Fellows strive to improve health care structure in Iraq

Drs. Martin E. Olsen and Randall W. Williams had just performed laparoscopic surgery on a patient while 50 Iraqi attendings and residents observed. The operation was a success—not only had the patient’s pain and ovarian cyst been diagnosed as corpus hemorrhagicum, but the two ACOG Fellows had just taught physicians in Iraqi Kurdistan how to do minimally invasive surgery.

The maternity hospital in Erbil already had the laparoscopic equipment, donated several years before, but no one had ever shown them how to use it, according to Dr. Olsen.

“We had 50 physicians in the operating room jumping up and down with excitement, but you can’t teach 50 people to operate at once,” he said.

Instead, to allow all the physicians to practice laparoscopic techniques long after the Americans had left, the two Fellows created a pelvic trainer using a cardboard box, rubberbands, and paperclips.

Can small practices afford EMRs?

Little by little, physician practices are converting from paper to electronic medical record systems. While somewhere between 14% and 30% of office-based physicians use EMRs, the smaller the practice, the less likely it is to use them.

Some industry experts say EMR use is advancing to the “tipping point,” when penetration and momentum become great enough to create a surge that leads to mainstream use. After the tipping point, more users would quickly create more familiarity, more innovation, and lower prices, and before you know it, EMR systems would be like microwave ovens—everyone would have one. But can health care ever reach that tipping point if small practices are struggling to afford EMR implementation?

Implementation worthwhile
Fellow Betty S. Chu, MD, belongs to a small practice of five ob-gyns in Clarkston and Utica, MI, that implemented an EMR system in 2005.

“Our goals were to improve communication between our two offices, cut down on paper, and improve billing,” she said. “We were also concerned about future mandates, such
EXECUTIVE DESK

Make plans to attend 2009 FIGO meeting in South Africa

In 2009, the International Federation of Gynecology and Obstetrics, or FIGO, will hold its World Congress in Cape Town, South Africa. Earlier this year, I participated in an on-site planning session for this meeting, which will be held October 2009.

The venue is the Cape Town International Convention Centre, a beautiful new venue that will help make the meeting outstanding. Dr. Thomas F. Baskett of Canada is the scientific program chair, and his preliminary program is designed to bring the latest science of our specialty to attendees.

There will be an outstanding international faculty that addresses the many different aspects of care and will give everyone a chance to learn a variety of approaches. Plenary sessions, free communications, video programs, poster programs, updates, special sessions, and a large number of exhibitors will highlight the meeting.

There will also be an opportunity for exceptional and unique local tours. In addition, pre- and post-tours will be available to visit animal parks to view Africa’s unique animals and flora.

“There will be an outstanding international faculty that addresses the many different aspects of care and will give everyone a chance to learn a variety of approaches.”

I urge everyone who has ever thought of visiting Africa to mark October 2009 on the calendar, and plan to take advantage of this excellent educational, as well as cultural, opportunity. Planning is still under way by the organizing committee, and more information will be provided in ACOG Today, as well as on the ACOG and FIGO websites, as the dates are finalized and the conference nears.

Ralph W. Hale, MD, FACOG
Executive Vice President

IN MEMORIAM

Jonathan G. Busby, MD
Canal Winchester, OH

Juan C. Dimausto, MD
Grosse Pointe Shores, MI ♦ 5/07

G.H. Flight, MD
Halifax, NS

John C. Mitchell, MD
Augusta, GA

George Mokris, MD
Key Largo, FL

Gerald B. Muller, MD
Thomasville, GA

Thomas O’Hern, MD
Springfield, IL ♦ 2/07

Daniel M. O’Toole, MD
Long Beach, CA

Sir George Pinker
London, England ♦ 4/07

Robert R. Rascoe, MD
Wynnewood, PA ♦ 5/07

Jerome J. Scherek, MD
Annapolis, MN

Don Van Steeter, MD
Salt Lake City

Robert E. Steller, MD
Kiawah Island, SC ♦ 4/07

Harry Gordon
Wadsworth, MD

Robert N. Weller, MD
Saddlebrook, NJ

F.P. Weyrens, MD
Iowa City, IA

Robert W. Wintemute, MD
Camden, SC ♦ 3/07

Paul A. Wood, MD
Torrance, CA ♦ 2/07

Bruce P. Zummo, MD
Northfield, IL

Obstetrics & Gynecology
HIGHLIGHTS

The August issue of the Green Journal includes the following ACOG Documents:

Prevention of Deep Vein Thrombosis and Pulmonary Embolism
(Gynecology Practice Bulletin #84, revised)

Sexual Misconduct
(Ethics Committee Opinion #373, new)

Expert Testimony
(Ethics Committee Opinion #374, new)

Brand versus Generic Oral Contraceptives
(Gynecology Committee Opinion #375, new)

For more information, see page 14.

