

# Special Delivery



SOCIETY FOR MATERNAL-FETAL MEDICINE

Volume 5, Issue 5

October, 2013

## MESSAGE FROM THE PRESIDENT - [Brian Mercer, MD](#)



Brian Mercer, MD  
SMFM President

Dear Society Members,

In the forty years since Maternal-Fetal Medicine was established as a subspecialty by the American Board of Obstetrics & Gynecology we have sought to provide care to mothers and their developing fetuses for a broad range of pre-existing medical conditions and obstetric and fetal complications; to serve as leaders in the education of obstetric practitioners; and to perform the research that changes obstetric care locally, regionally, and nationally. Known for years as "Perinatologists" or "MFMs" - and sometimes confused with our pediatric counterparts - we are simply "High-Risk Pregnancy docs". We provide the extra care needed for complex pregnancies. We help to give the best chance for a healthy outcome for our patients and their families when the unexpected occurs.

We collaborate with other obstetric providers, coordinate care with adult and newborn specialists and subspecialists and share our knowledge and expertise.

Over the past three decades, a mainstay of the Society for Maternal-Fetal Medicine's efforts has been in the provision of a venue where leading obstetric research from across the world can be introduced and debated. At our Annual meeting, we have also offered postgraduate workshops, seminars, debates, and Master's roundtables to bring the leading information in obstetric care to our members and to trainees in Maternal-Fetal Medicine and obstetrics. But, the Society is much more than just an Annual meeting. Our publication efforts have resulted in SMFM papers and joint guidelines that have served to educate obstetric providers and guide management of complicated pregnancies. Through development of the Pregnancy Foundation, the Perinatal Quality Foundation, and the Association for Maternal-Fetal Medicine Management (AMFMM), the Society has supported research, education, and the clinical practice of high-risk obstetrics. All of these efforts have required hundreds of hours of volunteer work and have required the support of hundreds of Society members each year. There is more to be done.

Everyone knows what an infertility doc is. Everyone knows what a cancer doc is. For us, the lines have been sometimes blurred. Over the past decade, the Society for Maternal-Fetal Medicine has focused on providing clarity - to bring your story to legislators, public health organization, insurers, national organizations and even hospital systems - to share what Maternal-Fetal Medicine subspecialists bring to clinical care, education, and research in high-risk pregnancy. We have made inroads, as is evident by our increasing collaboration with national pregnancy organizations and the fact that we are increasingly sought out to share our knowledge regarding pregnancy issues. There is still a ways to go.

Nearly a decade ago, the Society introduced a new logo, new website, and a new look. These have served us well. But we recognize the need to improve our communication tools - both within the Society and with others. Last year, we partnered with Siddall, a marketing firm from Richmond, Virginia, to develop a new branding strategy for Maternal-Fetal Medicine Subspecialists and the Society - We are high-risk pregnancy docs. We provide needed care for complex pregnancies to improve outcomes for moms and babies. We share our expertise, our knowledge, our research to change obstetric practice. We lead.

Over the next several months you will hear more about these branding efforts and our new look. At our upcoming Annual meeting in New Orleans, we will hear from the best researchers in the world about innovations in obstetric care, reducing maternal morbidity and mortality, fetal medicine, and improving the quality obstetric practice. Our goal is to serve you, and to help you serve your patients and your referring practitioners.

Please let us know how the Society can serve you better. I look forward to seeing you in New Orleans in February 2014!

*Best wishes,*

*Brian Mercer, MD*

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# Special Delivery

SAVE THE DATE!

SMFM 34TH ANNUAL MEETING—THE PREGNANCY MEETING

HILTON NEW ORLEANS RIVERSIDE—by [Tamula Patterson, MD](#)



Bourbon Street (French: Rue du Bourbon) is a street in the heart of New Orleans' oldest neighborhood, the French Quarter in New Orleans.

DID YOU KNOW  
THAT NEW  
ORLEANS IS ONE  
OF THE TOP 3  
FOOD  
DESTINATIONS IN  
THE WORLD?  
IT IS THE HOME OF  
CELEBRITY CHEFS  
WITH FOOD THAT  
IS SO INVITING  
THAT IT BRINGS  
YOU BACK FOR  
MORE.

Get ready and pack your bags for New Orleans. When you arrive in New Orleans you will feel the historical influences that encompass the food, music and culture. You can feel the excitement in the air while enjoying a delicious bowl of gumbo, listening to amazing jazz or strolling through historic neighborhoods. There are numerous activities to partake in including festivals, music, cultural arts, the French Quarter, sports, restaurants, and architecture.

