



Published by the American College of Obstetricians and Gynecologists

Volume 48 Issue 3 March 2004

## National Survey ▶

- ▶ One in seven Fellows has stopped practicing obstetrics because of the risk of liability claims
- ▶ Over 76% of Fellows have had a medical liability claim against them; 57% have had two or more claims
- ▶ One in two Fellows has been involved in a claim in the last four years
- ▶ As of early October 2003, when the survey closed, the national average premium had increased 53% since 1999, and the national midpoint had increased 61%

See page 8 for details on these and other consumer education materials on colorectal cancer.

### ACM session on colorectal cancer to feature Katie Couric

Television personality Katie Couric, whose husband died of colorectal cancer at a young age, will address this topic at the Annual Clinical Meeting in Philadelphia. Joining her at the 3rd Scientific Session on Monday, May 3, will be a panel of scientists who will discuss prevention strategies.

See page 9 for how to register for the ACM.



## More ob-gyns changing practice because of liability insurance rates, fear of claims

Results are in from ACOG's latest professional liability survey, covering the period 1999–2003.

"The survey doesn't have any big surprises," notes John M. Gibbons Jr, MD, ACOG president. "We already knew the professional liability situation is critical for our specialty. This survey has given us the numbers that, sadly, confirm the grim realities we know and are struggling with: good doctors have uprooted their family; ob-gyns have stopped doing what they spent years in training to do; fear of liability changes the way we practice."

### OB practice most likely area of change

Of changes in practice made because of the risk of liability claims or being sued, 22% of the responders decreased the number of high-risk OB patients they would take, and 14% stopped practicing OB all together.

Fear of litigation was not the only reason for changes in obstetric practice, however. Obtaining and paying for liability insurance were also problems. Asked what changes they had made since January 2001 because of insurance issues, 25% said they had decreased the amount of high-risk

*continued on page 13*

## March is National Colorectal Cancer Awareness month *Encourage your patients over 50 to be screened*

Surveys show that most Americans do not know that regular screening can help prevent colorectal cancer. Research suggests clinicians believe they are advising their patients to be screened, but few people are getting the message.

The Cancer Research and Prevention Foundation coordinates the March awareness month activities. ACOG is a partner in this year's campaign to promote awareness of colorectal cancer and how it can be prevented.

### Need for screening is key public awareness goal

One of the public initiatives to spread the word to the public about colorectal cancer screening is

a "Buddy Bracelet." Clinicians can purchase bracelets to give to patients as a reminder, or provide information to patients for them to obtain their own Buddy Bracelet.

The campaign goal is for each Buddy Bracelet recipient to get screened for colorectal cancer and pass the bracelet on to a family member or friend—creating a chain reaction that could save thousands of lives.

A free educational CD-ROM on colorectal cancer screening is also available to ACOG Fellows. The National Colorectal Cancer Research Alliance, cofounded by Katie Couric, created this educational tool, with assistance from several medical specialty groups, including ACOG. ♀

# College continues to give top focus— and resources—to solve liability crisis



executive desk

**P**rofessional liability was clearly the most critical and important issue among the numerous items addressed by the Executive Board at its January 2004 meeting. The board had special presentations from Doctors for Medical Liability Reform and the Alliance of Medical Specialty Societies. ACOG is a member of both groups. Working through these coalitions, we are investigating all the ways that ACOG can address this #1 priority.

Our specialty is in danger of extinction if we cannot resolve this problem. Your board has committed large resources of staff, time, and money to address this issue. Some of our current programs may suffer as a result, but the emphasis of the board is to do everything possible, within our legal limits, to try to get relief for our Fellows.

We have a favorable bill (HR 5) passed by the House of Representatives, a US president who is supportive of reform, and many senators who recognize the problem and are trying to develop solutions. What we need is the support of more senators.

This issue is critical for our specialty. As I informed a congressman recently, we have the best ob-gyns in the world and the best care for women available anywhere. However, if this problem is not solved, and solved soon, health care for women in the US will be without sufficient numbers of ob-gyns to maintain this level of care, and available manpower in many areas will deteriorate to that of a developing country.

## Dates for future board meetings changed

The board also decided to change the schedule for two of its meetings each year. The board holds four regularly scheduled meetings annually.

**September meeting moved to November.** The September meeting, which is a combined business meeting and strategic planning session, has been in conflict with some district and other ob-gyn society meetings. Because the time between the late July meeting and September is short, moving the meeting to the first or second week of November will allow more issues to be discussed. Another benefit of this change will be the Executive Board's ability to discuss important items raised at the Annual District Meetings. This move will also allow the following year's budget to be reviewed before the start of the new year.

**January meeting moved to February.** By moving January's meeting to early February, the board will avoid the busy holiday season and will be able to address issues arising in the new Congress. This should make this meeting more efficient as well. ♀

Ralph W. Hale, MD, FACOG  
Executive Vice President

## Dr. Hale invites questions to be answered at the Annual Business Meeting

**A**t the upcoming Annual Business Meeting on Monday, May 3, in Philadelphia, ACOG Executive Vice President Ralph W. Hale, MD, will answer questions submitted by Fellows about ACOG or ob-gyn issues.

**Please mail or fax your questions by April 3:**  
Ralph W. Hale, MD, Executive Vice President;  
ACOG, PO Box 96920, Washington, DC 20090-6920;  
fax 202-863-1643.

## Annual Business Meeting: May 3

### Watch for special mailings

**A**COG members in all categories of membership should check their mailbox for the March ACOG Resource Packet. This mailing will include the minutes of the 2003 Annual Business Meeting. In addition, Fellows will receive a special mailing in March that includes proposed bylaws amendments and a proxy card to vote for the 2004–05 national officers, the fellow-at-large, the public member, and the proposed amendments.

If you do not plan to attend the Annual Business Meeting in Philadelphia on May 3, please mail your proxy as soon as you receive it.

### Notice of annual meeting

Notice is hereby given, in accordance with the Bylaws of the American College of Obstetricians and Gynecologists and the provisions of the General Not-for-Profit Corporation Act of the State of Illinois, that the Annual Meeting of the Fellows of said College will convene at 11 am, Monday, May 3, 2004, in the Pennsylvania Convention Center in Philadelphia, for the purpose of electing officers of the College and transacting such other business as may come before the meeting. ♀

Michael T. Mennuti, MD  
Secretary

Dated: March 10, 2004

# Vivian M. Dickerson, MD, to be inaugurated as ACOG president at Philadelphia ACM



**V**ivian M. Dickerson, MD, of Orange, CA, will be sworn in as the College's 55th president on May 5 in Philadelphia, where she will deliver her inaugural address during the Presidential Inauguration and Convocation.

Dr. Dickerson is director of the ob-gyn generalist division, UCI Medical Center, and associate professor at the University of California Irvine.

"As president of the College, I plan to continue our fight for medical liability reform, ensuring that all women will continue to have access to their physicians," says Dr. Dickerson. "In addition, the epidemic of obesity in women and its concomitant medical ramifications will be a major focus during my presidency."

Dr. Dickerson has been an effective advocate for numerous women's health issues with the media and policy-making groups. Most recently she represented ACOG's views in support of over-the-counter status for emergency contraception at the FDA advisory panel hearing.

Now serving as president elect, Dr. Dickerson is a member of the Committee on Government Relations and a member of various Executive Board task forces. An active leader in ACOG for many years, Dr. Dickerson has served as ACOG vice president, chair of District IX, and chair of the Council of District Chairs. She was chair of the Committee on International Affairs, the Grievance Committee, and the Administrative Commission. She served on the Committees on Professional Liability, Obstetric Practice, Nominations, Bylaws, and Credentials, and was appointed to President's Task Forces on Health Policy, Nominating Process, and Primary Care. She also served on the AAFP-ACOG Liaison Task Force, as ACOG's alternate representative to the United Nations, and as director for a number of postgraduate courses.

