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FDA objects to commercial use

Prenatal ultrasound portrait studios find market niche

Commercial studios offering ultrasound videos of the fetus are proliferating, despite objections from the medical community. Expectant parents are happy to pay \$125 to \$250 for a package that typically includes at least the following:



- ▶ A 30- to 45-minute 4D ultrasound session, with as many as eight guests welcome
- ▶ A video to take home, often set to music selected by the parents
- ▶ A set of photos, both print and digital
- ▶ Gender determination if requested

But to the public what may seem like a thrilling opportunity is causing concern from ob-gyns and the FDA, which objects to the commercial use of fetal ultrasound imaging. The federal agency recently reissued its caution in light of the proliferation of entertainment ultrasounds:

"Persons who promote, sell, or lease ultrasound equipment for making 'keepsake' fetal videos should know that FDA views this as an unapproved use of a medical device. In addition, those who subject individuals to ultrasound exposure using a diagnostic ultrasound device (a prescription device) without a physician's order may be in violation of state or local laws or regulations regarding use of a prescription medical device."

"The agency's position is that these ultrasound devices are medical equipment regulated by the FDA and they can only be used by a licensed practitioner," says Harold Pellerite, assistant to the director for the FDA Office of Compliance, Diagnostic Devices Branch. "If the ultrasound is not done within a legitimate doctor-patient relationship, we consider that outside legitimate use. It presents unnecessary risk to the fetus."

And the FDA is not alone. The American Institute of Ultrasound in Medicine doesn't like these studios either. AIUM "strongly discourages the nonmedical use of ultrasound for psychosocial or entertainment purposes."

Ob-gyns cite inappropriate diagnostic information as a problem

ACOG Fellow John W. Seeds, MD, concedes that there's no proven damaging effect of diagnostic human ultrasound. But, he cautions, "we used to think that about X-rays too." Dr. Seeds, chair of the ob-gyn department at the Virginia Commonwealth University School of Medicine, is ACOG's liaison to AIUM and served with other ACOG representatives on the committee that developed the AIUM Practice Guideline for the Performance of an Antepartum Obstetric Ultrasound Examination.

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Join colleagues at the ACM in Philadelphia

First live telesurgery at the ACM

Next month thousands of Fellows will be gathering for ACOG's 52nd Annual Clinical Meeting, to be held in Philadelphia May 1-5. If you haven't made plans yet to attend the ACM, there's still time left to do so—it's a tremendous opportunity to learn and discuss the latest changes and advances in our field.

From a remarkable President's Program focused on patient safety to the first live telesurgery session at the ACM, from 27 clinical seminars to 10 scientific sessions, the meeting allows busy ob-gyns to gather a wealth of information all in one place.

President's Program addresses patient safety

Patient Safety: The "Tipping Point" is the focus of this year's President's Program, featuring some of the country's top experts on the issue. You will hear from Lucien L. Leape, MD, MPH, a well-known advocate of patient safety from the Harvard School of Public Health. Dr. Leape will address the issue from the perspective of the average physician who wonders what he or she can do to improve patient safety.

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ACOG leads fight for tort reform



executive desk

Recently, I attended a press conference announcing the debut of the national educational initiative of Doctors for Medical Liability Reform (see page 7).

This program will educate consumers about the rapid decline in availability of physicians as a result of the cost of professional liability insurance. The goal of the campaign is to directly and indirectly convince the members of the US Senate that American medicine is in crisis—a crisis that can be stopped only by enacting meaningful tort reform.

As I write this, the US Senate has just narrowly defeated a tort reform bill (see Government Update, page 7). Proponents in the Senate promise to raise the issue again later this year, and we need to renew efforts at the state and national level. This is a battle we cannot afford to lose.

ACOG has been at forefront

When I wrote about professional liability in previous issues, I received a few letters saying that the problem is that ACOG reacted too late. In fact, ACOG has responded forcefully to the problems ob-gyns have faced with medical liability insurance from the time this issue surfaced. This issue has been our #1 priority for the past three years.

Unfortunately, our efforts were largely independent. Most other specialties in medicine did not come face-to-face with liability premium increases until about two

years ago. Until then, ACOG was viewed as the outlier, and it was difficult to gather support. Finally, when other specialists began to see the enormous rise in premiums that ACOG Fellows had been experiencing for several years, they joined us in this fight. This is important because numbers count to legislators.

Today, we have neurosurgeons, orthopedic surgeons, general surgeons, cardiologists, thoracic surgeons, urologists, emergency physicians, and dermatologists—more than 230,000 physicians—coming together to launch this campaign. This coalition represents a much more formidable number of physicians and their patients, and it shows the wide range of specialties affected by the liability crisis.

In this issue of *ACOG Today*, as in all issues, there are updates on the status of liability reform activities. Please read these to get more details. As John Paul Jones stated when his ship, the *Bonhomme Richard*, was seriously damaged in a battle and he was asked to surrender by the English captain, “We have not yet begun to fight.” ♀

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President

“This is a battle we cannot afford to lose.”

New breastfeeding poster available

A new poster from ACOG, *Breastfeeding Your Baby*, can help teach your patients about the importance of breastfeeding. The 20-inch x 26-inch color poster explains why breastfeeding is the best choice and provides information and pictures to show the optimal positions for breastfeeding.

A companion to the poster is ACOG’s *Breastfeeding Your Baby Patient Education Pamphlet*. The pamphlet builds on the poster

by providing greater detail about breastfeeding’s

benefits, facts about breastfeeding, and information on how to breastfeed.

You can find more detailed information to help you support breastfeeding mothers in ACOG’s Educational Bulletin #258, *Breastfeeding: Maternal and Infant Aspects*, issued in July 2000. ♀

info

- ▶ *Breastfeeding Your Baby* poster (AA462)
- ▶ *Breastfeeding Your Baby Patient Education Pamphlet* (AP029)
- ▶ Order online at <http://sales.acog.org> or call 800-762-2264 ext 192

New Editor heads up *ACOG Today*



▲ Ms. Padgett

ACOG *Today* has a new editor at its helm. Melanie Padgett joined the ACOG staff in February as editor of the College’s monthly newsletter.

“We are very pleased to welcome Melanie to ACOG; she brings a fresh voice to *ACOG Today*,” says Penny Murphy, MS, director of ACOG’s Office of Communications.

“We also wish Marian Wiseman, who left ACOG to start her own business, continued success. Marian is a star who’ll shine in any endeavor she undertakes,” Ms. Murphy adds.

Previously, Ms. Padgett spent two years as assistant editor of *The Nation’s Health*, the monthly newspaper of the American Public Health Association. Most recently, she was the writer/editor for the Association of Fundraising Professionals.

Ms. Padgett has a bachelor of arts degree in journalism from Franklin College, Franklin, IN, and a Teaching English as a Foreign Language certificate from the ITC School, Prague, Czech Republic. She began her career as a newspaper reporter in the Hoosier state.

Ms. Padgett can be reached at 202-863-2423 or mpadgett@acog.org. ♀



Don't miss award-winning films at the ACM

Attendees of the Annual Clinical Meeting, May 1–5 in Philadelphia, will have more than one opportunity to view the prize-winning films of the ACM Film Festival. For the first time, the three prize winners' films will be shown twice during the ACM.