Nalbuphine Hydrochloride Use for Intrapartum Analgesia
(Obstetric Committee Opinion #376, new)
Deadline: October 1
Outstanding District Service Award

It's time to honor Fellows for their unwavering service to their districts. ACOG is seeking nominations from each district for the Outstanding District Service Award. Forward your nomination to one of your section or district officers before your Annual District Meeting this fall. All nominations must be voted on and accepted by the District Advisory Council. Accepted nominations are due to ACOG by December 1.

Nominees must:
▶ Be a Fellow who has made a significant contribution within the district, in government, research, teaching, or patient care
▶ Have provided service to the district sufficient to receive national ACOG recognition

Deadline: November 30
Wyeth Pharmaceuticals Section Award

Section chairs are asked to consider exceptional section projects for nomination for the 2007 Wyeth Pharmaceuticals Section Award. Section chairs may select one outstanding activity conducted within the section during 2007 and submit an activity report to their district chair. All reports are due to the chair before the district’s fall advisory council meeting. Individual district advisory councils will discuss nominations at the fall district meetings, and district chairs will submit nominations with a letter of recommendation to ACOG. Nominations are due two weeks post-ADM or by November 30.

ACOG is seeking nominations for the College's Distinguished Service Awards and Honorary Fellowships to be presented in 2009.

Criteria for the Distinguished Service Award
▶ Must be an outstanding individual in ob-gyn who has made important contributions within the College or in government, research, training, or direct patient care
▶ May include individuals in maternal and child health
▶ Should be an individual living within the geographic confines of the College
▶ May be anyone who has made an outstanding contribution to the College and/or the discipline of ob-gyn

Criteria for the Honorary Fellowship
▶ Must have made an outstanding achievement in ob-gyn or an allied discipline in any country
▶ May include individuals living within the geographic confines of the College
▶ Should be an individual living within the geographic confines of the College
▶ May be anyone who has made an outstanding contribution to the College and/or the discipline of ob-gyn

ACOG research grant applications due October 1

Applications for ACOG research fellowships and awards are due October 1. Applicants must be ACOG Fellows or Junior Fellows. All research fellowships and awards are contingent upon funding. The following awards are available:

▶ ACOG/Bayer HealthCare Pharmaceuticals Research Award in Contraception, $25,000 grant
▶ ACOG/Bayer HealthCare Pharmaceuticals Research Award in PMS/PMDD, $25,000 grant
▶ ACOG/Cytex LP Research Award for the Prevention of Cervical Cancer, $15,000 grant
▶ ACOG/Eli Lilly and Company Research Award for the Prevention and Treatment of Osteoporosis, $15,000 grant
▶ ACOG/Kenneth Gottesfeld-Charles Hohler Memorial Foundation Research Award in Ultrasound, one $10,000 grant or two $5,000 grants
▶ ACOG/Graceway Pharmaceuticals Research Award in Human Papillomavirus, $7,500 grant
▶ ACOG/Merck & Company Inc. Research Award on Immunization, $15,000 grant
▶ ACOG/Merck & Company Inc. Research Award on Adolescent Health Preventive Services, $15,000 grant
▶ ACOG/Ortho Women’s Health & Urology Academic Training Fellowships in Obstetrics and Gynecology, one-year fellowship with a $30,000 stipend
▶ ACOG/Ross Products Division, Abbott Laboratories Research Award on Nutrition in Pregnancy, $25,000 grant
▶ ACOG/Solvay Pharmaceuticals Research Award in Menopause, $15,000 grant
▶ Warren H. Pearse/Wyeth Pharmaceuticals Research Award on Immunization, $15,000 grant
▶ Lee Cummings: 800-673-8444, ext 2577; lcummings@acog.org
Fellows strive to improve health care structure in Iraq

Eager to learn
At the conference, Drs. Olsen and Williams planned to present to about 40 physicians, but more than twice that many showed up, traveling from all over Kurdistan.

“We had hoped they would be from all over Iraq, but the danger is such that they weren’t able to travel,” Dr. Olsen said.

Conference topics were selected earlier by the Iraqis and included congenital anomalies, sexual assault, ectopic pregnancy, pediatric gynecology, preconception care, and long-term effects of chemical weapons on the civilians of Kurdistan. The Fellows also presented copies of ACOG’s Compendium.

The Iraqi physicians’ health knowledge of specific diseases and conditions varied, according to Dr. Olsen.

“Physicians were dedicated to their patients. In some cases, their education had been dispensed in a disorganized fashion. A physician might know one group of topics extremely well but have very large knowledge gaps in other subject areas,” Dr. Olsen said.

During the conference, the local physicians established an Iraqi ob-gyn society, a goal that the American and British physicians encouraged.

“The doctors we’re working with could leave the country if they wanted to, but they choose to stay and take care of their patients.” —Randall W. Williams, MD

“A Kurdish resident and attending physician practice laparoscopic skills with a "pelvic trainer" created by ACOG Fellows Martin E. Olsen, MD, and Randall W. Williams, MD.

