



## The American College of Obstetricians and Gynecologists District IX - Advisory Council Meeting

Wednesday, August 20, 2008  
Fairmont Banff Springs Hotel  
9:00 AM – 5:00 PM  
Ivory Petrak Room

### MINUTES

**Members In Attendance:** Drs. Frank Gamberdella, Jeannie Conry, Sharon Winer, James Macer, Alejandrina Rincon, Kelly McCue, Jeff Cragun, Ashley Weinert, Rita Melkonian, Jeffrey Thomas, Randy Winter, Laura Sirott, Rick Murray, Philip Diamond, Dennis Buchanan, Diana Ramos, Malcolm Margolin, Laurie Gregg, Yair Blumenfeld, Dan Lickness, Robert Wallace, John McHugh, John Allen King

**National Representatives:** Drs. Douglas Kirkpatrick, Luella Klein, Gerald Joseph, Ralph Hale, Susan C. Del Pesco, JD

**Staff:** Margaret Merritt, Executive Director; Parris Chapman, Administrative Assistant; Shannon Smith-Crowley, Legislative Advocate (Tele-Conference)

#### I. Introductions

1. Douglas Kirkpatrick, MD, President
2. Luella Klein, MD, Vice-President, Women's Issues
3. Ralph Hale, MD, Executive Vice-President
4. John McHugh, MD District IX Newsletter Editor
5. Parris Chapman, District IX Administrative Assistant

#### II. Approval of Minutes - Advisory Council Meeting, March 15, 2008

1. Add Dr. Winter to list of attendees.
2. Minutes approved with above correction.
  - a. 1<sup>st</sup> - Dr. Winer
  - b. 2<sup>nd</sup> - Dr. Lickness

#### III. National Officer Reports

1. Douglas Kirkpatrick, MD, President
  - a. Taskforce on Patient Safety
    - The taskforce will provide guidelines for surgery, anesthesia and other procedures that have a high incident counts dealing with patient safety.
  - b. Alternative tort reform: COPIC
    - The mission is to recognize, respond to and resolve issues when patients experience unexpected complications, by defusing anger and assisting with finances/lost income without infringing on a patients right to sue. It's all about communication and continuing patient/physician relationships.
    - COPIC is a private physician owned organization, not through ACOG.
    - Members of COPIC travel to any location to discuss the program with others.

- If there is a case of negligence, then risk management will be contacted and will address the issues.
  - Claims are down but the severity of claims are up.
- c. New Physician Training: Simulators
- Fifty percent of residency programs are now using simulators which seem to impact hand-eye coordination and could lead to a decrease in surgical skill.
- d. Residents Review Committee (RRC)
- It is mandated that all medical institutions have childcare facilities for their employees. This will help with working hours and physician wellness and balance.
  - For more information, contact Joanne Kane whose program is functioning well.
- e. Tele-Medicine is on the rise.
- f. Home Births are increasing. Physician coverage is an issue as is insurance coverage.
- g. Buenas Aries has been added to our district in Chile.
2. Luella Klein, MD, Vice-President, Women's Issues
- a. The College is under review for changes and structure for employees.
- b. ACOG is transitioning from a 501 (C) (3) to a 501 (C) 3 and C (6).
- c. Congress is looking at pharmaceutical companies. We think there will be far less pharmaceutical participation in ADM's. This may impact the number of exhibitors that attend our meetings.
- d. Grievance Committee is 10 years old with only 189 complaints. The committee is doing well.
- e. Congress is exploring the impact of reducing the 80 hour work week. Residents oppose the decrease.
3. Ralph Hale, MD, Executive Vice-President
- a. Maintenance of Certification
- 4,800 people have taken the recertification course module.
  - A new exam will begin in 2012 and which will be computer based.
  - All physicians are required to know the basics of the ABC exam.
  - ACOG is working toward making the exam available during ACM's and ADM's.
- b. Work force study
- There are significant vacancies in the OBGYN field. Working on determining what needs to be done to recruit them into the OBGYN field?
- c. The Chantilly Retreat. The retreat was great success.
- d. "Primary Care"
- What is the meaning of primary care? ACOG is working on redefining the term. New Name is Ambulatory Women's Health.
  - Legislative Report. Dr. Hale worked with Senator Obama and was assured our Democratic platform would be in his review.
- e. The pro's and con's of electronic medical records