The following are this year's prize winners:

- 1st Prize** *Safe Laparoscopic Entry and Complications*
by Ceana Nezhath, MD, director, Atlanta Center for Special Pelvic Surgery, Atlanta
- 2nd Prize** *Finding Answers About Vulvodynia*
by Dilek Avci, medical student, UMDNJ-Robert Wood Johnson Medical School, Women's Health Institute, New Brunswick, NJ
- 3rd Prize** *Evaluation and Excision of a Recurrent, Complex Suburethral Diverticulum with a Fistulous Tract*
by Charles D. Rardin, MD, assistant professor, Brown Medical School, Providence, RI

A total of 18 films are included in this year's ACM Film Festival. Eight, including the first-prize film, will be shown from 1:45 to 4 pm on Monday, May 3, in the auditorium of the Pennsylvania Convention Center. Ten more films, including those that won second and third prize, will be shown from 1:45 to 5 pm on Tuesday, May 4, in the convention center auditorium. After each film, the audience will have five minutes to ask questions of the filmmaker, and a moderator will be on hand to organize the presentation.

The three prize-winning films will be reshowed from 8–8:50 am on Wednesday, May 5. ♀

ACM to offer research paper presentations

Hear new research at the ACM when clinical and basic research papers are presented from 1:30 to 3:30 pm on Monday and Tuesday, May 3–4.

Researchers will present their findings in seven minutes, and the audience will have three minutes to ask questions. Both sessions will be held in the Pennsylvania Convention Center.

These are this year's prize-winning papers:

- 1st Prize**
Osteoporosis Prevention with Unopposed Ultra Low Dose Transdermal Estradiol
Bruce Ettinger, MD; Deborah Grody, MD, MPH; Marie Foegeh, MD; Vladimir Hanes, MD
- 2nd Prize**
Effect of Prepregnancy Body Mass Index Categories on Obstetrical and Neonatal Outcomes
Haim A. Abenhaim, MD; Robert A. Kinch, MD; Robert Usher, MD
- 3rd Prize**
Risk for Bladder Injury Associated with Prior Cesarean Delivery
Bryan Watabe, MD; Maureen G. Phipps, MD, MPH; Deborah Myers, MD; Jeffrey Clemons, Lt Col, MD

There will be 270 poster presentations for ACM attendees to view this year. All poster presentations will be in Exhibit Hall ABC.

- ▶ **Monday, May 3 • 10:30 am to 5 pm**
Authors will be present from 3 to 4 pm
- ▶ **Tuesday, May 4 • 10:30 am to 4 pm**
Authors will be present from 3 to 4 pm
- ▶ **Wednesday, May 5 • 10:30 am to 3:30 pm**
Authors will be present from 10:30 to 11:30 am

ACM continued from page 1

Carolyn M. Clancy, MD, of the Agency for Healthcare Research and Quality, will present report findings specifically on caring for women. ACOG Fellow Benjamin P. Sachs, MD, of Beth Israel Deaconess Medical Center in Boston, will discuss a study funded by the U.S. Department of Defense that is applying error-reduction approaches in aviation to clinical care.

First-ever live telesurgery at ACM

Attendees will be the first to ever witness a live telesurgery session at the ACM, to be held on Tuesday, May 4, from 8 to 11:30 am. Individuals attending the session will be able to ask questions of the surgeons as they perform three state-of-the-art procedures: tension-free vaginal tape procedure, laparoscopic total hysterectomy, and tension-free vaginal tape—obturator procedure.

Those attending the ACM can also practice techniques in two hands-on postgraduate courses. One will cover operative hysteroscopy techniques, and the other will show minimally invasive treatment options for the surgical correction of stress urinary incontinence.

ACM offers abundance of sessions

All the regular sessions and activities that you're accustomed to experiencing at the ACM will be waiting for you in Philadelphia as well, including postgraduate courses, luncheon conferences, and the ACOG Film Festival, all a part of the strong and engaging Scientific Program.

So join us in Philadelphia to learn the latest about our field, while also meeting up with old friends and experiencing the great "City of Brotherly Love." See you there! ♀

Keeping updated on drugs in development

Ob-gyns can learn what drugs are currently in development for women's health issues with a new report co-presented by ACOG and the Pharmaceutical Research and Manufacturers of America.

The 2004 survey *Medicines in Development for Women* includes information on 48 drugs for ob-gyn conditions, 41 for breast cancer, and dozens more in areas such as cancer, musculoskeletal disorders, autoimmune diseases, diabetes, depression, asthma, and Alzheimer's disease.

The following are ob-gyn-related health issues that have drugs in development:

- ▶ Contraception
- ▶ Infertility
- ▶ Postmenopausal symptoms
- ▶ Endometriosis
- ▶ HPV prevention
- ▶ Genital herpes
- ▶ Sexual dysfunction

The report, which includes medications from multiple drug manufacturers, lists the drug's name, company that produces it, indication, and development status. The report includes an explanation of the drug development and approval process, including explanations of the various phases of the approval process.

The document was mailed to all ACOG national, district, and section officers, and all Fellows can obtain a copy through the members-access portion of the ACOG website. ♀

info

- ▶ www.phrma.org

CDC's new group B strep brochure targets black women



A new brochure from the CDC is aimed at educating pregnant women about the risk of group B streptococcus transmission during labor. The brochure, *Protect Your Baby from Group B Strep*, specifically targets black women, who are at higher risk of GBS.

Group B strep is one of the leading infectious causes of morbidity and mortality in newborns. ACOG Committee Opinion #279 (December 2002) calls for culture-based screening for GBS at 35–37 weeks gestation.

The free brochure is a colorful, easy-to-read resource that educates women about the risk of GBS and explains that antibiotics, usually penicillin, are given during labor to prevent transmission of GBS bacteria to their baby.

The brochure content was carefully tested through focus groups for readability and appeal. The brochure can be distributed through ob-gyn practices, in public health settings, or anywhere else in your community. ♀

info

- ▶ *Protect Your Baby from Group B Strep* brochure
- ▶ Order free by fax or phone: fax requests to the CDC's Respiratory Diseases Branch at 404-639-3970 or call 404-639-2215
- ▶ Group B strep information: www.cdc.gov/groupbstrep



ACOG's Patient Education Pamphlet *Group B Streptococcus and Pregnancy* can also help you educate your patients about the risk of GBS transmission during labor. The pamphlet explains to pregnant women what GBS is, discusses the effects on a newborn if the bacteria are passed from a woman to her baby, and explains how women are tested and treated for GBS. ♀

info

- ▶ ACOG Patient Education Pamphlet *Group B Streptococcus and Pregnancy* (AP105)
- ▶ Order online at <http://sales.acog.org> or call 800-762-2264, ext 192

District IV and V Junior Fellows to present at the ACM

The winners of the 2003–4 Donald F. Richardson Memorial Prize Paper Awards are Ritu Salani, MD, of District IV, and Pravin Goud, MD, PhD, of District V. Their papers were selected from Junior Fellow papers nominated by each district.



▲ Dr. Salani

Dr. Salani received her medical degree from Northeastern Ohio University's College of Medicine in Rootstown and is completing her ob-gyn residency training at Emory University School of Medicine in Atlanta.

