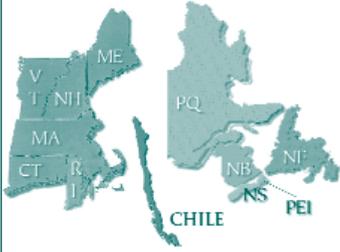


District I



Advisor



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

February 2010



Chair's report

Ronald T. Burkman, Jr, MD

Upon taking over the position of District I chair in October, it is clear that Mark S. DeFrancesco, MD, MBA, will be a tough act to follow. Dr. DeFrancesco has provided outstanding leadership during his tenure. He has worked hard in trying to address the needs of our membership at a time when ACOG is undergoing structural change and when the economics and future of medicine are somewhat unclear. In November, he was nominated to be the secretary-elect of ACOG. Fortunately for me, he will be around to provide continued guidance and advice.

2009 Annual District Meeting

The 2009 Annual District Meeting, held in Orlando, FL, in October, was noteworthy since it combined the activities of both Districts I and III. The meeting addressed a variety of topics, including genetics, use of gynecologic ultrasound, operative techniques, evaluation of electronic medical record systems, and team training. The course directed by Paul A. Gluck, MD, "Twenty-First Century Obstetrics and Gynecology," appeared to meet the needs of those in attendance.

Additionally, District I held its Donald F. Richardson Prize Paper Award competition for Junior Fellows. Two outstanding papers were presented, making the judges' task difficult. After much deliberation, they decided to nominate the paper "Buprenorphine Versus Methadone

Treatment for Opiate Addiction in Pregnancy: An Evaluation of Neonatal Outcome" by Michael Czerkes, MD, from the Maine Medical Center. Dr. Czerkes' paper has since been selected as one of two winners of the national ACOG Donald F. Richardson Prize Paper Award. The paper will be presented by Dr. Czerkes at the ACOG Annual Clinical Meeting in San Francisco in May.

District Advisory Council

Prior to the ADM, the District I and III Advisory Councils met separately to deal with district-specific issues. Overall, District I finances are in reasonable shape given the reduction in investment income on reserves (due to the current recession) and the reduction of industry support for educational efforts. District I Past Treasurer John B. Makin, Jr, MD, indicated that the district will likely meet its budget this year and next year. Although he is no longer district treasurer, Dr. Makin will be the program chair for the next Annual District Meeting in Bar Harbor, ME.

At the Council meeting, a variety of topics was discussed, including making the national officer nomination process more transparent, examining the role of the young physician in our leadership structure, and reviewing our strategic plan as a district. As part of a plan to address this latter issue, I have decided to carefully review the working drafts of the district strategic planning retreat held in Boston in 2006. The discussion topics

at the time included career longevity and burnout, professional education, the role of the district, and professional liability. My plan is for the Council to review the suggestions made at that time at the next Interim District Meeting. This will be done so we can set our direction for the next three years.

One of the more exciting efforts during the Council meeting was the combined meeting of the District I and III Patient Safety Committees. After briefly reviewing potential topics, the group decided to focus on improving the knowledge base of district members relative to the H1N1 influenza. Increasing the rate of vaccination was our major goal given that the rate of vaccination of pregnant women for seasonal flu in the US is only 15%.

During the ADM, a survey evaluating H1N1 vaccination practices and knowledge base was distributed to attendees. The results were used to devise a district-specific communication plan, which was implemented in November. Although it is difficult to determine its effect at this time, it appears that clinicians are actively involved in vaccination. The major barrier seems to be vaccine shortages.

Leading our district's efforts were Barry D. Smith, MD, District I Patient Safety Committee chair; Susan T. Haas, MD, MSc; Erin E. Tracy, MD, Massachusetts Section vice chair; and Angela N. Aslami, MD, District I young

Continued on page 3



Junior Fellow news

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

The District I Junior Fellows were excited to have been able to meet with the Fellows at the joint District I and III Annual Meeting in Orlando. Our Junior Fellow District Advisory Council has been very busy over the past year, and we continue to work on our goals for the year to come. Junior Fellow interest to participate in ACOG has been growing in leaps and bounds.

This has been a banner year for elections. There were more applicants than ballot positions. I am proud to welcome Danielle M. Salhany, DO, as District I Junior Fellow chair; Ila D. Dayananda, MD, as District I Junior Fellow vice chair; and Jeannine M. Miranne, MD, as District I Junior Fellow secretary-treasurer. We hope that our promotion of ACOG, and all it offers Junior Fellows, is becoming more transparent. We have had the majority of our Junior Fellow section officer seats filled over the last few years. We hope to continue this trend.

