Week calls attention to plight of uninsured

Of the nearly 44 million uninsured Americans, almost half are women. These women are less likely to receive preventive care, early intervention, or needed medications.

An uninsured woman is less likely to receive an annual Pap test, mammogram, or clinical breast exam, meaning her cervical cancer or breast cancer may go unnoticed and untreated. She may not seek out a doctor when she has chest pains or abnormal bleeding or cramping. Thirteen percent of all pregnant women are uninsured, and an uninsured pregnant woman may not seek prenatal care early or often enough.

Doctors, patients, and other Americans will call attention to the plight of the uninsured during Cover the Uninsured Week, May 10–16. ACOG is a supporter of the event, and universal health care is a legislative priority for the College.

“The data very clearly demonstrate that uninsured women are at a greater risk for adverse outcomes,” said William H. J. Haffner, MD, chair of ACOG’s Committee on Health Care for Underserved Women, which has been examining the uninsured issue for some time. “Uninsured women have more limited access to health care resources, and their care tends to be more fragmented or episodic … as opposed to integrated health care.”

Cover the Uninsured Week will feature more than 1,000 events across the country, from a health fair in Tacoma, WA, to business seminars in Bridgeport, CT, from a campus outreach with students at the University of Colorado Health Sciences Center in Denver to an interfaith outreach event in Detroit. Seventeen cities have been selected as target communities for activities; visit the event website (see info below) to see what your city is planning.

Fellows can be proactive

Members of the ACOG Committee on Health Care for Underserved Women say ob-gyns can become proactive in the fight for universal health care. Not only can they speak out on the issue and support state and national

More women than men choosing ob-gyn profession

The percentage of ob-gyns who are women has increased dramatically in the past five years, according to the latest findings of the Socioeconomic Survey of ACOG Fellows.

In the 2003 survey, 39% of respondents were women, compared to 21% in 1991. The increase was greatest between 1998 and 2003 when large numbers of females who selected ob-gyn residencies in the 1990s entered active practice. The survey also showed a small increase in the mean age and experience of respondents but little change in the racial and ethnic composition of the profession since 1991.

“The increase in the percentage of women joining the field is just one of the many things we learned from this survey,” says Rebecca Kelly, director of ACOG’s Department of Health Economics. “The survey allows us to monitor changes in Fellows’ practice settings, workload, and practice finances.”
Tort reform not sole legislative focus

By now you are aware that despite our best efforts—and the efforts of the AMA and those in other specialties—it is unlikely that any meaningful tort reform legislation will emerge from the US Senate this year.

However, because tort reform may become a major campaign issue in the November elections, the Doctors for Medical Liability Reform has launched public education programs to explain to patients the negative impact that rising insurance premiums have on their care. ACOG joined DMLR, a coalition representing 230,000 specialty physicians, earlier this year.

Strengthened by the coalition’s efforts, we may be successful with tort reform in the next Congress. ACOG is dedicated to keeping this issue our highest priority until a solution is found.

With so much effort directed toward liability issues, several members have recently asked me what else ACOG is doing on the legislative front. Is all of our activity related to liability reform? The answer is no. While liability reform is critical and we are using all available resources, we are also continuing our other activities, from highlighting the problems of the uninsured to protecting funding for women’s health research.

We continue to work diligently on Medicare and Medicaid issues such as:

- Seeking reimbursement for ob-gyn diagnoses and procedures
- Improving access to care for women
- Fighting legislation that would restrict or hamper patient-physician relationships such as onerous paperwork and privacy issues

Notify ACOG about state issues

ACOG’s Government Relations Division includes a component focusing on state issues. This section works tirelessly to review and react to state legislative initiatives that affect the ob-gyn practice.

They are helped in this effort by the many members who inform the College of problem bills and restrictive regulations. In most instances, we work together with the state medical society to address these concerns. This type of collaboration has a much greater effect than if ACOG worked alone.

To help us in these matters, I encourage you to notify our State Legislative and Regulatory Department, under Kathryn Moore’s leadership, whenever you discover potential action that would have a negative effect on the ob-gyn practice. This department can offer advice and, in many instances, help address the issue.

ACOG is fortunate that our founders had the foresight to develop our organization as a single entity, unlike how some medical societies were formed. We are not divided by different bylaws or by different parts, but function as one integral organization. By working together, we are more effective than we could ever be as separate independent entities.

Ralph W. Hale, MD, FACOG
Executive Vice President

Revised publication focuses on primary, preventive care

The latest edition of Precis: Primary and Preventive Care is now available from ACOG.

With an emphasis on advances in screening and early detection, the third edition of Precis: Primary and Preventive Care can help ob-gyns as they provide comprehensive health care to women.

The volume includes key issues affecting women’s health and well-being, such as fertility control, sexuality and sexual dysfunction, and violence against women. This edition has also been reorganized and expanded to cover other topics of growing concern to patients.

Features include:

- Updated sections on nutrition and weight management, hypertension, dyslipidemia, and diabetes
- Expanded sections on information retrieval and evaluation of evidence-based medical literature
- An updated section on substance use that stresses techniques easily used in practice to promote smoking cessation
- Expanded coverage of gastrointestinal disorders, including peptic ulcer disease, irritable bowel syndrome, and Crohn’s disease
- Resource boxes and appendix that will lead readers to helpful websites
- Discussion of infections—both common ones and the destructive organisms linked to bioterrorism—and their early detection, prevention, and treatment
- Information for identifying and managing mitral valve prolapse

Precis helps ob-gyns stay current

The entire set of Precis: An Update in Obstetrics and Gynecology is a five-volume resource intended to meet the continuing educational needs of ob-gyns. Each year, one volume of the set is revised. Other Precis volumes are Oncology, Obstetrics, Gynecology, and Reproductive Endocrinology.