New Orleans is a place for families to enjoy. There are a variety of family attractions including the Audubon Zoo, National World War II Museum, Audubon Aquarium, French Quarter and Louisiana Children's Museum. The French Quarter has amazing shopping, tours and attractions that one can enjoy while in the city. The cultural arts abound in New Orleans with events ranging from the theater, opera, orchestra, dance and ballet, as well as museums.

Did you know that New Orleans is one of the top 3 food destinations in the world? It is the home of celebrity chefs with food that is so inviting that it brings you back for more. You may enjoy Cajun cuisine, creole cuisine or southern comfort foods. The menu may include po-boys, gumbo, jambalaya, beignets, rice and beans or the infamous bananas foster. Lastly, New Orleans has unique architectural styles that have breathtaking historic homes and buildings, New Orleans area plantations, and the gardens of New Orleans.

Dr. Cecilia Gambala is the local liaison for our upcoming conference in New Orleans. She would like to convey that "NOLA has great weather which should be in the high 60's to low 50's, food and entertainment for the entire family with a unique culture of savory food and amazing jazz music. One can take a ride down the Mississippi River by steamboat. With the conference a month before Mardi Gras, one can get a taste of the festival by visiting [Mardi Gras World](#) which is nearby. Family entertainment includes the Aquarium and Insectarium which are a few blocks from the Hilton, and the Zoo and Children's museum are only a short bus ride away. Lastly for the Foodies, there are amazing restaurants from renowned Chefs Donald Link and John Best. Some restaurant suggestions include "cousin" dining locations Cochon (restaurant) and Butcher (deli); Herbsaint for affordable lunches and upscale dinners right next to the street car line; Chef John Besh's August; Brennan Family Restaurants; Café Adelaide and the Swizzle stick bar for excellent cocktails; Rio Mar; and the best vegetarian option is Carmo."

We look forward to seeing you in one of the most amazing cities in the world!

## Important Links

Official tourism bureau

<http://www.neworleanscvb.com/visit/>

<http://www.mardigrasworld.com>

Family friendly outings:

<http://www.auduboninstitute.org/visit/>

<http://lcm.org>



Hilton New Orleans Riverside

# Volume 5, Issue 5

## ANNUAL MEETING POSTGRADUATE COURSES—*by Erica Berggren, MD*

This year's courses will be held from Monday, February 3<sup>rd</sup> through Wednesday, February 5<sup>th</sup> and span diverse, timely topics. Below, course directors preview their own courses in their own words. See what they have to say, and start planning your trip!

### MONDAY, FEBRUARY 3<sup>rd</sup>

#### **Obstetrics Controversies and Debates:** *Baha Sibai, MD and Alison Cahill, MD*

Clear as mud! Always one of the most popular courses, this year promises to be no different. Please join us to hear some of our favorite speakers debate current maternal-fetal medicine dilemmas such as optimal delivery timing for PPROM, utility of serial cervical lengths, universal post-cesarean anticoagulation, and whether serum screening for aneuploidy is obsolete.

#### **Diabetes and Pregnancy:** *Mark Landon, MD and Celeste Durnwald, MD*

What's old is new again: Although screening for GDM in pregnancy is routine, the method in which to screen and diagnose GDM is controversial. Through an evidence-based review, we will discuss the risks/benefits and advantages/disadvantages for both the 1-step and 2-step methods. Other timely topics such as oral hypoglycemics and newer insulin formulations will be addressed. Long-term implications of a GDM pregnancy on maternal and fetal health will be explored.

#### **Clinical Pearls in Fetal Cardiology:** *Wesley Lee, MD, and Helena Gardiner, MD, PhD*

Please join us for this half-day event with our outstanding faculty. Topics will include a fetal cardiac screening update, segmental approach to fetal echocardiography, fetal cardiac evaluation of twin-twin transfusion syndrome, practical applications for 3D/4D fetal echocardiography in the MFM practice, and prenatal diagnosis/coordination of care for fetuses affected by congenital heart disease. This state-of-the-art half-day course is particularly designed to provide health care specialists with updated information about the diagnosis and management of pregnancies complicated by congenital heart disease.

