Section with legislative relations. He then contacted the head of the Maine Bureau of Health (now the Maine Center for Disease Control and Prevention). Coincidentally, the bureau was supporting legislation to develop a Fetal and Infant Mortality Review Committee. The bureau chief agreed to add a maternal mortality component to the proposed bill. The legislation envisioned a committee made up of physicians and public health, social service, nursing, and lay representatives who would examine deaths from not only a medical perspective but also evaluate what socioeconomic, cultural, or racial barriers may have contributed to these events.

An interview with survivors would be used to evaluate resiliency in the face of tragedy. A steering committee within the Maine CDC was established. Dr. Naliboff was the Maine Section representative.

Although the bill was expected to sail through the Legislature, it faced considerable opposition. First, the Maine CDC quietly removed the fetal mortality review component for fear of being forced to review elective abortions. Second, the Maine Hospital Association only agreed to support the legislation if data collection was done at the hospital and was only abstracted and de-identified. Some legislators were opposed because they felt that home visits were too intrusive. Others were opposed to any new program within the Maine Department of Health and Human Services, which was in the midst of a mismanagement scandal.

The bill was initially held over to the following legislative session where it was finally approved after lobbying by Dr. Naliboff; Hector M. Tarraza, MD, of the Maine Medical Association; Buell A. Miller, MD, of the March of Dimes; Kelley Bowden, RNC, MS, a perinatal nurse educator; and others. Following passage by the Legislature, the law was sent to the attorney general's office for rulemaking. This process took an additional year and was completed in the winter of 2007.

At the Maine Annual Section Meeting in February 2008, practicing ob-gyns from across the state were educated about the review process, how the data are used, and peer-review immunity from liability surrounding the reviews. The Maine Maternal and Infant Mortality Review Committee's first case reviews will occur this fall. ♦

2009 Annual District Meeting in Orlando



Join your friends and colleagues for an unforgettable experience! On October 16–18, ACOG Districts I and III will hold a joint Annual District Meeting at Disney's Contemporary Resort in Orlando, FL. The meeting will be held in conjunction with the ACOG Postgraduate Course "Twenty-First Century Obstetrics and Gynecology." The program director will be Paul A. Gluck, MD, University of Miami Miller School of Medicine, and the course faculty will include John F. Bogges, MD, University of North Carolina School of Medicine, Chapel Hill; Mark I. Evans, MD, Mount Sinai School of Medicine, New York; and Steven R. Goldstein, MD, New York University School of Medicine.

The postgraduate course description, schedule, and registration information are available through the ACOG website at acog.org. Under "Quick Links," click on "ACOG Districts" and then "District I," or under "Education," click on "Postgraduate Courses and CPT Coding Workshops." For other meeting or registration related questions, please contact Linda Kinnane in the ACOG Meetings Department at 202-863-2574 or lkinnane@acog.org.

Come for the meeting and then stay for the magic! Located in central Florida, Orlando is known for exciting theme parks, water parks, zoos, gardens, entertainment, shopping, and dining. With Disney World, SeaWorld, and Universal Studios Florida all within close proximity, this cluster of attractions offers unlimited entertainment options for visitors of all ages.

Special theme park tickets and savings are available for ACOG attendees and their guests. Purchase tickets today online at disneyconventionear.com/ACOG.



Legislative update

Steven J. Fleischman, MD

Regardless of your enthusiasm for politics, there is no doubt that your interest has been heightened given the multitude of issues under discussion recently at both state and national levels. Health care reform in particular is being discussed in state legislatures, as well as in Washington, DC. Where we will end up is unclear, and there will be a lot of negotiating over the summer and into the fall.

There has been a lot of discussion of the "public option" government health care program without much clarification as to what it might mean for our health care system. Many view the option as another program like Medicare or Medicaid that would be open to everyone. Others view it as more like the health care program for federal employees. Regardless of what happens over the next year, I suggest all of you pay close attention and make your voices heard. Call your legislators and make sure they understand how the plans being discussed will affect your patients and your practice. We need to all be an integral part of health care reform.