- Pro's - Easier to maintain, deliver, and transfer. More accurate and safe.
  - Con's - No personal touch from physicians, no way to leave extra notes to help doctors remember or recognize different situations about their patients, very impersonal.
- f. Health & Human Services – Changing the definition of pregnancy.
- Pregnancy begins with the union of the sperm and the egg.
  - No IUD's or IDS'. These would all be terminating a pregnancy.

## V. Executive Reports

1. Chair's Report - Frank R. Gamberdella, MD
  - a. Lobby Day 2008.
    - Numbers increased dramatically.
    - Training location will be changed from UCD to near the Capitol.
    - Attendee's lobbied against the Medi-Cal Reimbursement rate decreases.
  - b. Newly elected executive committee members.
    - Dr. Frank Gamberdella - Immediate Past Chair
    - Dr. Jeanne Conry - Chair
    - Dr. Philip Diamond - Vice-Chair
    - Dr. Sharon Winer - Treasurer
    - Dr. Laurie Gregg - Secretary & Junior Fellow Advisor
  - c. Newly elected advisory council members.
    - Dr. Alejandrina Rincon - Immediate Past Junior Fellow Chair
    - Dr. Yair Blumenfeld - Junior Fellow Chair
    - Dr. Jennifer Salcedo – Junior Fellow Vice Chair
    - Dr. Susanne Ramos – Section 4 Chair
    - Dr. Margaret Echt – Section 4 Vice Chair
    - Dr. Laura Sirott – Section 5 Chair
    - Dr. Kimberly Gregory – Section 5 Vice Chair
    - Dr. Chrysten Cunningham – Section 8 Chair
    - Dr. Douglas Fenton – Section 8 Vice Chair
  - d. Reviewed Dr. Hale & Dr. Kirkpatrick's reports.
    - Resident applications are increasing.
  - e. Cosmetic surgery and impact on the OBGYN field. Dr. Gamberdella used the responses he received from the Advisory Council, the Council on Resident Education in Obstetrics and Gynecology, the American Board of Obstetrics and Gynecology, and practitioners in private practice to compile these findings:
    - Dr. Gamberdella was somewhat surprised to see that many respondents, although initially enthusiastic about cosmetic surgery, eventually lost interest because of cost, liability concerns, and poor economic returns related to the great amount of competition and the impact of a failing economy.
    - There is very little interest in training residents in cosmetic surgery.

- The American Board of Obstetrics and Gynecology does not want to initiate this type of training.
  - There is a bill before congress to prevent physicians from contracting out for cosmetic surgeries.
  - Some cosmetic surgeries are less costly than covering obstetrics.
- f. Committee Opinion – Conscientious & Reproductive Rights 385.
- Committee Opinion #385 on “Conscientious and Reproductive Rights” was discussed by Hal Lawrence, MD, Vice President, Practice Activities. There is no concern that a Fellow’s accreditation by the ABOG would be in jeopardy over his or her conscience and the performance or referral for a patients reproductive rights. The statement in the Committee Opinion on choice will likely be modified.
2. Vice Chair Report - Jeanne Conry, MD, PhD
- a. Went over the Preconception Care Council and Interconception Care Grant. District IX has submitted a research proposal on behalf of the District to develop postpartum visit guidelines for all providers of obstetric care in the state. This grant would complement the work of our preconception care goals for the state. ACOG, relying upon the great support of the District office, submitted this proposal which would redesign the postpartum visit.
- b. See packet for complete report.
3. Interim Treasurer Report - Sharon Winer, MD, MPH
- a. District IX billing process.
- b. District IX reimbursements issues such as the time frame, reimbursement amounts were discussed. Went over establishing new reimbursement caps.
4. Secretary Report – Laurie Gregg, MD
- a. Dr. Gregg reported on her accomplishments this last year.
- Discussed attending the California Medical Board Midwifery Committee Meeting who discussed the collection of home birth data by OSHPD.
  - Served as first alternate to ACOG national committee on nominations, attended nominee presentations and participated in conference call wrap-up.
- b. See packet for full report.
5. Junior Fellow Chair Report - Ale Rincon, MD
- a. Leadership training for Junior Fellows.
- New leadership training approved by Executive Board and would like districts to send up to five section officers to attend. The training will occur the day before the Congressional Leadership Conference in 2009.
  - *The Executive Committee will discuss this while preparing the 2009 budget and will send to Advisory Council to be voted on.*
6. Junior Fellow Vice-Chair - Yair Blumenfeld, MD
- a. Junior Fellow recruitment
- Need to increase participation of JF’s and have a few vacancies to fill.