Dr. Dickerson graduated from the University of California Medical School in San Diego and completed her residency at the University of California Los Angeles/Cedars Sinai. ♀

## You can practice techniques at two new PG courses at the ACM



**N**ew to the Annual Clinical Meeting this year are two "hands-on" postgraduate courses. In addition to information presented in morning lectures, the afternoons offer an opportunity to practice newly learned techniques. See page 9 for more PG courses.



**May 1, Saturday  
8:15 am–5 pm  
Gain skills in retropubic  
and transobturator sling  
procedures**

*Minimally Invasive Treatment  
Options for the Surgical  
Correction of Stress Urinary  
Incontinence: A Hands-On*

▲ Dr. Kohli  
Tutorial will cover the pelvic anatomy for both retropubic and transobturator minimally invasive midurethral sling procedures. Using inanimate models, participants will practice both approaches.

Neeraj Kohli, MD, MBA, course faculty member, comments, "The recent developments in minimally invasive techniques avoid the risks of bowel, bladder, or major blood vessel injury, especially in patients with complications such as obesity or previous surgery. We'll provide an unbiased review of different products that are available for these procedures."



**May 2, Sunday  
8:15 am–5 pm  
Practice advanced  
hysteroscopic techniques**

*"Hands-On" Operative  
Hysteroscopy* will cover standard

▲ Dr. Breitkopf  
procedures such as endometrial ablation, hysteroscopic myomectomy, and polypectomy, as well as the new technique of hysteroscopic sterilization. Participants will use resectoscopes, operative hysteroscopes, and virtual reality trainers to practice their techniques.

Course director Daniel M. Breitkopf, MD, comments, "Participants will be able to hone their operative hysteroscopy skills. They will learn to avoid some of the pitfalls and complications of the procedures covered. The new hysteroscopic sterilization technique will be of special interest to practicing ob-gyns." ♀

## Do patients understand your explanations and instructions?

Patients who don't understand doctors' instructions make more medication errors, comply with treatment less often or incorrectly, and have worse health outcomes.

Health literacy encompasses more than reading ability. It is the ability of individuals to obtain and process health information in order to make appropriate health decisions. And it affects patients of all ages, races, and income levels.

The problem is compounded because most patients find it embarrassing not to know something and to have to ask for help. In addition, they may be intimidated by health professionals.

A large study found that half of all adults might struggle with low health literacy.

### Physician awareness is critical

Physicians may not recognize when a patient does not understand. She may even nod her head in apparent agreement. But studies are increasingly showing that patients find it difficult to understand follow-up instructions, and when and how to take medications.

The AMA Foundation has launched a major campaign to help physicians recognize and respond to patients who have difficulty understanding health care information.

### Free health literacy kits available to ACOG districts or sections

A health literacy tool kit produced by the AMA Foundation is available free to ACOG districts or sections that are interested in starting health literacy initiatives. The kit features the following:

- ▶ Clinician's manual
- ▶ Video titled *Help Your Patients Understand*
- ▶ Patient literature
- ▶ CD with digital files of manual, video, and handouts ♀

### info

- ▶ [www.amafoundation.org/go/healthliteracy](http://www.amafoundation.org/go/healthliteracy) (click on "order the kit" on the right-hand side of the page and then click on "click here" to view the application form)
- ▶ Single kits are available for \$35 from the AMA Press at 800-621-8335

## JCAHO specifies "do not use" abbreviation list for hospitals

The Joint Commission on Accreditation of Healthcare Organizations has issued a "minimum list" of dangerous abbreviations that must be on every hospital's "do not use" list to be in compliance with accreditation requirements.

The JCAHO has clarified that an abbreviation on the "do not use" list should not be used in any of its forms—upper or lower case, with or without periods. For example, Q.D. is not acceptable as QD or qd.

### Hospitals must choose three other abbreviations to prohibit

In addition to the forbidden abbreviations shown at right, beginning April 1 the JCAHO will require each hospital to choose at least three other abbreviations to add to the hospital's "do not use" list. The JCAHO lists the following as abbreviations that should be considered for prohibition:

- ▶ mg (for microgram)
- ▶ D/C (for discharge)
- ▶ H.S. (for half-strength)
- ▶ c.c. (for cubic centimeter)
- ▶ T.I.W. (for three times a week)
- ▶ A.S., A.D., or A.U. (for left, right, or both ears) ♀

### Forbidden abbreviations

Abbrev.	Potential Problem	Preferred Term
U	Mistaken as zero, four, or cc	Write "unit"
IU	Mistaken as IV (intravenous) or 10 (ten)	Write "international unit"
Q.D. and Q.O.D.	Mistaken for each other; the period after the Q can be mistaken for an "I"	Write "daily" and "every other day"
Trailing zero (X.0 mg) or lack of leading zero (X mg)	Decimal point is missed	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
MS, MSO <sub>4</sub> , and MgSO <sub>4</sub>	Confused for one another; can mean morphinesulfate or magnesium sulfate	Write "morphine sulfate" or "magnesium sulfate"

### info

- ▶ [www.jcaho.org](http://www.jcaho.org): click on "National Patient Safety Goals and FAQs" under "Top Spots"

A message from your president

# ACOG joins education campaign for medical liability reform



By John M. Gibbons Jr, MD  
ACOG President

The US president supports medical liability reform, the House has passed comprehensive legislation, and in the Senate, where unique challenges remain, the

Majority Leader pledges to hold a series of votes on medical liability reform. Votes would start with a bill to provide caps on noneconomic damages and other important reform principles for ob-gyns.

This is our year to fight for federal medical liability reform. Yet, as we face obstacles in the US Senate, the question many Fellows may be asking is, "Can we win this battle?"

I believe the answer is a resounding "Yes!" There has never been a better opportunity to achieve medical liability reform. We know we must do this for our patients and for the future of our practice.

## New coalition aims to break gridlock

ACOG has joined a new coalition called Doctors for Medical Liability Reform. This coalition brings together ACOG, the Neurosurgeons to Preserve Health Care, the American Association of Orthopaedic Surgeons, the American College of Emergency Physicians, the Society of Thoracic Surgeons, the American College of Surgeons Professional Association, the American College of Cardiology, the American Academy of Dermatology Association, the National Association of Spine Specialists, and the American Urological Association.

These groups, representing 230,000 specialty physicians, are united by one driving motive: breaking through the Senate stalemate and enacting federal medical liability reform.

DMLR has developed a hard-hitting, focused public education campaign aimed at educating voters, especially in crisis states, about the importance of winning this fight in the US Senate. This campaign will help raise the visibility and importance of this issue.

Fellows and patients can ask their senators and candidates for office to sign our DMLR pledge, promising their support for medical liability reform.

## Campaign slogan: Protect Patients Now

The education campaign, with the theme "Protect Patients Now," was launched in Washington, DC, on February 10, to urge the US Senate to pass medical liability reform legislation. Additional events were also held the same day in Washington state and North Carolina, two states reeling from the current medical liability crisis.

Future targeted states include South Carolina, Georgia, Florida, Pennsylvania, and Illinois.

Through national and local media, DMLR will take the fight directly to patients, elected officials, and others needed to engage in this fight.

ACOG Fellows and patients are featured prominently in this campaign, as families throughout the country struggle to find ob-gyns to deliver their babies and meet their health care needs. Dr. MaryAnn Millar from Syracuse, NY, is ACOG's DMLR national spokesperson, and she speaks openly about her painful

decision to give up obstetrics in 1998 because of skyrocketing liability premiums.

Working together with other high-risk specialties, we can win passage of serious medical liability reform in the US Senate. ♀



## Log on to learn more

All ACOG Fellows are encouraged to learn more about DMLR by visiting this website:

**[www.protectpatientsnow.org](http://www.protectpatientsnow.org)**

Click on "I'm a Physician" and watch a short video created to quickly inform you.

# Philip N. Eskew Jr, MD, honored by AMA for work on CPT



▲ Holding their CPT awards are Terry Tropin, ACOG manager, coding education, and Philip N. Eskew Jr, MD.