Health care reform is also center stage at the state level. Many District I legislatures have spent their sessions discussing how to expand coverage to the uninsured. Unfortunately, due to significant budgetary constraints, there were no major enactments of health care reform bills this year.

In Maine, the Legislature enacted a bill that requires employers to provide a clean place, other than a bathroom, for mothers to breastfeed in private near the workplace. The bill also pro-

vides for break time to do this. Legislation was also enacted to direct Dirigo Health to reach more of the uninsured and report back to the Legislature on how to better accomplish this. Another piece of legislation that passed helps prepare the state for federal health care reform dollars.

Connecticut passed the first law that bans "keepsake ultrasounds," souvenir photos of unborn babies. The law requires that all ultrasounds during a pregnancy have a physician order. The law was intended to do away with storefront keepsake ultrasound centers. Legislation was also passed requiring communication of breast density findings to patients. Finally, the Legislature passed a bill that proposes a model universal health care program called Sustinet. For more information on Sustinet, see the Connecticut Section report on page 8 of this newsletter.

In New Hampshire, naturopaths were given prescription authority. The state also established a new system for hospitals to report adverse events.

This report is just a sampling of the legislation that went through legislatures this year. Please feel free to contact me at sjfleischman@gmail.com to discuss any legislative issues your section is having.

Keep in mind that, in our district, what happens in one state often happens or has happened in other states. Therefore, we need to use the collective wisdom of the district to help pass or defeat legislation that affects our patients and our practices. This is shaping up to be a very exciting legislative year. Please get involved in the process. ♦

District I

2009 Interim District Meeting in Providence,



▲ Danielle M. Salhany, DO, District I Junior Fellow vice chair, and Jillian A. Carpenter, MD, District I Junior Fellow chair, at the ACM

▶ Heather Z. Sankey, MD, District I Junior Fellow advisor; Markus C. Martin, MD, Quebec Section chair; Arthur W. Zilbert, MD, Atlantic Provinces Section chair; Michael R. Tesoro, MD, past District I chair; and Henry S. Amdur, MD, Connecticut Section chair, at the IDM



▲ Mark S. DeFrancesco, MD, MBA, District I chair; Ronald T. Burkman Jr, MD, District I vice chair; Blair T. Lacy, MD, New Hampshire Section Junior Fellow chair; Nell V. Suby, MD, Maine Section Junior Fellow chair; Jennifer E. Pofahl, MD, Maine Section Junior Fellow vice chair; and Eric J. Hodgson, MD, then-chair of the Junior Fellow College Advisory Council, at the IDM



▲ Susan T. Haas MD, MSc, District I patient safety officer; John F. Greene Jr, MD, District I CME representative; and Susan C. Mann, MD, at the ACM



▲ ACOG Past President Kenneth L. Noller, MD, MS; Sandra A. Carson, MD; and Mary Noller at the ACM

▶ Joseph R. Wax, MD, Maine Section vice chair, and his wife, Jerry, at the IDM



◀ Patrick J. Sweeney, MD, and his wife, Eve, at the IDM

Highlights

RI ♦ 2009 Annual Clinical Meeting in Chicago



◀ Ralph W. Hale, MD (middle), ACOG executive vice president, becomes an honorary member of the Chilean Society of Obstetrics and Gynecology at the IDM. Pictured with Eghan Guzmán, MD (left), Chile Section chair, and Eugenio Suárez, MD, Chile Section vice chair (right)



▲ Angela N. Aslami, MD, District I young physician representative; Erin E. Tracy, MD, Massachusetts Section vice chair; and Phillip H. Lahrman, MD, Connecticut Section vice chair, at the IDM



▲ Eugenio Suárez, MD, Chile Section vice chair; Patricia M. Miller, MD; Mark S. DeFrancesco, MD, MBA, District I chair; Francisca De Jourdan, MD, a Chilean resident; and John B. Makin, MD, District I treasurer, at the ACM



