Six new senators support tort reform

Medical liability reform gains national attention

Medical liability reform gained six new “yes” votes in the US Senate in November, bringing ACOG’s No. 1 legislative priority closer to passage during the 109th Congress. The need for medical liability reform gained substantial recognition and visibility during the 2004 presidential and congressional campaigns.

In the months leading up to the election, President Bush mentioned the need for medical liability reform in many of his speeches to voters, often using the ob-gyn specialty as a key example of the crisis. The president has made tort reform his top health issue for his second term.

“If ever there is a time for tort reform, that time is now! With this election, a majority in both houses favors tort reform as a solution to the liability crisis that continues to plague our ACOG members,” said ACOG President Vivian M. Dickerson, MD.

“We have sent a clear message that the issue will not go away and is affecting access to quality obstetrical care. Liability reform remains ACOG’s top legislative priority for 2005.”

Seven votes needed to break filibuster

Six new senators are expected to vote “yes” on medical liability reform; five of the senators won seats once held by “no” votes. However, the issue lost votes in two races, for a net gain of three likely “yes” votes.

The new senators, who all ran on platforms that embraced federal tort reform, include Richard Burr (R-NC), Jim DeMint (R-SC), Mel Martinez (R-FL), David Vitter (R-LA), and Johnny Isakson (R-GA),

“If ever there is a time for tort reform, that time is now!”

HPV vaccine on the horizon

An HPV vaccine could be available in the US within the next couple of years, offering women protection from cervical cancer.

Two pharmaceutical companies, Merck and GlaxoSmithKline, are developing HPV vaccines, focusing on the high-risk types of HPV that cause the majority of cervical cancer cases. Both companies have seen promising results from their clinical trials and expect to seek vaccine approval in the next few years.

By age 50, at least 80% of sexually active women will have acquired a genital HPV infection, according to the Centers for Disease Control and Prevention.

Cervical cytology screening has greatly reduced the cases of invasive cervical cancer in the US. However, the American Cancer Society estimated that approximately 10,520 cases of invasive cervical cancer would be diagnosed in 2004 in the US, with about 3,900 women expected to die of the disease last year.
As 2005 gets under way, ob-gyns are already making plans to attend ACOG’s 53rd Annual Clinical Meeting, to be held in San Francisco May 7–11. Don’t be left out! ACOG members can begin planning their ACM schedule this month when the preliminary program becomes available online and ACM registration opens.

ACOG President Vivian M. Dickerson, MD, will welcome ACM guests during the Opening Ceremonies on Monday, May 9. Following the opening, Dr. Dickerson’s President’s Program will begin, featuring Malcolm Potts, MB, PhD, as the Samuel A. Cosgrove Memorial Lecturer. Dr. Potts, the Bixby Professor at the School of Public Health, University of California, Berkeley, will speak on “Why Can’t a Man Be More Like a Woman? The Behavioral Background of Ob-Gyn Practice.”

It’s sure to be a dynamic presentation as Dr. Potts builds on the paradigm of evolutionary psychology to suggest that certain human behaviors are universal and that men and women have very different reproductive agendas for explicable biological reasons.

The President’s Program will also include:

› ACOG Fellow David A. Grimes, MD, of Family Health International, Research Triangle Park, NC, speaking on “Politics, Power, and Procreation”
› ACOG Fellow Nawal M. Nour, MD, MPH, founder and director of the African Women’s Health Center at Brigham and Women’s Hospital in Boston, speaking on “Female Genital Cutting: Politics, Ethics, and Health”
› Invited speaker California State Sen Jackie Speier (D-San Francisco/San Mateo)

Recognition of heart disease and women

Red attire requested

Be sure to join Dr. Dickerson at several events that will call attention to heart disease as the No. 1 killer of women. The Afternoon Tea for All Spouses on Monday, May 9, will highlight the importance of the American Heart Association’s national campaign Go Red For Women to encourage women to take charge of their heart health.

Red represents women and heart disease, and it will be the color of choice on Tuesday, May 10, during the ACM. This day is designated as “Go Red for Heart Health Day.” Everyone is asked to wear red to show support for women and the fight against heart disease. Also on Tuesday, the 6th Scientific Session, The Donald F. Richardson Memorial/Ortho Symposium, will focus on cardiovascular disease in women and will feature leading cardiologists and ob-gyns.

Dr. Dickerson has chosen to make the President’s Reception and Dinner Dance a red dress/red tie affair. The “Red Dress Rondo” will be a lively and fun evening for all who attend. Other heart health activities are being planned and will be announced shortly, so stay tuned!

Sterling B. Williams, MD, MS
ACOG Vice President, Education Division

ACM Inauguration and Convocation expands

The Presidential Inauguration and Convocation is the prestigious event at the Annual Clinical Meeting that includes the induction ceremony for new Fellows of the College. This year ACOG is expanding the ceremony, which will be held on May 11, to invite two classes of participants: the brand-new class of 2004 (those who were elected in 2004) as well as the class of 2003, allowing more new Fellows to enjoy the recognition they deserve.

Both classes will receive invitation letters from the College. Please join us at this year’s ceremony.

The January issue of the Green Journal includes the following ACOG document:

› Intrauterine Device
  (Practice Bulletin #59, new)

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

› Ultrasoundography in Pregnancy
  (Practice Bulletin #58, revised)
› Informed Refusal
  (Committee Opinion #306, revised)
› Partner Consent for Participation in Women’s Reproductive Health Research
  (Committee Opinion #307, new)
› The Uninsured
  (Committee Opinion #308, new)
Revised Green Journal writing guide available

The Green Journal’s writing guide has been thoroughly revamped and expanded to help prospective authors strengthen their writing skills. The fourth edition of *A Guide to Writing for Obstetrics & Gynecology* is now available from the Green Journal office at no charge. The guide provides an educational framework of support and resources for authors. Areas that have been expanded include:

- Preparing artwork
- Conforming to evidence-based guidelines
- Using the electronic manuscript submission system
- Following Green Journal style, with the addition of instruction on numbers, brand names, units of measurement, and American vs. British spellings

*A Guide to Writing* is now designed to complement the Instructions for Authors, which is more detailed and instructional in nature and provides information on specifics such as formatting and references. In the future, *A Guide to Writing* will be available online, with links cross-referencing to the Instructions for Authors.