Order online at http://sales.acog.org or call 800-762-2264, ext 192
ACOG, Woman’s Day supplement reaches over 19 million readers

ACOG will provide important health information to more than 19 million women this month through a partnership with Woman’s Day magazine. ACOG’s Office of Communications and Woman’s Day teamed up to produce a special section, Woman’s Day Guide to Women’s Health, for the May 4 issue. The section promotes ACOG guidelines, and many ACOG Fellows were interviewed for the articles.

Subtitled Your Up-to-the-Minute Guide to Feeling Your Best, the 12-page supplement gives women the information they need to be proactive about their health. The guide is broken down for women in their 30s, 40s, and 50s, and each section includes a list of key tests to undergo for that age group.

Sidebars titled Coping With tell stories about women who’ve dealt with various health issues, such as endometriosis, fibroids, ovarian cysts, osteoporosis, incontinence, and ovarian cancer. Other breakout boxes, called A Doctor’s Perspective, tell personal health stories about several ACOG women leaders. In addition, the section features an interview with newly inducted ACOG President Vivian M. Dickerson, MD.

info

www.womansday.com

Spring/Summer issue of Managing Menopause arriving soon

The eighth anniversary issue of Managing Menopause and the Years Beyond features a special section on hormone therapy that includes the latest information from the NIH Women’s Health Initiative. The section will allow your patients to keep updated on recent developments regarding the estrogen-only arm of the study.

The Spring/Summer 2004 issue also discusses how “the change” affects women in their 40s, 50s, and 60s. Managing Menopause offers women plenty of options for coping with hot flashes, mood swings, vaginal dryness, heart disease, and osteoporosis. Other articles discuss issues such as exercise, skin and hair care, and sexuality.

The magazine is distributed free to ACOG Fellows. If your office received the Fall/Winter 2003 issue, you will automatically receive the Spring/Summer 2004 issue arriving in May. If not, contact the ACOG Office of Communications (see below) for your subscription to this one-of-a-kind publication, which reaches more than 1.6 million women.

info

800-673-8444, ext 2560, or 202-484-3321
communications@acog.org

Three ob-gyn departments honored with Pitkin Awards

The Green Journal has announced the winners of the 2003 Roy M. Pitkin Awards, and, for the first time, one ob-gyn department will receive two of the four honors.

The Roy M. Pitkin Awards, established in 1998, recognize ob-gyn departments that promote and demonstrate excellence in research. Each award is a $5,000 unrestricted grant for an ob-gyn department whose faculty members, fellows, or residents published one of the four most outstanding manuscripts in Obstetrics & Gynecology in the previous year.

This year’s winners are:


You Asked, We Answered

Whatever the appropriateness of the radiologist’s actions, your relationship with your patient remains unchanged. You remain the physician primarily responsible for the patient’s care and could be found negligent if you do not follow up with your patient.

The diagnosis and treatment of breast cancer is a critical part of a woman’s health care and most often considered the responsibility of her ob-gyn. Your responsibilities do not end when you refer your patient outside your office for a test.

Current ACOG guidelines provide recommendations for routine screening, including breast cancer screening. These recommendations (see info section below) offer some guidance as to the preventive medical care that is expected of ob-gyns. Once an ob-gyn suspects or diagnoses breast cancer, he or she has an obligation to discuss with the patient testing or treatment options, such as a mammogram, biopsy, or surgery.

Vulnerability in failure-to-diagnose cases

Sometimes breast cancer is not discovered early and the patient will blame her physician.

ACOG’s 2003 Survey on Professional Liability indicates that of the roughly 38% of liability claims against respondents that were gynecologic care cases, 29% involved claims of “delay in or failure to diagnose” pathophysiologic conditions. The majority of these, at 62.8%, were cancer cases, with one-third, or 33%, involving failure to diagnose breast cancer.

Often at issue in a failure-to-diagnose claim is whether the patient’s own actions contributed to her injury. This could include a patient’s failure to follow up with the physician, obtain the appropriate tests ordered by the physician, or adequately inform the physician of some details of her condition.

A jury may find that a patient’s actions did contribute and thus, she is not eligible to receive damages for the injury (contributory negligence). Or, although her actions contributed to the injury, she may be entitled to damages proportionate with the physician’s contribution to her injury (comparative negligence).

Take steps to ensure good follow-up

To help ensure that your patient receives the appropriate follow-up tests:

- Make specific referrals to physicians you know or recommend
- Advise your patient that if she is unable to see one of the referred physicians to contact you for additional referrals
- Verify that your patient understands the importance of the follow-up tests
- Do your own follow-up on test results, i.e., use a tracking system, obtain test results, and discuss them with your patient
- Contact your patient if she is not following the prescribed action to find out why
- Document attempts to contact the patient in the medical record

Women warned to cut back on tuna because of methylmercury risk

Pregnant women, nursing mothers, and women planning on becoming pregnant should limit their intake of certain fish, including tuna, according to a newly revised consumer advisory from the FDA and EPA.

To reduce exposure to methylmercury from fish, such women should eat no more than 12 ounces a week—about two meals—of fish with low levels of mercury, including shrimp, canned light tuna, salmon, pollock, and catfish.

In addition, these women should eat no more than six ounces, or one average meal, of albacore tuna a week because it has higher levels of mercury, according to the consumer advisory. However, some consumer and environmental groups suggest women of childbearing age stop eating albacore tuna altogether.

The agencies continue to recommend that women in these categories not eat shark, swordfish, king mackerel, or tilefish because they have high levels of mercury.

The consumer advisory, which was released March 19, revised a 2001 advisory. ♀

info

- www.cfsan.fda.gov/~dms/admehg3.html
- Role of the Obstetrician-Gynecologist in the Diagnosis and Treatment of Breast Disease, ACOG Committee Opinion #186, reaffirmed 2003
- Breast Cancer Screening, ACOG Practice Bulletin #42, April 2003
- ACOG’s Guidelines for Women’s Health Care, second edition
- ACOG’s Department of Professional Liability/Risk Management: 800-673-8444; liability@acog.org

The information in this article should not be construed as legal advice. As always, physicians should consult their personal attorneys about legal requirements in their jurisdiction and for legal advice on a particular matter.
Small Step campaign fights overweight, obesity

Overweight and obesity may soon surpass tobacco as the leading cause of death for Americans. A new CDC study shows that 400,000 deaths in the US in 2000 were due to poor diet and lack of exercise, while 435,000 deaths were from tobacco use. In addition, deaths from overweight and obesity increased 33% in the 1990s.