#### **Prenatal Genetics in Clinical Practice:** *Lorraine Dugoff, MD and Jeffrey Kuller, MD*

Perinatal genetics is the most rapidly changing field in our subspecialty. We have assembled a fantastic group of experts. Our course will include a debate on whether microarray should replace conventional karyotyping at the time of invasive prenatal diagnosis, a review of duplication and deletion syndromes, a lecture on the challenging issue of evaluation of fetal skeletal dysplasias, a discussion of the role of expanded carrier testing for genetic diseases, and an overview of sex chromosome abnormalities that may be brought to attention either by non-invasive or invasive prenatal diagnosis. This course will bring the attendee up to date on these hot topics in perinatal genetics.

### TUESDAY, FEBRUARY 4<sup>th</sup>

#### **Quality Improvement and Patient Safety in Maternal-Fetal Medicine:** *Christian Pettker, MD, and Shad Deering, MD*

While there is nothing more important to a physician than patient safety, there is also almost nothing more difficult to control or objectively assess. Nationally recognized experts in the field will present the latest evidence for how to improve patient safety in obstetrics and discuss published and ongoing research into the use of checklists, teamwork training, simulation, and how other specialties and industries are tackling these same issues. Come ask your questions and share your experiences. Plan to leave armed with a clear idea of how to improve safety in your practice.



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## POSTGRADUATE COURSE OVERVIEW—continued



### **Fetal Monitoring 2014: Where are we?** Sean Blackwell, MD, and Tom Garite, MD

The controversies over the NICHD Category system and the soon to be released 2<sup>nd</sup> edition of the Neonatal Encephalopathy monograph have rekindled interest in issues and research regarding Electronic Fetal Heart Rate Monitoring. A faculty with demonstrated expertise and great experience in research and teaching in EFM will cover many of the most important topics on the current technology and its limitation, new approaches to interpretation of the FHR, on the subject of fetal brain injury and critically review the most current and past literature on this topic.

### **Management of Periviable Preterm Birth:** Cynthia Gyamfi, MD and Hy Simhan, MD

There is likely no area within our field with such a wide variety of acceptable practice as in the management of a periviable pregnancy. Often, personal opinions, ethics, and perceptions of long-term outcomes come into play. Research has shown that the providers' opinion on outcomes dictates perinatal survival. Come hear from experts in the field on the quandaries, ethics, and updated data on the outcomes related to periviable preterm delivery.



### **Obesity in Pregnancy:** Judette Louis, MD and Joey Biggio, MD

Caring for the obese pregnant woman is an increasingly difficult problem in obstetrics and maternal-fetal medicine. This course will present an evidence-based approach to assessing and addressing the risks of co-morbid conditions for the mother, both during and following pregnancy. In addition, we will discuss the evidence of strategies aimed at making the best of a challenging situation by minimizing gestational weight gain and optimizing obstetric management strategies.

## WEDNESDAY, FEBRUARY 5<sup>th</sup>

### **Clinical Pearls in Fetal Imaging:** Honor Wolfe, MD and Marcie Treadwell, MD

It is the little tips, the different way of looking at something, the "I learned this over the years" type of information that takes our scanning to the next level. This course will give important ultrasound findings for subtle and unusual fetal diagnoses in the fetal brain, thorax, fetal heart, genitourinary system and for the use of fetal Doppler. Correlation of prenatal and postnatal findings are included to improve both diagnosis and patient counseling. Time is allotted for case review and questions.



### **Critical Care and Emergency Obstetrics:** Luis Pacheco, MD and John Barton, MD

Acute medical and surgical emergencies in pregnancy and postpartum periods are the leading worldwide cause of maternal mortality and morbidity. There has been a substantial increase in the incidence of these emergencies secondary to the change in demographics of women in pregnancy, as well as changes in obstetrical practice. It is important that healthcare providers provide a step-by-step approach to the diagnosis and management of these emergencies with emphasis on anticipation and preparation, all of which will be provided in our course.

### **Twins, Triplets, and Beyond: Evidence-based Care for Multiple Gestations:** Bob Silver, MD and Julie Moldenhauer, MD

With special thanks to our colleagues in reproductive endocrinology we are all constantly faced with multiple gestations. This course will review all of the latest data and current controversies regarding multiples. These include early sonogram, embryo reduction, genetic screening and testing, prevention and treatment of preterm birth, twin-twin transfusion syndrome, monoamniotic twins, TRAP sequence, FGR, obstetric management, timing of delivery, and route of delivery. The faculty is terrific and includes many of the leading authorities in the field. Don't miss this comprehensive overview of twins, triplets and beyond.