**Becoming a stronger medical writer**
The guide is geared toward all authors submitting papers to *Obstetrics & Gynecology*, but it may be especially helpful to those just beginning their medical writing career. And while the guide is intended for prospective Green Journal authors, the information will be helpful when authors write for other medical journals as well.

To request a free copy of *A Guide to Writing*: 800-673-8444, ext. 2342; obgyn@greenjournal.org

New slate of ACOG officers selected

The Committee on Nominations met on November 20 and selected the following slate of national officers for 2005–2006:

- **President Elect:**
  Douglas W. Laube, MD, MEd, (District VI)
- **Vice President:**
  Richard P. Green, MD, (District IV)
- **Assistant Secretary:**
  Paul G. Tomich, MD, (District VI)
- **Fellow-at-Large:**
  Laura A. Dean, MD, (District VI)

ACOG Today will publish a profile of each nominee in the March issue, along with the official notice of ACOG’s May 9 Annual Business Meeting in San Francisco. New officers will take office at the post-ACM Board meeting on May 12, 2005.

ACOG rolls out new website design

ACOG unveils its redesigned website this month, providing enhanced usability with improved navigation and a reader-friendly layout. The 2005 version of the College’s website abandons the separate “members-access” site, allowing much more of ACOG’s resources to be available to nonmember health professionals and to members who have not registered to access the site.

Some website content, such as full texts of the Green Journal and other publications, will remain available only to members who register. About half of ACOG members are currently registered.

Registration requires filling out a form on the website, providing your name, address, ACOG identification number, and email address. Member ID numbers can be obtained from Membership Services at membership@acog.org. All information provided remains confidential within ACOG.

After registering, members will have access to a wealth of technical information and be able to communicate with colleagues and ACOG staff members to gain and share knowledge of the latest developments in medicine related to the field of ob-gyn.
Annual District Meetings 2004

Future ACOG leaders having fun at the District I ADM

District I Fellow Stephen J. Woodruff, MD, and his wife, Micki, at the lobster bake and farewell dinner

Immediate Past District I Chair Kathleen Fitzgerald, MD, with Henry S. Amdur, MD, and Jay A. Naliboff, MD, at the District I Advisory Council dinner

Fellows and spouses at the District I ADM in Kennebunkport, ME

At the District II ADM: Immediate Past ACOG Vice President William P. Dillon, MD; Frank A. Chervenak, MD; and Past ACOG President Martin L. Stone, MD

District II Junior Fellows Kimberly Y. Mudge, DO; Munira Dudhbhai, MD; and Vuy San Li, MD, at the ADM in New York City

ACOG Executive Vice President Ralph W. Hale, MD, and ACOG President Vivian M. Dickerson, MD, at the Armed Forces ADM in San Diego

Cyrus O. McCalla, MD, recipient of the District II Junior Fellow Professor of the Year award, with John G. Boyce, MD
Tri-District VI, VIII, IX ADM welcome reception in Salt Lake City. Left to right, ACOG Vice President and District VIII Past Chair Douglas H. Kirkpatrick, MD; District IX Chair James A. Macer, MD; and District VIII Secretary Susan M. Lemagie, MD, with ACOG Executive Vice President Ralph W. Hale, MD, and District VIII Chair James T. Breeden, MD, singing

- District III Junior Fellow Kimberlee T. Goode, MD, winner of the Philip F. Williams Prize paper

- District III Fellows Andrew N. Blechman, MD, and Jocelyn A. Carlo, MD

- Fellows and guests from West Virginia at the District IV ADM

- New Jersey Junior Fellow Chair Jacqueline M. Grimes-Dennis, MD, and New Jersey Junior Fellow Deneishia S. Fisher, MD, with the section’s activity poster

- District IV Chair Ramon A. Suarez, MD, on the right, honors John D. Thompson, MD, as the chair’s guest lecturer at the ADM in Savannah, GA.

- District IV Vice Chair Hal C. Lawrence, MD; Mrs. A. Cullen Richardson; and David A. Grimes, MD

*photos continued on page 6*
Annual District Meetings 2004 continued

Attendees at the District V ADM in Kohala Coast, HI

Dale A. Sundwall, MD, with ACOG Treasurer William J. Peters, MD, and Dr. Peters’ wife, Patti, at the District VIII ADM

Junior Fellows and guests at the District VII ADM in Washington, DC

District V Fellow Angela A. Doty, MD, with her husband, Christopher Stiff, and their children

District VII Junior Fellow Advisor Lonnie S. Burnett, MD

District VIII Junior Fellow Past Chair Alison B. Edelman, MD, with Hawaii Junior Fellow Bliss E.K. Kaneshiro, MD, at the District VIII ADM in Salt Lake City

The Mexican delegation at the District VII ADM

Elizabeth R. Lapeyre, MD, District VII immediate past Junior Fellow chair

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Elizabeth R. Lapeyre, MD, District VII immediate past Junior Fellow chair
To enhance medical students’ knowledge about the ob-gyn specialty, ACOG is developing a national mentor network, which will foster relationships between medical students and practicing ob-gyns.