“We were interested in setting up an Iraqi ob-gyn society because, as we explained to them, the rest of the world engages physicians through societies,” Dr. Williams said. “For us to continue to educate them, provide resources and materials, we had to have a structure to work with, and we were very proud that they did this while we were there. Part of the society’s role is to bring a single voice to Kurdish Parliament as to what’s needed for women’s health.”

Next steps for the Iraqi physicians include establishing other ob-gyn societies in Basra and Baghdad and attending ACOG’s District VII Annual Meeting in October. The district extended a special invitation to the Iraqi physicians, and, so far, two are planning on attending, Dr. Williams said.

Drs. Olsen and Williams, with the Medical Alliance for Iraq, will continue to be involved in the health care efforts in Iraq if funding is available. They are looking for more physician volunteers to become involved and make future trips to Iraq.

“[The Iraqis] are incredibly thankful for what we’re doing. They know we’re all volunteers,” Dr. Williams said. “They’re just a very brave and resilient people. They’ve all been victims of genocide, and yet they continue on. Most of the doctors we’re working with could leave the country if they wanted to, but they choose to stay and take care of their patients.”

http://web.mac.com/martyo38
Junior Fellows: Elections held online this month

Take a few minutes this month to cast your vote in the Junior Fellow district elections. Junior Fellow elections will be held online August 1–31. Junior Fellows can review candidates’ names and CVs online before voting.

To cast your vote:
- Know your ACOG ID number. This seven-digit member number is listed on all ACOG mailings, as well as in the election email reminders that were sent in July.
- Log on to https://eballot3.votenet.com/acog to review candidate bios and election information.
- Vote August 1–31 at the above website.
- The new officers will be announced on the Junior Fellow website the first week of September. Officer terms begin at the conclusion of the fall district meetings.

Info:
- Vote: https://eballot3.votenet.com/acog
- ACOG ID: Membership Department at 800-673-8444; membership@acog.org
- Election updates: On the ACOG website, www.acog.org, click on “Junior Fellows” in the “Quick Links” box on the left side of the home page.
- Questions: Christine Himes, 800-673-8444, ext 2561, or chimes@acog.org

Japan exchange connects residents

An ob-gyn resident selected from each ACOG district attended the annual meeting of the Japan Society of Obstetrics and Gynecology in April as part of the annual JSOG/ACOG Exchange Program.

ACOG Junior Fellows and friends visit the Golden Pavilion as they explore the sites of Kyoto, Japan. From left to right are Canadian ob-gyn Carolyn Best, MD; ACOG Junior Fellows Jennifer M. Keller, MD; Wesley R. Hodgson, MD; Kristopher J. Kimball, MD; Matthew E. Price, MD; Brian B. Hearn, MD; and Leah M. Maderia, MD; Dr. Maderia’s mom; and Junior Fellow Deborah A. Simon, MD. Not pictured: Junior Fellows Tania Day, MD; Kristina Chongsiririwatana, MD; and Jane van Dis, MD.

Junior Fellows met ob-gyn residents from around the world: District VII exchange participant Kristopher J. Kimball, MD, meets with a colleague from Taiwan.

‘Special Delivery’ essays due by August 31

The deadline to submit essays for the Junior Fellow essay contest is fast approaching. The theme for this year’s Junior Fellow essay contest is “Ob-Gyn Special Delivery.” Essays are due by August 31.

Submissions should provide reflection on your most memorable ob-gyn experience related to the delivery of women’s health care and how the experience affected your outlook on medicine and ob-gyn as a career. Essay participants must be Junior Fellows. Essays should be between 500 and 750 words. No specific names of patients should be mentioned.

One winner will be selected from each district to receive $500. A national winner will be selected from the winning district essays and will receive an additional $500 and an expenses-paid trip to the 2008 Annual Clinical Meeting in New Orleans.

Info:
- On the ACOG website, www.acog.org, click on “Junior Fellows” in the “Quick Links” box on the left side of the home page.
Mediation as an alternative

With high medical liability insurance costs, physicians practicing defensive medicine, and court cases that last for years, it’s no secret that the current US court system could use an overhaul. Mediation may be one dispute resolution option.

“Mediation is a good way to get a case settled quicker,” said Philip J. Diamond, MD, a member of ACOG’s Committee on Professional Liability. “It takes the dispute resolution out of the courts, and it also allows for more carefully crafted settlements that include noneconomic solutions as well as economic solutions.”

For mediation to be successful, both parties must agree on the main facts of the case—that something went wrong in the medical case. A significant benefit of mediation is the openness that is fostered, in contrast to the adversarial nature of the court system, which rewards secrecy and incomplete disclosure, according to Dr. Diamond. Mediation allows for a better evaluation of what happened, which, in turn, can improve patient safety and reduce medical errors.

Dr. Diamond outlined two other advantages to mediation:

1. The costs of mediation are a fraction of litigation costs, with settlements occurring much quicker.
2. Mediation allows for creative solutions. Patients may want an apology or want physicians to change their processes.

Perhaps the best known mediation program is at Rush Presbyterian Hospital System in Chicago, which has been using voluntary mediation for more than 10 years. The Rush system has been able to settle more than 80% of the cases it mediates at about $5,000 per case, according to Dr. Diamond.