▶ Kimberly L. Trites, MD, past District I Junior Fellow chair, and Jillian A. Carpenter, MD, District I Junior Fellow chair, at the IDM



◀ Jennifer L. Rojek, MD, District I Junior Fellow secretary-treasurer, and Nadean M. Caines, MD, Atlantic Provinces Section Junior Fellow chair, at the IDM



▲ ACOG Past President Fredric D. Frigoletto Jr, MD; Jacqueline Tetreault, MD, Rhode Island Section vice chair; and Paula Greenberg, RN, MBA, District I public member



◀ Barry D. Smith, MD, and Tina Clark-Samazan Foster, MD, New Hampshire Section vice chair, at the IDM



Atlantic Provinces

Arthur W. Zilbert, MD

The Atlantic Provinces seem to be in a time of quiet at the moment with no provincial or federal elections expected. The present global economic woes have perhaps affected us less than other areas of the country. However, with the fall in oil prices, many Atlantic Canadians who had found work in Alberta's oil sands have seen employment dry up. Now, there is less of a cash infusion into the economy.

Nova Scotia has started a hospital-based midwifery pilot project. Midwives will have independent practices but will deliver patients in the hospital and will be part of the total health care team. The exact mechanisms are still to be determined.

The Nova Scotia government is starting a wait-time project to estimate the time it takes from a family physician's referral to when the patient's care is initiated by a specialist. Canada has extraordinary long wait times for many areas, especially in cardiac and orthopedic surgery.

The Society of Obstetricians and Gynaecologists of Canada had its annual meeting in Halifax in June.

The New Brunswick medical school is being developed in conjunction with Dalhousie University. The exact details of this arrangement are still to be determined. The ob-gyn residency programs at Dalhousie University and Memorial University of Newfoundland were both successfully matched for the next academic year.

The ob-gyn department at Dalhousie University, in conjunction with the anesthesia and pediatric departments, have acquired a birthing simulation mannequin. This acquisition was supported with funds from the Dr. Ralph Loebenberg Resident Education Fund, which was created in honor of the late Dr. Loebenberg, who was a valued member of the department for more than 30 years. ♦



Chile

Eghon Guzmán, MD

We are pleased to report that the Chile Section is making great progress. A total of 15 "historical Fellows" have been enrolled so far, and more applications are being processed. Eugenio Suárez, MD, section vice chair, and I attended the 2008 Annual District Meeting, the 2009 Interim District Meeting, and the 2009 Annual Clinical Meeting. In addition, Francisca De Jourdan, MD, a Chilean resident, attended the ACM and is very interested in helping the section develop its Junior Fellow program in the near future.

The Chilean Society of Obstetrics and Gynecology will hold its 32nd congress on November 22–24, in the beautiful city of Viña del Mar. Attend and enjoy views of the ocean, sunshine, great food and drink, and an excellent educational program. For more information, visit the SOCHOG website at sochog.cl.

Finally, we are very saddened to note the passing of Alfredo Saumann, MD, in early June. Dr. Saumann was one of our founding Fellows. He was very well respected by his colleagues and will be missed. ♦



Connecticut

Henry S. Amdur, MD

The Connecticut Section Council has met four times since the 2008 Annual District Meeting. Additionally, we sponsored a medical student open house at Yale University in September 2008. This year, we had a second medical student open house combined with an awards presentation for the best ob-gyn medical student from Yale University and the University of Connecticut on April 15. Awards were presented to Janelle K. Moulder, MD, and Kathleen E. Gravel, MD, by Jessica L. Illuzzi, MD; James F.X. Egan, MD; and me. Both graduates have matched in ob-gyn residencies.

Philip H. Lahrman, MD, section vice chair, attended the 2008 ACOG State Lobbyist Roundtable in October and the ACOG Treasurers Conference in January 2009. He was elected section treasurer at the March 2009 Council meeting.