Her paper, *The Evaluation of Cyclo-oxygenase 2 Expression in Dysplasia and Invasive Carcinoma of the Cervix*, used immunohistochemical staining of cervical tissue to evaluate the expression of cyclo-oxygenase and its role in cervical neoplasia.

The study found no significance in cervical dysplasia and squamous cell carcinoma of the cervix. It did, however, discover that COX-2 may play a role in adenocarcinoma of the cervix.



▲ Dr. Goud

Dr. Goud's study, *Microtubule Turnover in Ooplasm Biopsy Reflects Aging Related Phenomena in the Parent Oocyte*, examined a new technique of oocyte biopsy in determining the age of developing egg cells. Results indicate that oocyte biopsy may be better able to accurately identify aging ova than current techniques by

assessing ooplasmic microtubule activity without damaging the parent oocyte or its spindle.

Dr. Goud received his medical degree from the University of Bombay (Mumbai) in India.

He is completing his ob-gyn residency training at Wayne State University in Detroit. ♀

Paper presentation times at the ACM

- ▶ Dr. Goud Monday, May 3, 3:20–3:30 pm
- ▶ Dr. Salani Tuesday, May 4, 3:20–3:30 pm

Cases selected to stump the professors

The following Junior Fellows will present their cases during this year's Stump the Professors program at the Annual Clinical Meeting in Philadelphia at 9:30 am on Tuesday, May 4.

- ▶ **Robert C. Moore, MD**, (District VII)
University of Mississippi
Not Just Morning Sickness
- ▶ **Larisa P. Gavrilova-Jordan, MD**, (District VI)
Mayo Graduate School of Medicine
Digging for the Root of the Problem
- ▶ **T. Michael Numnum, MD**, (District VII)
University of Alabama, Birmingham
Incontinence: A Perplexing Pelvic Problem
- ▶ **Kjersti M. Aagaard-Tillery, MD**, (District VI)
University of Minnesota
The Case of the Logarithmic Triple Screen

The session will be moderated by Sandra A. Carson, MD, ACM general program chair, and Wanjiku N. Kabiru, JFCAC chair. Serving on the panel of professors will be Haywood L. Brown, MD; Ron Gibbs, MD; Joanna M. Cain, MD; and Sarah L. Berga, MD. ♀

Resident Reporter program at ACM offers outstanding opportunity

A group of third- and second-year residents from various institutions in the US will be selected to attend the 2004 "Resident Reporter" program at the ACM in Philadelphia, May 1–5. Participants will attend scientific sessions, special programs, and lectures.

A few of the residents will be selected to write articles for the *Resident Reporter*, an annual publication prepared by Wyeth Pharmaceuticals, in conjunction with ACOG, and distributed to all ob-gyn residents.

The program is funded through an unrestricted educational grant from Wyeth and covers resident reporters' ACM registration fees, travel expenses, accommodations during the ACM, and selected meals.

Residents will be chosen by each of the 10 district chairs. The Maritz-McGettigan Company will forward program information and travel instructions to residents who are selected. ♀

Project focuses on VBAC



▲ Dr. Cherouney

Concerned with the decline in the number of hospitals offering VBACs, the Vermont and New Hampshire sections of ACOG helped develop a project to improve the safety and availability of VBACs in their region.

The Vermont/New Hampshire VBAC Project led to the development of guidelines for the management of VBAC. The guidelines can be used to re-institute VBACs in hospitals that no longer offer them.

The two sections are being recognized for their leadership of the VBAC Project with the 2003 Wyeth Pharmaceuticals Section Award, to be presented at the Annual Industry and Awards Luncheon at the ACM Sunday, May 2, in Philadelphia.

“This award gives national recognition to the work of many people, showing that you can start at a grassroots level and have a significant impact on patient care,” says Peter H. Cherouney, MD, chair of the Vermont Section.

While VBAC availability has declined in Vermont and New Hampshire, many patients who have had previous cesarean sections continue to ask about delivering their babies vaginally and have difficulty finding hospitals who perform VBACs, according to Dr. Cherouney.

“There’s still clearly a demand for VBACs,” he says.

Project stratifies the risk to patients

The project’s risk stratification of VBAC patients showed that VBACs could be offered in a safe environment, Dr. Cherouney says. After identifying the clinical

characteristics of patients with low, medium, and high risk for uterine rupture, a regional institutional classification was developed that included specific recommendations for the care of VBAC patients at the different risk levels. Dr. Cherouney points out that the group at low risk showed fetal and maternal risks similar to what all hospitals deal with every day with obstetric patients.

Three documents were developed and disseminated from the project:

- ▶ A patient VBAC education form
- ▶ A patient consent form for VBAC
- ▶ Regional guidelines for hospital management of VBAC

The support for the project data and new documents is leading to the re-institution of VBAC in some hospitals, while others are considering the option, according to Dr. Cherouney.

Collaborative effort continues

More than 200 health care professionals and 35 of the 37 hospitals in Vermont and New Hampshire were involved in the project. Input came from ob-gyns, nurse managers, certified nurse midwives, anesthesia personnel, administrators, and insurers throughout the region.

Based on the successful collaborative project, the hospitals have decided to create the Northern New England Perinatal Quality Improvement Network, a consortium that will develop other projects geared toward improving perinatal care in the region. The network’s first project will be to collect patient outcome data on VBAC. ♀



Government Relations Committee spotlights your issues

- ▶ ACOG’s Government Relations Committee is made up of ACOG President John M. Gibbons Jr, MD; President Elect Vivian M. Dickerson, MD; and Immediate Past President Charles B. Hammond, MD; along with two district chairs—Robert J. Jaeger, MD, (District VI) and James A. Macer, MD, (District IX)—and Junior Fellow College Advisory Council Vice Chair Leah Kaufman, MD. Last year, a representative of the American College of Osteopathic Obstetricians and Gynecologists was added to the panel: Richard A. Debbs, DO.
- ▶ Starting with this year’s Annual Legislative Workshop, which was held March 14–16, ACOG’s Government Relations Committee has expanded to include representatives from the states. New members are Howard L. Minkoff, MD, (NY); Richard W. Henderson, MD, (DE); Albert E. Payne, MD, (OH); Robert Lee Vermillion, MD, (VA); Harvey M. Cohen, MD, (CO); and Janette H. Strathy, MD, (MN).

Senate vote 12 shy of victory

By John M. Gibbons Jr, MD, ACOG President



On February 24, for the second time within a year, the US Senate failed to overcome a Democratic filibuster on meaningful medical liability legislation. S. 2061, the Healthy Mothers and Healthy Babies Access to Care Act, introduced by Sens Judd

Gregg (R-NH), chairman of the Senate HELP Committee, and John Ensign (R-NV), would have provided reasonable liability protection for obstetric providers. The final vote was 48-45-7 and fell mostly along party lines. (In the US Senate, 60 votes are needed to stop a filibuster and consider a bill.)

Senate leadership remains committed to passing a bill this year so that a liability reform bill can be carved out in conference committee following the House's passage of a reform bill last year. Leaders plan to bring up subsequent bills focusing on emergency room physicians/services, rural physicians, and volunteer physicians.