In North Carolina, the state government has established a court-ordered mediation. This mandatory program isn’t as successful because it doesn’t screen out cases that are ill-suited to mediation, Dr. Diamond said.

There are a few roadblocks to expanding mediation: Mediation requires good faith effort on both sides, and medical liability carriers have concerns about it, fearing that liability cases will increase if barriers to filing are removed. In addition, the requirement to report settlements to the National Practitioner Data Bank can be a disincentive for physicians.

“Mediation may not be the only answer to our current court system, but we need to look at alternatives,” Dr. Diamond said. “The current adversarial system of litigation is clearly broken and unfair. People should be thinking about mediation.”

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.
Both hospitals, reviewers gain from ACOG program

What are the most common problems identified by ACOG’s reviews of hospital ob-gyn departments? Hold on, ACOG reviews ob-gyn departments?

That’s not an uncommon response, although VRQC—the College’s Voluntary Review of Quality of Care program—has been in operation since 1986 and has provided consultations to more than 200 hospitals. The most common problems tend to be communication issues, lack of an appropriate peer-review program for quality assessment and improvement, and challenges in identifying and disciplining disruptive or impaired physicians.

Objectivity seen as plus

When a hospital seeks a review, ACOG puts together a team of three Fellows, a nurse, and a medical writer that reviews the hospital’s ob-gyn services during a four-day on-site visit. If the hospital’s ob-gyn services warrant it, a family physician, anesthesiologist, nurse midwife, or maternal-fetal medicine specialist joins the review team. Following the visit, the team prepares a comprehensive report of its findings and recommendations.

“The best thing about VRQC is that a dispassionate group of colleagues—peers—performs the review,” said Fellow Philip J. Goldstein, MD, the VRQC program director. “It’s constructive—not disciplinary or punitive.”

California Fellow John S. Wachtel, MD, a VRQC team leader, shares that perspective: “The comprehensive review gives the hospital a very objective discussion of its strengths and weaknesses, along with specific recommendations for improvement.”

Interviews, charts part of review

Dr. Goldstein fields the initial inquiries from hospitals seeking a review of their quality of ob-gyn care.

“Initially, the hospitals usually aren’t aware of the total package that VRQC provides,” he said. “For example, they usually don’t understand that a nurse reviewer will be included, and they don’t realize they will receive a comprehensive report that they can use in their quality improvement efforts.”

During the hospital visit, the entire review team conducts interviews with more than a dozen physicians, nurses, and key administrators, plus the nurse reviewer talks with ob-gyn nurses on all shifts.

The physicians review medical records for two to four specific indications specified in advance, such as cesarean deliveries because of a nonreassuring fetal status. The VRQC reviewers evaluate the care provided using standardized worksheets that reflect ACOG guidelines.

Reviewers find VRQC participation beneficial

The physicians and nurses who serve as VRQC reviewers must be in active practice and must have participated in a VRQC training program such as the one conducted in April, which covered topics ranging from the logistics of the visit to interviewing techniques.

Pamela D. Berens, MD, just joined VRQC as a reviewer and participated in the April training program.

“I was very pleased [with the training],” she said, adding that she found the VRQC worksheets especially helpful for reviewing charts consistently and objectively.

“A bonus was that it was very enlightening about things I can do better when I do my own reviews,” said Dr. Berens, who heads up the quality review program for women’s health at the University of Texas Medical School at Houston. She said the VRQC program gave her the idea to initiate targeted reviews of inductions of labor and elective cesarean deliveries.

Dr. Wachtel also finds his participation in VRQC to be beneficial to his own practice and institution.

“I honestly believe that when I go out on one of these trips I learn more than I have given to the hospital.”

—John S. Wachtel, MD

info

VRQC: 800-266-8043; vrqc@acog.org

August 2007 | acog TODAY 9
ACOG LAUNCHES ‘STOP THE CUT’ CAMPAIGN

ACOG NEEDS YOUR HELP WITH ITS NEW “STOP THE CUT” campaign, which urges Congress to halt the decrease in Medicare physician payments. Medicare payments are scheduled to be slashed by 10% in 2008 and by nearly 40% over the next eight years. Such cuts don’t just affect Medicare patients; private insurers, Medicaid, and TRICARE will likely follow these cuts.

What you can do

1. Join the campaign and ACOG will send a postcard to your senators and member of Congress: www.acog.org/goto/stopthecutf. To request more postcards, contact govtrrel@acog.org; 800-673-8444, ext. 2566
2. Log on to ACOG’s Legislative Action Center for ready-to-use email texts that make it easy to send your senators and representative a message: www.capitolconnect.com/acog

ACOG IS CALLING UPON Congress to pass a bill that would provide funds for states to test alternative medical liability reform approaches such as special health courts.