Connecticut sent six representatives to the 2009 ACOG Congressional Leadership Conference, The President's Conference, in Washington, DC, in March. We felt we had productive meetings on Capitol Hill and legislative offices were supportive of our positions.

The section has discussed the creation of a physician mentor program. We have volunteers available to mentor ob-gyns in all stages of their careers in social and practice management issues. We have considered posting short cover letters and contact information on the section website. Thus far, we have not found a program model that outlines a format of operations other than in a residency environment. Help in finding existing models and ideas or suggestions for ongoing mentoring programs are welcome.

The legislative agenda has been dominated by universal health care. This year, the Connecticut Legislature has proposed a model universal health care program called SustiNet (HB 6600). SustiNet was developed with input from physicians, health care economists and policy experts, state residents, businesses, policy-makers, and consumer advocates.

The plan emphasizes primary care and preventive services through the medical home concept that would include disease management, care coordination, quality reviews and quality guidelines, and certain limits or safe harbors from medical liability. It also supports health information technology—specifically electronic medical records and electronic health records—in addition to payment approaches that not only increase the level of payments to physicians and other providers but anticipate further changes in payment approaches and provide the flexibility necessary to account for this evolution in payment methodologies.

These are all elements that are essential in a well-thought-out and structurally sound health care reform proposal. The

section and the Connecticut State Medical Society are in support of the plan. These concepts are similar to the position ACOG took at the CLC this year. ♦



Maine

Jay A. Naliboff, MD

The Maine Section had an excellent, well-attended meeting in Sugarloaf in January. District I Fellows Joseph R. Wax, MD, section vice chair; Barry D. Smith, MD; James L. Whiteside, MD; John B. Makin, MD, District I treasurer; and Mark S. DeFrancesco, MD, MBA, District I chair, all contributed their time and intellect to help make it a success. There was strong Junior Fellow participation as well. As usual, the Junior Fellows had no trouble stumping their elders with case presentations. Lynnette J. Margesson, MD, also gave an excellent talk on painful vulvar conditions. Although the weather was cold, the fellowship was warm, and the snow was deep and powdery. Next year's meeting will be January 22–24, and all are invited.

Hospitals in Maine are feeling the financial pressures of the poor economy. Charity care and bad debt are up. New reimbursement rules for provider-based, hospital-owned practices are cutting into net revenue. In Maine, hospitals are owed \$400 million by the state for services to Medicaid patients in past years. At the same time, federal dollars from the stimulus package are being held up while the US Health and Human Services' Centers for Medicare and Medicaid Services investigates whether Maine violated Medicaid eligibility regulations.

District I Junior Fellow vice chair, Danielle M. Salhany, DO, and I went to the University of New England College of Osteopathic Medicine this fall to discuss ob-gyn as a career choice. The students, lured by pizza, were very enthusiastic and asked many questions. Many of their concerns had to do with the time commitment and lifestyle changes required to practice ob-gyn. We assured them that ACOG is equally concerned about the need to develop sustainable practice models.

Our section was represented in Washington, DC, at the ACOG Congressional Leadership Conference, The President's Conference, by Dr. Wax; Nell V. Suby, MD, Junior Fellow section chair; and Jennifer E. Pofahl, MD, Junior Fellow section vice chair. They found the Maine Congressional delegation very receptive to ACOG's suggestions about health care reform.

At the end of April, Junior Fellows organized a dinner meeting to educate residents on finding a job, negotiating contracts, and handling life after residency. A half dozen Fellows and Junior Fellows participated in an entertaining and informative discussion. The advantages and disadvantages of private practice, hospital-owned practice, and academic practice were presented. The section was happy to support the event by paying for dinner.

Two bills before the Maine Legislature are of interest to ob-gyns. The first would require parental consent for a minor to receive any medication, including contraceptives. The

section is opposed to this because it would limit access to contraception.

The second bill would require all obstetric providers, at their own expense, to take a 40-hour course on domestic violence, to screen during each trimester for domestic violence using a recognized tool, and to report results to the state. While the section fully supports screening for domestic violence during all pregnancies, we believe that the tools are not fully standardized and that the education and reporting requirements are too onerous.