The most work-intensive Junior Fellow project to date is our teaching modules section on the District I Junior Fellow website (acog.org/acog_districts/dist_web.cfm?recno=17). There are currently about 20 modules posted on the website with several more modules in production by various Council members. The hope is to encourage more teaching of medical students by having these teaching modules easily available, and, happily, this project has received national attention. Among all 11 districts, we hope to reach 100 modules and have them posted on the national website.

There is now a listing of all available contact information for clerkship and program directors within the district on the Junior Fellow website. This allows Junior Fellows to contact directors regarding medical student recruiting events and will help facilitate contacts for medical students within the district.

Please help us out by sending any information not included on the website.

We have a new "Recent Events" section on the Junior Fellow website. It shows pictures of the Junior Fellows during our most recent events. We encourage section officers and other Junior Fellows in our district to submit any pictures from section events as well.

Medical student recruitment is an

essential part of the Junior Fellow District Advisory Council's foundation. We continue to work on a medical student recruitment package for Junior Fellows. This package will give Junior Fellows all the necessary tools to put together an inspiring and informative presentation about ACOG and ob-gyn in general. The package will contain a medical student recruitment video, an ACOG slideshow, and a list of necessary items to hold a hands-on session for medical students. Section officers will also be completing a small slide show about the programs within their section. This should give medical students a global view of ACOG and the profession of ob-gyn. We are hoping this package will be ready for distribution in early 2010.

There were a record number of recommendations for the John Gibbons Medical Student Award. Five lucky candidates were chosen to attend the 2009 Annual District Meeting: Emma Barber, Yale University School of Medicine; Elizabeth Anne Mayhall, Dartmouth Medical School; Manasa Basavapatna, Harvard Medical School, Brigham and Women's Hospital; Andrea Pelletier, University of Vermont College of Medicine; and Lily H. Wu, Brown University, Alpert Medical School.

A big congratulations goes to Michael Czerkes, MD, who was selected as one of two winners of the national ACOG Donald F. Richardson Prize Paper Award. He will be presenting his paper at the 2010 ACOG Annual Clinical Meeting in San Francisco in May.

I would like to thank all the Junior Fellow section officers for their hard work and commitment this year. Additionally, I would like to thank Mark S. DeFrancesco, MD, MBA, District I past chair; Ronald T. Burkman, Jr, MD, District I chair; and John B. Makin, Jr, MD, District I past treasurer for all their encouragement and support. Thank you to Kimberly L. Trites, MD, and Dr. Salhany for their great ideas and genuine concern for the future of our profession.

My time on the District I Junior Fellow Advisory Council and the Junior Fellow College Advisory Council has been a rewarding experience, and I hope I am able to continue an active role in ACOG. I know our new leadership will bring new energy and productivity to the district. ♦

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District I



Advisor



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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

Young physicians are a subgroup of ACOG Fellows who are younger than 40 or within their first eight

years of practice. We are proud to serve as your district representatives and continue to work to understand and meet the needs of District I young physicians.

An electronic survey has been e-mailed to District I young physicians. Please take a few minutes to complete it. We are interested in finding out how ACOG, and specifically District I, can best meet your needs. The survey inquires about issues such as mentorship, professional development (including business knowledge and advanced technical skills), and how ACOG meetings can most benefit you.

At the national level, ACOG young physicians are getting better organized. Currently, each district has at least one young physician representative, and two young physicians serve as Fellows-at-Large on the ACOG Executive Board. You can find a list of the ACOG young physician officers and representatives at acog.org/departments/dept_notice.cfm?recno=40&bulletin=4895.

If you plan to attend the 2010 Annual Clinical Meeting in

May in San Francisco, consider attending the 6th Annual Young Physicians Forum on the morning of May 18 at the San Francisco Marriott Hotel. This is a great opportunity to connect with other young physicians and to discuss pertinent issues. This year's forum topic is still being decided, but you will be sure to find pearls of wisdom. Highlights from last year's forum on keeping a balance in turbulent economic times are available on the young physician website at acog.org/departments/dept_web.cfm?recno=40.