Act now: Urge US senators to sign the MLR Pledge

ACOG has joined Doctors for Medical Liability Reform, a new coalition representing 230,000 specialty physicians who support federal medical liability reform (see Executive Desk, page 2).

DMLR launched its national campaign in February with a Washington, DC, press conference and with national ads in the *Wall Street Journal*, *Washington Post*, and *USA Today*. Additional press conferences were held in Washington and North Carolina—two states reeling from the medical liability crisis. DMLR will soon take its fight to other crisis states to highlight the problems that patients and physicians face, and the devastating effect on business in those states.

DMLR is designed to educate and mobilize patients about the importance of this issue and the need to insist that our US senators vote for reform. Encourage your patients to go to the DMLR website, where they can find comprehensive information about this crisis in each state and watch videos of patients and physicians telling their crisis stories.

You and your patients can ask your US senators to sign DMLR's Medical Liability Reform Pledge. You can print the pledge form or download a DMLR video to show to your patients at www.protectpatientsnow.org. ♀

ACOG sets 2004 federal and state legislative priorities

ACOG's Committee on Government Relations met in January to establish ACOG's top federal and state legislative priorities for 2004. The committee (see the box on page 6) decided to continue making medical liability reform ACOG's top federal and state legislative priority. Other important issues include funding for women's health initiatives, adequate Medicare physician payments, and health care coverage for uninsured pregnant women.

Medical liability reform tops the list

Meaningful medical liability reform is first on the ACOG legislative agenda, and this year Fellows will focus advocacy efforts on the US Senate. A bill must pass the Senate in order to conference with HR 5, which passed the House of Representatives in March 2003. Through personal stories and citizen lobbying, ACOG will work to educate members of Congress and the public on the current crisis and to push for the Senate to revisit legislation in the coming months. (See article, at left, for more developments.)

Medicare physician payments: problems remain

Despite last year's Medicare reform bill, problems with the physician payment formula remain. In 2003, Congress passed and President Bush signed comprehensive Medicare reform legislation that included a provision to halt the expected 4.5% cut to physician payments in 2004, and to replace it with a positive 1.5% increase in 2004-5, only to be followed by huge cuts in 2006 and thereafter. ACOG will work to guarantee adequate Medicare physician payments in the coming years.

Women's health research funding in jeopardy

The president's fiscal year 2005 budget resolution calls for reduced funding of several key women's health programs. ACOG will continue to advocate for increased funding during the congressional appropriations process for NIH and the Health Resources and Services Administration. We will also work closely with other advocacy groups to oppose congressional efforts that would undermine the NIH peer-review process or that aim to outsource key research review positions.

ACOG will encourage Fellow participation in NIH research projects, and we will continue to build upon our recent collaboration with the March of Dimes to promote research into the causes of premature birth.

Highlighting the problem of the uninsured

The uninsured issue is likely to see more action in 2004 than it did in 2003, beginning with a series of joint hearings that the House Committee on Energy and Commerce and the Senate Committee on Health, Education, Labor and Pensions will hold on the uninsured and underserved. ACOG will highlight the special needs of uninsured pregnant women. (See "Cover the Uninsured Week" on the back page.) ♀

Do you need more asset protection than your insurance provides?

“During this medical liability crisis it’s important for physicians to know how to protect themselves.”

Medical liability continues to be a grave concern for many obstetricians and gynecologists. Adequate insurance coverage for ob-gyns and others in high-risk specialties has become prohibitively expensive or difficult to obtain in many areas.

Some physicians are moving to more “friendly” states, decreasing the number of high-risk OB patients they treat, or closing their practice altogether. A few physicians, facing sharply rising premiums, are choosing to drop their insurance coverage entirely.

While maintaining professional liability insurance continues to be the best means of protecting one’s assets, developing an asset protection plan can add further safeguards from lawsuits.

Asset protection can be added to existing insurance to eliminate gaps in coverage or provide for stability and protection against future uncertainty in the market. In the rare instances when physicians cannot obtain the proper level of insurance at a reasonable price, asset protection may be a reasonable solution—allowing them to operate their practice without jeopardizing their home and accumulated savings.



Resource free to Fellows

▶ Request a free copy of *Asset Protection for Physicians and High-Risk Business Owners*:
www.rjmintz.com or
800-223-4291

Learn more from new resource

“A carefully structured asset protection plan can discourage lawsuits by insulating personal and business assets from a judgment,” says Robert J. Mintz, JD, LLM, an attorney specializing in asset protection and author of *Asset Protection for Physicians and High-Risk Business Owners*.

However, Mintz says, there are a few limitations and issues to consider:

- ▶ Any asset protection plan must be established before a claim arises. The law in every state prohibits “fraudulent transfers,” those that are intended to defeat a creditor. If you set up an asset protection plan at a time when you believe there might be a claim filed against you, it is too late and your plan won’t work.
- ▶ Available asset protection options vary significantly from state to state. Some states, such as Texas and Florida, offer extensive homestead exemptions—while others offer little or none. Therefore, it is important to consult with a qualified estate planner with experience in your state.
- ▶ Most physicians face requirements for specific minimum level of coverage or financial guarantees—from state laws, managed care contracts, and hospitals.
- ▶ The caps on damage awards enacted by several states apply only to physicians carrying a specified minimum amount of insurance coverage. Dropping coverage may expose you to a judgment not limited by a statutory maximum.

“During this medical liability crisis it’s important for physicians to know how to protect themselves,” says Albert Strunk, JD, MD, ACOG’s vice president of fellowship activities. “Robert Mintz’s book on asset protection is a good resource for ob-gyns, and we are pleased that Mr. Mintz is offering a free copy of his book to any ACOG Fellow who requests one.” ♀

Conference to focus on teen gynecology

Ob-gyns who care or want to care for pediatric and adolescent patients may want to attend the 18th Annual Clinical Meeting of the North American Society for Pediatric and Adolescent Gynecology. The event will be held May 20–22 in La Jolla, CA.

Attendees do not have to be specialists in teen health to attend the conference, which will include a wide variety of sessions.

ACOG has assigned up to 17 cognate credits to the conference. The following are some of the topics that will be covered:

- ▶ Managing obesity
- ▶ Controlling the effects of the media on youth
- ▶ Child sexual abuse
- ▶ Androgen disorders
- ▶ New HIV and STI diagnostic technologies
- ▶ Risky reproductive behaviors
- ▶ Teaching students and residents about pediatric and adolescent gynecology
- ▶ News on contraception
- ▶ Gay and lesbian youth
- ▶ Eating disorders

info

- ▶ www.naspag.org
- ▶ 302-234-4047

Postgraduate course helps Fellows cope with lawsuit stress

With 76% of ACOG Fellows facing a lawsuit at least once in their career, the majority of Fellows understand the tremendous toll litigation places on ob-gyns and their families.

To help Fellows deal with the stress and reduce the risk of future professional liability claims, ACOG has developed a

postgraduate course, *Medical Liability Litigation: Gaining Perspective and Control*.

The course, which made its debut in 1999 and was revised in 2003, will be held at the ACOG National Offices in Washington, DC, this September.