## New York district offers courses on coding and HIPAA security rules

ACOG's District II is presenting two more offerings of its new seminar, *Successful Strategies for Ob-Gyn Coding, Billing, and Documentation, and HIPAA Security Rule Requirements and Implementation*. The course will be offered in Buffalo on June 3 and in Syracuse on June 4.

The long course title matches the packed day of education presented, from 8 am to 7 pm. The education is designed for both ob-gyns and their office and billing staffs.

The sessions on coding include new AMA and Medicare coding requirements for ob-gyn services, performing internal audits, and coding for high-risk pregnancies and complicated surgery.

Attendees will also learn how to comply with the HIPAA security rules, including what is required and what is not. The course will feature practical suggestions for implementation, including suggestions for computer equipment and software to facilitate compliance in practice.

The course is cosponsored by ACOG and offers up to eight cognate hours of CME. ACOG is accredited by the Accreditation Council for Continuing Medical Education to provide CME for physicians. ♀



▶ 518-786-1529;  
neshowpro@aol.com

ACOG Fellow Philip N. Eskew Jr, MD, received the 2003 Burgess Gordon Award, given to a CPT Advisory Committee member who has gone above and beyond his or her responsibilities in supporting the goals of the CPT program. The award is named after the AMA vice president responsible for the initial development of CPT in 1966. The first award was given in 1996.

Dr. Eskew served on the CPT Editorial Panel from 1985 to 1995, the last four years as vice chair. He then served as ACOG's representative to the AMA CPT Advisory Committee from 1995 to 2004. A leader in coding issues for ob-gyns and for the AMA for many years, he has chaired ACOG's Committee on Coding and Nomenclature and has presented numerous seminars on coding at district meetings and ACOG's Annual Clinical Meeting. He also continues to serve as faculty for some of ACOG's CPT and ICD-9-CM Coding Workshops. (He will be on the faculty for the Portland, OR, workshop July 9–11, 2004.) ♀

## College receives award for coding education programs

ACOG received AMA's 2003 Educational Excellence Award, given annually to a specialty society for its CPT educational materials. The award recognizes ACOG's many outstanding programs on coding. ACOG has numerous coding publications and workbooks and offers a dozen or more coding workshops every year to teach its members the intricacies of CPT coding. ♀

## A COG Career Connection: your path for career opportunities

*New job bank is free to job seekers*

ACOG has created "ACOG Career Connection," an online career center for women's health care professionals. ACOG Career Connection lists job opportunities that are updated regularly and are targeted specifically to ob-gyns.

### Accessing the career center is easy

To access the new service, go to ACOG's home page at [www.acog.org](http://www.acog.org). Click on "ACOG Career Connection" and choose a discipline from the list "Find a Job in Your Field."

Results of your search include job position, location, and the name of the hiring practice (unless the job has been posted confidentially). Take it a step further by posting your resume. Once you do so, you can respond to the job opportunities online.

### Career Connection will be online at the ACM

Look for the ACOG Career Connection Center at the Annual Clinical Meeting in Philadelphia. Staff will be available to assist you in your search. To expedite your search, job seekers are encouraged to post resumes before the meeting or bring their resume on a disk. ♀



▶ 888-884-8242; [info@healthEcareers.com](mailto:info@healthEcareers.com)

#### ACOG Career Connection lets you do the following:

- ▶ Post your resume—confidentially
- ▶ Send a cover letter with your resume postings
- ▶ Access personal assistance, toll-free, five days a week
- ▶ Be visible to employers
- ▶ Receive email notification of new jobs
- ▶ Track your current and past job search activity

# JFCAC focuses on promoting the specialty and increasing medical student networking



By Wanjiku N. Kabiru, MD  
Chair, Junior Fellow College Advisory Council

The JFCAC continues to be very active in creating projects that are directed toward increasing medical student interest in ob-gyn. We discussed the need to increase the communication between groups involved in such activities, to maximize efforts and avoid duplication of projects. The following initiatives were established:

- ▶ Each district will identify ACOG representatives at training institutions in the district and develop a key contact list. These key contacts will serve as liaisons between ACOG and medical students.
- ▶ Districts will identify Junior Fellows who want to become mentors. Interested students can then contact ACOG and be connected to mentors in their area.

## Personal and practice business issues

Junior Fellows expressed interest in learning about financial management and strategies to reduce debt. The average medical student graduates with nearly \$100,000 of debt burden. In addition, Junior Fellows want to be better equipped to deal with transition from training to practice.

The JFCAC Task Force on the Business of Medicine, created in 2003, has recommended ways to educate Junior Fellows about managing professional and personal finance. These include creating educational resources for residents on pre- and postemployment issues, debt management, and practice management techniques. The task force is exploring ways to disseminate relevant business information and make resources available.

## The growing problem of residents being sued is addressed

The JFCAC recognizes that Junior Fellows are not exempt from litigation during training. Litigation can have a negative effect on training and result in the inability to obtain liability insurance afterward.

It is important that Junior Fellows are educated about what to do if they are involved in a lawsuit and where to find information to assist them during this process. In addition, we encourage training institutions to assist residents who are named in lawsuits and provide support during this stressful period. The JFCAC Task Force on Guidelines for Residents during a Lawsuit has been working on ways to increase availability of information about liability, promote resources that are available through ACOG, and increase training programs' awareness of the importance of providing support to residents during lawsuits.

## The specialty needs you—get involved

We are always seeking ways to get Junior Fellows involved with ACOG activities at the section, district, and national level. I hope to see you at the Annual Clinical Meeting in Philadelphia and strongly encourage you to participate in all the Junior Fellow activities.

If you have an idea for a project or have a concern that you would like to address, please contact me or the Junior Fellow chair in your district.



▲ Front (L-R): Marta Kolthoff, MD (CREOG Rep); Wanjiku Kabiru, MD (JFCAC Chair); Sharon Moayeri, MD (District IX Vice Chair); Shelly Holmstrom, MD (District IV Chair); Sarah Prager, MD (District I Chair); Caroline Stella, MD (District II Chair); Amanda Flicker, MD (District III Chair); Mardi Jane Bishop, MD (Armed Forces Vice District Chair).

Back (L-R): Maria Gilpin, MD (past RRC Rep); Julie Ann Francis (District V Vice Chair); Patrick Ramsey, MD (District VII Vice Chair); May Blanchard, MD (District V Chair); Steven Fleischman, MD (JFCAC Past Chair); John Musich, MD (JFCAC Advisor); Leah Kaufman, MD (JFCAC Vice Chair); Timothy Fisher, MD (Armed Forces District Chair); Lukas Hartman, MD (District IX Chair); Nicholas Montalto, MD (District II Vice Chair); Fareesa Khan, MD (District VI Vice Chair).

## info

- ▶ Dr. Kabiru: [wnkabiru@yahoo.com](mailto:wnkabiru@yahoo.com)
- ▶ [www.acog.org](http://www.acog.org): go to the Junior Fellow section and click on "Advisory Council" for the JFCAC roster with contact details

# Colorectal cancer materials available



## Free educational CD

To help educate your patients, you can obtain a free CD-ROM from the National Colorectal Cancer Research Alliance. Request your free copy of the CD-ROM by completing the request form on the NCCRA website: [www.eifoundation.org/national/nccra/splash](http://www.eifoundation.org/national/nccra/splash); click on "Colorectal Cancer Education CD."



## ACOG Patient Education Pamphlet

*Digestive Problems* includes types of screening tests for colorectal cancer and guidelines for who should be screened, in addition to information about the digestive process, sources of fiber, and bowel problems. Order online at [sales.acog.org](http://sales.acog.org) or by calling 800-762-2264, ext 882, or 302-725-8410, ext 339.