- Program directors are a key point of contact for active Junior Fellows.
  - The Junior Fellows may want to do more internet based meetings or teleconferences instead of having to come to an ADM for a week.
  - *District IX will send a letter to all Residency Directors with section officer's name and position within The American College of Obstetricians and Gynecologists, so that they will know what the requirements are as a member of the Junior Fellow Advisory Council.*
  - Dr. Macer suggests that the Fellows start an active mentoring program for the Junior Fellows.
- b. Section two had a very successful medical student mixers
  - c. District IX medical student essay winners.
    - Annual Clinical Meeting - Carolyn Fredericks, Marcela Smid, Joshua Goldman.
    - Annual District Meeting - Jennifer Austin, Matt Macer, Kathrine Taylor, Sara, Salig.
7. Executive Director Report - Margaret Merritt
- a. See packet for full written report.

## VI. Section Officer Reports

1. Section 1, Kelly McCue, MD & Jeff Cragun, MD
  - a. Medi-Cal reimbursement rate cuts.
    - With work week going down to less then 80 hrs doctors will not even be breaking even.
  - b. UC Davis Residents Response to Lobby Day.
    - The residents were very pleased with the 2008 Lobby day. One suggestion made was to have the whole day (training, legislative meetings, reception) all at one location. It was difficult to get from training to lunch and then they had to leave early due to transportation arrangements back to UC Davis.
  - c. UC Davis residency program.
    - The UC Davis residency program consists of 6 residents/year and 1 FP OB resident/year and has been graduating an equal mix of residents going into general practice and fellowship.
    - They have been working on objectives to measure these competencies. Some examples would be watching residents give informed consent to evaluate verbal and non verbal communication skills, having support staff evaluate professionalism, and by evaluating focused areas of knowledge during a surgical procedure.
2. Section 2, Ashley Weinert, MD & Rita Melkonian, MD
  - a. Physician Complaints.
    - Doctors are using IUD's for patients and are not being reimbursed. They are losing money due to patients decision to have the IUD removed before the medical timeline expires.
  - b. New CMA training program.
    - CMA has a pilot program to let physicians trained in lower cost places like Mexico, to practice in lower paid areas in the United States.

3. Section 3, Randy Winter, MD & Jeffrey L. Thomas, MD
  - a. CMQCC.
    - CMQCC has extensive representation from many powerful organizations throughout the state and is in the process of making recommendations and developing new guidelines.
  - b. CMS Board.
    - This committee meets twice yearly, once in Northern California and once in Southern California. Would like to find someone who is interested in covering the Northern CA meetings.
  - c. UC Merced possibly building a new school. Dr. Winter will have more information soon.
  
4. Section 4, Dan Lickness, MD & Susanne Ramos, MD
  - a. North Santa Barbara County
    - This section is lacking coverage.
  - b. Alcohol use during pregnancy.
    - Dr. Lickness was invited by the SLO County Supervisors to speak at their September Board Meeting about the issue of alcohol use in pregnancy. He will be speaking to the Board using ACOG guidelines as a reference. He will also give a presentation on Fetal Alcohol Syndrome.
  - c. CA Public Health Prenatal Genetic Screening.
    - They are continuing to work on a number of issues: Standards for CVS Practitioners, Adverse Outcome reporting, Implementing the Prenatal Screening Expansion Program, and the structure of the perinatal subcommittee itself.
  