An estimated 129.6 million Americans, or 64%, are overweight or obese. To help these millions of people take control of their health and improve the quality of their lives, US Health and Human Services Secretary Tommy G. Thompson unveiled a new public awareness and education campaign in March.

The Healthy Lifestyles & Disease Prevention initiative includes public service announcements and a new interactive website, www.smallstep.gov. Messages encourage Americans to make dietary and activity changes through small steps such as taking the stairs instead of the elevator or taking a walk during their lunch break.

The Small Step website allows people to set goals, track their activities, and receive recognition for achieving their goals.

The website also includes:
- A list of 100 small, easy steps people can take to begin to lead a healthier life
- A Body Mass Index calculator
- The federal dietary guidelines
- A list of health problems caused by overweight and obesity
- A food portion quiz

“Americans need to understand that overweight and obesity are literally killing us,” Secretary Thompson said. “We need to tackle America’s weight issues as aggressively as we are addressing smoking and tobacco.”

Two more ACOG Patient Education Pamphlets have been revised and updated

- Detecting and Treating Breast Problems (AP026)
- Mammography (AP076)

Order online: http://sales.acog.org or call 800-762-2264, ext 192

Illustrate urogynecologic problems to patients with new flipchart

ACOG has developed a new anatomical chart to help you explain complex urogynecologic issues to your patients.

Urogynecology: An Illustrated Guide for Women is a helpful educational tool you can use as you discuss urogynecologic conditions and their management with your patients.

The easy-to-use design of the chart allows you to stand it up and flip through pages as you talk to your patients.

The chart uses in-depth drawings to compare normal anatomy with abnormalities that can arise in four major areas of urogenital health:
- Pelvic support problems
- Urinary tract abnormalities
- Urinary incontinence
- Bowel control problems

A brief explanation of each condition is printed directly on the chart as a convenient reference.

As a companion to the chart, the Patient Education Pamphlet Pelvic Support Problems (AP012) has been recently revised and is now available. The pamphlet can help educate your patients about the different types of pelvic support problems and the causes, diagnoses, and treatments.
How has your training institution adjusted to the new ACGME standards for work-hour limitations?

Amanda B. Flicker, MD
University of Pennsylvania (District III)
A night-floating system has been established. Having the same day and night teams provides better continuity. It’s more rigorous during the day though because some of our flexible rotations were eliminated to create the night-floating rotation.

Matthew A. Barker, MD
University of Wisconsin (District VI)
With a night-floating system, we’re losing some continuity of care. But, there is now more time to read and less risk of losing out on surgical experiences. I believe resident morale has definitely improved.

Dawn S. Tasillo, MD
Worcester/University of Massachusetts (District I)
Our program went to a night-floating team for every subspecialty. This offers exposure to diverse care early on. Whether it’s ob or gyn surgery, no one feels deprived.

Tashanna K. N. Myers, MD
Temple University (District III)
We have a night-floating system and had to combine some electives. Residents get more gyn experience earlier. We still have continuity clinic. So far, it’s working well.

Leah A. Kaufman, MD
Long Island Jewish Medical Center (District II)
Though New York state has had restrictions since 1989, we still face similar concerns as other districts—continuity of care, work-shift mentality, and physician-extender case coverage issues.

Jacqueline M. Grimes-Dennis, MD
Robert Wood Johnson Medical School, New Brunswick, NJ (District III)
We have night-floating and fewer rotations now. Residents have mixed feelings about missing out on some electives. The good part is that they’re getting enough rest.

Patrick S. Ramsey, MD
University of Alabama (District VII)
A committee elected to use tracking software to monitor weekly hours; it’s working well. Concerns relate to shift mentality because residents have to leave the hospital at a certain time.

Deneishia S. Fisher, MD
Robert Wood Johnson Medical School, New Brunswick, NJ (District III)
Not only is surgical experience curtailed, but the latest group of residents won’t know how it feels to be on call and then work the next day. It’s great for patient and resident safety.

Charlotte A. Clock, MD
Oregon Health Sciences Center (District VIII)
A task force set up a call schedule at sites away from the main hospital. We also have a night-floating system at the university. It’s working OK, but residents are still worried about losing out on gyn surgical cases.

Seema N. Shah, MD
University of Texas Medical Branch (District VII)
Though continuity of care for patients is often compromised, their overall quality of care is better. Residents get more rest, but family time suffers because you can’t stack shifts.

Ricardo S. Mastrolia, MD
Saint Luke’s Hospital, PA (District III)
My small program of three residents per year is set up on a Monday–Thursday shift, plus the weekend. Problems include having fewer cases and less surgical experience.

Junior Fellows attending ACOG’s Annual Legislative Workshop were asked:
JF concerns presented at CREOG meeting

The following has been adapted from a speech given by Dr. Kabiru at the CREOG-APGO Annual Meeting in March.

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

Our specialty faces numerous challenges that affect both how we train our residents and how we practice medicine. JFCAC is involved in numerous projects to address these concerns. Our efforts include evaluating the impact of the Accreditation Council on Graduate Medical Education’s duty-hour requirements imposed in July 2003 and implementing strategies to maintain continuity of care and adequacy of training, as well as developing medical student recruitment initiatives.

Resident lawsuit-support activities are an important focus
Our specialty is witnessing a rising number of lawsuits involving residents who are being named as defendants or key witnesses. Residents who are sued often do not have much-needed information and support from their training institutions.

The JFCAC Task Force on Resident Support During a Lawsuit has been working to address this growing problem by developing support mechanisms for residents. The task force will partner with CREOG to make resources and guidelines available for residency programs.