ACOG Immediate Past President Douglas W. Laube, MD, MEd, spoke at a press conference supporting the Fair and Reliable Medical Justice Act, introduced by Sens. Michael Enzi (R-WY) and Max Baucus (D-MT) and Reps. Jim Cooper (D-TN) and William Thornberry (R-TX).

Dr. Laube also delivered more than 4,300 postcards from patients asking the Senate to pass medical liability reform. The cards were from ACOG’s “Birth Announcement” campaign, demanding that Congress reform the broken system.

The Fair and Reliable Medical Justice Act would authorize grants for states to explore alternatives to the existing tort system for resolving medical liability disputes. A state plan would have to address patient safety, early disclosure of errors, access to liability insurance, compensation, promptness of dispute resolution, and other issues. Patients could opt out or voluntarily withdraw from participating in the alternative.

Dr. Laube noted that nearly one-third of all medical liability claims against ob-gyns are for neurologically impaired infants; a 2003 scientific report clearly showed that labor resulting in a neurologically impaired infant is rarely related to anything the physician has or has not done.

“ACOG strongly supports national comprehensive legislation, such as the laws passed in California and Texas. We’ll continue working toward this goal until it’s won,” Dr. Laube said. “At the same time, we believe there’s enormous benefit in exploring promising alternatives that would more fundamentally fix America’s liability system, including health care courts and early offers demonstration programs.”

College urges Congress to support health courts bill

ACOG SPONSORED A briefing on Capitol Hill to educate Congress on HPV and cervical cancer issues. College President Kenneth L. Noller, MD—an expert on cervical cancer testing and prevention—was the featured speaker at the briefing “Everything You Need to Know about HPV.”

Dr. Noller and other speakers discussed the HPV vaccine and stressed the importance of continued Pap testing in detecting or preventing cervical cancer. ACOG also urged Congress to fund the Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program to ensure that low-income women have access to cervical cancer screening and urged lawmakers to fund federal programs to ensure that children and low-income adults have access to the HPV vaccine.

In April, Congress passed a reauthorization act for NBCCEDP for $225 million in fiscal year 2008, increasing funding to $275 million by fiscal year 2012. Congress must still appropriate these funds to the program through the appropriations process.

Immunization programs at the CDC are underfunded and do not meet the current need for vaccines among children and low-income women. ACOG is urging Congress to increase funding for the Section 317 immunization program to $802 million and the Vaccines for Children program to $3.09 million.

ACOG President Kenneth L. Noller, MD, answers questions after a congressional briefing on HPV.

ACOG immediate past president Douglas W. Laube, MD, MEd, discusses the Fair and Reliable Medical Justice Act on Capitol Hill.

ACOG launches ‘STOP THE CUT’ campaign
Can small practices afford EMRs?

➤ PAGE 1

as pay-for-performance, that will require data to support incentives."

Dr. Chu says the implementation was challenging, but adoption was worthwhile, citing improved legibility and more complete documentation, enhanced communication between physicians and staff about patient problems, and time saved because of not having to track down charts.

Fellow Margaret A. Kelley, MD, joined her father’s solo practice in San Antonio after completing her ob-gyn training. Their two-physician practice adopted an EMR system in 2004.

“I could never go back to our old paper-based system,” Dr. Kelley said. “The practice is much more efficient now. Employees spend less time away from their desk. When patients or the pharmacy call, they can pull up the chart and see what’s going on—they don’t have to put the caller on hold and track down a chart.”

What about costs?
Both Drs. Chu and Kelley acknowledge that the change from paper to an EMR system is expensive and that the transition involves a lot of work. Although they chose different systems, they report similar start-up costs of about $50,000 per physician.

“An EMR is a must if you are interested in a more efficient office, but it will most likely not save you money,” Dr. Chu said.

Lisa Eavenson, a consultant with Gates, Moore & Company, a health care consulting firm in Atlanta, reports that initial costs can vary from $10,000 to $60,000. Expenses are higher if the practice needs to replace most of its hardware—computers, scanners, and printers.

“When we provide a three-year statement of revenue and expenses for a solo practitioner, we allow a minimum of $60,000 for the purchase of a new practice management system/EMR.

“I would advise not to implement an EMR system if you are looking for a huge return on investment or an immediate reduction in staff,” Ms. Eavenson said. “Initially, the opposite may occur. Practices have to spend more staff time ramping up to move from paper to EMR and to learn a new system, and, in general, clinicians are initially slower documenting electronically.”

Because initial costs can be a hurdle for physicians, vendors will often help physician groups get started, according to Ms. Eavenson. Dr. Kelley’s experience confirms this: Her vendor allowed the practice to schedule initial payments over a short period of time. Another common approach is for the EMR vendor to help coordinate a loan.

“Many vendors have arrangements with lenders so that physician groups can quickly establish a line of credit,” Ms. Eavenson said.

For individual physicians or groups starting a new practice, EMR costs can be included in their start-up loans. Finally, if a practice has the money available, vendors may offer a discount for cash.

Watch prices of ‘interfaces’
Ms. Eavenson advised that practices need to be especially careful about the cost of “interfaces,” the links with other computer systems used by the practice, such as those for billing, scheduling, or laboratory services.