5. Section 5, Sharon A. Winer, MD, MPH & Laura Sirott, MD
  - a. Medical student mixers at UCLA and USC.
    - They were very successful and increased the student interest in OBGYN area.
  - b. Possibly closing the county clinic due to Medi-Cal and Medicare reimbursement cuts.
  - c. Funding in public institutions and Private Practices.
    - Funding is impacting the way the residents are able to train.
    - Fulltime hospital employees are also on the Medical Executive Committee and do not vote for private practitioners, they vote to retain their employment at the hospitals.
    - To control the situation hospitals are opening large locations and renting them out at low cost.
    - 97% of deliveries are done by hospital staff OBGYNs.
  - d. Cosmetic Surgery.
    - There has been an increase in Botox surgery in the Los Angeles area, but there are few clinicians involved in significant cosmetic procedures, perhaps due to the proximity to Beverly Hills and the presence of cosmetic surgeons/dermatologists in the area.
  
6. Section 6, Rick D. Murray, MD & John Allen King, MD
  - a. Loma Linda University.
    - Electing a new President and are building a new \$1 billion clinic.

- Their new Bicentennial School should be opening in a few months.
  - b. Expansion of section six.
    - University of California, Riverside Medical School now has a goal of 112 students. Originally their goal was 60 students. The official start date is 2012.
    - Redlands Office-a branch of Kaiser Fontana will open October 7-about 70 MD's there.
7. Section 7, Dennis Buchanan, MD & Diana Ramos, MD, MPH
- a. County Hospitals and OBGYN needs and anesthesia reimbursements.
    - Dr. Ramos spoke with Orange Coast Memorial Medical Center Fountain Valley: OB/GYN Chairman, Michael Robinson, M.D. The major issues are reimbursement from insurance companies for Laparoscopies - DaVinci assisted procedures in particular. Although less invasive procedure and shorter hospital stay is necessary when using the DaVinci, insurance companies are reimbursing at lower rates. Recommend more lobbying to increase reimbursement rates generally and for patients seen in the ER/Hospitals.
  - b. Went over the anesthesia guidelines and misinterpretations of OBGYN anesthesia guidelines.
    - If a hospital is doing anesthesia on an obstetrics patient, an OBGYN must be present.
8. Section 8, Diana E. Hoppe\*, MD & Chrysten Cunningham, DO\*
- a. Report not given – Please see meeting packet for report.

## VII. District IX Committee Reports

1. Committee on State Legislation - Philip Diamond, MD & Shannon Smith Crowley, Legislative Advocate(Tele-Conference)
- a. The state faces a \$15 billion dollar deficit and the Governor proposed and the legislature approved a 10% cut to Medi-Cal providers, effective July 1 to help close the deficit.
    - Before the State cuts the budget it must do an evaluation to show the need. California did not do that with the proposed Medi-Cal budget cuts.
  - b. Healthcare Reform.
    - AB 1X 1, a proposal to overhaul the healthcare system in California failed in the Senate Health Committee. The Governor announced that he will continue his efforts on health care reform in phases.
  - c. Medical Spas
    - These are corporations that provide procedures that are misconstrued as medical procedures.
  - d. Treatment by Conservative Doctors.
    - The Supreme Court has ruled that doctors cannot use their religious beliefs as a legal excuse for violating the civil rights of their former patient - an Oceanside lesbian - to whom they refused an infertility treatment based on their religious views about sexual orientation. For the full article, please contact ACOG, District IX.
  - e. The State Employee Wage Cuts