## WEB & MOBILE TECHNOLOGY FOR THE MFM PROVIDER—by [Christina S. Han, MD](#)

### Part 1: Dropbox and EverNote

As the 2014 mandate for electronic medical records rapidly approaches, healthcare providers are becoming increasingly aware of the necessity and potential advantages that come with technological advances. Many web and smartphone-based applications have been developed that can enhance the productivity and efficiency of the clinician, administrator or scientist. With this new column in *Special Delivery*, we will curate the most innovative and well-rated applications for our readers. The chosen programs will target relevant clinical references, cloud computing, communications, coding, relevant organizations, and social networking.

Our first two applications, Dropbox and Evernote, epitomize the power of cloud computing. Cloud computing is the use of large servers to store data in “the cloud”, which can then be accessed, edited, and transferred anywhere via the Internet. These two free services can help make your clinical practice, administrative roles, or personal life more organized and efficient.

#### DROPBOX:

- What is Dropbox? Dropbox epitomizes cloud computing. It’s a way for you to store your important documents, access the documents from multiple devices, and securely share of the documents with others.
- Dropbox is NOT HIPAA-compliant. Even though it is “secure”, you should not put patient confidential information on it.
- What are some examples of its uses?
  - ◊ Store your ultrasound nomograms and easily access from your various devices and/or offices
  - ◊ Store your important documents, such as a copy of your medical license, articles to be read, or a PowerPoint presentation
  - ◊ Share and edit documents with other members of your team or practice
  - ◊ Store or back-up your family photos and videos
- On what devices can I use Dropbox?
  - ◊ Desktop via a web browser or a special folder created in your computer
  - ◊ Laptops
  - ◊ Smart phones
  - ◊ Tablet devices
- How much storage do I get? Every user gets 2GB of free online storage space.
- Where do I find this service? Dropbox can be accessed and downloaded here: <https://www.dropbox.com/>



#### EVERNOTE:

- What is Evernote? “Evernote makes it easy to remember things big and small from your everyday life using your computer, phone, tablet and the web,” says the company website.
- What are some examples of its uses?
  - ◊ Take notes during grand rounds, conferences, or a CME course
  - ◊ Store documents
  - ◊ Save favorite webpages
  - ◊ Share your notes and collaborate with colleagues
  - ◊ Access and edit your to-do list anywhere
  - ◊ Keep all of your itineraries, confirmations, scanned travel documents, maps, and plans in one location for your next conference
  - ◊ Store favorite recipes
- On what devices can I use Evernote?
  - ◊ Desktop via a web browser or a special folder created in your computer
  - ◊ Laptops
  - ◊ Smart phones
  - ◊ Tablet devices
- Download here: <https://www.evernote.com/>
- Evernote is NOT HIPAA-compliant.



Our next edition will feature applications to help improve communications, including ways to scan documents with your phone or fax a document without a fax machine. If you have any apps that you use regularly and would like to share with other *Special Delivery* readers, please feel free to email the ideas to [ChrisHanMD@gmail.com](mailto:ChrisHanMD@gmail.com) or tweet them to @Chris\_S\_Han.

## Special Delivery

### CODING FELLOWSHIP CREATED BY SMFM BOARD—by [Andy Helfgott, MD](#)



THE SOCIETY FOR MATERNAL FETAL MEDICINE IS PLEASED TO ANNOUNCE THE CREATION OF AN "SMFM CODING FELLOWSHIP." THE CODING FELLOWSHIP IS AVAILABLE TO FIRST YEAR FELLOWS IN TRAINING AFTER AN APPLICATION AND SELECTION PROCESS. THE CODING FELLOWSHIP IS DESIGNED TO SUPPORT A FELLOW IN TRAINING WHO WILL BE SELECTED FOR PARTICIPATION IN THE ACTIVITIES OF THE SMFM CODING COMMITTEE.

The Society for Maternal Fetal Medicine is pleased to announce the creation of an "SMFM Coding Fellowship." The Coding Fellowship is available to first year fellows in training after an application and selection process. The Coding Fellowship is designed to support a fellow in training who will be selected for participation in the activities of the SMFM Coding Committee. The Coding Fellowship will support a one time attendance to an SMFM Coding Conference.