This summer there will be a summit of providers of maternity and newborn care, including physicians, nurse-midwives, lay midwives, hospitals, and liability carriers. This summit was mandated by the Maine Legislature as part of a compromise that blocked the licensing of lay midwives. At the same time, the Maine Medical Center is beginning to keep a log of maternal and infant morbidity associated with home delivery to counter the arguments about the alleged safety of home births. ♦



Massachusetts

Gabriel M. Cohn, MD

The year has been a very busy and productive one for the Massachusetts Section. Our goals for the year were to:

- ▶ Promote leadership development among young and emerging leaders
- ▶ Energize the general membership through enhanced communication and increased opportunities for grassroots participation across all demographics
- ▶ Proactively advocate for measures that will enhance the practice of medicine for ob-gyns in the Commonwealth and help improve the quality of health care for women
- ▶ Educate our membership about new developments in the practice of ob-gyn

The section has developed three committees:

- ▶ The Legislative Committee, chaired by Erin E. Tracy, MD, section vice chair
- ▶ The Practice Committee, chaired by Angela N. Aslami, MD, District I young physician representative
- ▶ The Patient Safety and Quality Improvement Committee, chaired by Susan C. Mann, MD

The state's legislative process operates in two-year cycles with the first year primarily dedicated to the introduction of bills and committee assignments and the second year dedicated to hearings, amendments, and voting. We are presently in a new legislative cycle that began in January.

The Legislative Committee, with the assistance of the section's lobbyists, has developed a strategy of legislative initiatives that are both proactive and blocking in nature:

- ▶ The committee is lobbying, with the leadership of Lauren E. Hanley, MD, and Dr. Tracy, for an act that prohibits individuals and organizations from harassing or restricting mothers who breastfeed in public in Massachusetts

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- ▶ In addition, the committee has drafted a bill that would require insurers to offer policies for prorated or rate credit premiums for board certified ob-gyns who choose to practice in a part-time capacity and board certified ob-gyns who treat pregnant patients to 40 weeks' gestation who choose to practice in a part-time capacity
- ▶ The committee will attempt to block an act relative to a board of registration of midwifery, which is identical to a bill successfully blocked during the last legislative session
- ▶ Bills addressing professional liability and other aspects of medical practice are also being tracked

During the last legislative session, an act to promote cost containment was passed and signed into law. The bill is an attempt to reduce the rate of increase of health care costs and make universal insurance more affordable. As a result of this bill, hearings have been held on professional liability as well as payment reforms.

The Massachusetts Division of Insurance held a hearing examining the impact of medical liability on health care costs. Members of the Practice Committee testified that rising liability premiums, tails, and disproportionate rates for part-time physicians have resulted in a decrease in the number of ob-gyn full-time equivalent positions and has negatively affected access to care for women in the Commonwealth. Representatives of the Massachusetts Academy of Trial Attorneys testified that the present malpractice environment does not require intervention, but they did note that ob-gyns are disproportionately affected with premiums representing 40% of their net income. They placed the blame of rising premiums on insurers who, in turn, testified that, given the increasing profitability of physicians, no action to reform professional liability was necessary. The commission only recommended that further research was needed.

The Commonwealth has held hearings on payment reform and is examining ways to ensure the delivery of efficient, high-quality health care that aligns with evidence-based guidelines. It is examining alternatives to fee-for-service, such as pay-for-performance, medical homes, and electronic medical records.

To better understand the changing practice environment and workforce in Massachusetts, the Practice Committee surveyed our section members on practice patterns. Members were asked to identify factors that have influenced their mode of practice, including issues like stress, lifestyle, and professional liability premiums. Results of the survey are presently being analyzed.