The national mentor network is one of several projects of ACOG’s Medical Student Initiative, which aims to attract medical students to the ob-gyn specialty. The initiative was developed approximately four years ago but has recently been expanded.

“It’s important for the future of our specialty that medical students hear what our specialty truly entails. Some medical students may hear only about professional liability fears or think they’ll have to be on call all the time for obstetrics,” said ACOG Executive Vice President Ralph W. Hale, MD. “As mentors, practicing ob-gyns can answer medical students’ questions about the specialty and share the joys of being an ob-gyn.”

To learn more about becoming a medical student mentor, email student@acog.org

A guest at the 2004 ACM Medical Student Reception

Joining ACOG is now free for all medical students. Medical student membership offers free registration to the Annual Clinical Meeting and access to ACOG publications and the College Resource Center. The initiative also promotes the creation of ob-gyn interest groups at medical schools for students considering the specialty, a joint venture with the Association of Professors of Gynecology and Obstetrics. A guide on how to set up an ob-gyn interest group is available on the medical student section of the ACOG website.

District III sets the example

The national mentor network is modeled on District III’s successful STREAM mentoring program, a part of the district’s own medical student initiative. STREAM, or Student Recruitment Education and Mentorship, provides each medical school in the district with a Junior Fellow mentor and Fellow mentor from the District III Advisory Council.

“The concept was to model what we have throughout ACOG, which is to have areas of the College reach out to other areas: The national level reaches out to the districts, the districts reach out to the sections. … But there was no one that was having that exchange with medical students,” said Fellow Sharon B. Mass, MD, medical student liaison to the District III Advisory Council and a creator of STREAM.

The national program aims to expand on STREAM by having a Junior Fellow mentor and Fellow mentor at all of the 125+ medical schools in the US. In the future, a list of mentors will be available on the medical student section of the ACOG website.

JFCAC efforts focus on medical students

The Junior Fellow College Advisory Council has long supported medical student involvement in ACOG.

The JFCAC began focusing on reaching out to students several years ago in order to avoid a predicted crisis. The JFCAC has worked on recruitment by:

- Developing key contact lists
- Hosting medical student receptions at the Annual Clinical Meeting and several Annual District Meetings
- Creating ob-gyn interest group packets that include copies of the ACOG video “Ob-Gyn: The Doctors of Women’s Health”
- Developing the essay contest “What’s Write with Ob-Gyn”

Currently, the JFCAC is working on a brochure and poster campaign, according to JFCAC Chair Leah A. Kaufman, MD.

“As a group of residents and ob-gyns new to practice, the JFCAC focuses activities on the creation of resources and projects to help our specialty flourish,” Dr. Kaufman said. “Student interest and recruitment ensures the future of our specialty by serving to energize both future generations of practitioners and those currently in the ob-gyn work force.”

ACOG establishes medical student website

Medical students now have their own section on ACOG’s website:

www.acog.org/goto/medstudents

(Previously, medical student information was included with the membership services page.)

The College has also established a dedicated medical student email address for any questions from or about medical students: student@acog.org.
Nevada earns medical liability reform win

Nevada citizens voted overwhelmingly for medical liability reform in November, thanks to a strong and comprehensive public awareness campaign by physicians. Nevada voters enacted tort reform 59% to 40% in a ballot initiative that immediately removes exceptions that had made the state’s existing $350,000 cap on noneconomic damages in medical liability cases ineffective. Attorney contingency fees will also be limited, and citizens voted resoundingly against two ballot initiatives proposed by trial attorneys.

“It was an enormous win. A black cloud was lifted off Nevada,” said ACOG Fellow John M. Nowins, MD, president of the Clark County Ob-Gyn Society and treasurer of the Keep Our Doctors in Nevada ballot initiative. “There was an enormous physician-patient grassroots campaign. Our goal was to get the word out to every patient, every day, by every doctor.”

The KODIN campaign saturated the airwaves and doctors’ offices with the message “Yes on 3, and no on 4 and 5,” referring to the ballot initiatives. The campaign displayed more than 200 huge banners and distributed handouts, bumper stickers, prescription pads, and appointment cards displaying the message.

Florida, Wyoming, and Oregon results

In Florida, while residents voted to limit attorney contingency fees in medical liability cases, they also voted for two trial attorney-backed ballot measures. A “three strikes, you’re out” measure would revoke the license of any physician who has had three or more incidents of medical malpractice, excluding settlements. A second measure would provide patients access to any adverse medical incident records, including investigatory records of physician peer review committees.

“All of them have passed but aren’t implemented,” said ACOG Fellow Robert W. Yelverton, MD, professional liability committee chair for the Florida Ob-Gyn Society. “There are all sorts of court actions going on. More likely than not, all three of the ballot measures will go to the legislature for clarification. Ob-gyns are going to be extremely active educating the legislature about the true impact of the trial attorney-backed initiatives on our ability to practice medicine.”

In both Wyoming and Oregon, medical liability caps failed. Wyoming residents voted against a ballot initiative to allow the legislature to establish a cap on noneconomic damages. However, voters did approve a measure allowing the state legislature to consider requiring alternative dispute resolution by a medical screening panel before a lawsuit can be filed against a health care provider.

In Oregon, physicians are disappointed in the results of an extremely close vote to reinstate a $500,000 cap on noneconomic damages in medical liability cases. The initiative failed 49.5% to 50.5%.

“It was very close, so we’re very disappointed,” ACOG Fellow Richard Allen, MD, said. “We spent a lot of time and money on this.”

Medicare and Medicaid remain key issues

Medicare physician payments will become an even bigger issue in 2005 with huge cuts scheduled for 2006 if Congress doesn’t act.