## Buddy Bracelet

Bracelets are available for \$1 each from the Cancer Research and Prevention Foundation. Order online at [www.preventcancer.org/colorectal](http://www.preventcancer.org/colorectal), or by calling 877-352-6566. ♀

## Fellows with colorectal cancer screening experience wanted

If you've made colorectal cancer screening a part of your practice and would like to work with ACOG on this issue, contact Mary Mitchell, ACOG's director of professionalism and gynecologic practice, at 202-863-2502 or [mmitchel@acog.org](mailto:mmitchel@acog.org). ♀

clinical trial recruitment

## New GOG ovarian cancer study enrolling at-risk women

Researchers at participating Gynecologic Oncology Group centers are seeking patients for the Ovarian Cancer Prevention and Early Detection Study, funded by the National Cancer Institute.

### Study to compare prophylactic surgery with no surgery

In the initial evaluation, participants are assessed for genetic risk, medical and ovarian cancer risk, and quality of life. They also have transvaginal ultrasound and CA 125 measurement. Women enrolled in the study will choose one of two screening and prevention groups. Those in Group 1 undergo salpingo-oophorectomy; those in Group 2 do not. Women in both groups receive CA 125 measurement and determination of Risk of Ovarian Cancer Algorithm every three months, and quality-of-life assessments every six months. Primary outcomes will be the development of ovarian cancer, primary peritoneal carcinoma, and breast cancer.

#### Eligibility criteria

- ▶ 30 years of age
- ▶ Increased risk of ovarian cancer because of one or more of the following:
  - ✓ BRCA1 or BRCA2 gene mutation
  - ✓ close relative with BRCA1 or BRCA2 gene mutation
  - ✓ very strong family history of breast or ovarian cancer
- ▶ At least one intact ovary
- ▶ No history of ovarian cancer, including low-malignant-potential cancers, or primary papillary serous carcinoma of the peritoneum

#### info

- ▶ 800-225-3053
- ▶ [www.cancer.gov/clinicaltrials](http://www.cancer.gov/clinicaltrials): use the clinical trial search form—advanced; enter gog0199 in the field for "Protocol ID"

## New standards for cancer centers in effect this year

The Commission on Cancer, a program of the American College of Surgeons, has issued a new set of standards for cancer programs. The new standards, effective Jan 1, 2004, are used for review of hospitals and treatment centers that voluntarily seek evaluation and review by the commission. More than 1,400 cancer centers are currently approved by the commission.

ACOG participated in the development of the new standards, published in *Cancer Program Standards 2004*. The 36 requirements in the new standards cover the following areas:

- ▶ Data management and registry operation
- ▶ Clinical management
- ▶ Research
- ▶ Community outreach
- ▶ Professional education and staff support ♀

#### info

- ▶ [www.facs.org/cancer/index.html](http://www.facs.org/cancer/index.html)

# ACM PG courses offer variety, updates

Registration deadline for early-bird discount: March 26

The postgraduate courses during ACOG's Annual Clinical Meeting in Philadelphia present in-depth information and challenges for today's practicing ob-gyn. The following are descriptions of just 4 of the nearly 40 PG courses to be offered in Philadelphia.



▲ Dr. Falcone

## **Advanced Endoscopic Surgery: Nuts, Bolts, and Pearls (SS03)**

**Saturday and Sunday, May 1–2: 8:15 am–5 pm**

Tommaso Falcone, MD, course director: *Two areas of special interest in this course are the latest alternatives to hysterectomy and approaches to the management of incontinence. Endometrial ablation has*

*been around for a decade, but the practicing gynecologist is faced with a large number of devices that can accomplish this task. We will critically look at each. Participants will also learn the limitations and benefits of numerous techniques and devices for the management of incontinence.*

Also covered:

- ▶ Methods to evaluate the endometrial cavity, such as hysteroscopy and sonography
- ▶ Advanced techniques for removal of myomas and septa
- ▶ Techniques for laparoscopic hysterectomy
- ▶ Techniques for surgical management of endometriosis



▲ Dr. Monga

## **Ultrasound in Obstetrics (SS03)**

**Saturday, May 1: 8:15 am–5 pm**

Manju Monga, MD, course director: *This course will be useful to practicing ob-gyns because it reviews some of the common abnormalities that they encounter. Particularly interesting are the recent advances in ultrasound, such as the use and misuse of 3D ultrasound in*

*practice, new advances with first-trimester ultrasound, and management options when a short cervix is noted on ultrasound.*

Also covered:

- ▶ Diagnosis of specific abnormalities of the fetal chest, cardiovascular system, abdomen, and genitourinary tract
- ▶ Assessing risk for fetal karyotypic abnormalities
- ▶ Use of ultrasound in women at risk for preterm delivery and in management of multiple gestations
- ▶ Doppler use in women with fetal growth restriction and other complications



▲ Dr. Levy

## **The Business of Obstetrics and Gynecology: How to Survive without an MBA (SU03)**

**Sunday, May 2: 8:15 am–5 pm**

Barbara S. Levy, MD, course director: *This course will offer practical suggestions for ob-gyns to increase revenue and efficiency even in this era of rising expenses and declining reimbursements. We will*

*detail specific policies and practices that will help to create a more pleasant and productive office environment. We expect that each participant will come away with suggestions that can be implemented immediately to enhance the bottom line for his or her practice.*

Also covered:

- ▶ Strategic planning
- ▶ Marketing
- ▶ Employee development
- ▶ Decision approaches to opening a second office or changing the provider mix



▲ Dr. Kilpatrick

## **Medical Complications of Pregnancy: 2004 Update (TW04)**

**Tuesday, May 4: 8:15–10:45 am**

**Wednesday, May 5: 10:45 am–3:50 pm**

Sarah J. Kilpatrick, MD, PhD, course director: *Maternal death has not decreased in over 20 years in the US. We'll cover new important updates and controversial new data. For example, there*

*may be a role for oral hypoglycemics in the management of diabetes, something unheard of even five years ago. Cancer is becoming more common during pregnancy; we'll discuss types of cancer treatment, continuation of pregnancy, and timing of delivery. The course will give obstetric providers information to be able to make intelligent, state-of-the-art choices in managing thrombophilia—a topic that changes nearly monthly.*

Also covered:

- ▶ Management of HIV, thyroid disease
- ▶ Which pregnant patients should be treated for chronic hypertension
- ▶ Risk of chemotherapeutic agents in pregnancy
- ▶ Updates on preeclampsia and its pathophysiology ♀

### Registration information

- ▶ Register online at [www.acog.org/acm2004](http://www.acog.org/acm2004)
- ▶ To request a printed program: email [meetings@acog.org](mailto:meetings@acog.org) or fax 202-484-3933



# Nominees for 2004–05 ACOG officers

The following slate will be voted on at the 2004 Annual Business Meeting in Philadelphia on May 3. Fellows and Senior Fellows who cannot attend should vote by proxy, using the card sent in a separate mailing in March.