The course will offer up-to-date information on risk-management strategies and will focus on dealing

with the stress that litigation can produce in an ob-gyn's professional and family life. It is designed for Fellows, spouses, and significant others who are in the litigation process or have recently gone through it. Fellows interested in learning more about the process of litigation and risk-management strategies in ob-gyn are also encouraged to attend.

"This course addresses the stress associated with the process of litigation and the strategies for avoiding accusations of negligence," says course director Larry L. Veltman, MD, chair of ACOG's Committee on Professional Liability. "As we are in the middle of a liability affordability crisis, it is very appropriate to review personal risk-management strategies and organizational risk-management issues at this time."

Do you have a coding question?

Facing a coding conundrum? Help is available. Fellows or their staff can submit specific questions to ACOG's coding staff. Submit questions by email to Terry Tropin at tropin@acog.org or Savonne Alford at salford@acog.org or by fax to 202-863-5417 or 202-484-7480. Please do not include any identifiable protected health information in your email or fax. Questions are answered in approximately four to five weeks. ♀

Up for discussion

The following are some of the topics to be covered:

- ▶ Civil litigation procedure and the role of the defense attorney
- ▶ Key strategies for reducing obstetric litigation
- ▶ The art of risk management
- ▶ Psychological dimensions of the litigation process, including how to survive and control the stress associated with litigation
- ▶ The management of adverse outcomes
- ▶ Improving medical record defensibility
- ▶ Introduction to claims resolution
- ▶ The social environment of the sued physician: during and after litigation—putting it all in perspective

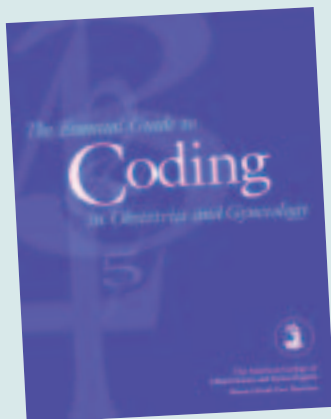
Small breakout sessions each day will allow participants to share their experiences and explore ways to address individual situations. Each breakout group will have an experienced facilitator.

"The course will offer a combination of risk-management education from physicians and an attorney with expertise in that area, plus attention to the personal issues of the litigation distress syndrome," Dr. Veltman says. "Time will be given to all participants through small groups to examine these issues affecting the practice of obstetrics and gynecology." ♀

info

- ▶ Register for the course: 800-673-8444, ext 2540/2541

New book provides coding overview



ACOG has developed a new publication that provides a fundamental introduction to ob-gyn coding. *The Essential Guide to Coding in Obstetrics and Gynecology* provides important coding information for Fellows and their staff who are new to coding, are new to ob-gyn coding, or want a review of general coding principles.

The book includes information from ACOG's coding workshop syllabus and other ACOG coding resources in a workbook format.

This publication provides an overview of the coding process and covers diagnostic

coding, Evaluation and Management Services codes, gynecologic surgery, obstetric services, ultrasound procedures, services to Medicare patients, and preventive care. Other chapters discuss use of modifiers and dealing with third-party payers. ♀

info

- ▶ *The Essential Guide to Coding in Obstetrics and Gynecology* (AA453)
- ▶ Order online: <http://sales.acog.org> or call 800-762-2264, ext 192

Fellow Joshua A. Copel, MD, a maternal-fetal specialist at Yale University School of Medicine, says that ultrasound use for nonmedical reasons is inappropriate.

"We in the medical community have worked very hard to ensure high-quality sonography," says Dr. Copel, who is treasurer of AIUM. "ACOG and AIUM spent several years working on appropriate standards for ultrasound use in ob-gyn. Registered diagnostic medical sonographers have required training, but these commercial studios may not have such quality-control measures. Some of them require a doctor's prescription; others state that you do not need a 'note from your doctor' but that they require the client to be receiving 'active prenatal care.' There is no consistent oversight."



▲ Dr. Copel

"The settings in which these are done offer no medical information, or [they offer] even harmful information—harmful because it may be inaccurate."

Dr. Copel points out potential problems with prenatal sonography done commercially.

"The settings in which these are done offer no medical information, or [they offer] even harmful information—harmful because it may be inaccurate."

Dr. Copel reports that a patient became distraught after being told at a portrait studio that she did not have much amniotic fluid, a circumstance that had been a problem in her first pregnancy. However, her subsequent medical exam revealed that this was not the case.



▲ Dr. Seeds

Dr. Seeds points out the danger of the converse situation: "One of the biggest potential problems with the use of a commercial studio by a pregnant woman is that she may be given a false sense of security when something actually is wrong."

The greatest danger of "casual ultrasound," according to Dr. Seeds, is "incompetent performance and the lack of medical referral."

The issue is the competence of the sonographer and the comprehensive performance of the exam."

Jeanette Burlbaw, RDMS, who opened her own studio in Missouri after 18 years of experience in perinatal sonography, agrees: "The skill of the sonographer is what is important. The concern should be directed to whoever is holding the transducer: are they credentialed and respectful of the modality as a diagnostic tool?"

She says she does both physician-supervised diagnostic exams and "patient-directed" nondiagnostic exams with physician consent. Ms. Burlbaw serves on the board of the American Registry of Diagnostic Medical Sonographers.

Consumer demand fueling industry growth

But despite concerns, pregnant women seem to want fetal ultrasound portraits, and the number of commercial prenatal portrait studios is growing. In addition to individual start-ups such as Ms. Burlbaw's company, several companies offer franchising opportunities for providers to open centers across the country, and they predict multiple new centers in 2004.

The FDA first issued a warning letter about keepsake fetal videos in 1994. But the proliferation of commercial studios has prompted the agency's Office of Compliance, Diagnostic Devices Branch, to reissue its caution.

"We're aware of the market increase," says the FDA's Mr. Pellerite.

He acknowledges that enforcing compliance is a challenge, noting that the burden of proof would be on the FDA to conduct an investigation and document violation of the law.

What about ultrasounds done in ob-gyn practice and given to the patient?

Dr. Seeds says that although ultrasonography should be performed only for a valid medical indication, if a patient requests ultrasonography from her ob-gyn, it's reasonable to honor the request.

"Patients appreciate this," Dr. Copel agrees.

But he points out significant differences between a sonogram done as part of obstetric practice and one done commercially.

"Most important, a sonogram made for your patient is done under physician supervision according to appropriate standards for ultrasound use," Dr. Copel says. "There is an established physician-patient relationship. In addition, the physician is not charging a commodity—it is a patient service, not a commercial enterprise."

ACOG's Professional Liability Department suggests that ob-gyn practices should develop a policy for such ultrasounds.

"The patient's desire for fetal images is somewhat similar to the request to videotape the birth in the delivery room," says ACOG's Vice President of Fellowship Activities Albert Strunk, JD, MD. "The primary concern is the safety and well-being of the patient and the fetus. The patient's request must be carefully balanced against any possible negative impact."

Dr. Strunk adds that, as with all procedures, informed consent should be obtained from the patient. In addition, if the patient requests a video of the sonogram, the ob-gyn practice should retain the original sonogram and provide a copy to the patient. ♀

info

► FDA: www.fda.gov/cdrh/consumer/fetalvideos.html

To report prenatal ultrasound operations in your community, contact:

FDA, Diagnostic Devices Branch, Office of Compliance
Center for Devices and Radiological Health, HFZ-322
2098 Gaither Road
Rockville, MD 20850
301-594-4639

Cochrane Collaboration: a research team at your side



▲ Dr. Hollier

Do you want to know what researchers have concluded on the different positions women assume during the second stage of labor? Or maybe you'd like to know more about bone loss in postmenopausal women?