In 2003, comprehensive Medicare reform legislation was passed that included a provision to halt the expected 4.5% cut to physician payments in 2004 and replace it with a 1.5% increase for both 2004 and 2005. However, as it stands now, 2006 and the following years will see major cuts.

As for Medicaid, President Bush is likely to propose reform in his upcoming budget, and the US House also continues to advocate for comprehensive Medicaid reform.

Reformers see Medicaid as a huge cost burden, and proposed reform could mean cuts in provider payments or beneficiary benefits.

Other health issues that may gain more attention in Congress in 2005 include the obesity crisis, the uninsured, and disparities in health care.
You Asked, We Answered

How to avoid being sued

I read that over three-quarters of ob-gyns have had at least one professional liability claim filed against them. Is there any way to avoid being sued?

According to the 2003 ACOG Survey on Professional Liability, not only have 76.3% of our colleagues been sued at least once, ob-gyns have an average of 2.64 claims filed against them during their career.

Unfortunately, ob-gyn is one of the most heavily sued medical specialties, notwithstanding the high quality of care provided by individual ob-gyns. In this climate, you may experience a lawsuit no matter how well you practice. However, you can still take some steps to reduce your risks of being sued and improve patient care.

Communication key to risk management

Experts agree that good communication skills are essential for a physician, not only with patients but also within the health care team.

Studies suggest that patients are less likely to sue a physician if they feel their doctor listens to them and keeps an open line of communication. Practice active listening with your patient, and hear her concerns and complaints. Ask open-ended questions. Discuss treatment options in terms she will comprehend. Contact the patient if you have not heard whether she has followed up on referrals for additional tests.

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

New Pap smear codes explained

Changes in the Pap smear codes have caused confusion among some ob-gyns. The changes were part of the new ICD-9-CM codes that took effect October 1. The 795 series for Pap testing was expanded to more accurately reflect the terminology used in the revised Bethesda system, including low- and high-grade squamous intraepithelial lesions (LGSIL and HGSIL) and a positive HPV test.

The following scenario helps to clarify the use of the new Pap testing codes:

### Visit 1—Patient seen for annual examination
- Report new diagnosis code V72.31 (routine gyn exam)
- The Pap smear results indicate abnormal

### Visit 2—Patient returns for follow-up visit
- If no procedure is performed, report an abnormal Pap smear code (from the revised 795 series, abnormal Pap smear of cervix and cervical HPV)
- If the physician decides to perform a procedure such as a biopsy, he or she still reports an abnormal Pap smear diagnosis because that is the reason the patient is being seen

### Visit 3—Patient returns for follow-up visit
- Diagnosis coding depends on the results from visit 2
  - If the Pap result from visit 2 was normal, use new code V72.32 (encounter for Pap smear to confirm findings of recent normal smear following initial abnormal smear)
  - If Pap result from visit 2 was abnormal, use a code in the 795 series
  - If a procedure was performed during visit 2 and either dysplasia or cancer was found, use a 622.1 series code or code 233.1 as appropriate

### After Visit 3
- There is no established rule as to how long a patient may be reported with the V72.32 code, rather than code V10.41 (personal history of cervical cancer)

You also need to effectively communicate with other members of the health care team. Listen carefully to verbal reports from office staff, nurses, and other physicians. Be sure others have understood your verbal orders and reports. Ask them to summarize or repeat if you are unsure.

Good record-keeping and documentation are also essential. Notes in the medical record must be legible and should be entered contemporaneously with the patient’s visit or conversation so that no important details are forgotten. All members of the health team should use the same “language” in the record; use abbreviations and shorthand that are universally understood.

Take advantage of educational resources

Ob-gyns should keep abreast of clinical developments and practice recommendations in their field. Stay familiar with ACOG recommendations through ACOG documents and publications. Seek out risk-management courses offered by ACOG and other organizations.

Often, medical professional liability insurance companies present risk-management courses and sometimes offer physicians a premium incentive for attending.

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New abridged ICD-9-CM coding guide available

ACOG has developed a concise new guide to ICD-9-CM coding in ob-gyn. The *ICD-9-CM Abridged: Diagnostic Coding in Obstetrics and Gynecology 2005* includes all the ICD-9-CM diagnosis codes most commonly reported by ob-gyns in the same format as the complete ICD-9-CM book. The guide includes the many new codes added for 2005.

This abridged coding book takes the place of *ICD-9-CM Diagnostic Coding in Ob-Gyn* and better resembles that of the complete ICD-9-CM book.

- Order at [http://sales.acog.org](http://sales.acog.org); 800-762-2264, ext 192
January 24–30: National Folic Acid Awareness Week

To stress the importance of folic acid for the prevention of birth defects, the National Council on Folic Acid is planning the first National Folic Acid Awareness Week, to be held January 24–30.

The campaign “Folic Acid: You Don’t Know What You’re Missing!” will focus on general nutrition and overall health. The campaign will call particular attention to the popularity of low-carbohydrate diets, which may be causing people not to get essential vitamins and minerals.

The event will include a national educational teleconference on January 26, hosted by the Alabama Department of Health. “Folic Acid: Past, Present, and Future” will feature panelists Jose Cordero, MD, MPH, director of the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention; ACOG Fellow Katharine D. Wenstrom, MD, ob-gyn professor at the University of Alabama at Birmingham; and Godfrey Oakley, MD, epidemiology professor at the Rollins School of Public Health at Emory University.

On the council’s website are promotional materials and examples of successful folic acid awareness activities.

ACOG is a founding member of the National Council on Folic Acid, which was created in 1998 to educate the public about the benefits of folic acid. ACOG recommends that all women who may become pregnant take 0.4 milligrams of folic acid daily. Women who have previously had a child with a spine or skull defect should take 4 milligrams daily.