▲ Dr. Mennuti

## President Elect Nominee

**Michael T. Mennuti, MD • Philadelphia**

**Professional Position:** professor and chair, ob-gyn department, University of Pennsylvania; professor of human genetics and pediatrics, University of Pennsylvania

### Education:

MD: Georgetown University School of Medicine, Washington, DC

Residency: Hospital of the University of Pennsylvania, Philadelphia

Fellowship: Hospital of the University of Pennsylvania (maternal-fetal medicine); University of Pennsylvania (human genetics)

### ACOG Activities:

**National:** secretary and assistant secretary; chair, Committees on Obstetric Practice and Credentials; chair, Task Forces on Nominations, Internet Initiatives, Governance, and Establishing a Section 501(c)(6) Organization; chair, Cystic Fibrosis Steering Committee; chair, Genetics Subcommittee of the Committee on Obstetrics: Maternal and Fetal Medicine; member, Committees on Genetics, Long-Range Planning, and Nominations; member, Health Care Commission; liaison, American Academy of Pediatrics Committee on Genetics and AAP Committee on Fetus and Newborn

**District III:** chair, vice chair, secretary, and assistant secretary; program chair for four Annual District Meetings; recipient of 1998 Outstanding District Service Award



▲ Dr. Kirkpatrick

## Vice President Nominee

**Douglas H. Kirkpatrick, MD • Denver, CO**

**Professional Position:** private solo practice; assistant clinical professor of ob-gyn, University of Colorado Health Sciences Center

### Education:

MD: University of Iowa College of Medicine, Iowa City

Residency: University of Michigan Medical Center, Ann Arbor

### ACOG Activities:

**National:** chair, Council of District Chairs; member, Committees on Nominations, Credentials, Health Care for Underserved Women, and Professional Liability

**District VIII:** chair, vice chair, and secretary; recipient of 2003 Outstanding District Service Award; chair, vice chair, and secretary of Colorado Section; recipient of Wyeth-Ayerst Section Award for "Access to Prenatal Care for Indigent Women" project; recipient of the 1998 and the 2001 Outstanding Fellow Award given by District VIII Junior Fellows



▲ Dr. Martin

## Secretary Nominee

(3-year term)

**James N. Martin Jr, MD • Jackson, MS**

**Professional Position:** professor of ob-gyn, University of Mississippi; director, division of maternal-fetal medicine and obstetric services, Winfred Wiser Hospital for Women and Infants

### Education:

MD: University of North Carolina at Chapel Hill School of Medicine

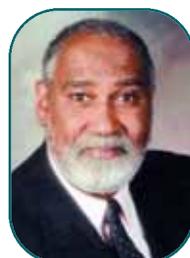
Residency: UNC-North Carolina Memorial Hospital

Fellowship: World Health Organization, Karolinska Hospital in Stockholm, Sweden (clinical research); Parkland Hospital—University of Texas Southwestern, Dallas (maternal-fetal medicine)

### ACOG Activities:

**National:** Junior Fellow Advisor; chair, Subcommittee to Select Public Member; member, Committees on Obstetric Practice, Course Coordination, Nominations, Government Relations, and ACOG-SMFM Joint Leadership; member, Task Forces on Expert Witnesses, Meetings Management, and Establishing a Section 501(c)(6) Organization

**District VII:** chair, vice chair, and secretary-treasurer; newsletter editor; program chair for three Annual District Meetings



▲ Dr. Green

## Assistant Secretary Nominee

**Richard P. Green, MD • Washington, DC**

**Professional Position:** private solo practice; senior attending physician in ob-gyn, Washington Hospital Center

### Education:

MD: Howard University College of Medicine, Washington, DC

Residency: Howard University Hospital, Washington DC

### ACOG Activities:

**National:** chair, Council of District Chairs; reviewer, Voluntary Review of Quality of Care program; member, Committees on Professional Liability and Nominations; member, Task Force on Neonatal Encephalopathy and Cerebral Palsy; member, Finance Subcommittee for Development

**District IV:** chair, vice chair, and secretary; newsletter editor; chair, Committees on Perinatal Mortality and Meeting Site Selection; chair and vice chair of District of Columbia Section



▲ Dr. Tracy

### Fellow-at-Large Nominee

**Erin E. Tracy, MD, MPH • Boston, MA**

**Professional Position:** academic group practice; instructor in ob-gyn and reproductive biology, Harvard Medical School

**Education:**

MD: Georgetown University School of Medicine, Washington, DC

Residency: State University of New York at Buffalo

Master in Public Health: Harvard School of Public Health, Boston, MA

**ACOG Activities:**

**National:** chair, Junior Fellow College Advisory Council; delegate, AMA Young Physician Section; delegate, AMA Ob-Gyn Section Council; first alternate, Committee on Nominations; member, Oversight Committee on State Government Affairs; member, ABOG-ACOG Liaison Committee

**District I:** member, Committees on Nominations, Practice, and Quality Assurance; newsletter editor; Junior Fellow chair, vice chair, and secretary-treasurer

**District II:** member, Primary Care Committee and Subcommittee on Managed Care; Junior Fellow chair, vice chair, and secretary-treasurer of Section 6



▲ Dr. Peterson

### Public Member Nominee

**Jane L. Peterson, PhD • Oakton, VA**

**Professional Position:** associate director, Division of Extramural Research; program director, Comparative Genomics Program, National Human Genome Research Institute, NIH. *Note:* Dr. Peterson will serve as ACOG's Public Member as a private citizen, not as a representative of NIH

**Education:**

BA: Western College, Oxford, OH

PhD: University of Colorado, Cellular and Developmental Biology

Postdoctoral training: Yale University

**Women's Health Activities:**

Cochair, Trans-NIH Genomics Resources Working Group; organizer and promoter of numerous scientific and educational activities including Genome Resource and Sequencing Priority Panel, International Strategy Meetings for Human Genome Sequencing, and symposium series,

"Insights from the DNA Sequence of the Human Genome"; member, NIH Committee on Women's Health; member, NIH Roadmap Group on Public-Private Partnerships; chair, Women in Cell Biology, American Society for Cell Biology ♀

## Register now for popular Interactive Sessions

Attendees use individual keypads to vote on case management

Attend an Interactive Session at the Annual Clinical Meeting and see how your management of a case compares to that of other ob-gyns in the audience.

In these lively sessions, the faculty outline patient cases and offer options for management or diagnosis decisions. Each member of the audience then registers his or her own choice using individual keypads. Within 30 seconds the tally of everyone's answers is shown on the screen at the front of the room. The faculty uses the audience answers to steer the discussion and respond to audience questions.

In *Intrapartum FHR Monitoring*, "Our goal is to give participants a set of important concepts in electronic fetal monitoring that are key for improving patient care and interventions in labor and delivery," says faculty member Thomas J. Garite, MD.

Dr. Garite offers an example of a case he might present after a discussion of the underlying physiology of FHR patterns. "We might show the tracing of tachycardia associated with maternal fever. The first question would be 'What is the best description of this pattern?' Of four options presented,



▲ Dr. Garite



▲ Dr. Nageotte



### Topics and times for ACM Interactive Sessions

- ▶ **Mon:** *Intrapartum FHR Monitoring*  
Offered twice: 11 am–12:30 pm and 2:30–4 pm
- ▶ **Tue:** *Abnormal Pap Smear—2004* • 9:30–11 am
- ▶ **Tue:** *Management of Pelvic Mass* • 2:30–4 pm
- ▶ **Wed:** *Treating Challenging Menopausal Problems after WHI*  
Offered twice: 11:15 am–12:30 pm and 2:30–4 pm

See page 9 for registration information.

the correct choice would be 'Fetal tachycardia with no decelerations and decreased variability.'

Dr. Garite and Michael Nageotte, MD, will "use examples of patterns and clinical outcomes to show how ob-gyns can better deal with them," Dr. Garite notes. "We'll use both common and unusual problems that ob-gyns face. Especially important are patterns that often lead to unnecessary operative intervention."

In the case of the tachycardia pattern, the second question might be "What is the most likely cause of this?"

"Our hope is to provide a better physiologic understanding of FHR—why the changes they see occur," Dr. Garite comments.

After presenting the clinical scenario for this case—weeks gestation, hours of labor, and so forth—the next question is "What would you do about this now?"

"As good teachers, we want to ask why they choose a certain option," Dr. Garite says. "What is the evidence supporting a decision?"

The course on FHR monitoring is one of four topics to be presented at Interactive Sessions during the ACM (see box). ♀

# Doctors and patients both win in Colorado insurance program that averts lawsuits



▲ Dr. Kirkpatrick

*"You have happy patients; they are pleased you are taking care of them."*

During a hysterectomy, "Mrs. Wright," a Medicare patient in Colorado, suffered a ureteral injury that led to her needing a nephrectomy. Her ob-gyn talked to her about the problem and said his insurance company had a program that would pay for uncovered expenses she had as a result of this unanticipated outcome.

Instead of suing the ob-gyn, Mrs. Wright said that what she really wanted was for her East Coast daughter to come and be with her during the surgery. And she needed someone to take care of her yard during her recovery.