Imagine having a team of researchers at your side, able to provide you with objective research analysis on several studies related to your topic. That's what the Cochrane

Collaboration can do for you.

Founded in 1993, the Cochrane Collaboration is an international organization that aims to help people make well-informed health care decisions by preparing, maintaining, and promoting the accessibility of systematic reviews on the effects of health care interventions. The reviews primarily cover randomized controlled trials and, where appropriate, include meta-analysis.

Cochran's main product, the Cochrane Database of Systematic Reviews, is published quarterly as part of the Cochrane Library. Individuals can subscribe to the Cochrane Library and access it online or receive it via CD-ROMs.

"The Cochrane Library is a great resource for ob-gyns looking for the latest research on specific topics," said Mary A. Hyde, MSLS, AHIP, director of the ACOG Resource Center. "ACOG's Resource Center uses the Cochrane Library all the time in our research for our Fellows and staff. Health practitioners may also be able to access Cochrane through their medical department or local medical library."

Reviews cover numerous topics, including ob-gyn

The reviews are prepared and maintained by members of 51 Collaborative Review Groups, made up primarily of health care professionals who analyze data and provide up-to-date, reliable evidence relevant to prevention, treatment, and rehabilitation of particular health issues.

Review groups related to ob-gyn include:

- ▶ Pregnancy and childbirth
- ▶ Menstrual disorders and subfertility
- ▶ STDs
- ▶ Incontinence
- ▶ Fertility regulation

In addition, there are numerous other groups of interest to ob-gyns, such as those on tobacco addiction, cystic fibrosis and genetic disorders, HIV/AIDS, and depression. There is also the Cochrane Cancer Network, developed with the idea that having only one cancer review group to cover the dozens of types of cancer was impractical and unworkable. Instead, the Network has helped establish 14 review groups concerned with cancer, including groups on gynecological cancer and breast cancer.

Reviewing studies for Cochrane

ACOG Fellow Lisa M. Hollier, MD, with the University of Texas Houston Medical School in Houston, is a reviewer for the Pregnancy and Childbirth Collaborative Review Group. She points out that the Cochrane reviews are conducted by following highly structured protocols.

"These aren't simply 'review articles,' subject to the biases of the individual reviewer," Hollier says. "The reviewers find and then synthesize the currently available research and provide this summary for their readers."

With its easy accessibility and continual updates, Hollier has found Cochrane to be a tremendous resource in her own practice, allowing her to make informed patient-management decisions quickly.

"It's like being able to ask an expert to review the literature and give you a summary in two minutes in the middle of the night," she says.

The Cochrane Collaboration is always looking for new reviewers. Interested ob-gyns should contact the organization. ♀

info

- ▶ www.cochrane.org: click on "About Us" and then "Get Involved" for information on how to become a Cochrane reviewer
- ▶ US Cochrane Center: 401-863-9950; email cochrane@brown.edu

Women benefit from continuous labor support

Women who receive supportive care from a companion during labor are more likely to avoid cesarean birth and to be satisfied with their labor experience, according to a new review from the Cochrane Collaboration.

The report, *Continuous Support for Women During Childbirth*, appeared in Issue 1, 2004, of the Cochrane Library and was based on an analysis of 15 studies that used randomized controlled trials.

The researchers concluded that all women should have support throughout labor and childbirth. They found that women who received continuous labor support were less likely to experience:

- ▶ Epidural or other regional analgesia
- ▶ Any anesthesia/analgesia
- ▶ Birth with vacuum extraction or forceps
- ▶ Cesarean birth
- ▶ Dissatisfaction or a negative rating of the experience

Supportive care can include helping patients with discomfort, providing emotional support, offering information, helping patients communicate with their caregivers, and engaging the women's partners, as desired by the couple.

Type of companion important

The researchers also evaluated the type of person providing care to the patient. Women who were cared for by an outside person, such as friend, family member, or doula, had more positive effects from continuous labor care than did women who had care from a hospital staff member.

"The organization of care in modern maternity units, including shift changes, diverse staff responsibilities, and staff shortages, appears to limit the effectiveness of labor support provided by members of the hospital staff," says Ellen D. Hodnett, RN, PhD, lead author of the review, in a news release. "Non-hospital caregivers may be able to give greater attention to the mothers' needs." ♀

info

- ▶ www.maternitywise.org/prof/laborsupport/review.html
- ▶ www.cochrane.org/reviews/clibintro.htm



ACOG to reach millions of women through *Woman's Day* partnership

Keep an eye out for the May issue of *Woman's Day* magazine, which will include a special section on women's health developed in partnership with ACOG.

The College and *Woman's Day* collaborated to develop a women's health supplement that focuses on health by the decade. Health information is broken down for women in their 30s, 40s, and 50s, and includes preventive care tips as well as information on what tests women should be receiving based on their age.

The supplement will allow ACOG to provide important health information to millions of women across the country: *Woman's Day* has more than 19 million readers. ♀

Media seeks ACOG response to halting of WHI study

The ACOG Communications Office responded to hundreds of media calls after NIH announced on March 2 that it was halting the estrogen-alone arm of the Women's Health Initiative. NIH halted the trial one year early because of increased risk of stroke. ACOG followed up the announcement with a news release that summarized the NIH decision and stated that the College concurs with the NIH recommendation to continue to follow FDA guidelines on hormone therapy. For more information, visit the members-access portion of the ACOG website, www.acog.org. ♀



Fellows work with media on liability crisis

ACOG Fellows are getting the message out about the professional liability crisis by working with their local media outlets.

Fellow Cynthia S. Cooper, MD, of Dover, NH, has been interviewed frequently in recent months by local newspapers and has testified before the state Legislature.

"I point out how it's going to decrease access to care and how I myself have stopped doing obstetrics," Dr. Cooper says.

Fellows who have been interviewed by the media stress the importance of relating true stories about how the increase in liability insurance is affecting patients and babies.

"The press always likes specific examples, if you can give them, of what has happened to different doctors in the area or how a patient has had a less than optimal outcome because of the lack of access to care," Dr. Cooper explains.

Fellow Paul A. Gluck, MD, of Miami-Dade County, FL, worked behind the scenes recently for a television story, providing background information and sources to the reporter. Gluck was never interviewed on camera, but in telephone interviews he explained to the reporter how the professional liability crisis was harming patients. He then referred the reporter to a doctor who is no longer practicing obstetrics. One of that doctor's patients was later interviewed for the news report.

"I acted as a quarterback to point him in the right direction," Dr. Gluck explains.

Contact ACOG before your interview

Both Dr. Cooper and Dr. Gluck used information from the ACOG Communications Office to help them get their message across.

"The Communications Office has numerous resources that can help prepare Fellows for interviews," says Penny Murphy, MS, director of ACOG's Office of Communications. "We can provide Fellows with talking points, professional liability statistics, and tips on dealing with the media."

And learning how to work with the media is crucial to getting the message out on the professional liability crisis.