At the recent District I Advisory Council Meeting, it was decided that each section would identify at least one young physician to participate in section activities. If you are interested in getting more involved with ACOG, please contact your section officers to introduce yourself and see if any opportunities are available. Furthermore, we are interested in identifying young physicians throughout the district who are interested in young physician activities and networking. We hope to organize a District I young physician dinner meeting in 2010.

We look forward to continuing to work on behalf of District I young physicians. Please contact us with any questions, issues, or concerns. Our contact information is available on the District I website at acog.org/acog_districts/dist_notice.cfm?recno=4&bulletin=2854. ♦

Chair's report continued from page 1

physician representative, along with their counterparts from District III. Much of this could not have occurred without the extra effort of Megan Willis Mazur, our district project manager, who provided administrative assistance at short notice for this project.

Finally, our Junior Fellows, who are now chaired by Danielle M. Salhany, DO, continue to show enthusiasm and interest in furthering the needs of our specialty. The members of the District Advisory Council were quite impressed by the Junior Fellows' activities, especially their ongoing efforts in developing medical student teaching modules. With a new chair assuming position, we will certainly miss the high-spirited approach of Junior Fellow Past Chair Jillian A. Carpenter, MD. However, I am sure Dr. Salhany will be up to the task, and I am sure we have not heard the last from Dr. Carpenter relative to ACOG activities.

Chilean Society of Obstetrics and Gynecology

I was honored to attend the Chilean Society of Obstetrics and Gynecology meeting in late November. Although my visit was short, and I was kept busy giving four lectures to meeting attendees, I was impressed by the enthusiasm and interest at the meeting.

There are about 400 members in this national society, and

700 physicians attended the meeting. The lecture halls were standing room only and the question-and-answer periods continued until they were stopped due to time constraints. Chilean ob-gyns' interest in ACOG continues to grow, especially related to education. On behalf of the ACOG contingent from the US, I wish to thank Eghon Guzmán, MD, Chile Section chair, and Eugenio Suárez, Chile Section vice chair, for all their efforts.

2010 Annual District Meeting

The 2010 ADM will be held in Bar Harbor, ME. The clinical meeting will be October 8–10 with the District Advisory Council Meeting preceding it. The ADM will feature the ACOG postgraduate course "Reawakening the Excitement of Obstetrics and Gynecology," conducted by Tod C. Aeby, MD, from the University of Hawaii.

This course has received high marks from past attendees. In addition to presenting topics related to clinical practice, it differs from other courses in that it includes sessions on adult learning, challenges of the professional marriage, couples communication, how to build your practice, financial assessment, generational issues, balance and burnout, and personal planning. It should be a great meeting, so save the date. Best wishes to all for the new year. ♦

District I Annual Meeting: Join us in Bar Harbor, ME

October 8–10 ♦ Harborside Hotel



This year's District I Annual Meeting will be held in Bar Harbor, ME. With such an exciting local venue, it will be a great opportunity to reunite with old friends and colleagues and take advantage of an excellent educational program at the same time.

The ADM will feature the ACOG postgraduate course **"Reawakening the Excitement of Obstetrics and Gynecology,"** conducted by Tod C. Aeby, MD, from the University of Hawaii. In this unique course, stimulating didactic and small group sessions will be used to provide updates and management strategies for important topics in women's health and significant issues related to the practice of ob-gyn in contemporary society.

After attending the course, participants should be able to discuss the participant-selected problems in ob-gyn, understand the challenges of the "medical marriage," apply principles of time, stress, and practice management, understand and manage personal finance issues, and develop an approach to difficult and challenging patients.

Make sure you save the date. We hope to see you there!

Outstanding District Service Award winner: John B. Makin, Jr, MD

Ronald T. Burkman, Jr, MD, District I chair



Dr. John B. Makin, Jr

Congratulations to John B. Makin, Jr, MD, on winning an ACOG Outstanding District Service Award. At the recent District Advisory Council Meeting, Dr. Makin received enthusiastic support from District I members for his nomination for the award.

Despite being a solo practitioner in rural Maine, Dr. Makin has been actively involved in county, state, and national medical organizations for more than 35 years. In his capacity as chair of the District I Legislative Committee and president of the Maine Medical Association, he championed issues that improved both the care of women in Maine and the practitioners providing care. For example, Maine now has an effective review panel for medical liability cases which, if it rules favorably for the defendant, prevents cases from proceeding to trial. Dr. Makin has also been active for many years in the American Medical Association.