From residency to reality
With about 4,700 Junior Fellows in practice, an important focus for Junior Fellows continues to be the development of resources that help in transitioning from residency to practice. Junior Fellows in practice are faced with reduced reimbursements for services and increased administrative and medical liability expenses. We need to be prepared for practice, financial, and risk management. JFCAC agreed to enlist the assistance of CREOG in the production of a Transitions series that will focus on financial and debt management and other business aspects of medicine.

In addition, JFCAC will consult with ACOG Fellows with expertise in the business of medicine to create programs and seminars specifically for Junior Fellows.

Early board certification process a major concern
Norman F. Gant Jr, MD, executive director of ABOG, reported that this year about 140 graduating residents, out of 500 slots, took advantage of the early recertification process. In the previous year, 238 Junior Fellows applied for early certification.

Because of the low response, next year ABOG will limit early certification lottery spots to about 200. JFCAC is concerned that this will further discourage Junior Fellows from taking advantage of the early certification. We will continue to encourage eligible Junior Fellows to take advantage of the early certification programs. Please contact me if you have any questions or concerns about the process. More information can be found at www.abog.org.

Match endangered by lawsuit
As many of you are aware, the future of the Match is being threatened by an impending lawsuit against the National Resident Matching Program. NRMP has created a website to disseminate the information about the lawsuit and the Match and enable those involved to remove themselves from the class-action suit. Please visit www.savethematch.org for more information.

‘What’s Write with Ob-Gyn’ essay contest:

November 15 Deadline
Ob-gyns play a key role in enhancing women’s health. In an era of a professional liability insurance crisis and declining medical student interest in ob-gyn, it is important to promote a positive attitude within the specialty. Hence, JFCAC has proposed an essay contest to promote a positive perception of our specialty.

The topic of the essay is “What’s Write with Ob-Gyn.” An essay will be selected from each district, and an overall winner will be chosen from the district winners. District essay winners will receive $500, and the overall winner will receive an additional $500 plus all expenses paid to attend the 2005 ACM in San Francisco.

The deadline for submitting an essay is November 15. The contest is open to all Junior Fellows in residency, practice, and fellowships. The winning selections will be made by January 2005.

Visit the Junior Fellows section under Member Services on the ACOG members-access website. Click on “Junior Fellow Essay Contest.”
Bethany Snyder: 800-673-8444, ext 2532, or 202-863-2532; bsnyder@acog.org
Physicians unite to pass tort reform in Texas

They say everything is bigger in Texas. A Texas-sized fight for medical liability reform was successfully waged last year in the state legislature and at the voting booth. In May, Texas lawmakers passed a $250,000 cap on noneconomic damages for all physicians and other health care practitioners, and in September, Texas voters went to the polls to uphold the cap under the Texas constitution.

By developing the Texas Alliance for Patient Access coalition, or TAPA, physicians, nurses, insurers, hospital administrators, and many others presented a consistent message to the media and the state legislature. ACOG Fellows were at the forefront, working through the Texas Ob-Gyn Society, which joined TAPA.

“Health care spoke with a collective voice for the first time in Texas political history about the crisis of access to care, the fact that lawsuit abuse caused the crisis, and that ending lawsuit abuse was the solution to improving access to care,” says Mike Hull, JD, general counsel for TAPA, who spoke at ACOG’s 22nd Annual Legislative Workshop in March.

A winning formula

In 2002, ACOG named Texas a Red Alert state, a designation for states where the problems of ob-gyns obtaining or affording professional liability insurance are most acute. The state has no ob-gyns in 62% of its counties, no pediatricians in 54%, and no primary care physicians in 9%, according to Mr. Hull. In 1999, there were 17 insurance carriers in the state; in 2002, there were only four left.

To pass tort reform, TAPA worked on several fronts over many months. The coalition gathered experts to speak on the issue, monitored the public’s knowledge and interest, developed a list of press and legislators sympathetic to the cause, supported pro-reform legislators in election bids, and met with legislators to educate them on the issue.

“To be a strong advocate for tort reform, “you must have a structure in place to act quickly and decisively,” says Fellow Ralph J. Anderson, MD, who discussed Texas’ success at the Legislative Workshop. “You must have a long-range plan, and you must have a coalition ready.”

The organization developed a consistent message and trained public speakers on how to stay on message. They gathered statistics, anecdotal stories, horror stories, and quick responses to anticipated attacks, and then worked to raise money. TAPA spent $8 million compared with $20 million by the opposition, representing primarily trial lawyers, according to Mr. Hull.

The physicians’ message was simple: We face a health care crisis. It’s caused by lawsuit abuse, and the solution to solving the problem is lawsuit reform.

Medical liability crisis improving

Texas is already seeing a turnaround since the legislation was passed. The largest carrier in the state announced a 12% rate reduction, which has worked to keep doctors in Texas and attract other doctors to the state, Mr. Hull says. In addition, money that hospitals budgeted to fight frivolous lawsuits is being freed up to use for medical care.

“The legislation is an important first step to improving access to care by reducing lawsuit abuse,” he says. “We have more work to do, and further reforms are needed.”

Iowa doctors pour into capital for rally

A tort reform bill made it out of committee in the Iowa Senate on the last possible day, thanks to a grassroots effort from physicians. On March 4, hundreds of physicians gathered at the Iowa Statehouse to urge the legislature and Gov. Tom Vilsack to enact medical liability reform. They called for passage of H2440/S2236, which calls for a $250,000 cap on noneconomic damages.

“We’ve got a battle, but we haven’t given up yet.”

▲ Iowa Fellow Thomas M. Gellhaus, MD, addresses participants at the ACOG Legislative Workshop.

Busloads of physicians and medical students stood on the steps of the Statehouse as rain fell. Entire practices were emptied and hospitals were reduced to emergency services only.

The rally drew attention to the issue and helped the bill receive approval by the Senate Business and Labor Relations Committee by a 6–4 vote. The House has passed the bill, and the Senate was expected to approve it, although it faces a veto threat from the governor.