“National Folic Acid Awareness Week presents a good opportunity to remind Fellows to counsel their patients who may become pregnant on the importance of taking folic acid daily to prevent birth defects,” said Ann L. Honebrink, MD, ACOG’s physician representative on the National Council on Folic Acid. "

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› www.folicacidinfo.org/campaign
› Register for the teleconference: www.adph.org/alphtn

2005’s Postgraduate Course Offerings

With 14 postgraduate courses scheduled for 2005, ACOG members have a wide array of new courses and popular repeats to choose from.

Topics include patient safety, management skills, surgical approaches to incontinence and prolapse, complications in obstetrics, and much more. In addition, ACOG is offering 13 CPT and ICD-9-CM Coding Workshops around the country this year.

ACOG is accredited by the Accreditation Council for Continuing Medical Education to provide CME programs for physicians.

February and March courses

In February, the 2005 session begins with Practical Obstetrics and Gynecology in Keystone, CO, February 3–5.

Soon after, the College will provide two courses back-to-back in St. Thomas, US Virgin Islands. This twin offering will feature Obstetrics: New Approaches to Improving Patient Safety and Reducing Litigation Risk, scheduled for February 14–16, followed by Advanced Surgical Approaches to Incontinence and Prolapse, to be held February 17–19.

After attending the OB patient safety course, participants should be able to:
› Identify patient safety issues in OB
› Summarize public policy on the issue
› Discuss the potential role of team training in patient safety

The second offering will discuss surgical approaches to incontinence and prolapse in the context of the current understanding of pelvic floor dysfunction and the biomechanics of pelvic support with the aim of improving surgical results and decreasing complications.

In March, ACOG is offering a new course titled Practical Ob-Gyn Ultrasound: Spotlight on Chronic Pelvic Pain. The course will be held March 3–5 in Amelia Island, FL. The course will discuss practical ultrasonographic diagnosis of abnormal uterine bleeding vs. dysfunctional uterine bleeding and the differences between gynecologic and nongynecologic causes of chronic pelvic pain.

Future courses

Just some of the many other offerings this year include:
› Quality Improvement and Management Skills for Leaders in Women’s Health Care, April 7–9, Washington, DC
› A new course and location: Obstetrical and Gynecological Office Procedures, Mohegan Sun Casino, CT, June 16–18
› A September twin offering in Laguna Niguel, CA: Special Problems for the Advanced Gynecologic Surgeon, September 6–8, and Screening in Obstetrics and Gynecology, September 9–11

ACOG will also offer two “no frills” courses, which are one-and-a-half-day courses on the weekend with special registration fees and close proximity to the airport. The no-frills course Controversies in Menopause will be held June 4–5 in Washington, DC, and the no-frills course Hands-On Operative Hysteroscopy will be held November 12–13 near the Chicago O’Hare Airport.

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› Visit “Postgraduate Courses” under “Meetings” on the ACOG website
› 800-673-8444, ext 2540 or 2541
Women suffering from polycystic ovary syndrome face more than infertility, irregular periods, and weight gain. They may also be at an increased risk for type 2 diabetes and heart disease, stemming from insulin resistance—a common problem among PCOS patients.

“Many physicians view PCOS as a menstrual disorder, and it’s much more than that,” said ACOG Fellow Samuel S. Thatcher, MD, PhD, director of the Center for Applied Reproductive Science, Johnson City, TN. “It has some very serious potential long-term health concerns, such as cardiovascular disease and type 2 diabetes. Ob-gyns should be aware of the magnitude of these diseases with PCOS patients.”

Studies have shown that women with PCOS have two to five times the increased risk of diabetes compared with a control population, according to the ACOG Practice Bulletin *Polycystic Ovary Syndrome* (#41, December 2002). In addition, PCOS symptoms include a number of risk factors for diabetes and heart disease, including dyslipidemia and obesity.

**Recognizing PCOS**

PCOS is a leading cause of infertility, and patients commonly present with infertility or menstrual disorders. There is no universally accepted diagnosis of PCOS, according to the Practice Bulletin, although the National Institutes of Health defines PCOS as hyperandrogenism and chronic anovulation in cases in which secondary causes have been excluded. In addition, women with PCOS often have polycystic ovaries described as a “string of pearls” because of their appearance.

Other signs and symptoms of PCOS may include:

› Hirsutism: a male pattern of hair such as facial hair
› Vaginal yeast infections
› Obesity
› Acne

“PCOS represents a clustering of signs and symptoms that may be a final common pathway of a spectrum of metabolic and endocrine disorders,” Dr. Thatcher said. “When one component of PCOS is found, others should be sought.”

Because different patients present with different combinations of symptoms, PCOS may often go undiagnosed. An estimated 5% to 10% of women in their reproductive years have PCOS, while about 30% have symptoms of PCOS, according to The National Woman’s Health Information Center of the US Department of Health and Human Services.

**PCOS Resources**

› ACOG Practice Bulletin *Polycystic Ovary Syndrome* (#41, December 2002)
› ACOG Patient Education Pamphlet *Polycystic Ovary Syndrome* (AP121); order at http://sales.acog.org; 800-762-2264, ext 192

“PCOS is challenging to physicians trained to diagnose and treat specific, well-defined diseases,” Dr. Thatcher said. “Each PCOS patient must be viewed independently and comprehensively. There is no ‘one size fits all’ for PCOS in either its diagnosis or therapy.

“Attention should be paid not only to a patient’s presenting complaint but also to the general health consequences of the disorder,” he continued. “Early identification and intervention can have a significant impact on long-term health and well being.”

**Woman’s Health Record revised for 2005**

ACOG has revised its Woman’s Health Record to provide ob-gyns with the most up-to-date screening recommendations from ACOG and offer several improvements in design and format.