Members of the Massachusetts Academy of Trial Attorneys, including its president, Mary Jane McKenna, met with the Massachusetts Section Executive Committee to explore areas of common interest. As expected, differences exist. However, preliminary discussions appear to indicate an interest and willingness to work together in support of more equitable prorated professional liability rates for part-time ob-gyns and for the elimination of tails. More detailed discussions between MATA and the Practice Committee are ongoing.

Our Junior Fellows have been busy promoting ob-gyn in the Commonwealth. Five events have been held that targeted both medical student recruitment and professional career development for Junior Fellows and residents. In addition, two medical schools were approved for funding for programs that promote the discipline of ob-gyn to medical students. The Junior Fellows have also been active in general section activities. Five Junior Fellows attended this year's ACOG Congressional Leadership Conference, The President's Conference, in Washington, DC. Junior Fellows also helped recruit more than a half dozen abstracts for poster and platform presentations for this year's Annual Section Meeting.

The 2009 Annual Section Meeting was held on July 8. The day-long CME program, "Updates in Obstetrics and Gynecology: Managing Risk," was held at the Massachusetts Medical Society headquarters in Waltham. The invited faculty updated participants on fetal heart rate tracing, simulations, advanced laparoscopy, urogynecology, new pharma rules, and the US Food and Drug Administration's new labeling guidelines for pregnancy and lactation.

The section website continues to be updated regularly and receives more than 1,500 hits per month. The website is available for all ACOG members to explore, and there is a corresponding message board. The web address is www.acog.org/acog_sections/dist_web.cfm?recno=27. ♦



New Hampshire

Jerome T. Schlachter, MD

The New Hampshire Section met Nov 19, 2008, in Bedford. More than 40 members attended, representing at least eight hospitals. A presentation on patient safety in ob-gyn was given, and a lengthy discussion occurred regarding the progress of New Hampshire hospital participation in recommended safety improvement practices.

Implementation of communication programs, emergency drills, peer review, and data management were considered key steps toward better patient safety. Both teaching and community hospitals faced considerable challenges with implementing programs. Sharing of experiences was considered beneficial as labor units were in varying states of progress toward incorporating these practices. ACOG and other resources for support were presented.

Some patient safety publications have recommended that physicians and nurses learn and train together to improve understanding and communication. To that end, our section and the New Hampshire Association of Women's Health, Obstetric and Neonatal Nurses, will jointly sponsor a one-day conference on fetal heart rate monitoring and communication. The conference will take place on October 30 in Bedford. All section members will receive an invitation by mail. The faculty scheduled for the conference are Lisa Miller, CNM, JD, and David Miller, MD. Both are nationally recognized speakers on fetal monitoring.

The Northern New England Perinatal Quality Improvement Network continues to meet regularly, offering networking to

New Hampshire and Vermont labor units. Upcoming meetings this summer and fall will focus on communication training in labor and delivery. Several New Hampshire hospitals and ACOG Fellows will participate in these programs. NNEPQIN programs allow network hospitals to share information about practices and policies. For summaries, recommendations, and information about upcoming meetings, visit the NNEPQIN website at nnepqin.org.

In the legislative arena, the panel bill passed in 2005 with hopes of limiting increases in medical liability insurance rates is now fully active in New Hampshire. Screening panels meet regularly. The New Hampshire trial bar is actively sponsoring several legislative challenges to this law in the upcoming legislative session. Although the trial bar has successfully delayed implementation of the panel hearing process, the law has not been significantly changed up to this point. Due to the delays, fiscal constraints in the New Hampshire court system, and the effects of the panel law, the number of medical liability claims actually being tried in state courts has dramatically decreased. Physicians will need to actively fight efforts to weaken the law in order to give the new system adequate time to mature. It is too early to draw conclusions about the effect of this new system on medical liability insurance rates.

The section will hold its Annual Business Meeting in September in conjunction with a full day CME conference, "Innovations and Reflections in Women's Health Care," offered by the Dartmouth-Hitchcock Medical Center. Invitations will be mailed soon. Please consider attending. ♦



Quebec

Markus C. Martin, MD

Our members in Quebec have seen dramatic improvements in the reimbursement schedules that were negotiated this past year. Michel Fortier, MD, of Quebec City, has become the provincial delegate to the

Society of Obstetricians and Gynaecologists of Canada. Our new provincial minister of health, Serge Bolduc, MD, is very concerned about health care accessibility and is looking to improve the situation. How this will be done is on every medical organization's mind.