▲ Dr. Anderson

▲ Iowa Fellow Thomas M. Gellhaus, MD, addresses participants at the ACOG Legislative Workshop.
More than 130 Fellows and Junior Fellows developed strategies to fight for professional liability reform as part of ACOG’s 22nd Annual Legislative Workshop in March.

During the three-day workshop, March 14–16, Fellows discussed how the professional liability crisis affects their practice and hurts their patients. They learned how to effectively use their experiences in their advocacy efforts, including visits to leaders on Capitol Hill.

“This year’s workshop was very successful,” says ACOG President John M. Gibbons Jr, MD. “Fellows had nearly 200 meetings with members of Congress, bringing the message of medical liability reform to the US Capitol. Fellows left energized and ready to keep fighting until we win.”

The workshop included a presentation on state medical liability successes and challenges (see page 8), a panel discussion with Senate staff of Majority Leader Bill Frist (R-TN) and Sen. John Ensign (R-NV), and a session on how to lobby.

The workshop culminated with a visit to Capitol Hill, where Fellows met with their representatives and senators, and Hill staff. In a single, clear message, they urged congressional leaders to sign the Medical Liability Reform Pledge to show their support for professional liability reform. (For more on the issue, see ACOG Today, April 2004, or visit www.protectpatientsnow.org.)
Uninsured Women

- 20.2 million women lack health insurance
- 13% of pregnant women are uninsured
- Uninsured women have a 49% higher adjusted risk of death from breast cancer after diagnosis
- Uninsured women are 31% more likely to experience an adverse health outcome after giving birth

Uninsured continued from page 1

legislation, but they can also provide charity care in their practices or volunteer to work in community clinics. "If we each address at least a piece of the problem, it will have an impact," Dr. Haffner says.

More ob-gyns join group practices

Another striking change in the profession is the decline in the percentage of ob-gyns in solo practice. In 2003, 23% of respondents reported having their own practice, compared with 33% in 1991. Much of the decline occurred in the 1990s, leveling off between 1998 and 2003. More respondents worked in group practices, and such practices grew larger on average. In 2003, 60% of respondents worked in group settings, compared with 52% in 1991, and the average single specialty group had six physicians in 2003, compared with four in 1991.

Practice Profile

- Average survey respondent was 46.5 years old and had been in practice 15 years
- 74% practiced ob-gyn; 5% practiced obstetrics only; and 21% practiced gynecology only
- Among gyn-only respondents, 16% had never practiced ob, while 40% had stopped practicing ob in the past five years
- Among those practicing ob, the average number of annual deliveries performed was 138
- Respondents spent an average of 13 hours a week on administrative duties
- Respondents reported an average of 92 patient visits a week in all settings, an increase from 90 a week in 1994
- Office visits accounted for 83% of all patient encounters, compared with 78% in 1994

Survey continued from page 1

The data can help Fellows compare their practices with national averages, and the College uses the information for lobbying and other advocacy efforts.

Recognize an outstanding nurse practitioner

Do you know a nurse practitioner working in women’s health who goes above and beyond the call of duty? A new contest is recognizing nurse practitioners who have developed successful programs on women’s sexual health issues.

The Second Annual Inspirations in Women’s Health contest, sponsored by 3M Pharmaceuticals, is now accepting nominations from medical professionals and community members as well as self-nominations. Winners will be selected based on successful programs they have developed, implemented, or managed that go above and beyond job requirements to increase awareness about women’s reproductive and sexual health issues.

Five finalists will be announced in August, with the winner and two honorable mentions announced during Nurse Practitioner Week, September 20–24. The winner will receive a restricted educational grant for $2,000 to help further his or her educational initiative for reproductive or sexual health. Honorable mentions will receive $500 grants.

The deadline for nominations is July 2.
New webcast series brings continuing education straight to your office

Beginning in July, ACOG will present a monthly webcast to help you with liability, coding, and practice management issues. The webcasts will be presented on the first Tuesday of each month through December. All presentations will be from 1 to 2:30 pm Eastern Standard Time.

This new six-part series will enable you and your staff to stay updated on issues important to your practice without leaving the office. The July and August webcasts will focus on coding issues, the September and October webcasts, on office management and finances, and the November and December webcasts, on professional liability. Each webcast will allow participants to ask the presenter questions.

To participate, you will need to have a telephone and a computer with Internet access. Speakerphones are helpful, especially if more than one person will be participating in the webcast at your site. The cost for each webcast is per site, allowing several physicians and/or staff personnel to take part at the same site for one price.

“These webcasts are like enhanced audiocasts: While participants listen to the presentation through their telephones, they can also view the speaker’s slide-show presentation on their computer,” says James Scroggs, associate director of ACOG’s Department of Health Economics.

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› Register for each webcast by visiting the “Postgraduate Courses” section under “Meetings” on the left side of the ACOG homepage, www.acog.org
› 800-673-8444, ext 2498, or 202-863-2498

CMS announces delay in noncompliant claims

As of July 1, health care providers who are submitting claims to the Centers for Medicare and Medicaid Services that don’t meet electronic format requirements will have to wait two more weeks for payment.

As part of HIPAA, Transaction and Code Set rules required practices and other health entities to meet certain electronic format requirements for electronic health care transactions by Oct 16, 2003. Because many providers were unable to upgrade their systems before the deadline, CMS has continued to accept noncompliant claims.

However, the agency announced in February that it will delay payment of noncompliant electronic claims by two weeks beginning July 1. This means that these claims will be paid no sooner than 28 days after they are submitted.

CMS continues to allow health insurers to continue to pay noncompliant claims, although they are not required to do so.

Stay on top of upcoming HIPAA deadlines

HIPAA privacy regulations have been in effect for one year—and the electronic filing requirements, for six months. But with more requirements taking effect in 2005, health care providers need to continue to be attentive.

