May 26, 2010

A Message from ACOG’s 61st President, Richard N. Waldman, MD

Let Me Introduce Myself

My name is Richard Waldman and last week I had the honor of being inducted as President of the American Congress of Obstetricians and Gynecologists. I love our specialty and pledge to do all in my power this year to lead us in ways that I hope will position us well for the challenges we face today, and in the future. I especially look forward to listening to you, and ensuring that our work addresses your concerns.

I am an ob-gyn, for the last 32 years in private practice in upstate NY. My hands-on knowledge on the issues affecting everyday practice gives me a unique perspective.

Medical Liability Reform has been my mantra for more than two decades. We all know there’s a direct relationship between the rising c-section delivery rate and our climate of legal fear. I’m proud of the strength that our President Jerry Joseph and our Executive Board demonstrated last year when we told the U.S. Congress that health care reform without liability reform is no reform at all. I pledge to carry on this same fight this year.

I have three main goals for my Presidential year:

1- To reconvene the Neonatal Encephalopathy-CP Task Force,
2- To build upon our collaborative community, and
3- To take a hard look at birth issues and evaluate how we can improve maternity care into the next decade and beyond.

Eleven years ago, ACOG President Frank C. Miller, MD, created a task force to analyze the scientific evidence related to cerebral palsy. The work of this task force was widely endorsed and its findings of the very limited link between a physician’s care and cp birth outcome have become our major defense against liability.

This year, we’ll update and revise this report, bringing together again an expert panel. We can only win in the courtroom and in the court of public opinion if we are respected for the accuracy of our science.
A Message from ACOG’s 61st President, Richard N. Waldman, MD — Cont’d

Who will deliver America’s babies? The number of residents we are producing has not increased significantly since 1993. Our static pipeline and increased need forecast a severe shortage of obstetric providers, already a reality in 49% of all U.S. counties that lack an ob-gyn.

ACOG and the American College of Nurse-Midwives will ask our members to submit papers describing successful models of midwifery and obstetric collaboration. These models of care, best practices if you will, may help provide a roadmap critical to the future of maternity care.

And we need to ensure that we’re providing the best possible care at all times. In 2008, the cesarean delivery rate reached another record high, 32.8%. At the same time, our maternal mortality ratios are increasing, reversing years of progress.

We need uniform birth certificates, outcomes data, and performance measures to help us understand how to improve care. We need to never electively induce or perform an elective c-section delivery before 39 weeks. We need to be leaders of our safety agenda, and I plan to convene a workgroup to take on this important charge.

Thank you for the opportunity to do my best for our specialty and to work closely with you. I look forward to meeting you at ACOG meetings and hope you’ll always contact me with your concerns and interests.

*Note: For additional information on President Waldman, his inaugural address and his initiatives, click here.*

This Week: Congress Considering a 3-Year Fix to Medicare Physician Payment

A 21.3% Medicare physician payment cut takes effect on June 1, unless Congress comes up with a solution. ACOG, the AMA, and other medical groups are pushing for a permanent fix through repeal of the flawed SGR formula for setting payment rates. But Members of Congress, many of them squeamish about increasing the federal deficit in an election year, are looking at shorter-term alternatives. This week, Congress takes up a compromise fix:

- **A three-year fix to payment rates.** House and Senate Democratic Leaders agreed to include certain “extenders” in a tax bill, the American Jobs and Closing Tax Loopholes Act of 2010, H.R. 4213. This compromise would avoid the 21.3% physician payment cut set to kick in on June 1 and instead give doctors a 1.3% boost through the end of the year. Physicians would then get an additional 1% increase in 2011.
The fix would offer additional increases in 2012 and 2013, based on the growth in Medicare health spending. This growth would be measured by the target growth rate formula in H.R. 3961, legislation passed by the House in 2009. The new legislation guarantees that physicians cannot see a cut in years 2012 and 2013. Primary care doctors would see higher payment boosts.