“Interfaces tend to cost more than you think, and vendors sometimes don’t place as much emphasis on their importance as they should,” Ms. Eavenson said.

Interfacing and other features can be part of the initial implementation or added later, which simplifies the initial training process and spreads out the cost.

Dr. Chu’s EMR system linked with the practice’s billing system immediately because the group chose an EMR system from the same vendor it used for billing, a decision that discounted the initial cost of the EMR. A year later, the group set up the interface between the EMR and laboratory services, incorporating both electronic order entry and lab results into the record.

Establishing the interface with labs is the “next part of the evolution” in Dr. Kelley’s practice. Until then, the staff receives laboratory reports and scans them into the charts, so the results are accessible within the electronic record.

Dr. Kelley’s EMR is linked with appointment scheduling.

“When a patient makes a new appointment, the EMR generates a letter to the patient and a password. She can then fill out the patient history at home if she wants to.”

info
➤ On the ACOG website, www.acog.org, under “Practice Management,” click on “Health Information Technology”

ACOG has a new Health Information Technology online discussion group. At www.acog.org, click on “Online Discussion” in the “Quick Links” box on the left side of the home page

National panel helps clinicians decide on preventive services

Mammography, anemia, thyroid disease, and ovarian cancer are among more than 100 topics for which the US Preventive Services Task Force has issued evidence-based guidelines for clinicians to use in deciding what preventive services to provide. New this summer are guidelines for screening for chlamydia (see box at left).

The task force is charged by Congress to sift through the evidence and make recommendations for preventive services. ACOG is one of the task force’s “primary care partners”—professional organizations that review draft documents and help disseminate recommendations. In operation for more than 20 years, USPSTF is recognized as the premier organization for primary care recommendations, and its guidelines can be helpful to ACOG committees when developing documents. However, for ob-gyn issues, the College relies on its own expertise and evidence reviews, a process that sometimes leads to ob-gyn recommendations different from those developed by USPSTF.

Two ACOG Fellows—George F. Sawaya, MD, and Kimberly D. Gregory, MD, MPH—serve on the 16-member task force. “The task force recommendations are of great use to busy clinicians since they are hierarchically ranked,” Dr. Sawaya said. “High ratings are given to services for which there is high certainty that, if implemented, the net benefit to the population will be substantial. The task force also gives clinicians its opinions about interventions that lack sufficient evidence and are therefore not suitable for widespread implementation.”

New format created to be more user-friendly

The new chlamydia screening guidelines are the first to follow a new rating system for both evidence and recommendations and to use a new format for dissemination. One helpful change is the creation of a one-page clinical summary published with each new guideline. This was created specifically in response to feedback from clinicians who said they wanted succinct recommendations with easy-to-use formatting.

More detailed information, including clinical considerations and evidence summaries, is available online. Each new guideline will also include two tables: one describing the grading system for recommendations and one explaining how USPSTF interprets levels of certainty in evaluating the evidence (see box at left).

USPSTF recommendations are available in a pocket-sized guide and can be downloaded to a personal digital assistant. Also, an online tool allows clinicians to input individual patient risk factors and get a ranked list of recommended preventive services.

Meaning of USPSTF grades

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
<th>How to apply in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>USPSTF recommends; high certainty that the net benefit is substantial</td>
<td>Offer the service</td>
</tr>
<tr>
<td>B</td>
<td>USPSTF recommends; high certainty that net benefit is moderate, or moderate certainty that net benefit is moderate to substantial</td>
<td>Offer the service</td>
</tr>
<tr>
<td>C</td>
<td>USPSTF recommends against routinely providing the service, at least moderate certainty that the net benefit is small</td>
<td>Offer the service only if other considerations support it for an individual patient</td>
</tr>
<tr>
<td>D</td>
<td>USPSTF recommends against the service; moderate or high certainty that it has no net benefit or is harmful</td>
<td>Discourage the use of this service</td>
</tr>
<tr>
<td>I</td>
<td>Balance of benefits and harms can’t be determined; evidence is insufficient or conflicting</td>
<td>If you offer the service, patients should understand about the balance of benefits and harms</td>
</tr>
</tbody>
</table>

info

► USPSTF recommendations and complete evidence reviews: www.preventiveservices.ahrq.gov
► Chlamydia guidelines: www.ahrq.gov/clinic/uspstf/uspschlm.htm
► Free pocket-sized Guide to Clinical Preventive Services: 800-358-9295; ahrqpubs@ahrq.hhs.gov
► Tool for inputting patient risk factors and a link to download USPSTF recommendations to a PDA: www.epss.ahrq.gov
 WHY ARE GIRLS REACHING puberty at a younger age? Are the sex ratios of live births truly being altered? Have sperm counts been declining over the last several decades?

Researchers are studying whether the answers to these questions lie somewhere in the air we breathe, the food we eat, and the products we use, exposing us to a toxic mix of chemicals on a daily basis.