"It does make a difference," Dr. Cooper says. "Last year we were able to pass some legislation in New Hampshire [on medical liability reform] because the doctors became more active in speaking with their legislators and with the media." ♀

tips on delivering the message

- ▶ "The press is always on deadline. Call them back even if it's just to say 'I'll call you back in an hour or two.' It puts you first in line," Dr. Gluck suggests.
- ▶ Appearance is important for newspaper interviews as well as television. Dr. Cooper says a newspaper reporter once described her as wearing her white coat. A white coat and stethoscope immediately convey your authority as a physician.
- ▶ For television, consider being interviewed at the patient admissions desk or somewhere in the hospital other than your office. A busy medical setting sends a more appropriate nonverbal message than a luxurious office.
- ▶ Avoid medical jargon and technical language. Speak in a conversational tone.
- ▶ Use the phrase "professional liability crisis," not "malpractice crisis." Very few cases involve malpractice, and such a phrase gives the wrong impression.

State partnerships tackle public health issues

ACOG Fellows across the country are developing partnerships in their states to address important women's health issues.

The Providers Partnership Project, administered through the College, develops and supports state collaborations among ob-gyns, other health practitioners, community organizations, state government, and/or local government.

The projects focus on increasing provider training, developing public education and awareness, coordinating with or developing local referral networks, and implementing universal screening.

"These issues are very complex and are not issues that can even begin to be addressed by one entity alone," says Jeanne Mahoney, director of ACOG's Providers Partnership Project. "By these groups coming together they can make systematic changes to public health."

Developing depression screening in North Dakota

North Dakota Fellows have developed a partnership on depression in women, with a focus on implementing a universal screening program statewide.

The partnership developed a clinical screening tool and guidelines that are currently being piloted at three sites in the state.

"Through the annual exam or patient visits for Pap smears or medication refills, ob-gyns have a unique opportunity to screen for depression in a large population and on an annual basis," says Fellow Thomas F. Arnold, MD, chair of the partnership committee and a practitioner at the Medcenter One/Dickinson Clinic in Dickinson, ND, one of the pilot sites.

"The idea is to screen all women at least once a year, usually during their annual exam," Dr. Arnold says. "The screening tool is working well, has been well accepted by the providers, and will be incorporated into the final clinical guidelines."



▲ Dr. Arnold

The tool consists initially of two questions in a nine-question survey that women fill out in the reception area. If the patient answers "yes" to either of the questions, she is directed to answer the remaining seven questions. The questionnaire is then evaluated by the clinician before seeing the patient.

Patient responses of "yes" to five or more of the questions may indicate that the patient is at higher risk for having depression. With a positive screen, the ob-gyn provider can determine whether he or she would like to further evaluate or refer the patient to another provider for care. The screening also helps identify those patients most at risk for suicide, so seamless referral to professional mental health services can be arranged.

The guidelines can be modified locally to provide clinicians with a list of local mental health services to assist them. They also list commonly prescribed antidepressant medications.

The partnership will be working to expand the screening project to all Fellows in North Dakota and then across the entire state to all ob-gyns, other specialists, and primary care providers, according to Dr. Arnold.

"We think it's a tool that can be used across specialties," he says.



▲ Fellows share goals of their state partnership programs at a meeting at ACOG headquarters. Left to right: Janet D. Lawson, MD, of Austin, TX; Paul A. Gluck, MD, of Miami-Dade County, FL; and Emeterio Gonzalez Jr, MD, of Sacramento, CA.

Addressing high smoking rates in Nevada

In Nevada, the partnership is tackling one of its greatest public health threats: cigarette smoking. The state ranked last among all 50 states in a recent assessment of women's smoking-related health conditions and state policies that help reduce smoking. According to *Making the Grade on Women's Health*, a national and state-by-state report card on women and smoking from the National Women's Law Center, Nevada had the highest percentage of adult smokers, the lowest rate of adults trying to quit, and the highest lung cancer death rate.

"Recognizing the impact smoking has in Nevada, we are making a determined effort to bring the issue of tobacco use in pregnancy to a renewed level of importance, not only for physicians but also the public," says Fellow Terrence G. McGaw, MD, medical director of the Washoe Pregnancy Center in Reno. "We hope to not only offer some useful clinical data but also foster the interaction between several different entities in the state that are already working to curb tobacco use."



▲ Dr. McGaw

A year ago the partnership held a lecture on smoking cessation programs for clinicians in both Las Vegas and Reno, featuring smoking cessation researcher Richard A. Windsor, MS, PhD, MPH, of George Washington University. The partnership also held a national teleconference from Reno with Windsor as the keynote speaker.

Helping pregnant women give up tobacco

The Nevada partnership has developed a Tobacco Free Babies Advisory Committee, which has applied for a grant from the federal tobacco settlement funds to start a tobacco cessation program aimed at pregnant women.

According to the American Lung Association, 12% of pregnant women smoke. However, for pregnant women who smoke fewer than 20 cigarettes a day, a 5- to 15-minute five-step counseling session and pregnancy-specific educational materials increase cessation by 30% to 70%, according to ACOG and AAP's *Guidelines for Perinatal Care*.

continued on page 16

Access latest ob-gyn information with UpToDate



▲ Dr. Corey

When ob-gyns have questions that arise during patient visits, they can find answers fast through UpToDate, a subscription-based information resource available through the Web, CD-ROMs, and Pocket PC handheld devices.

Nearly 3,000 physicians write topic reviews for UpToDate in 15 specialties, including ob-gyn. UpToDate in Obstetrics, Gynecology and Women's Health, produced in cooperation

with ACOG, enables ob-gyns to:

- ▶ Access the most current information on any aspect of ob-gyn
- ▶ Recognize the clinical manifestations of a wide variety of diseases and disorders and describe the current options for diagnosis, management, and therapy
- ▶ Evaluate and treat system-specific manifestations of systemic disorders
- ▶ Educate patients regarding screening and prevention

Get evidence-based answers quickly

UpToDate provides answers to a physician's question while his or her patient is still in the office. Instead of searching for answers at the end of the day by scouring through several articles or research papers, physicians can type in their questions and receive information almost instantly, says ACOG Fellow Stephen H. Corey, MD, University of Pittsburgh School of Medicine.

"When you're seeing a patient and you have a question, you can get the answer in seconds," Dr. Corey says. "I use it every day, several times a day."

When a patient told Dr. Corey she had hidradenitis suppurativa, a rare skin disorder, he wanted to know what the most effective antibiotic was to treat the disease. UpToDate allowed him to quickly find an answer.

"Immediately, I could use evidence-based medicine instead of just a hunch," Dr. Corey says.

Research drug interactions with new program

Ob-gyns can easily review potential drug interactions online with a new UpToDate program.

The online version of UpToDate now allows physicians to analyze the levels of potential interactions for specific drugs as well as between multiple drugs, herbs, and food through the Lexi-Interact Drug Interactions Program.

Lexi-Interact can be found on the main UpToDate search screen or in the drug interactions section of any drug information topic review (online only).