A major drawback to this compromise fix: in 2014 and beyond, the physician payment system would revert back to current law under the SGR formula, resulting in physician pay cuts as high as 37%.

Had Congress permanently solved the payment problem 4 years ago at a cost of $49 billion, it would have cost less than shorter-term remedies now under consideration. Last week, the Congressional Budget Office and the staff of the Joint Committee on Taxation issued this estimate that the net cost of the 3-year fix under H.R. 4213 would be $64.6 billion over the years 2010-2015.

The House Rules Committee is expected to take up these provisions this week, with Senate consideration to follow the House vote.

Should the 3-year fix not pass, Congress could consider other measures:

- **A five-year, $88.5 billion plan** giving physicians scheduled pay increases. This was popular among some House Democrats but may be less so among moderate Representatives and Senators due to cost.

- **A delay of the 21.3% cut until the end of the year.**

- **A one-month delay in the cuts.** Congress approved a similar short-term fix in April.

### The SGR Repeal Campaign Continues

ACOG is working hard to repeal the SGR, the flawed Medicare physician payment formula that just doesn’t work. Here’s how you can help.

- Click on our Legislative Action Center Legislative Action Center to send an email message to your legislator; or

- Call the Toll Free hotline set up by the American College of Surgeons and available to ACOG at 1-877-996-4464; and

- Use our SGR Fact Sheet;

No time to write? Your contribution will support Ob-GynPAC’s SGR Repeal Campaign.
ACOG Vice President Lawrence Testifies to Congress on Prematurity and Infant Mortality

ACOG’s Hal C. Lawrence III, MD (right), testifies at a House hearing on prematurity and infant mortality. Listening (from left) are co-panelists Alan R. Fleischman, MD, of the March of Dimes, and Charles S. Mahan, MD, of the University of South Florida School of Public Health.

Preterm Birth Rate Increases:
ACOG Calls for Comprehensive MOMS Strategy

Dr. Hal C. Lawrence III, ACOG Vice President for Practice Activities, testified on May 12 before the House Energy and Commerce Committee’s Subcommittee on Health, at a hearing entitled “Prematurity and Infant Mortality: What Happens When Babies are Born Too Early?” Dr. Lawrence will succeed Dr. Ralph W. Hale as ACOG Executive Vice President in July 2011.

Dr. Lawrence’s testimony, available here, focused on the gaps in clinical knowledge on the causes, risk-factors, and problems connected with prematurity and infant mortality. He noted:

“Preterm birth is one of the most complicated and difficult issues in obstetrics. As a Nation, we still don’t know very much about the risk factors, the causes, or prevention of preterm labor. We do know that preterm labor is the most common cause of hospitalization before birth; that there is a link between preterm birth and infant mortality; that the rate of preterm births is a growing public health problem that cuts across social, racial, ethnic, and economic groups; and that our nation must do better.”
ACOG Vice President Lawrence Testifies to Congress on Prematurity and Infant Mortality Cont’d

Dr. Lawrence recommended that Congress adopt ACOG’s MOMS (Making Obstetrics and Maternity Safer) Initiative that includes:

* NIH research to reduce premature births and focus on obesity;
* CDC surveillance and research to assist state maternal mortality reviews; modernize state birth and death records systems; and improve the Safe Motherhood Program;
* HRSA Fetal and Infant Mortality Review that brings together local ob-gyns and health departments to reduce infant mortality rates; and improve the Maternal Child Health Block grant;
* Comparative effectiveness research into preterm birth interventions and efficacy;
* Disparities research;
* Testing the obstetric medical home to address the unique issues of pregnancy; and
* Supporting quality improvement measures.

The Continuing Need for Medical Liability Reform

Dr. Lawrence also focused a portion of his testimony on the importance of medical liability reform, saying, “When addressing the issue of delivery rates, it is impossible to not also mention the medical liability problem that disproportionately targets obstetricians.” He recommended that Congress fund medical liability reforms, such as those in Texas and California, as well as early offer programs, healthcare courts, alternative dispute resolution, and birth injury compensation funds.