ACOG has provided the Woman’s Health Record since January 2000 to assist ob-gyns in their daily practice. The easy-to-navigate form serves as a complete record for a woman’s gynecologic care. It includes sections to record:

› Medical history
› Medical decision-making
› Immunizations
› Physical examination
› Problem lists
› Routine and high-risk screening services

The record, reviewed and revised by ACOG’s Committee on Gynecologic Practice, has been designed to aid in documenting and correctly coding women’s health care services and is compliant with the Medicare Documentation Guidelines. Also included is a table of high-risk factors that indicate the need for specific services.

**info**

› Order at http://sales.acog.org; 800-762-2264, ext 192

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Federal government addresses drug research in pregnancy

A federal obstetric pharmacology initiative has gained ground in recent months. The Food and Drug Administration has issued a draft guidance that promotes increased data on how drugs affect pregnant women and encourages the development of appropriate drug treatments for pregnant women.

The document, *Draft Guidance for Industry on Pharmacokinetics in Pregnancy—Study Design, Data Analysis, and Impact on Dosing and Labeling*, was published in the November 1 issue of the *Federal Register*. Comments were due by January 5.

WHO releases new editions of contraceptive use guidelines

New editions of the World Health Organization’s evidence-based recommendations on contraceptive use are now available.

The documents, which outline who can use contraceptives and how they should use them, may be helpful to ob-gyns in their practice, according to ACOG Fellow Herbert B. Peterson, MD, former officer of global family planning programs at WHO and now a professor of ob-gyn and a professor and chair of the maternal and child health department at the University of North Carolina at Chapel Hill.

*Medical Eligibility Criteria for Contraceptive Use* offers guidance for health care providers worldwide on the use of different contraceptive methods for women with known medical conditions.

The new third edition, which includes more than 1,700 recommendations, adds three new methods: the combined contraceptive patch, the combined vaginal ring, and etonogestrel implants. The guidance also adds three new conditions: antiretroviral therapy, depressive disorders, and known thrombogenic mutations. There are also several changes in the definition or classification of conditions.

A companion document, *Selected Practice Recommendations for Contraceptive Use*, has a new second edition that offers guidance on how to use contraceptive methods, including recommendations on method initiation, management of problems, and appropriate exams and follow-up.

WHO is also developing a flipchart decision-making tool that will allow family planning programs worldwide to explain the contraceptive use recommendations to patients and assist them in making contraceptive choices.

February 4 is National Wear Red Day for Women

Calling attention to heart disease

ACOG encourages Fellows to join Americans across the country by wearing red on Friday, February 4, to promote awareness of women’s heart disease.

In honor of National Wear Red Day for Women, Fellows can call attention to the No. 1 killer of women in their communities, with their patients, and with their office staff. Activities may include:

- Encouraging office staff to wear red on February 4
- Allowing office staff to buy the right to wear jeans and wear red by donating $5 per person to be collected for a local AHA or the national AHA
- Taking part in a local AHA event
- Organizing awareness events such as blood pressure screenings and cholesterol checks
- Creating heart disease awareness displays and distributing educational materials

For more ideas, visit the AHA website.

www.heart.org; click on “Go Red for Women” and then “Wear Red Day” toward the bottom of the page
www.nhlbi.nih.gov/health/hearttruth/index.htm

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WHO is also developing a flipchart decision-making tool that will allow family planning programs worldwide to explain the contraceptive use recommendations to patients and assist them in making contraceptive choices.

Medical Eligibility Criteria for Contraceptive Use and *Selected Practice Recommendations for Contraceptive Use* are available at no charge at www.who.int/reproductive-health/family_planning/evidence.html
Discussing an HPV diagnosis with your patient

As the medical community discusses the promise of an HPV vaccine, many women are hearing about the disease for the first time.

Although millions of women have been getting routine Pap smears in the US for decades in order to detect precancerous lesions, they don’t always recognize that these lesions are linked to a sexually transmitted disease known as HPV. In fact, the medical community only began identifying a causal link between HPV and cervical cancer in the 1980s and ’90s.

How should ob-gyns discuss HPV with patients?

“We need to get to the point where HPV is recognized as a common STD that most adults will have at some time,” said ACOG Fellow Kevin A. Ault, MD, associate professor in the department of ob-gyn, University of Iowa. “It’s a lengthy discussion to explain what an HPV diagnosis means, but it’s a discussion that has to take place.”

Confusion and disbelief

When an ob-gyn explains an HPV diagnosis to a patient, the woman may only hear the words “cervical cancer” and “STD.” One brings up terrifying images of hair loss, chemotherapy, and death, while the other may cause a patient to feel bewildered and/or embarrassed because of the strong stigma connected to STDs.

“It’s important to stress to patients that most people with HPV will not develop cancer, that cervical cancer is a preventable disease,” said ACOG Fellow David A. Eschenbach, MD, professor and chair of the department of ob-gyn at the University of Washington. “We need to impress upon patients the need to get their Pap smear in a routine fashion. We can reassure them that if they get their follow-up Pap smears, any lesions that may develop will develop slowly enough that we can treat them before the patient develops invasive cancer.”

Physicians should also teach their patients that although HPV is an STD, it is a very, very common virus, Dr. Eschenbach said. By age 50, at least 80% of sexually active women will have acquired a genital HPV infection, according to the Centers for Disease Control and Prevention.

Patients may be confused about how they contracted HPV, pointing out that they always use condoms or that they are in a monogamous relationship.

Dr. Eschenbach tells patients: “You may have picked it up recently or several months ago; we don’t know when it occurred. It doesn’t mean your partner has another partner.”

Ob-gyns must explain to patients that in addition to being spread through penetration, HPV can be spread through genital/genital, hand/genital, and oral/genital contact and can be transmitted even with the use of a condom—although condoms can reduce the risk of infection, according to ACOG Fellow Henry W. Buck, MD.