The ob-gyn's insurance company paid for Mrs. Wright to get what she needed, and she is still a patient of the ob-gyn. On top of that, neither the incident nor the payments to her are reportable to the National Practitioner Data Bank or the Colorado Board of Medical Examiners. In addition, the ob-gyn's insurance premium is not affected.

Sound like a fairy tale? Not to the 1,323 physicians enrolled in the "3R" program begun three years ago by COPIC, Colorado's physician-owned liability insurance company. "I would absolutely recommend the 3R program to other insurance companies," says Colorado Fellow Douglas H. Kirkpatrick, MD, a member of ACOG's Committee on Professional Liability and a charter member of the 3R program.

## 3 Rs: Recognize, Respond, Resolve

The 3R program is a four-year pilot project begun with the goal of preserving the physician-patient relationship, according to Richert Quinn, MD, the COPIC risk manager who supervised the start-up of the program under the direction of COPIC's board of directors. The program reimburses patients for out-of-pocket medical expenses—up to a ceiling of \$25,000—resulting from a treatment-related injury, and pays up to \$5,000 for loss of time beyond the usual recuperation period. Not all incidents are eligible for the program: attorney involvement excludes a case, as does a major injury or death.

Significantly, even if patients receive reimbursement, they retain the right to pursue legal action; COPIC does not require a signed waiver. It is because COPIC is not responding to a patient demand—either written or verbal—that the company does not need to file a report with the Colorado Board of Medical Examiners or the National Practitioner Data Bank.

## Immediate incident reporting is essential

A longstanding requirement of all COPIC insureds is to report any unanticipated event within 24 hours. Most insurance companies do not have this requirement, according to Dr. Kirkpatrick, who

adds that it called for a major behavior change for physicians when it became a requirement about 10 years ago. "COPIC takes a pretty hard line on a doctor who didn't call in and later is served with legal papers," he comments. "They might forgive you the first time, but the second time they might add a significant premium surcharge or drop you."

## How the process works

The 3R program is an extension of this required incident-reporting process. When physicians who are enrolled in the 3R program call COPIC to report an incident, they are referred to special staff who determine if the incident meets the criteria for the program.

"If the case meets criteria, we ask the physician to make the initial contact with the patient—the earlier the better," explains Leslie Taylor, one of two 3R program administrators. "We want the physician to make contact with the patient right away. Sometimes the doctor might not have all the details of what happened, but we want them to approach the patient right away. The physician can say, 'We are looking into that to the best of our abilities, and we'll give you a thorough explanation as soon as we can.'"

If the patient is receptive, the patient is referred to COPIC staff for instructions on how to receive potential reimbursement of incurred expenses and for time lost from normal activities.

## Pilot project appears successful

Out of 1,634 incidents reported by the physicians enrolled in the 3R program, 439 have met the 3R criteria. About 153 patients have received reimbursement, ranging from \$100 to \$26,000. The average payment is \$5,175.

The participating physicians are almost universally favorable, Dr. Quinn says. "They feel good about the ability to sit down and frankly discuss what happened with a patient, and to be able to offer financial help."

About 24% of COPIC's 5,500 insured physicians have volunteered to participate. Ob-gyns have enrolled at a higher rate—33%. Most cases worked through the program have been in the surgical specialties, not primary care, according to Dr. Quinn.

## Program keeps doctor in touch with patient

Dr. Kirkpatrick comments that the program's goal of preserving the physician-patient relationship is not just theoretical. "If a patient has an injury from an operative surgery, sometimes she gets transferred to another surgeon, such as a urologist or a general surgeon. She can feel a sense of loss. The 3R program encourages the ob-gyn to stay in touch with that patient, rather than just sending her off. You have happy patients; they are pleased you are taking care of them."

Dr. Quinn adds, "It's not about fault or guilt, but more about expressing concern for the patient injured in the process of care. The main goal of the program is to keep the patient-physician relationship intact." ♀



► COPIC: [www.copic.com](http://www.copic.com); 720-858-6000

obstetric care they provide, 12% had decreased the number of deliveries, and 9% had completely stopped practicing OB.

### Fear of claims, high insurance prompt changes in gynecologic practice also

Ob-gyns also modified their practice in gynecology, survey responses show. Among responders, 12% decreased gynecologic surgical procedures, and 6% stopped doing major gynecologic surgery because of the risk of claims or litigation.

Insurance cost and availability also prompted changes: 15% of responders decreased gynecologic surgical procedures for this reason, and 5% stopped doing major gynecologic surgery.

### “Defensive medicine” practices increased

These are other ways that ob-gyns reported they have responded to the liability insurance market and the litigation climate:

- ▶ Changed the types or number of procedures they do
- ▶ Referred more patients to subspecialists
- ▶ Increased the laboratory tests they order
- ▶ Increased the amount of consulting they seek

### ACOG conducts survey regularly to learn trends, problem areas

Every two to four years since 1986 ACOG has commissioned a national survey on the professional liability experiences of its members. The survey results show trends in claims experience, changes in practice, and the cost of insurance. The Committee on Professional Liability uses the results to help define ways the College can assist members with liability-related issues. A more complete report of the survey responses from this latest poll will be published in *ACOG Clinical Review* later this year.

The survey, designed and conducted with Princeton Survey Research Associates of Princeton, NJ, used a stratified, random sample of ob-gyn Fellows. The sample excludes some categories of ACOG members not likely to have had practice or insurance experience during 1999–2003, such as residents, military personnel, and Life Fellows. The final results report responses from 2,185 ob-gyns—a response rate of 45%. ♀

## ACOG professional liability resources

- ▶ **Free booklet, *What to Do If You Are Sued*.** 27-page booklet explains the entire litigation process. Request your free copy: 800-673-8444, ext 2560; [communications@acog.org](mailto:communications@acog.org).
- ▶ **Free *Tool Kit on State Obstetric Liability Reform*.** Request your free copy at 800-673-8444, ext 2594; email [stateleg@acog.org](mailto:stateleg@acog.org). To access the tool kit online, go to the members-access side of [www.acog.org](http://www.acog.org) and click on “State Legislative Activities” on the right-hand side of the page.
- ▶ **Reports on recent action in state legislatures.** Go to the members-access side of the ACOG website at [www.acog.org](http://www.acog.org) and click on “State Legislative Activities” on the right-hand side of the page.
- ▶ ***Professional Liability and Risk Management: A Resource for Obstetrician-Gynecologists in Training and in Practice.*** 125-page book covers documentation, informed consent, litigation process, and more. Order online at [sales.acog.org](http://sales.acog.org), or call 800-762-ACOG (2264), ext 882, or 304-725-8410, ext 339.
- ▶ ***The Assistant: Information for Improved Risk Management.*** 48-page book provides practical risk-management information on both medical and legal topics and points out potential lawsuit risks in everyday practice. Office risk assessment checklists help determine if your practice is at risk. Order online at [sales.acog.org](http://sales.acog.org), or call 800-762-ACOG (2264), ext 882, or 304-725-8410, ext 339.
- ▶ **Email newsletter, *Special Delivery*.** Monthly email gives the latest news about medical liability insurance, links to access your members of Congress, and more. Sign up to receive it at [www.acog.com/member\\_access/misc/special-delivery.cfm](http://www.acog.com/member_access/misc/special-delivery.cfm).
- ▶ **Webcasts**
  - **November 2: *Physician-Patient Communications: Reducing Medical Liability Risks***
  - **December 7: *Breast Management and Medical Liability Risk Reduction***

Both webcasts are 1–2:30 pm ET. Call 800-673-8444, ext 2498, or 202-863-2498 for additional information.
- ▶ **Monthly *ACOG Today* articles.** See pages 5 and 12 in this issue of the newsletter.
- ▶ **Postgraduate course, *Medical Liability Litigation: Gaining Perspective and Control*.** Sep 10–12, at ACOG headquarters in Washington. Course offers strategies for ob-gyns and families to cope with stress of litigation. Watch for more details and registration information in the April issue of *ACOG Today*.
- ▶ **Three ACM courses:**
  - ***Surviving the Despair of Liability Litigation:*** Clinical Seminar, May 3.
  - ***Tales from the Witness Chair:*** Clinical Seminar, May 4.
  - ***How to Avoid Getting Sued . . . Sometimes!:*** Postgraduate course, May 4–5.