By April 2005, health care providers must be in compliance with the HIPAA Security Rule. ACOG’s free Security Rule manual can help practices in this endeavor (see info below).

Another important upcoming date that practices need to prepare for is May 23, 2005. At that time, as part of the Transaction and Code Set rules, health care providers can begin applying for the National Provider Identifier as the standard unique health identifier to use when filing and processing health care claims and other transactions. All HIPAA-covered entities must use NPIs by the compliance dates: May 23, 2007, for all but small health plans and May 23, 2008, for small health plans.

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› Order ACOG’s HIPAA Privacy Manual, second edition (order number AA411) at http://sales.acog.org or call 800-762-2264, ext 192
› ACOG’s Transaction and Code Sets Standards: A How-To Guide for Your Medical Practice is available online at www.gatesmoore.com/transaction_sets_standards.HIPAA.ACOG.html
› The free ACOG HIPAA Security Rule Manual: A How-To Guide for Your Medical Practice is available on the members-access section of the ACOG website at www.acog.org/departments/practice/securitymanual.doc
› www.hhs.gov/ocr/hipaa
When the media get in touch with ACOG, ACOG gets in touch with its Fellows. The College’s Office of Communications receives dozens of calls every day from journalists looking for interviews with women’s health experts. ACOG officers and members play a vital role in spreading ACOG’s messages through the media.

When news broke of NIH’s decision to halt the estrogen-alone arm of the Women’s Health Initiative in March, the Office of Communications immediately contacted Fellow Isaac Schiff, MD, chief of obstetrics and gynecology at Massachusetts General Hospital in Boston.

As chair of the ACOG Hormone Therapy Task Force, Dr. Schiff has worked closely with the Office of Communications and the College’s Practice Activities Division to prepare statements and news releases in response to WHI developments over the past two years. The collaboration between the Office of Communications and ACOG committees and task forces is critical to effectively inform Fellows and the public about committee decisions, he says.

“It’s been extraordinarily successful,” he says of the relationship. “It’s a model for other organizations.”

ACOG can help prepare Fellows for interviews
When Dr. Schiff speaks on HT issues, he represents the views of ACOG’s HT Task Force, but if he is speaking on other issues, he’ll share his personal experiences and perspective. However, he still makes use of ACOG before the interview if he’s not as familiar with the subject.

“The Office of Communications can help prepare you for interviews by providing you with background materials that outline ACOG’s position and by developing talking points with you,” says Penny Murphy, MS, director of the Office of Communications.

Fetal Relationship, published in ACOG’s Ethics in Obstetrics and Gynecology, second edition. The chapter outlines important ethical principles and general ACOG recommendations on respect for maternal autonomy and patient choice in such cases.

“Make use of the ACOG Communications Office,” Dr. Lorenz advises. “Be aware of relevant ACOG documents. If you’re pressed for time, the office can provide you the necessary materials.”

How to speak about controversial issues
While many media reports portrayed the Utah mother as a selfish, vain woman, Dr. Lorenz brought up an important issue for the public to consider.

“The message I wanted to get through was that the courts and law enforcement should not be involved in the patient-doctor relationship,” he says. “It’s not the role of law enforcement to make a women undergo a surgery or force her to do something she doesn’t want to do.”

When dealing with controversial issues, it’s important to know your facts and be well prepared, especially if a reporter appears to be taking one side over the other.

Dr. Schiff encourages physicians to develop a cordial relationship with the reporter. If you and the reporter trust and respect each other, if you say something that didn’t come out quite right, the reporter will probably let you rephrase and not try to trap you, Dr. Schiff says.

But it’s important to remember you’re always on the record, and planning your words ahead of time is important. Never say anything you wouldn’t want to read or hear later.

“Be careful and be thoughtful,” Dr. Lorenz says. “[Sometimes, reporters] look for colorful, extreme positions, and often, off-the-cuff comments can get you in trouble.”

Dr. Lorenz suggests that you know what your single message is and repeat it again and again, increasing the chance that your message will be used as a quote or sound bite.

Tips on delivering the message
During an interview:
- Speak in a conversational tone
- Be brief but complete
- On television, look at the interviewer, not the camera
- Avoid jargon and technical language
- Keep calm and don’t argue
- If several questions are asked, choose the one you want to answer first
- Do not allow the reporter to rephrase or distort your answer; if that happens, restate your answer clearly
Doctors reaching out to ensure women have access to care

Fellows volunteer time, talent to American Indian hospitals

A COG Fellows and Junior Fellows are volunteering their services to ensure that women living on American Indian reservations receive continual ob-gyn care.

Fellows are enabling hospitals with small staffs to provide ob-gyn care year-round and are providing specialty services the hospitals can’t normally provide. In addition, their altruism allows their ob-gyn colleagues to take a break. It’s all a part of ACOG’s Fellows in Service program.

“Doctors who work at Indian Health Service sites have trouble getting any time off for vacations or professional development—they may be the only ob-gyn, or one of just two, at their facility,” says Yvonne Malloy, manager of ACOG’s Indian health programs. “By volunteering at least three weeks, Fellows can enable their colleagues to take time off, while ensuring that women will continue to receive care.”

Providing specialty services

This summer, Massachusetts Fellow Stephen A. Metz, MD, is returning to Crow Agency, MT, to provide urogynecologic services at the Crow Agency/Northern Cheyenne Hospital for the third year in a row.

The hospital’s only ob-gyn, Fellow Terry D. Deal, MD, schedules his patients in need of urogynecologic surgery for Dr. Metz’s visits each summer. Dr. Metz spends the first week seeing patients, and the next, performing two to four operations a day.

“The biggest thing Steve does is offer us a service that we wouldn’t have otherwise,” Dr. Deal says. “If Steve didn’t come, most likely these folks wouldn’t get operated on. We’re just so appreciative of him and all that he’s done for us.”

The population of Crow Agency, in southcentral Montana, cannot support a urogynecologist, and the hospital cannot afford to send women hundreds of miles away for urogynecologic surgeries, Dr. Deal says.