Within District I, Dr. Makin has served as treasurer, Legislative Committee chair, and Maine Section chair. Nationally, he has been vice chair of the Finance Committee and the Compensation Committee, chair of the Audit

Committee, and a member of the Committee on Nominations. Through his efforts, District I has remained stable financially despite recent difficult times. Though this has required a degree of fiscal conservatism, important and effective programs have continued to be supported. His skill and knowledge in this area led to his appointment to the key financial committees of ACOG previously listed. Dr. Makin's advice is sought in these matters because of his wisdom, his balanced view of ACOG's mission and objectives, and his good old "Yankee" pragmatism.

District I has always respected his counsel and advice on many of the thorny issues affecting our members from time to time in the past. Dr. Makin, much like country music legend Willie Nelson, is among "the last of the breed" (though in Dr. Makin's case, we mean a solo practitioner). He has not only provided exceptional care to his patients, but has also served the common good through quiet, effective, and selfless service.

Dr. Makin would be the last person to seek any recognition and will probably be a bit embarrassed to be honored by our district. However, this modesty and humility, particularly in the presence of so many accomplishments on behalf of our district, is one more reason to honor him with this award. ♦

2009 Annual District Meeting in Orlando, FL



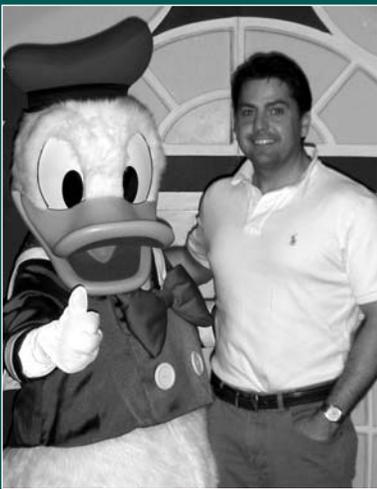
Mark S. DeFrancesco, MD, MBA, District I past chair, and Ronald T. Burkman, Jr, MD, District I chair, with a Disney performer



Districts I and III enjoy the fireworks at Epcot Center



Eghon Guzmán, MD, Chile Section chair, and his wife, Maritza, show off their 3D glasses



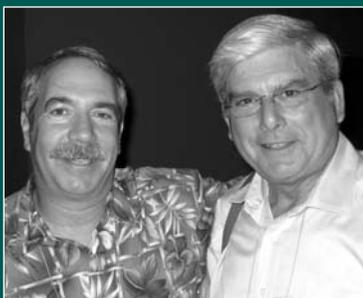
Donald Duck gives Eric J. Hodgson, MD, Junior Fellow College Advisory Council past chair, a thumbs up



Blair T. Lacy, MD; Abbey J. Hardy-Fairbanks, MD, New Hampshire Section Junior Fellow chair; and Elizabeth Anne Mayhall



Ronald T. Burkman, Jr, MD, District I chair, and Millie Burkman pose with Minnie Mouse



Mark S. Cooper, MD, District I treasurer, and Michael R. Tesoro, MD, District I past chair



Mark S. DeFrancesco, MD, MBA, District I past chair (top left), takes a photo with his family and Micky Mouse



Andrea Pelletier; Arij Faksh, DO, Maine Section Junior Fellow vice chair; and Jennifer E. Pofahl, MD, Maine Section Junior Fellow chair

More highlights from the 20



Jillian A. Carpenter, MD, District I Junior Fellow past chair; Fredric D. Frigoletto, Jr, MD, past ACOG president; and Martha Frigoletto



Patrick J. Sweeney, MD, ACOG Committee on Continuing Medical Education vice chair, and Terrence F. Cahill, MD, Rhode Island Section chair



Paula Greenberg, RN, MBA, District I public member, and Mark S. DeFrancesco, MD, MBA, District I past chair



Eghon Guzmán, MD (left), Chile Section chair, chats with his wife, Maritza, and Douglas H. Kirkpatrick, MD, past ACOG president



Mark S. Cooper, MD, District I chair; Patricia M. Miller, MD, District I vice chair; Mark S. DeFrancesco, MD, District I past chair; and Mark S. Makin, Jr, MD, District I past chair



Patricia M. Miller, MD, District I vice chair; Helen DeFrancesco; and Linda Cahill



Nancy Makin; Stephen J. Woodruff, MD, Vermont Section chair; and Micki Woodruff



2009 Annual District Meeting



◀ Jay A. Naliboff, MD, Maine Section chair; Susan Lahrman, MD, Junior Fellow College Advisory Council past chair