“Environmental issues have a profound effect on ob-gyn,” said ACOG Fellow Michele G. Curtis, MD, MPH, associate professor of ob-gyn at the University of Texas, Houston. “Our patients ask about it all the time in very subtle ways. When they ask if they can get their hair dyed when pregnant, that’s an environmental question. The general public long ago understood that what goes into making us healthy is a synergism and antagonism of a variety of forces, and the environment is a key force.”

Dr. Curtis represented ACOG earlier this year at the Summit on Environmental Challenges to Reproductive Health and Fertility, presented by the University of California, San Francisco’s new Program on Reproductive Health and the Environment and by the Collaborative on Health and the Environment.

Participants reviewed research on how environmental contaminants affect reproductive and developmental health.

One issue the summit addressed was the idea that “the dose makes the poison,” which is the basis for government regulations on the “safe” levels of toxins that can be used in everything from plastics to cosmetics. However, research has shown that this rule isn’t necessarily accurate.

“In the past, science looked for specific effects based on the dose of a chemical, but research shows that there may be effects at a low dose that we didn’t think were necessary to look for,” Dr. Curtis said. “In fact, you can have high doses that produce one effect and have low doses that have the opposite effect. We can’t think of environmental factors in linear doses anymore.”

The summit addressed endocrine-disrupting chemicals, which may be in our air and water and everyday household products.

“Endocrine disruptors are relevant to ob-gyns. What if exposure to these disruptors in utero or during childhood or puberty contribute later in life to endometriosis, PCOS, fibroids, or decreased sperm production in males?” Dr. Curtis said.

The summit’s scientific proceedings are scheduled to be published in a special supplement to Fertility and Sterility in September, and plans are under way to publish a lay monograph that will make the science accessible to the public.

To be eligible, a patient must:

- Be at least 18 years old
- Be a resident of the US
- Be screened and enrolled by her 25th week of pregnancy
- Have a BMI of 35 or less

In addition, the fetus must have:

- Myelomeningocele defect that starts between T1 and S1 (can extend below S1)
- The Arnold Chiari II malformation of the brain
- Normal chromosomes

info

- 866-275-6667; www.spinabifidamoms.com
C. difficile-associated disease may be on the rise, and a new hypervirulent strain is proving to be more resistant to fluoroquinolones.

C. difficile, a spore-forming, gram-positive bacillus that produces endotoxins, is the most common cause of infectious diarrhea in hospitalized patients. The primary risk factor is antimicrobial use. In the past, C. difficile-associated disease usually affected the elderly or severely ill patients, but in recent years there have been reports of healthy people and pregnant women—some who were not taking antibiotics at the time—becoming gravely ill.

“It is likely that ob-gyns with a busy surgical practice will increasingly encounter C. difficile-associated disease in their patients,” said Denise J. Jamieson, MD, MPH, chair of ACOG’s Committee on Gynecologic Practice and a medical officer at the Centers for Disease Control and Prevention. “Historically, pregnant women have been at low risk for developing this disease, but this may be changing.”

The Dec 2, 2005, Morbidity and Mortality Weekly Report from CDC reported 10 peripartum cases, raising concern about a possible increase of the disease in pregnancy.

Symptoms of C. difficile-associated disease include watery diarrhea, fever, loss of appetite, nausea, and abdominal pain. Newer features of the disease, as reported in MMWR, include close-contact transmission, high recurrence rate, young patient age, bloody diarrhea, and lack of antimicrobial exposure.

While fluoroquinolones have never been recommended for treatment of C. difficile-associated disease, the new strain’s resistance to these antibiotics may give it survival advantage over more susceptible strains, facilitating the spread of resistant strains in health care facilities where fluoroquinolones are commonly used, according to CDC.

The usual treatment for C. difficile-associated disease is stopping antibiotics given for other purposes and/or treating with metronidazole. However, it appears the new strain doesn’t respond well to metronidazole treatment, so CDC cautions that patients should be carefully monitored to ensure that they are responding to therapy.

ACOG SUPPORTS THE RIGHT of patients or clinicians to request a specific generic or brand-name oral contraceptive if the request is based on clinical experience or packaging or compliance concerns or if a brand OC is considered a better choice for that individual patient.

The Committee on Gynecologic Practice discusses the issue in the new Committee Opinion Brand versus Generic Oral Contraceptives, which was published in the August issue of Obstetrics & Gynecology.

Brand and generic OCs are clinically equivalent, but because the US Food and Drug Administration allows for a range of acceptable generic bioequivalence, switching from any particular OC to another may be associated with increased side effects. Though there are no clinical data on compliance differences when switching between different brands of OCs or between generic and branded, patients and clinicians have reported problems.

“The FDA considers generic and brand-name OCs to be clinically equivalent and interchangeable, and there is no evidence-based information to dispute this,” said Steven J. Sondheimer, MD, vice chair of the Committee on Gynecologic Practice. “However, some patients may perceive generic products to be less effective, so it’s important that clinicians respect patient choice and choose a pill that will lead to the best adherence rates for that individual patient. For many patients the OCs with the lowest out-of-pocket costs will be the ones most likely to be used—this is often the generic OCs.”
2007 CALENDAR

Please contact the individual organizations for additional information.