- September 19, 2008 the governor proposed to cut the wages of State employees to make up for the financial deficit the state of California is in. This was not passed.
2. Committee on Business and Practice Management – Robert Wallace, MD, MBA
    - a. The purpose of the BPM Committee
      - Recruitment of Junior Fellows
        - Seminars may not be the best way to go.
        - Dr. De Francisco is helping. He and Dr. Jeanne Conry are working with a taskforce that recently had a terrific educational conference call with an informal presentation/question and answer session by Mark De Francesco, M.D., M.B.A. Mark accepted the position of Chairman of ACOG’s Presidential Task Force on Changing Practice in the 21<sup>st</sup> Century, which created the report “Practice Smarter...Not Harder!”
      - Business and Financial Education of Junior Fellows
  3. Committee on Health Care for Underserved Women – Bruce Ettinger, MD, MPH
    - a. Report not given – Please see meeting packet.
  4. Committee on Physician Life Balance and Wellness – Laurie Gregg, MD
    - a. Survey - Dr. Gregg sent out a call for participation via e-mail and newsletter notification.
    - b. Pearls for a successful practice
      - Work Hours
      - Employee safety vs. patient safety
    - c. Discussed the relationship between physician fatigue and patient safety.
      - When doctors are overworked or suffering from sleep deprivation, they are more prone to making mistakes and the safety of their patients is at risk.
      - Cutting work hours may increase patient safety.

## VIII. District IX Representative Reports

1. California Health Care Leadership Academy Report - Kelly McCue, MD
  - a. Work hours - New physicians work less than older ones.
    - The nation is likely to experience a significant physician shortage in the near future according to estimates by the Association of American Medical Colleges. More than 1/3 of physicians are > 55 years old, newer physicians are working fewer hours and the baby boomers are aging.
  - b. Reform payment structure.
    - The Honorable Pete Stark, Chair, Ways and Means Health Subcommittee, U.S. House of Representatives gave a lecture regarding the status of the Medicare program. He emphasized that protecting the program’s future as the Baby Boomer generation retires relies on reform of the physician payment system.
  - c. Comprehensive Care by Physicians.
    - Ambulatory care would be provided by not-for-profit multi-specialty groups paid per capita in advance for comprehensive care and run by physicians.

Physicians would be paid a salary. Patients and physicians would be free to choose whether to be a part of the plan, but must be entirely in or out.

- Everyone would pay the health care tax regardless of being involved or not.

d. **Take home point** – “As physicians we need to not argue among ourselves, but work together.”

e. Robert Galloway – Author (Wal-Mart Book)

- Wal-Mart is in the process of going into the healthcare field. Offering low cost screenings, procedures and care.
- Faster visits, faster prescriptions.
- There is a demand for this type of care and Wal-Mart is offering it.

2. First Trimester Genetic Screening, Perinatal Subcommittee, Department of Public Health- Dan Lickness, MD and Susie Ramos, MD/CMQCC – Katherine Gregory, MD, MPH and Randy Winter, MD

a. Nuchal Translucency and the ultra sound criteria without nuchal translucency.

- This prenatal test (also called the NT or nuchal fold scan) can help your healthcare practitioner assess your baby's risk of having Down syndrome (DS) and some other chromosomal abnormalities as well as major congenital heart problems.
- The goal of Nuchal translucency is to not have to do CVS', which is why screenings are done.
- The NT scan must be done between 11 and 14 weeks pregnant. (The last day it can be done is at 13 weeks and 6 days pregnant.) It's usually offered along with a blood test in what's known as first-trimester combined screening.
- The cost for the screening is \$165.
- Not standard of care in community clinics, but is in private practices.
- This screening has taken away from CVS procedures.

3. The Access through Primary Care (APC): Manpower Pilot Project UC San Francisco – Laurie Gregg, MD

a. Please see Meeting packet for report

## IX. Leadership Program Reports

1. ACOG's Leadership Institute - Drs. Wallace, Hoppe, Archie

a. Please see Meeting Packet.

## X. Old Business

1. Medical Student Recruitment

a. Please see the meeting packet for these reports.

2. The Practice of Midwifery-Laurie Gregg, MD

a. American Medical Association - Resolution 205

- The AMA Resolution 205 seeks to make illegal a woman's right to chose to give birth at home or in a freestanding birth center by calling for

legislation to establish hospitals and hospital-based birth centers as the safest place for labor, delivery and postpartum recovery.