Promising results

Results that were recently published from a GlaxoSmithKline clinical trial showed that an HPV16 and HPV18 virus-like particle vaccine was 91.6% effective against infection and 100% effective against persistent infection. The results were published in the November 13 issue of Lancet.

Merck trials for a vaccine against HPV16 have yielded promising results also. In November, researchers at the University of Washington released updated findings showing that four years after vaccination, an HPV16 VLP vaccine prevented HPV16 in all but seven of 755 women tested. Further, no HPV16-related CIN occurred, for an efficacy of 94% in preventing infection and 100% in preventing precancerous lesions. The results were released at the 44th Interscience Conference on Antimicrobial Agents and Chemotherapy, sponsored by the American Society for Microbiology.

How to administer the vaccine

Questions remain about who will receive the vaccine and how it will be administered. Will it be routinely given to children before they become sexually active, or will it be given to adolescents or adults? Will it be given only to women? Although young men don’t get cancer from HPV, they can spread HPV to women.

“I think universal vaccination of all young women is the goal to aim for,” said ACOG Fellow Kevin A. Ault, MD, associate professor in the department of ob-gyn, University of Iowa, who led the university’s portion of the Merck vaccine trial. “Gynecologists have to be a part of the decision-making process in how the vaccine will be administered.”

January 2005 > page 13
ACOG program helps hospitals improve quality of care

For nearly 20 years, hospitals seeking to improve quality of patient care by evaluating specific procedures, communication, and other aspects of their ob-gyn departments have turned to ACOG’s Voluntary Review of Quality of Care Program. The review team includes a team leader, who is a practicing ob-gyn, as well as two team associates, a nurse reviewer, and a team administrator/medical writer, who will write the final report. The team associates are often practicing ob-gyns, but, depending on the needs of the hospital, an anesthesiologist, family physician, or certified nurse midwife may be added to the team.

“The practice of adding other medical care specialists to the team reflects ACOG’s recognition of the team approach to patient care and that one size does not fit all in developing a compassionate and efficient hospital service,” Dr. Goldstein said.

Choosing the appropriate hospital review team

The program provides an on-site team review of department procedures and processes and the quality of care provided, and suggests recommendations for improvement.

Leading hospitals to improve policies, procedures

As its name explains, the Voluntary Review of Quality of Care Program is voluntary, and recommendations cannot be enforced by ACOG. However, evaluations from hospitals show that most hospital administrators have been pleased with the results and often institute changes in their hospital based on VRQC recommendations.

Changes may include:

- Developing new policies and procedures
- Improving medical record documentation
- Restructuring ob-gyn departments
- Providing continuing medical education to physicians

As one hospital director of quality services explained, “This facility desperately needed external evaluation with credibility. The results we have achieved could not have been done with anyone else.”

British gynecologist who coined ‘PMS’ dies

Controversial British gynecologist Katharina Dalton died in September at the age of 87, according to England’s Guardian newspaper.

Dr. Dalton coined the term premenstrual syndrome in the 1950s, giving credence to the mood changes, headaches, and bloating that many women experience during their menstrual cycles.

However, her treatment of PMS was controversial. According to the Los Angeles Times, Dr. Dalton believed that PMS was caused by deficiencies of progesterone and could be treated with natural progesterone. She also believed insufficient progesterone caused postnatal depression that could be prevented with an injection of natural progesterone immediately after a woman gives birth, according to the Los Angeles Times.

Medical research doesn’t support Dr. Dalton’s theories, although it has been recognized that progesterone may be helpful for specific symptoms such as breast tenderness, bloating, and anxiety.

In Memoriam

- Sidney W. Arnold, MD
  Marked Tree, AR • 8/04
- George J. Calvelli, MD
  Rockville Ctr, NY • 4/04
- Jill S. Crabtree, MD
  Springfield, MA • 11/04
- Leonard H. Grodsky, MD
  Newton, NJ
- Johnny Wayne Jones, MD
  Texarkana, TX • 4/04
- Gail G.L. Li, MD
  Honolulu
- John Thomas Mahnke, MD
  San Luis Obispo, CA • 10/04
- George R. Petrie, MD
  Brecksville, OH • 8/04
- Christopher A. Smith, MD
  Pipersville, PA • 7/04
- Stephen Thomas, MD
  Houston • 8/04
- Gerald G. Whitl, MD
  Bradenton, FL • 5/04
- James T.S. Wong, MD
  Honolulu
### 2005 Calendar

Please contact individual organizations for additional information.

#### January
  - **4 1–2:30 pm ET**
  - 800-673-8444, ext 2498
- **South Atlantic Association of Obstetricians and Gynecologists**
  - 21–25
  - White Sulphur, WV
  - 904-384-8124

#### March
- **ACOG Webcast: CPT Surgical Modifiers and Multiple Procedures (Modifiers –51 and –59)**
  - **1 1–2:30 pm ET**
  - 800-673-8444, ext 2498
- **CREOG and APGO Annual Meeting**
  - 2–5
  - Salt Lake City
  - CCREOG: 800-673-8444, ext 2558
  - APGO: 410-451-9560
- **ACOG Congressional Leadership Conference (formerly Legislative Workshop)**
  - 13–15
  - Washington, DC
  - 800-673-8444, ext 2505
- **Council of Medical Specialty Societies Spring Meeting**
  - 18–19
  - Chicago
  - 847-295-3456