◀ Richard W. Henderson, MD, District III vice chair (middle), presents Owen C. Montgomery, MD, District III chair (left), and Mark S. DeFrancesco, MD, MBA, District I past chair, with auto-graphed photos of Buzz Lightyear



▶ Angela N. Aslami, MD, District I young physician representative; Roger C. Young, MD, Vermont Section vice chair; and Tina Clark-Samazan Foster, MD, New Hampshire Section chair



treasurer; Ronald T. Burkman, Jr., MD, District I vice chair; Mark S. DeFrancesco, MD, District I past chair; and John B. Miller, MD, District I treasurer



Eghon Guzmán, MD, Chile Section chair, and Susan T. Haas, MD, MSc



◀ Susan Schwartz, MD, Quebec Section vice chair; and Robert J. Gauthier, MD, Quebec Section vice chair; and Johanne Gauthier



Top row: Edward P. Reardon, MD, Atlantic Provinces Section vice chair, and Arthur W. Zilbert, MD, Atlantic Provinces Section chair. Bottom row: Donna Reardon; Lydia Reardon; and Katherine Zilbert.



Atlantic Provinces

Arthur W. Zilbert, MD

All of Canada has been dealing with the H1N1 influenza crisis. Immunization programs are the responsibility of each individual province, but the vaccine is supplied by the federal government. Pregnant

woman have been selected as a high-risk group and have been fast tracked for immunization clinics. Both the adjuvant and non-adjuvant vaccines are available.

The Dalhousie Medical School campus for New Brunswick is progressing. The university is working diligently towards this project. The actual impact on the Halifax campus has yet to be determined.

Nova Scotia has many physician groups on alternate funding arrangements. The government has been slow to renew these contracts, and this is affecting our gynecologic oncologists. The midwifery pilot project in Nova Scotia seems to be progressing with the general guidelines working well.

There is more emphasis to be placed on minimally invasive cadaver training via the Dalhousie University skills lab. There are no known planned elections looming in any of the Atlantic Provinces, so we may have some political stability for a while. ♦



Chile

Eghon Guzmán, MD

We enjoyed a very successful meeting of the Chilean Congress of Obstetrics and Gynecologists on November 22–24, 2009. The meeting of the Congress will alternate each year with our clinical meeting, which will next take place in the fall of 2010.

The Congress was very happy to welcome ACOG President Gerald F. Joseph, Jr, MD, ACOG Secretary-Elect and District I Past Chair Mark S. DeFrancesco, MD, MBA, and current District I Chair Ronald T. Burkman, Jr, MD, to our meeting. We would also like to recognize the presence of ACOG Executive Vice President Ralph W. Hale, MD, and past ACOG Presidents Kenneth L. Noller, MD, MS, and Douglas H. Kirkpatrick, MD, all of whom have attended the past three meetings in a row.

Chilean ob-gyns are feeling part of ACOG already, and we are slowly but surely on the way to making all of them Fellows of ACOG. We hope to have all of our historical fellows established by the 2010 Annual Clinical Meeting in San Francisco in May.

We currently have our own website at acog.cl where our history and the member list of Chile Section Fellows can

be found. In the near future we are going to develop a more interactive page where we hope to get feedback from our members. ♦



Connecticut

Phillip H. Lahrman, MD

The Connecticut Section met in November with new leadership. I chaired the meeting with Howard A. Shaw, MD, as vice chair. Legislative issues of importance to Connecticut ob-gyns were discussed, including:

discussed, including:

- ▶ HB 6391—pertaining to the elimination of separate written consent for HIV testing
- ▶ SB 458—requiring the communication of mammographic breast density information to patients
- ▶ HB 5635—prohibiting a person from performing an ultrasound unless ordered by a licensed health care provider

Our section will plan to use the services of a lobbyist on an as-needed basis and will collaborate with the Connecticut State Medical Society for future state legislative issues concerning ob-gyns.

The 2010 ACOG Congressional Leadership Conference, The President's Conference, in Washington, DC, February 28–March 2, will be attended by select Connecticut Fellows and Junior Fellows.

Patient safety will be the focus of this year's Section Advisory Council efforts. A program will be developed utilizing existing networks and available resources to provide training and support for patient safety.