While the women are usually scheduled for surgery for urinary incontinence, Dr. Metz often discovers that many of them also have other pelvic support problems.

“A lot of women, especially in underserved areas, view [pelvic support problems] as a cross they have to bear,” he says. “To be denied access of care for this condition can have a serious impact on these women.”

Covering for fellow ob-gyns

Concentrating on a specialty service like Dr. Metz does is rare in the Fellows in Service program. Most assignments are focused on regular obstetrics, with a mix of gynecologic services.

To participate in the program, Fellows must have been actively providing patient care—especially high-risk ob care—within the past year. Duties usually include labor and delivery coverage, gynecologic surgery, general ob-gyn outpatient clinic care, and telephone consultation to smaller hospitals and clinics. Fellows need to be prepared to spend at least three weeks at the facility and to undergo a credentialing and screening process.

A history of helping

In Browning, MT, ACOG Fellows have stepped in when needed for more than 10 years to ensure continual ob-gyn care. Fellow James M. Cooper, MD, joined the staff at Blackfeet Indian Hospital in 1989 as a part-time ob-gyn. When the full-time—and only other—ob-gyn at the hospital left, College Fellows helped him cover shifts.

“They enabled us to stay open much of the time back then, until I got another ob-gyn,” he says.

And when the full-time ob-gyn left again last year, leaving Dr. Cooper alone once more, ACOG sent five Fellows to Browning over a nine-month period until a new full-time ob-gyn could be hired.

Rewarding feeling

Wisconsin Fellow Maureen T. Fleming, MD, was one of the Fellows who volunteered at Browning. It was her first time participating in the Fellows in Service program.

Dr. Fleming says she had a wonderful experience and would love to do it again.

“It was a great way to get to know the people and the area in a way that was very different from just visiting,” she says. “The people in Browning Indian Health Care System did a great job of making me feel welcome. I was just honored to have this opportunity.”

Dr. Fleming’s experience is similar to that of most of the volunteers, who are often eager to give their time year after year, Ms. Malloy says. “Most Fellows find the experience truly enriching,” she says.

“They leave with very positive feelings and often want to volunteer again the next year.”

That’s certainly true of Dr. Metz. Prior to his years volunteering at Crow Agency, he helped out at IHS hospitals in Claremore, OK, and Browning, MT.

Providing urogynecologic services in Crow Agency is a rewarding feeling, he says.

“It’s an internal drive that says I’ve been handed a pretty good deal and I’d like to be able to give something back,” he says. “If you get a gift, you need to pass it on.”

info

Yvonne Malloy: 800-673-8444, ext 2580; ymalloy@acog.org
Consumer advocate finishes Executive Board service

After four years of dedicated service on ACOG’s Executive Board, public board member Kathryn Taaffe McLearn, PhD, will participate in her last board meeting in May. After two two-year terms, Dr. McLearn is no longer eligible to serve on the board because of term limits.

“Dr. McLearn has been a major asset to our board, bringing the perspective of the lay public, but also the experiences of an expert on child development and its connection to the well-being of a child’s mother,” says Charles B. Hammond, MD, immediate ACOG past president. “She has listened carefully, spoken thoughtfully, and worked very hard to be the voice that we, as medical professionals, needed to hear.”

Dr. McLearn, a senior research fellow at the National Center for Children in Poverty and associate research scientist at Columbia University’s Joseph L. Mailman School of Public Health, says she has enjoyed the intellectual stimulation she received from discussing women’s health issues with fellow board members.

Dr. Fay Redwine dies at age 57

Fellow Fay Oneal Redwine, MD, Richmond, VA, an expert in high-risk pregnancies, died March 21 from complications of chemotherapy for breast cancer. Dr. Redwine, 57, was known for her pioneering procedures that helped save the lives of mothers and babies. She was still seeing patients a few weeks before she died.

One of the procedures that she performed was an in-vitro fetal thoracentesis. Dr. Redwine was thought to be the first person to perform this procedure.

A 1982 New York Times article on fetal surgery described Dr. Redwine and her colleague, Robert E. Petres, MD, an ultrasonographer and obstetrician, performing this procedure to save a fetus. The doctors performed the procedure twice, once in the last month of the pregnancy, and again, a few hours before the birth.

For the last 10 years, Dr. Redwine was in private practice, specializing in high-risk pregnancies and fetal illnesses, as the director of the Perinatal Center of St. Mary’s Hospital in Richmond, VA, and the Perinatal Center of Mary Washington Hospital in Fredericksburg, VA.

Dr. Redwine was very good at giving her patients the reassurance they needed that she and her staff were doing everything possible for their safety and the safety of their babies, says Daphne Mosley, an ultrasonographer who worked with Dr. Redwine for 15 years.

“She always shot from the hip; she didn’t sugarcoat anything, [but] her mannerisms were so reassuring to people,” Ms. Mosley says.

Dr. Redwine graduated from George Washington University and the Virginia Commonwealth University Medical College of Virginia (now the VCU Medical Center). She was a faculty member of ob-gyn and human genetics at the Medical College of Virginia from 1977 through 1993.

Dr. Redwine was a board examiner for ABOG from 1985 to 2002 and a member of the International Fetal Medicine and Surgery Society, Society for Maternal–Fetal Medicine, and American Institute of Ultrasound in Medicine.

“The breadth and depth of the issues they address is extraordinary to me,” she says. “It’s not just about delivering babies—it’s about improving women’s health across the lifespan and the health care system women use.”

An advocate for babies and their mothers

Throughout her career, Dr. McLearn has been a firm believer that what affects mothers also affects their children.

“I think if you’re involved in child health, you can’t not be interested in parents, especially mothers,” she says, discussing her interest in maternal health and the effects of maternal health and behavior on young children.

While assistant vice president at The Commonwealth Fund, Dr. McLearn oversaw the design and execution of Healthy Steps for Young Children, a nationwide project to improve pediatric care by encouraging pediatric specialists and primary care physicians to work together for the betterment of the entire family. Dr. McLearn and her team’s efforts were recognized when their research was published in the Journal of the American Medical Association (Dec 17, 2003).