#### April
- **ACOG Webcast: Physician Employment Contracts**
  - **5 1–2:30 pm ET**
  - 800-673-8444, ext 2498
- **Sixth International Symposium on Osteoporosis**
  - **6–10**
  - Washington, DC
  - Sponsored by the National Osteoporosis Foundation
  - www.nof.org
  - 202-223-2226
- **JSOG: Congress of the Japan Society of Ob-Gyn 2–5**
  - Kyoto, Japan
  - http://jsog.umin.ac.jp/IS/ISindex.htm

#### May
- **ACOG Webcast: CPT Modifiers and the Global Surgical Package**
  - **3 1–2:30 pm ET**
  - 800-673-8444, ext 2498
- **ACOG Annual Clinical Meeting**
  - **7–11**
  - San Francisco
  - www.acog.org/acm2005
- **ACOG Webcast: Consent Issues—Informed Consent, Forms, and Informed Refusal**
  - **7 1–2:30 pm ET**
  - 800-673-8444, ext 2498
- **AIUM: Amer Institute of Ultrasound in Medicine**
  - **19–21**
  - Orlando, FL
  - 301-498-4100 or 800-638-5352
  - www.aium.org

#### June
- **ACOG Webcast: Consent Issues—Informed Consent, Forms, and Informed Refusal**
  - **7 1–2:30 pm ET**
  - 800-673-8444, ext 2498
- **AIUM: Amer Institute of Ultrasound in Medicine**
  - **19–21**
  - Orlando, FL
  - 301-498-4100 or 800-638-5352
  - www.aium.org

#### July
- **ACOG Webcast: CPT Rules for Documenting Evaluation and Management Services**
  - **5 1–2:30 pm ET**
  - 800-673-8444, ext 2498

#### ACOG Postgraduate Courses

**Two ways to register:**
1. Call 800-673-8444, ext 2540/2541, or 202-863-2540/2541, weekdays 9 am–4:45 pm ET
2. Go to www.acog.org and click on “Postgraduate Courses” under “Meetings”

**Registration must be received one week before the course.**

**March**
- **Practical Ob-Gyn Ultrasound: Spotlight on Chronic Pelvic Pain**
  - **3–5** • Amelia Island, FL
- **CPT and ICD-9-CM Coding Workshop**
  - **11–13** • New York City

**April**
- **CPT and ICD-9-CM Coding Workshop**
  - **1–3** • Dallas
- **Quality Improvement and Management Skills in Women’s Health Care**
  - **7–9** • Washington, DC

**May**
- **CPT and ICD-9-CM Coding Workshop**
  - **12–14** • San Francisco

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**January 2005 > page 15**
Alabama Fellow Patrick S. Ramsey, MD, has been selected to receive the 2004 Issue of the Year award, which addresses “How to Recruit More Medical Students in Obstetrics and Gynecology: Ideas and Actions.” Dr. Ramsey is an assistant professor of ob-gyn at the University of Alabama at Birmingham and the District VII Junior Fellow chair.

“Ob-gyn is a great career choice because of the diversity of the specialty. My interest in the issue of medical student recruitment stems from my strong interest in medical education and my immense enthusiasm and commitment to my career as an ob-gyn,” Dr. Ramsey said.

He pointed out that in the past decade there has been an overall decrease in the number of medical students who select ob-gyn as a career choice. Last year, only 65% of US ob-gyn residency programs were filled by US medical graduates.

“Not only has the overall number of applicants for ob-gyn training decreased, but we have also observed a marked decrease in the number of men entering our specialty,” Dr. Ramsey said. “A smaller pool of applicants has decreased competitiveness for positions in residency training programs and ultimately may lead to decreased quality of applicants. Efforts to improve medical student recruitment and the perceived image of ob-gyn as a career choice are needed to correct the evolving trends.”

**Seeking effective medical student recruitment tools**

As part of his research, Dr. Ramsey plans to:
- Document overall trends in medical student recruitment and entry into the specialty
- Survey medical students about their perceptions of ob-gyn as a career choice
- Evaluate the use and value of medical student ob-gyn interest groups and mentor programs

Dr. Ramsey will use his research findings to develop a strategic action plan on how to implement effective medical student recruitment into ob-gyn.

“It’s important that Fellows get involved and speak to medical students about the wonders of the ob-gyn specialty, Dr. Ramsey said.

“Promoting a positive image of our specialty is of utmost importance,” he said. “While there are factors that have currently cast a negative light on our specialty, such as medical liability, changes are happening to deal with these issues. As practicing ob-gyns, we need to think back about what led us to choose ob-gyn as our specialty choice and propagate that message to medical students that we interact with.”

**Obesity treatment is Issue of the Year**

ACOG is seeking a thoroughly researched and referenced background paper of 50–100 pages on the 2005 Issue of the Year, “Successful Interventions for Achieving and Maintaining Weight Loss: The Role of the Obstetrician-Gynecologist.”

Every year ACOG selects a topic of current significance and invites applications from members to develop a paper on it (see article on the left about 2004 Issue of the Year). Any ACOG Fellow or Junior Fellow may apply.

“Overweight and obesity are medical problems affecting approximately 50% of the female population in the United States,” said ACOG President Vivian M. Dickerson, MD. “Physicians and patients alike are frustrated at the dearth of effective long-term interventions for these patients. As health care providers for women, it is within the purview of ob-gyns to assist women in safely achieving reasonable weight loss goals.”

The Issue of the Year carries a stipend of $10,000. The winner receives $5,000 on selection and $5,000 when ACOG receives the final paper. The winner will also receive a $1,000 travel stipend to attend the February 2006 Executive Board meeting to make a presentation. Deadline for applications is Mar 4, 2005.

**How to apply**

Send your CV and your approach outline (maximum two pages) to:
Lee Cummings, Director of Corporate Relations
ACOG
PO Box 96920
Washington, DC 20090-6920
800-673-8444, ext 2577
lcummings@acog.org