For a summary of all panelists’ presentations, click [here](#).

Health Reform Update

1. Check the Latest Resources on ACOG’s Online Health Reform Center

Available Now: Dr. Joseph’s ACM Presentation on What Health Reform Means for You

How will the reform law impact you, your practice, and your patients? Check ACOG’s [Health Reform Center](#) on the ACOG website, a new web page with the latest analysis, implementation timelines, and a special Q&A to download for your patients.

New to the site this week: [This Power-Point](#) by ACOG’s Immediate Past President, Gerald F. Joseph, Jr., MD, presented at last week’s ACM McCain Fellows event, What Health Reform Means to Your Practice and Your Patients. Get the inside scoop on what ACOG won in the final legislation, reforms we’re still pursuing, and facts you need to know.

Also new this week: a [letter](#) from Sen. Robert Menendez (D-NJ), thanking ACOG for help in passing postpartum depression legislation in the final reform bill.
2. More on Medicare Changes, from the Kaiser Family Foundation

The Kaiser Family Foundation has new resources examining changes to Medicare in the health reform law. The following materials are all available through the Foundation’s health reform gateway.

* **Summary of Medicare Provisions in the Health Reform Law** looks at the improvements in Medicare benefits, changes to payments for providers and Medicare Advantage plans, various demonstration projects and other Medicare provisions in the law.

* **Explaining Health Reform: Key Changes in the Medicare Advantage Program** examines the changes affecting the Medicare Advantage program. The reform law will gradually reduce Medicare payments to these plans to bring the average payment closer to the costs of traditional fee-for-service Medicare, while rewarding plans with high-quality ratings.

* **Explaining Health Reform: Medicare and the New Independent Payment Advisory Board** describes how the new board is expected to limit the growth in Medicare spending over time. Starting in 2014, if projected per capita Medicare spending exceeds targets set in the law, the board must recommend ways to reduce Medicare spending, while maintaining quality and access to care for beneficiaries. The board’s recommendations automatically take effect the next year unless Congress adopts an alternative plan to achieve an equivalent level of savings.

3. Restored Payment Rates for Bone Density Testing

Some good news for those providing dual-energy x-ray absorptiometry services (DXA scans). ACOG lobbied for and won new provisions in the health reform law that restored DXA reimbursement to 70% of the 2006 rates, effective January 1, 2010. The Centers for Medicare and Medicaid Services (CMS) will issue any retroactive payments due to providers. Read more about the process and rates on pages 3-4 of this CMS document.
ACOG Pushes Ovarian Cancer Research

In May 20 testimony before the House Appropriations Subcommittee on Defense, ACOG underscored the vital importance of a Defense Department research program on ovarian cancer. ACOG and allied organizations are calling for significant increases in federal funding to improve screening and treatment of this difficult-to-detect cancer with high mortality rates.

Mary Mitchell, ACOG’s Senior Director for Professionalism and Gynecologic Practice, testified that the Department of Defense Research Program in ovarian cancer (OCRP) fills important research gaps and will yield a high return on investment.

“We need a test like the Pap test for ovarian cancer, and the research supported by the DOD can help us get there,” said Mitchell.

Since Fiscal Year 2003, funding for gynecologic cancer research and training programs at the National Cancer Institute and Centers for Disease Control and Prevention has not kept pace with inflation. If not for the OCRP, many researchers would not have had the opportunity to begin or sustain basic and translational research in ovarian cancer.

Mitchell noted, however, that even with the OCRP, ovarian cancer research is still grossly underfunded relative to other cancers, and was cut to $18.75 million in FY 2010.

ACOG, along with the Society of Gynecologic Oncologists and the Ovarian Cancer National Alliance, recommended that the Subcommittee provide OCRP with a minimum of $30 million in federal funding for FY 2011, “to create an environment where scientific research can succeed.” You can read the testimony here.