AUGUST
9-11  Infectious Diseases Society for Obstetrics and Gynecology 34th Annual Scientific Meeting
Boston
www.idsog.org
800-673-8444, ext 2570

9-12  ACOG District VI Fellows Annual Meeting
Victoria, BC
800-673-8444, ext 2530

9-12  ACOG District VIII Annual Meeting
Victoria, BC
800-673-8444, ext 2530

14  ACOG Webcast: Coding for Medicare Preventive Care Visit
1-2:30 pm ET
800-673-8444, ext 2498

SEPTEMBER
5-6  Society of Laparoendoscopic Surgeons 16th Annual Meeting and Endo Expo
San Francisco
www.sls.org
505-665-9959

16-19  ACOG District V Fellows Annual Meeting
Napa, CA
800-673-8444, ext 2574

19-29  American Gynecological and Obstetrical Society 80th Annual Meeting
Chicago
www.agosonline.org
800-673-8444, ext 2648

26-29  ACOG District I Annual Meeting
Newport, RI
800-673-8444, ext 2531

7-11  American College of Surgeons 93rd Annual Clinical Congress
New Orleans
www.facs.org
312-202-5240

8  ACOG Webcast: Negotiations with Payors
1-2:30 pm ET
800-673-8444, ext 2498

10-14  ACOG Armed Forces District Annual Meeting
Santo Domingo, Dominican Republic
800-673-8444, ext 2574

10-11  ACOG District III Annual Meeting
Santo Domingo, Dominican Republic
800-673-8444, ext 2574

November
2-7  Association of American Medical Colleges Annual Meeting
Washington, DC
800-798-8432

30-31  ACOG Armed Forces District Annual Meeting
Santo Domingo, Dominican Republic
800-673-8444, ext 2574

AUGUST
10-12  ICD-9-CM and CPT Coding Workshop
Atlantic City, NJ

16-18  The Art of Clinical Obstetrics
San Antonio

24-26  ICD-9-CM and CPT Coding Workshop
Charlotte, NC

SEPTEMBER
7-9  ICD-9-CM and CPT Coding Workshop
Houston

8-9  “No Frills” New Surgical Approaches to Incontinence and Prolapse
Atlanta

28-30  ICD-9-CM and CPT Coding Workshop
St. Louis

NOVEMBER
14-16  ICD-9-CM and CPT Coding Workshop
Los Angeles

29-Dec  ICD-9-CM and CPT Coding Workshop
New York City

DECEMBER
6-8  The Mature Woman: From Perimenopause to the Elderly Years
Chicago

For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings.”

For Coding Workshops, visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings.” Telephone registration is not accepted for Coding Workshops.

Registration must be received one week before the course. On-site registration subject to availability.

ACOG Courses
1. For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings”

2. For Coding Workshops, visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings.” Telephone registration is not accepted for Coding Workshops.

Registration must be received one week before the course. On-site registration subject to availability.

For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings.”

For Coding Workshops, visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings.” Telephone registration is not accepted for Coding Workshops.

Registration must be received one week before the course. On-site registration subject to availability.
Audio recordings of 2007 ACM courses available

Audio recordings from the 2007 Annual Clinical Meeting, held in San Diego, May 5–9, are now available as MP3 CD-ROMs and audio CDs. Recordings of ACM courses can be extremely useful for Fellows who attended the ACM as well as those who were unable to be there. Recordings are available of postgraduate courses, clinical seminars, interactive sessions, scientific sessions, current issues updates, and the presidential inauguration and convocation.

info

⇒ For a list of available products and to order: www.nationalaudiostream.com; 800-373-2952.
⇒ 9 am to 5 pm Mountain Time; refer to code 19-07

Call for participation for 2008 ACM

The ACOG Committee on Scientific Program is inviting submissions of abstracts of paper or poster presentations on any topic related to OB-GYN for the 2008 Annual Clinical Meeting, to be held May 3–7 in New Orleans. All abstracts must be submitted online.

The committee also welcomes online submission of abstracts of films for the 2008 Film Festival on topics of interest to practicing OB-GYNs. For submission details and the online application look under “Announcements” on the ACOG home page, www.acog.org.

Deadlines for online submission
⇒ Paper/poster abstracts: September 14
⇒ Film Festival abstracts: November 2

ACOG creates online resource guides

ACOG’s Committee on Health Care for Underserved Women has developed online resource guides to assist and inform health care professionals as well as patients and their families.

The resource guides are on the topics of family planning, abortion, HIV/AIDS, STDs, and cancer. Each guide provides links to sources for the latest statistics, local services, medical practice guidelines, research, training opportunities for health care providers, and advocacy.

info

⇒ Visit www.acog.org/goto/underserved and click on “Resource Guides” on the left