Robert Greenstein, MD, a Connecticut geneticist and pediatrician, has plans to distribute a DVD for the purpose of counseling families that have learned that their child is suspected to have Down syndrome. We have provided a mailing list to facilitate the distribution. ♦



Maine

Jay A. Naliboff, MD

It's been quiet in Maine. Hospitals did receive enough Medicaid back payment from the state to prevent insolvency, although revenue is falling short of projections and health care dollars are usually

first on the list for cutting or delay.

The State Legislature adjourned without passing parental consent legislation, which the section strongly opposed. A bill did pass that will ultimately require clinicians who prescribe narcotics for longer than 30 days to be specially

certified. This is in response to a small number of physicians and nurse practitioners who have inappropriately prescribed long-term narcotics and whose patients divert these drugs for street use.

The Maine Center for Disease Control and Prevention and our section are working closely to disseminate information regarding prevention and management of the H1N1 influenza in pregnant women. Maine already has widespread H1N1 cases and, as I write this, the vaccine is just now being distributed around the state.

There has yet to be a summit of providers of maternity and newborn care. The Maine CDC and Maine Medical Center are both collecting data on poor home-birth outcomes, and lay midwives are understandably defensive. The Maine Maternal and Infant Mortality and Resiliency Review Panel meeting may be the venue in which these poor outcomes are reviewed.

I made my annual visit to the University of New England College of Osteopathic Medicine to discuss ob-gyn as a career choice in November.

The section has submitted a slate of officer candidates for next fall. Candidates are: Joseph R. Wax, MD, for section chair; Ingrid A. Carlson, MD, for section vice chair; and Carla A. Burkley, MD, for section secretary-treasurer. Our Annual Section Meeting was held at Sugarloaf USA, January 23–24.

Finally, we note the passing of John James, MD, who practiced ob-gyn in Lewiston and Auburn for more than forty years. ♦



Massachusetts

Gabriel M. Cohn, MD

The 2009 Massachusetts Medical Society's Physician Workforce Study reported that ob-gyns are in short supply in the state and that this shortage is severe. This comes as little surprise to those who practice medicine in the Commonwealth. Ob-gyns in Massachusetts pay a greater percentage of their income for professional liability premiums in comparison to other specialties in the state. Massachusetts, known for its highly-trained youth, struggles to retain workers under the age of 35 (including our highly-trained residents and Fellows) because Massachusetts has one of the highest cost-of-living rates in the nation.

This has been a season of great challenge. Below, I report how our section has responded to challenges we've faced. While much work remains, the contributions of our membership cannot be understated as we remain committed and resolute in our quest to assure the highest quality health care for all women in Massachusetts.

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 the second year of the legislative cycle, and bills are being heard and will move out of committee and to the floor for vote.

Our Legislative Committee, led by Erin E. Tracy, MD, section vice chair, has developed a strategy of legislative initiatives that are both proactive and blocking in nature. Areas of proactive legislation include the drafting of a bill, An Act to Recruit and Retain Certain Physicians in the Commonwealth, 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 gynecologists who treat pregnant patients up to 40 weeks of gestation who choose to practice in a part-time capacity. The committee is also working with various members of Congress to modify a bill regarding postpartum depression so the bill would provide support for efforts to identify depression but be less prescriptive in its wording.

Legislation that the section will attempt to block includes An Act Relative to a Board of Registration in Midwifery, a bill identical to one successfully blocked during the last legislative session. Our section has provided testimony opposing this bill. We also met with the midwifery leadership of the Commonwealth to determine if there was any room for compromise on this bill. The midwifery leadership was opposed to removing language on licensure for lay midwives, and, as a result, no agreement was reached. Bills addressing professional liability and other aspects of medical practice, including infant feeding, are currently being tracked by our lobbyists and the Legislative Committee.

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. The Commonwealth has conducted several hearings and meetings on payment reform and is examining ways to assure the delivery of efficient, high-quality health care that aligns with evidence-based guidelines. Alternatives to fee-for-service payment were examined and included pay-for-performance, tiering, medical homes, and electronic medical records. Our section has provided testimony on the impact and cost of defensive medicine, the need for medical liability reform to reduce cost and improve efficiency, and the lack of scientific and economic evidence supporting the benefit of alternative financial models to improve quality and reduce costs. We recommended that pilot programs be developed to determine which of the many med-

Continued on page 10

Continued from page 9

ical financial models actually contain rising costs without compromising quality and outcomes.