Go to [www.acog.org/acm2004](http://www.acog.org/acm2004). If you would like a printed program mailed to you, email [meetings@acog.org](mailto:meetings@acog.org) or fax 202-484-3933.

#### Average survey responder

- ▶ 48 years old
- ▶ Has practiced 16 years (not including residency)
- ▶ Has had 2.6 medical liability claims against him or her

#### Top OB allegations (1999–2002)

Neurologically impaired infant	34%
Stillbirth/neonatal death	15%
Other infant injury, major	7%
Failure to diagnose or delay in diagnosis	7%

#### Top gynecologic allegations (1999–2002)

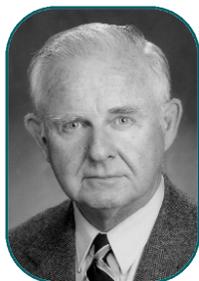
Failure to diagnose or delay in diagnosis	28%
Patient injury, major	25%
Patient injury, minor	15%

## In memoriam

- ▶ Neil **August**, MD  
Royal Palm Beach, FL
- ▶ Margaret White **Battle**, MD  
Rocky Mount, NC • 12/03
- ▶ John E. **Burch**, MD  
Naples, FL
- ▶ Dru E. **Carlson**, MD  
Los Angeles, CA • 9/03
- ▶ Elizabeth A. **Crisp**, MD  
Washington, DC • 1/04
- ▶ Clayton E. **Culbertson**, MD  
Ligonier, PA
- ▶ Robert M. **Dacus III**, MD  
Thomasville, NC • 12/03
- ▶ George P. **Foley**, MD  
Denver, CO • 12/03
- ▶ James F. **Hayes**, MD  
Jacksonville, FL
- ▶ John S. **Kane**, MD  
Norristown, PA
- ▶ Theodore W. **Loring**, MD  
Eureka, CA • 5/03
- ▶ William L. **Mitchell**, MD  
Enterprise, AL • 6/03
- ▶ John Frederick **Pauly**, MD  
West Palm Beach, FL • 4/03
- ▶ Stanley **Renner**, MD  
Montville, NJ • 1/03
- ▶ Kenneth D. **Rost**, MD  
La Grande, OR • 12/03
- ▶ George S. **Woodward**, MD  
Elm Grove, WI • 12/03

## Ronald E. Batt, MD, named 2004 History Fellow

*Endometriosis is subject of history research project*



New York Life Fellow Ronald E. Batt, MD, is the winner of the 2004 ACOG Ortho-McNeil Fellowship in the History of American Obstetrics and Gynecology.

Dr. Batt's research project is "The History of Endometriosis in North America: Scientific, Social, and Cultural Perspective."

He plans to write a comprehensive history of endometriosis, including theories of pathogenesis, pathophysiology, epidemiology, diagnosis, treatment, and

complications. These topics will be addressed in the context of the changing scientific, social, and cultural contexts in North America since the 19th century.

Dr. Batt is a professor of clinical ob-gyn at the School of Medicine and Biomedical Sciences, SUNY Buffalo. He also is a PhD student in the history of science and medicine at SUNY Buffalo. ♀

Fellows and Junior Fellows may apply for the history fellowship. October 1 is the deadline for applications for next year. Contact Debra Scarborough at 800-673-8444 or 202-863-2578; dscarborough@acog.org.

## Join fellow ob-gyn history buffs at ACM sessions

Two events at the Annual Clinical Meeting in Philadelphia will focus on ob-gyn history.

### Learn about early pelvic surgery at history group meeting

*Silver Sutures—the Evolution of Pelvic Surgery* is the title of the presentation that Ohio Fellow Anthony P. Tizzano, MD, will make during the annual breakfast meeting of the ACOG Special Interest Group on the history of ob-gyn in America.

The breakfast meeting will be 6:30–8 am on Wednesday, May 5. You do not have to be a member of the history interest group to attend the breakfast.

### Seminar on evolution of placenta previa management

Nova Scotia Fellow Thomas F. Baskett, MB, will present the clinical seminar *A Flux of the Reds: Evolution of the Management of Placenta Praevia* on Tuesday, May 4, 2:30–4 pm. In addition to tracing the management of placenta previa from ancient to modern times, Dr. Baskett will describe the rationale and techniques of accouchement force and fetal tamponade and the emergence of caesarean section and expectant management.

Dr. Baskett's presentation will be followed by a 1930s film by Joseph B. DeLee, MD, with commentary provided by Warren H. Pearse, MD. ♀

## Four districts, 26 sections seek officer nominations: June 1 deadline

*Get involved with ACOG: make a difference in your specialty!*

If you are a voting Fellow in one of the districts or sections listed below during March or April you'll receive a notice to nominate officers. You may nominate yourself or others by the June 1 deadline.

During the summer you'll receive a list of all the nominees and the roster of the nominating committee that will choose the slate of candidates. Only individuals nominated by the June 1 deadline can be considered by the committee.

All voting Fellows are encouraged to contact members of the nominating committee to offer comments about the slate of nominees.

### Elections take place by mail

Voting Fellows in the districts and sections listed below will receive mail ballots by the end of 2004. Ballots for section officers are due Feb 1, 2005; ballots for district officers are due Mar 1, 2005. The officers elected will be informed on Apr 1, 2005, and will assume office at the conclusion of their 2005 Annual District Meeting. ♀



▶ Megan Willis: 800-673-8444 or 202-863-2531; email mwillis@acog.org

### Jurisdictions with elections in 2005

Because officers serve three years, to avoid having all College officers change at the same time, only a third of the sections and districts hold elections in any given year. The following districts and sections will begin the nominating process this year, with terms of those elected beginning after their Annual District Meeting in 2005.

#### Districts

District II  
District V  
District VIII  
District IX

#### Sections (District)

Air Force (AFD) • Alabama (VII) • Alaska (VIII) • Arizona (VIII)  
California Section 4 (IX) • California Section 5 (IX) • California Section 8 (IX)  
Delaware (III) • District of Columbia (IV) • Florida (IV) • Illinois (VI) • Louisiana (VII)  
Massachusetts (I) • Mexico (VII) • Michigan (V) • Nebraska (VI) • Nevada (VIII)  
New York Section 3 (II) • New York Section 6 (II) • New York Section 10 (II)  
Oklahoma (VII) • Quebec (I) • Rhode Island (I) • South Carolina (IV)  
Wisconsin (VI) • Wyoming (VIII)

# 2004 calendar

Please contact individual organizations for additional information.