Learn more about UpToDate at the ACM

ACOG Fellow Edward M. Zabrek, MD, medical editor of *Pocket PC* magazine, will demonstrate the latest handheld computers and mobile devices at the ACM. Dr. Zabrek will present the newest resources—including UpToDate for the Pocket PC—in the ACOG Computer Lab on Monday, May 3, from 2 to 4 pm and Tuesday, May 4, from 12 to 2 pm. ACM attendees can also test UpToDate for the Pocket PC for themselves at the UpToDate booth, #949. ♀



▶ www.uptodate.com

ACOG recognizes and thanks these top contributors for 2003

ACOG Legacy Club (\$2,500-\$4,999)

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Thomas M. Gellhaus, MD

Barbara Levy, MD
Dr. William T. and Beverly A. Mixson

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James P. Youngblood, MD

Fellows' donations help tackle professional liability crisis

If you made a contribution to the 2003 ACOG Development Fund you helped address the liability crisis threatening our profession. The ACOG Subcommittee for Development focused its efforts last year on supporting programs that focused on the professional liability crisis.

The following are ACOG professional liability programs that were supported by the Development Fund:

- ▶ The booklet *Red Alert: What to Do If You Are Sued* was developed for ob-gyns
- ▶ The *Who Will Deliver My Baby* campaign includes a toll-free hotline for the public to call their US senators about liability reform
- ▶ ACOG joined the Doctors for a Medical Liability Reform coalition, which represents 230,000 specialty physicians working to enact federal medical liability reform

The Development Fund was established to further the educational activities of the College. Since 1998 the fund has supported 63 ACOG projects. Your contributions support professional liability programs as well as other educational programs focused on women's health care.

Every gift makes a difference. Contributions can be designated as a memorial or honorary tribute and are tax deductible. ♀



▶ Lee Cummings: 202-863-2577; lcummings@acog.org

2004 calendar

Please contact individual organizations for additional information.

april

SSSTAR: Soc for Sex Therapy and Research

1-4
Arlington, VA
202-863-1648

JSOG: Congress of the Japan Soc of Ob-Gyn

10-13
Tokyo, Japan
www.jsog.or.jp
+81-3-3261-2296

may

ACOG Annual Clinical Meeting

1-5
Philadelphia
www.acog.org/acm2004
Practical Ob-Gyn Update
15-16

Pensacola, FL
Sponsor: MECP
850-477-4956
www.mecop.org

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

AIUM: Amer Institute of Ultrasound in Medicine

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

june

SOGC: Soc of Ob-Gyns of Canada

25-29
Edmonton, Alberta
613-730-4192
www.sogc.org

july

ACOG Webcast: Preventive-Care Coding: Medicare Patients

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

GOG: Gynecologic Oncology Group

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

Annual Seminar on Breastfeeding for Physicians

26-28
Newport, RI
Co-sponsored by ACOG, La Leche League International, and the American Academy of Pediatrics
847-519-7730, ext 218
www.lalecheleague.org

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

29-31
San Diego
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

august

IDSOG: Infectious Diseases Soc for Ob-Gyn

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

11th Scientific Meeting on Chronic Pelvic Pain

5-7
Chicago
Sponsored by The International Pelvic Pain Society
www.pelvicpain.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 City
800-446-2659
www.sls.org

october

ACOG Webcast: Financial Statement Analysis for a Medical Practice

5 1-2:30 pm, ET
202-863-2498

NAMS: N Amer Menopause Soc

6-9
Washington, DC
440-442-7550
www.menopause.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 and click on "Postgraduate Courses" under "Meetings and Events"

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

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

May

CPT and ICD-9-CM Coding Workshop

6-8 • Philadelphia

June

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

3 • Buffalo, NY

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

4 • Syracuse, NY

CPT and ICD-9-CM Coding Workshop

11-13 • Boston

Controversies in Menopause (debate format)

17-19 • San Diego

The Management of Complications in Obstetrics

24-26 • Honolulu

July

Fetal Assessment: Ultrasound, Doppler, and Heart Rate Monitoring

8-10 • Vancouver, British Columbia

CPT and ICD-9-CM Coding Workshop

9-11 • Portland, OR

August

CPT and ICD-9-CM Coding Workshop

6-8 • Minneapolis

CPT and ICD-9-CM Coding Workshop

13-15 • Cleveland

connect to ACOG

Address changes:

800-673-8444, ext 2427, or 202-863-2427
fax 202-479-0054
email membership@acog.org

Website: www.acog.org

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

Resource Center: 202-863-2518

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or 304-725-8410, ext 339

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Find out what you can do in your community to draw attention to the issue of the uninsured. Seventeen cities have been selected as target communities for activities during Cover the Uninsured Week, May 10-16. ACOG is a supporter of Cover the Uninsured Week, and the issue is a legislative priority for the College. ♀

info

▶ www.covertheuninsured.org



ACOG involved in new public TV series on women's health

ACOG is participating in a new national Public Broadcasting Service documentary series, *The Art of Women's Health*, produced by Information Television Network.

The award-winning series focuses on health and wellness issues for women of all ages. New episodes are scheduled to air this fall on public television stations throughout the country.

ACOG is working with iTV on the development of the 13 30-minute episodes, which will feature many College Fellows and include ACOG guidelines and recommendations.

Some of the topics include:

- ▶ When to see an ob-gyn
- ▶ Pregnancy dos and don'ts
- ▶ Substance abuse
- ▶ Heart disease
- ▶ Obesity in women
- ▶ Choosing contraception
- ▶ Smoking
- ▶ Prenatal care
- ▶ The Pap test
- ▶ Mental wellness

“Our new collaboration with iTV provides ACOG with a tremendous opportunity to reach out to women all over the US and to provide them with important information on how to live the healthiest life possible,” says Penny Murphy, MS, director of ACOG's Office of Communications, which is developing the project. ♀

info

▶ For corporate sponsorship opportunities, contact Matt Herren of iTV at 561-997-5433 or matth@itvisus.com. For additional information, contact Alice Kirkman, ACOG communications, at 202-863-2528.

Partnerships *continued from page 13*

The grant would allow the partnership to develop a pilot program at McGaw's Washoe Pregnancy Center. The partnership wants to educate everyone in the provider network—staff, nurses, ob-gyns, pediatricians—on smoking cessation guidelines, and implement a system to test tobacco by-products in a patient's urine, allowing providers to determine if a patient smokes or has been exposed to secondhand smoke.

This system would allow the partnership to compile data that could be used to better aid clinicians in following the tobacco exposure of their pregnant patients.

“We also hope to offer evidence of the effectiveness of having all office personnel geared to supporting a patient in her efforts to stop smoking or reduce her exposure to smoke,” Dr. McGaw says. The grant would also support the state's existing tobacco cessation telephone hotline and allow the partnership to present or publish its project results.

Collaborating to improve women's health

The Providers Partnership Project began state team-building efforts in 2002 with four state tobacco teams and four depression teams. The program was initiated through a cooperative agreement with the Federal Maternal and Child Health Bureau. Currently, there are 12 state depression teams, five tobacco partnerships, and two emerging oral health teams.

“ACOG Fellows across the country are collaborating with others to tackle key women's health issues in their communities,” ACOG's Ms. Mahoney says. “With such extensive collaboration, combined with the enthusiasm and determination the partners share, their efforts will have a profound impact on improving the health of women in the US.” ♀

info

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