To better understand the changing practice environment and workforce in Massachusetts, our Practice Committee, led by Angela N. Aslami, MD, conducted a survey of the section's members on practice patterns, including part-time and/or full-time status, hours on call, and extent of responsibilities. Approximately 10% to 15% of the section's members responded. Some of the highlights of the survey are:

- ▶ Among the respondents, 73% were full-time employees, and 67% were female
- ▶ Only 45% of respondents were planning to practice obstetrics in the next four years with work-family balance, stress, and cost of professional liability cited as the three most common reasons for giving it up
- ▶ Only 20% of respondents were certain that their malpractice carrier offered the option of part-time coverage
- ▶ On average, respondents identified approximately 40 hours of work per week as part time practice
- ▶ Fifty-six percent of respondents who were planning to stop practicing obstetrics indicated that they would be interested in continuing the practice of obstetrics if a part-time option for professional liability existed and allowed for the part-time practice

A more comprehensive review of the survey results will be available on our website. The information derived from this survey is being shared with the state's professional liability carriers in an effort to encourage more flexible policies that better reflect the changing demographic, lifestyle, and practice choices of modern day obstetricians.

Our section is helping coordinate the efforts of the Massachusetts Department of Public Health, local health agencies, and departmental chairs throughout the state to encourage each region to develop local policies and plans that would assure that H1N1 vaccination is provided to all interested pregnant women.

Our 2009 Massachusetts Section Annual Meeting was organized by Dr. Tracy and held on July 8, 2009. Approximately 100 individuals registered for the meeting. The invited faculty updated participants on fetal heart rate tracing, simulations, advanced laparoscopy, urogynecology, new pharmaceutical rules, and the Federal Drug Administration's new labeling guidelines for pregnancy and lactation. In addition, Junior Fellows presented their recent research projects as poster and oral presentations. As usual, the meeting was well received by participants with most speakers receiving grades of 4.5 to 5.0 on a scale of 1 to 5. Planning for next July's meeting is currently underway.

Our website continues to be updated regularly by Julia S. Edelman, MD, our webmaster, and is frequented several thousand times each month. The website is available for all ACOG members to explore, and there is a corresponding

message board. Please visit the website at acog.org/acog_sections/dist_web.cfm?recno=27.

We are delighted to welcome two new Junior Fellow officers to the section: Katharine Esselen, MD, section Junior Fellow chair, and Cecile Unger, MD, section Junior Fellow vice chair.

Given the recent restructuring of ACOG, some of our section's reserves are no longer available for certain types of lobbying. Cost-saving initiatives led by our treasurer, Lisa M. Jones, MD, along with a return to annual section membership dues of \$50 will ensure that our section can continue its mission of advocacy and education for our members and the patients we serve.

Thank you to all our section members for their dedication, support, and indefatigable efforts through these challenging times. In the words of our late Sen. Edward Kennedy, "For all those whose cares have been our concern, the work goes on, the cause endures, the hope still lives, and the dream shall never die." ♦



New Hampshire

Tina Clark-Samazan Foster, MD

I'd like to welcome our new section officers (including myself, as chair). Maria D. Padin, MD, joins us as secretary-treasurer. She attended Dartmouth Medical School in Hanover, graduating in 1992.

Her residency training was at the Maine Medical Center. She has been an ob-gyn practitioner at Dartmouth-Hitchcock Concord since 1997, serving as chair of the ob-gyn department from 2005 to 2007. She is currently chair of the ob-gyn department at Concord Hospital and interim medical director at Dartmouth-Hitchcock Concord.

Michele R. Lauria, MD, is our new vice chair. Dr. Lauria is a maternal-fetal medicine specialist at the Dartmouth-Hitchcock Medical Center in Lebanon with a focus on outcomes research and quality improvement. She is a graduate of the Center for Evaluative Clinical Sciences (now The Dartmouth Institute for Health Policy and Clinical Practice) and cofounder and medical director of the Northern New England Perinatal Quality Improvement Network (NNEPQIN).

I am delighted to now be serving as section chair. I am a proud graduate of the University of California who relocated about 10 years ago for the Veteran Affairs Quality Scholars Fellowship Program. I currently serve as director of general ob-gyn at the Dartmouth-Hitchcock Medical Center, and I am also program director for the Dartmouth-Hitchcock Leadership Preventive Medicine Residency Program. Additionally, I teach in the Master of Public Health program at The Dartmouth Institute for Health Policy and Clinical Practice. We are all looking forward to

the next three years and to continuing to expand ACOG's visibility and activity.