## march

### ACOG Legislative Workshop

14-16  
Washington, DC  
800-673-8444, ext 2505  
keycontact@acog.org

### ASCCP: Amer Soc for Colposcopy and Cervical Pathology

15-19  
Lake Buena Vista, FL  
800-787-7227  
www.asccp.org

### World Congress on Women's Mental Health

17-20  
Washington, DC  
703-449-6418  
www.womenmentalhealth.com

### SGI: Soc for Gynecologic Investigation

22-27  
Houston, TX  
202-863-2544  
www.sgonline.org

## april

### SSSTAR: Soc for Sex Therapy and Research

1-4  
Arlington, VA  
202-863-1648

## may

### ACOG Annual Clinical Meeting

1-5  
Philadelphia, PA  
www.acog.org/acm2004

### Practical Ob-Gyn Update

15-16  
Sponsor: MECF  
Pensacola, FL  
850-477-4956  
www.mecop.org

## may

### NASPAG: North Amer Soc for Pediatric and Adolescent Gynecology

20-22  
La Jolla, CA  
215-955-6331  
www.naspag.org

### WAGO: Western Assn of Gynecologic Oncologists

26-29  
Monterey, CA  
202-863-1648

## june

### Successful Strategies: Ob-Gyn Coding, Billing, and Documentation and HIPAA Security Rules

3  
Buffalo, NY **See page 6**  
4  
Syracuse, NY  
518-786-1529  
neshow@aol.com  
www.acog.org/goto/NYS

### AIUM: Amer Institute of Ultrasound in Medicine

20-22  
Phoenix, AZ  
301-498-4100 or 800-638-5352  
www.aium.org

### SOGC: Soc of Ob-Gyns of Canada

25-29  
Edmonton, Alberta  
613-730-4192  
www.sogc.org **See page 16**

## july

### ACOG Webcast: Preventive-Care Coding: Medicare Patients

6 1-2:30 pm, ET  
202-863-2498

## july

### GOG: Gynecologic Oncology Group

16-18  
Garden Grove, CA  
215-854-0770  
www.gog.org

### AUGS and SGS: Amer Urogynecologic Soc and Soc of Gyn Surgeons

29-31  
San Diego, CA  
SGS: 901-762-8401  
www.sgsonline.org

## august

### ACOG Webcast: Preventive-Care Coding: Non-Medicare Patients

3 1-2:30 pm, ET  
202-863-2498

### IDSOG: Infectious Diseases Soc for Ob-Gyn

5-7  
San Diego, CA  
202-863-2570  
www.idsog.org

## september

### ACOG Webcast: Internal Financial Controls to Protect Your Practice

7 1-2:30 pm, ET  
202-863-2498

### AGOS: Amer Gyn-Ob Soc

9-11  
Bolton Landing, NY  
202-863-1647

### Soc of Laparoendoscopic Surgeons

29-Oct 2  
New York, NY  
800-446-2659  
www.sls.org

## 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](http://www.acog.org) and click on "Postgraduate Courses" under "Meetings and Events"

Registration must be received one week before the course. Onsite registration subject to availability.

## March

### Gynecology in the Next Decade: Evolving Issues

4-6 • Snowbird, UT

### Clinical Obstetrics and Evidence-Based Medicine

11-13 • Washington, DC **Date Changed**

### CPT and ICD-9-CM Coding Workshop

12-14 • Washington, DC

### CPT and ICD-9-CM Coding Workshop

19-21 • Chicago, IL **Sold Out**

## April

### Quality Improvement and Management Skills for Leaders in Women's Health Care

1-3 • Washington, DC

### CPT and ICD-9-CM Coding Workshop

16-18 • Houston, TX

## May

### CPT and ICD-9-CM Coding Workshop

6-8 • Philadelphia, PA

## June

### CPT and ICD-9-CM Coding Workshop

11-13 • Boston, MA

### Controversies in Menopause (debate format)

17-19 • San Diego, CA

### The Management of Complications in Obstetrics

24-26 • Honolulu, HI

## July

### Fetal Assessment: Ultrasound, Doppler, and Heart Rate Monitoring

8-10 • Vancouver, British Columbia

## August

### Practical Obstetrics and Gynecology

19-21 • Charleston, SC

## connect to ACOG

### Address changes:

800-673-8444, ext 2427, or 202-863-2427  
fax 202-479-0054  
email [membership@acog.org](mailto:membership@acog.org)

**Website:** [www.acog.org](http://www.acog.org)

**Main phone line:** 800-673-8444 or 202-638-5577

**Resource Center:** 202-863-2518

toll-free for members only: 800-410-ACOG (2264)

**Order publications:** online at [sales.acog.org](http://sales.acog.org)

or call 800-762-ACOG (2264), ext 882,

or 304-725-8410, ext 339

### ACOG Today

#### Executive Vice President

Ralph W. Hale, MD, FACOG

#### Director, Communications

Penelope Murphy, MS

#### Editor

Melanie Padgett

#### Contributors

Linda Esser  
Amanda Hall  
Alice Kirkman, JD  
Susan Klein, MBA  
Jennifer Kunde

### Design and Production

Marcotte Wagner Communications

#### Send letters to:

Melanie Padgett, editor  
*ACOG Today*  
PO Box 96920  
Washington, DC 20090-6920  
fax 202-863-5473

Letters may be edited for length.

Copyright 2004 by the American College of Obstetricians and Gynecologists, 409 12th St. SW, Washington, DC, 20004.  
(ISSN 0400-048X); published 10 times a year.

Opinions published in *ACOG Today* are not necessarily endorsed by the College.

The appearance of advertising in ACOG publications does not constitute a guarantee or endorsement of the quality or value of an advertised product or the claims made about it by its manufacturer. The fact that a product, service, or company is advertised in an ACOG publication or exhibited at an ACOG meeting shall not be referred to by the manufacturer in collateral advertising.



About 18,000 unnecessary deaths occur each year because of lack of health insurance.

—Institute of Medicine

info

- ▶ [www.covertheuninsured.org](http://www.covertheuninsured.org)
- ▶ IOM report, *Insuring America's Health: Principles and Recommendations*: [www.iom.edu/report.asp?id=17632](http://www.iom.edu/report.asp?id=17632)

# Number without health insurance reaches 44 million

ACOG is a supporter of Cover the Uninsured Week: May 10–16

Ensuring health care coverage for uninsured individuals—especially pregnant women—is a legislative priority for ACOG. The uninsured is one of the major issues to be addressed at ACOG's Legislative Workshop, March 14–16 in Washington. ACOG also joins a large number of organizations in supporting Cover the Uninsured Week (May 10–16), an event sponsored by the Robert Wood Johnson Foundation.

## IOM examines consequences of no health insurance

An Institute of Medicine report released in January points out that the US leads the world in health care spending but is the only wealthy, industrialized nation that does not ensure that all citizens have coverage. The institute proposes five principles that should guide how to evaluate proposals to extend insurance coverage for Americans:

- ▶ Health care coverage should be universal
- ▶ Health care coverage should be continuous
- ▶ Health care coverage should be affordable to individuals and families
- ▶ The health insurance strategy should be affordable and sustainable to society
- ▶ Health care coverage should enhance health and well-being by promoting access to high-quality care that is effective, efficient, safe, timely, patient-centered, and equitable

## Participate in Cover the Uninsured Week

Check out the website at left to find out what you can do in your community to draw attention to the issue of the uninsured (17 cities have been selected as Target Communities for activities) and for details on numerous projects designed to address this national problem. ♀

# Bogus birth control patch sold online

Counterfeit Ortho Evra patch has no active ingredients

The FDA warned women in February not to use counterfeit birth control patches bought online through the website [www.rxpharmacy.ws](http://www.rxpharmacy.ws). The patches purport to be Ortho Evra transdermal patches but contain no active ingredients and do not protect against pregnancy. Ortho Evra patches are made by Ortho-McNeil Pharmaceutical and are FDA approved.

The FDA worked with the US-based Internet service provider to shut down the site, which was operated by American Style Products of New Delhi, India. The FDA is investigating other products sold on the site that were marketed as versions of FDA-approved drugs.

The FDA urges consumers not to use any drugs bought on the site and advises them to contact their health care provider immediately if they have such a product. ♀

info

- ▶ [www.fda.gov](http://www.fda.gov)



## SOGC Annual Clinical Meeting to be held in Edmonton

The Society of Ob-Gyns of Canada will hold its Annual Clinical Meeting in Edmonton, Alberta, June 25–29. The meeting will feature international symposia, postgraduate courses, clinical updates, and workshops. ♀

info

- ▶ [www.sogc.org](http://www.sogc.org); 613-730-4192 or 800-561-2416; email [acm@sogc.com](mailto:acm@sogc.com)



**The American College of Obstetricians and Gynecologists**

PO Box 96920  
Washington, DC 20090-6920

Nonprofit Org.  
US Postage  
PAID  
Merrifield, VA  
Permit No. 6418