Staying in touch with ACOG

Dr. McLearn’s final board meeting will be at the ACM May 1–5 in Philadelphia. But that doesn’t mean she’s going to stop being a public health and patient advocate. Dr. McLearn, who recently moved to Savannah, GA, from Riverside, CT, plans to get involved in District IV activities and continue dedicating her career to improving child development.

While she’ll miss being so intimately involved with ACOG, she knows it’s important to have fresh voices on the board and welcomes the new public board member, who will be elected at the ACM.

Dr. McLearn appreciates the respect the Fellows gave her as a consumer advocate, as they sought out her opinion on various issues.

“It is an extraordinarily talented and committed group of men and women on the board and on the staff,” she says. “I felt particularly privileged to have the honor to serve with them.”

in memoriam

Pedro J. Alvarez, MD • South Miami, FL • 10/03
Lidija Andolesek-Jeras, MD • Ljubljana, Slovenia • 12/03
John Roberts Faucette, MD • Birmingham, AL
Ebert L. Fisher, MD • Lynn Haven, FL
Dan Golenternek, MD • Los Angeles
Alan Revan Grossman, MD • Maple Glen, PA
Alan Dale Hoffman, MD • Vandalia, IL • 2/04
Norman G. Lewis, MD • Sun City, AZ • 12/03
Early B. Lokey, MD • Amarillo, TX • 2/04
David L. McNinch, MD • Glendale, CA
Fay O. Redwine, MD • Richmond, VA • 3/04
Jack E. Shangold, MD • South Amboy, NJ • 2/04
William J. Stewart, MD • Toledo, OH • 1/04
Alex S. Tulskey, MD • Chicago
Alvin H. Weiner, MD • Brooklyn, NY
2004 calendar

Please contact individual organizations for additional information.

### June
- **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

### 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
- **ACOG District VI Junior Fellows**
  22–24
  Wisconsin Dells, WI
  262-695-7411
- **Annual Seminar on Breastfeeding for Physicians**
  26–28
  Newport, RI
  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.sgonline.org

### September
- **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
  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

### 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.

### June
- **CPT and ICD-9-CM Coding Workshop**
  11–13
  Boston

### July
- **Controversies in Menopause (debate format)**
  17–19
  San Diego

### August
- **The Management of Complications in Obstetrics**
  24–26
  Honolulu

### September
- **Controversies in Obstetrics**
  9–11
  Tucson, AZ

Advanced Quality Improvement and Management Skills for Leaders in Women's Health Care
  9–11
  Chicago

Medical Liability Litigation: Gaining Perspective and Control
  9–12
  Washington, DC

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**connect to ACOG**

**Address changes:**
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**Resource Center:** 202-863-2518
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or 304-725-8410, ext 339

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Visit the enhanced online Green Journal

With a new look and enhanced features, this is not the online Green Journal of ACOG’s past.

You can now visit the online version of Obstetrics & Gynecology directly through its website, www.greenjournal.org, where you will have access to advanced search capabilities, additional format options, subject classifications, and links to Medline abstracts.

“ACOG Fellows have been able to get much more from the online Green Journal since the new website’s debut in January,” says Rebecca L. Saxer, managing editor of Obstetrics & Gynecology. “The enhanced access and simple navigation allow Fellows to find more information in the vast journal archives—and find it easily and quickly.”

New features include the ability to register to receive email notifications of each month’s Table of Contents and email alerts for new articles mentioning specific topics of interest.

Articles published from January 1953 to the present can be searched by keyword, author, or citation. The archives contain the Table of Contents from 1953 to July 1967 and the abstracts for articles published from August 1967 to 1994. For articles published from 1995 to the present, the abstract and full article text are available as both an HTML and PDF document.

The Green Journal website is now hosted by Stanford University’s HighWire Press, which hosts approximately 350 journals. If articles from 1999 to the present include citations from other journals hosted by HighWire, visitors will be able to view the full text of that article. Among the popular titles are the Journal of the American Medical Association, New England Journal of Medicine, Annals of Internal Medicine, British Medical Journal, and American Journal of Public Health.

How to access the Green Journal the first time

- Have your ACOG membership identification number ready (it can be found on the mailing label of your print journal)
- Visit www.greenjournal.org
- Click on “Subscriptions” in the gray box on the left
- Click on “Activate Your Member or Individual (Non-Member) Subscription”

AIUM offers guidance on cleaning ultrasound transducers

The American Institute of Ultrasound in Medicine has developed a document that provides guidance on the cleaning of endocavitary ultrasound transducers.

Although transvaginal and transrectal ultrasound probes are routinely used with disposable covers, studies have shown that leakage can occur, according to the document Cleaning and Preparing Endocavitary Ultrasound Transducers Between Patients. Therefore, for maximum safety, AIUM recommends high-level disinfection of the probe between each use, and the use of a probe cover or condom.

ACM courses available on audiotapes

Want to capture all the great lessons you learned and the research you heard about at the ACM? Or unable to attend the ACM this year?

You don’t have to miss out. Audiotapes from the 2004 Annual Clinical Meeting in Philadelphia will be available in mid-May.

Audiotapes of ACM courses can be extremely useful for Fellows who attended the ACM as well as those who were unable to attend. Tapes of clinical seminars, scientific sessions, current issues updates, and the presidential inauguration and convocation, including the Presidential Inaugural Address of Vivian M. Dickerson, MD, are available for $11 a session plus shipping and handling.

Audiotapes of the 120 postgraduate courses are $80 per course plus shipping and handling (and are packaged in a vinyl storage album), and audiotapes of the 60 postgraduate courses are $45 per course plus shipping and handling.

For a list of available tapes and to order:
- www.nationalaudiovideo.com
- National Audio Video: 800-373-2952 or 303-292-2952, 9 am to 5 pm Mountain Time; refer to code 20-04J