- Possible negative outcomes of home births.
  - Serious intrapartum complications may arise with little or no warning, even in low-risk pregnancies.
  - Women that are fully informed have the right to have home births but hospitals have the ability to immediately address the unexpected emergencies.

## XI. New Business

### 1. Dr. Gregg reported on homebirths

#### a. ACOG's Statement and Position

- Labor and delivery is a physiologic process that most women experience without complications. Ongoing surveillance of the mother and fetus is essential because serious intrapartum complications may arise with little or no warning, even in low-risk pregnancies. In some of these instances, the availability of expertise and interventions on an urgent or emergent basis may be life-saving for the mother, the fetus or the newborn and may reduce the likelihood of an adverse outcome. For these reasons, ACOG believes that the hospital, including a birthing center within a hospital complex, that meets the standards outlined by the American Academy of Pediatrics and ACOG, 1 or freestanding birthing centers that meet the standards of the Accreditation Association for Ambulatory Health Care or The Joint Commission or the American Association of Birth Centers, 2 is the safest setting for labor, delivery, and the immediate postpartum period. ACOG also strongly supports providing conditions that will improve the birthing experience for women and their families without compromising safety.

#### b. **Suggestion** – Maybe ACOG can make a film about the safety of a hospital birth.

c. *Dr. Gregg will get data on the number of home births and their outcomes.*

#### d. Letter from Dr. Stuart Fischbein & Email Exchange between Dr. Fischbein and Dr. Ralph Hale

- There was an email communication exchanged between Dr. Ralph Hale and Dr. Fischbein discussing ACOG's guideline paper on VBAC in 2004 and the different opinions on home births versus hospital births. (See packet)

#### e. Choice of Birth Setting: The National Perinatal Association Position Paper

- There is a movement by some members of the medical community to outlaw planned home births. 1-2% of all US births take place at home. This statistic has remained stable over the past few decades.

#### f. Proposed Regulation Regarding the Church Amendments, the Weldon Amendment and the Public Health Service Act

- Please see meeting packet for full report.

### 2. Letter from Sterling Williams, MD Support of Medical Education by Industry

#### a. The major changes in Pharmaceuticals

- There will not be symposiums or gifts.
- Focusing on direct connections to patients.
- The Association of American Medical Colleges is mandating that there only be one-on-one meetings.
- The Wyeth section award was not looked at because it has no direct connection to pharmaceutical advertizing.

- Anyone that has anything to do with PHARMA will not be able to sit on the National Executive Board. These guidelines also apply to the spouse of the Fellow as well.
  - May not apply to us locally (*Dr. Gamberdella will confirm*) for 2009 ADM or the 2010 ADM.
3. Summary of Changes to District IX Policies and Procedures
    - a. Did not discuss. Will address during 2009 Interim meeting. Please see meeting packet for written report.
  4. District IX Policies and Procedures - For Approval by Vote
    - a. Did not discuss. Will address during 2009 Interim meeting. Please see meeting packet for written report.
  5. 2009 Reimbursement Policy – For Approval by Vote
    - a. Did not discuss. Will send out email for approval. Please see meeting packet for written report.
  6. 2008-2010 Combined Annual District Meeting Fee’s
    - a. Discussed guidelines – Please see meeting packet for report.

**XI. Elections and Nominations**

1. District and Section Elections 2008-2011 New officers
  - a. Committee on Nominations -Chair + 2 Alternates 2009-2010
    - National nominee requirements
      - Candidate must be healthy and have a positive representation and background with the college
  - b. ACOG Community Service Award
    - Nominee - Diana Ramos (1<sup>st</sup> Dr. Conry & 2<sup>nd</sup> Dr. Winer)
  - c. Congressional Leadership Conference-March 1-3, 2009
    - Nominees - David Priver, Yen Wong, Neil Silverman

**XII. Executive Session**

**XIII. Adjournment**