In addition to hosting a successful Annual Section Meeting led by Jerome T. Schlachter, MD, in September, our section also cosponsored meetings on perinatal HIV and fetal heart rate monitoring and communication. Both were well received. NNEPQIN met in November and is moving forward to create a confidential peer-review board for reviewing unanticipated obstetric outcomes.

NNEPQIN is working to form a patient safety organization that could potentially collect regional data on all cases undergoing quality assurance review to look for trends and themes that could be used to guide future CME, quality improvement, and regional guideline initiatives. ACOG members from New Hampshire and Vermont also participated in NNEPQIN's TeamSTEPPS training this summer. Our section has a special resource in NNEPQIN. Please visit their website at nnepqin.org for information about upcoming meetings and initiatives.

Several section members were able to attend the Annual District Meeting in Orlando, FL. Congratulations to Barry D. Smith, MD, District I Patient Safety Committee chair, and Patricia M. Miller, MD, District I vice chair, for their leadership in crafting our first joint district safety and quality meeting, which was a highly-productive working meeting focused on ob-gyns and the H1N1 influenza.

Dr. Lauria attended the ACOG State Legislative Chairs Conference in Washington, DC, on December 5. We will be ably represented by Dr. Lauria, Dr. Padin, and our Junior Fellow officers at the 2010 ACOG Congressional Leadership Conference, The President's Conference.

We hope to learn more from our Fellows and Junior Fellows about how we can better serve our section and will be asking for your input in the near future. ♦



Quebec

Markus C. Martin, MD

Discussion of a proposal to tolerate assisted suicide in "appropriate circumstances," as submitted by the Quebec College of Physicians, has temporarily died down because of the H1N1 influenza crisis and

the mass vaccination program. The population has been very eager to receive the vaccine and delegating the prioritization of who should receive it to the public health section of the Quebec Ministry of Health and Social Services has worked out very well.

Although our Minister of Health and Social Services, Yves Bolduc, MD, has been categorical in promoting more family doctors for the province, we have many more ob-gyn residents this year in our university programs than in the past. For this, we are very pleased.

The Association of Obstetricians and Gynecologists of Quebec is organizing two major meetings for 2010. One will be held in Montreal in May, and the other will be held in September in Nice, France. ♦



Rhode Island

Terrence F. Cahill, MD

The Rhode Island Section invited three residents from the Women and Infant's Hospital in Providence to the 2009 Annual District Meeting in an effort to have young physicians become more involved in ACOG activities. The post-conference feedback from the residents has been very positive.

In September, our section participated in a conference sponsored by the National Institutes of Health Office of Research on Women's Health. The Women and Infant's Hospital and Brown University School of Medicine hosted the event. Focus areas for discussion were prenatal, infancy, and childhood years, adolescent years, pregnancy, menopause, and elderly years.

The National Cancer Institute recently authorized a five-year extension of the Ovarian Cancer Prevention and Early Detection Study. The study has been analyzing options such as surgical removal of the ovaries, sonars and CA 125, and oral contraceptives. The Women and Infant's Hospital will be one of the five coordinating centers.

The merger of the two main health systems in Rhode Island, Lifespan and Care New England, has been pending for the past two years. The application has been approved at the federal level but state regulators have concerns about the expected health and cost benefits to the citizens of Rhode Island.

The Noreen Stonor Drexel Birthing Center at Newport Hospital has received the prestigious "Baby Friendly" designation from the World Health Organization and the United Nations Children's Fund. Hospitals are awarded this status only when independent evaluators have determined that all hospital practices meet the rigorous "Baby Friendly" standards. ♦



Vermont

Stephen J. Woodruff, MD

Things have been quiet in Vermont. Our last section meeting was in December. Barry D. Smith, MD, District I Patient Safety Committee chair, attended, and we discussed quality improvement and/or assessment for robotic surgery and 39-week elective delivery. ♦

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Calendar of Events

2010

February

28–March 2 ACOG Congressional Leadership Conference, The President's Conference Washington, DC

March

19–21 Fellow and Junior Fellow Interim District Advisory Council Meeting Portland, ME

May

15–19 58th ACOG Annual Clinical Meeting San Francisco acog.org/acm

October

8–10 Annual District Meeting Harborside Hotel Bar Harbor, ME