Another important issue not yet resolved is in the private sector in medicine. Though they are not opting out of Medicare, many physicians are looking for ways to earn income in the private sector. This includes charging for paperwork, ultrasounds outside of hospitals, phone calls, and more. What is disturbing is seeing hospital-based, full-time physicians only available for half of their time in their government-supported hospital offices.

The Association of Obstetricians and Gynecologists of Quebec held its annual congress in Saguenay, May 13–17, with both French and English presentations.

I am happy to report that the AOGQ has published an edition of our local ob-gyn newsletter dedicated to encouraging medical students to choose ob-gyn. Many actively practicing

ob-gyns are profiled in the issue, and we will be using it at our upcoming pizza night for medical students.

In other news, I was happy to be selected as a District I representative to attend the ACOG Leadership Institute at the University of North Carolina at Chapel Hill in April. ♦



Rhode Island

Terrence F. Cahill, MD

The Rhode Island Section will be taking part in raising money for the memorial fund for Roger J. Ferland, MD. A fundraiser was held for the memorial fund on June 13, featuring a picnic and bike race. As many of you know, Dr. Ferland was very interested in the sport of bike racing. The section has donated \$2,500 to the memorial fund.

We have also welcomed Rebecca H. Allen, MD, as the section's young physician, and we look forward to her contribution to the section and district in the coming years. Elections for the section positions of secretary and treasurer will be coming up soon.

The new addition to the Women and Infants Hospital is set to open in September. The largest area of this addition will be the new neonatal intensive care unit. It will be able to hold 80 premature neonates, each in individual rooms. This will allow most premature infants born in Rhode Island access to the most sophisticated care available. ♦



Vermont

Stephen J. Woodruff, MD

The Vermont Section held its spring meeting on May 14 at the Central Vermont Medical Center. Roger C. Young, MD, section vice chair, and John J. Gallagher, MD, reported on the 2009 ACOG Congressional Leadership Conference, The President's Conference. Optimism that true health care reform is likely to happen seems to be the prevailing feeling.

I am pleased to announce that Dr. Gallagher will put his name forward to be nominated as the section vice chair candidate for the 2010–13 cycle.

We discussed the next three Annual District Meetings to be held in Orlando (2009), Bar Harbor, ME (2010), and Halifax, Nova Scotia (2011). We also discussed future section meetings and activities. We would like to invite feedback from all Vermont members about this, so please contact me at sjwoodruffmd@yahoo.com with any suggestions you may have.

I reported in my last section report that we were doing a letter-writing campaign urging the Vermont House and Senate appropriations committees to not cut Medicaid spending as proposed by Gov. Jim Douglas. I am happy to report that the public pressure resulted in these cuts being removed. The budget, however, is going to be vetoed, so it is not as yet a done deal. ♦

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Calendar of Events

2009

October

- 5 Massachusetts Breastfeeding Coalition Annual Conference
Massachusetts Medical Society
Waltham, MA
- 16–18 District I and III Annual Meeting
Orlando, FL
202-863-2574
- 30 New Hampshire Section and the Association of Women's Health, Obstetric and Neonatal Nurses "Fetal Surveillance: Increasing Safety and Reducing Risk"
Southeastern Regional Education Service Center
Bedford, NH

November

- 11 New England Obstetrical and Gynecological Society
Sturbridge, MA
- 22–24 Chilean Society of Obstetrics and Gynecology 32nd Congress
Viña del Mar, Chile
sochog.cl

2010

January

- 22–24 Maine Section Winter Meeting
Sugarloaf
Carrabassett Valley, ME

May

- 15–19 58th ACOG Annual Clinical Meeting
San Francisco