In recent years the SMFM has encouraged the participation of fellows in training on SMFM Committees. Each committee has appointed a fellow in training to its membership as an active member to participate in Committee activities and to get a better understanding of how committees further the mission, vision and values of the organization. In 2012, the [Coding Committee](#) appointed its first fellow in training to active membership. To those who are not familiar with the activities of the Coding Committee, its mission is to educate the members in regards to correct coding and billing for MFM services. The Coding Committee has been involved with the development and implementation of ICD-9 disease classification codes and the development of CPT codes. In addition, the Committee has developed numerous White Papers and Coding Tips to help assist SMFM members understand the complexities of coding and billing for MFM services and to be appropriately compensated for services provided. Obviously there are many nuances to the coding and billing process. The information is not necessarily obvious and is open to many different interpretations amongst experts in the field. As such, most members of the SMFM Coding Committee have the requisite experience and expertise in this area. This does not mean all members agree on all the questions posed, however, there is extensive experience in the field and generally a consensus can be reached based on membership experience, expertise, interpretation etc. as one can imagine this process can be time intensive. It also makes for very interesting conference calls and list serve chatter!

After appointing the fellow in training member to the Committee it became apparent that these individuals did not have the requisite experience nor expertise in the subject matter discussed. This is not surprising as most fellows have minimal education in Coding and Billing. As a matter of fact greater than 90% of fellows in training have identified this as a major deficit in their training. Having fellows participate in committee activities when totally lost is frustrating and counterproductive. The fellows became overwhelmed due to their lack of exposure and training in the realm of coding and billing for services provided and felt unprepared to participate adequately in the committee activities. It was generally felt that there was a 12-18 month learning curve before the fellows felt comfortable enough to participate in the committee activities. Given this crucial feedback the leadership of the Coding Committee felt that participation in an SMFM Coding Course would be of significant benefit to incoming fellow-in-training members. Unfortunately, finances being what they are for most fellowship programs, there were no funds to support such an effort. As a result, the SMFM Coding Committee petitioned the Board to support the goal of a Coding Fellowship which will allow fellows in training to participate on the Coding Committee and obtain the training required for meaningful activities on the committee. This request was approved at the recent SMFM Interim Board Meeting in July 2013.

The Coding Fellowship will work as follows -

Incoming fellows in training who are interested in serving on the Coding Committee will apply for membership within the first three months of fellowship. An application with supporting documents will be submitted to a selection committee comprised of members from the Coding Committee (1) the Fellowship Committee (1) and the SMFM Board (1) who will review the application and supporting documents. The fellow selected will be appointed to the Coding Committee in January. The expectation is that the fellow will serve on the committee

### CODING COMMITTEE—continued

for the duration of their fellowship. In the spring, following their selection to the committee, they will be enrolled to attend the SMFM Spring Coding Course for that year. SMFM will waive the Coding course dues. The SMFM Coding Fellowship will financially support attendance to the Coding Course, allowing up to \$750-1000 for travel, hotel and meals during the course. Active participation in the committee's activities will commence in July following participation in the course and last for the two years remaining of fellowship training. Obviously if interested and selected for membership the fellow can continue participating in Coding Committee activities.

In order to satisfactorily complete the Coding Fellowship the participant will need to agree to certain requirements. This would include:

1. Successfully participate in answering coding and billing questions in conjunction with an active Coding Committee member as is currently expected from Committee members
2. Formulate a topic for a Coding White Paper on a pertinent topic for Publication on the SMFM Coding Website
3. Formulate a Coding Tip on a relevant SMFM coding/ billing topic for publication of the SMFM Coding Website.

*(Please note the requirements listed above are expected of active members of the SMFM Coding Committee during the course of their three year term)*

The Coding Fellowship is supported financially in its entirety by the SMFM. It is expected to be awarded every three years. A number of members of the Coding Committee have expressed interest in supporting the Coding Fellowship by directing donations to the organization specifically for this purpose. Other members interested in supporting this fellowship can do the same.

*In this time of uncertain futures and an ever changing landscape of reimbursement for medical services, keeping abreast of changes through education regarding the process of reimbursement is of paramount importance. The development of a Coding Fellowship by SMFM to further the education of future providers of Maternal Fetal Medicine services will ensure that upcoming generations will continue to remain at the cutting edge of coding and billing for services. Kudos to the leadership of SMFM for recognizing the need and taking appropriate steps to ensure that these needs will be addressed.*



## THE POWER TO KNOW SOONER



PreeclampsiaScreen™ I T1 is a first-of-its-kind biochemical screening test that enables accurate detection of patient risk for **early onset preeclampsia**.

- Offered by PerkinElmer Labs/NTD – a pioneer in prenatal screening with over 30 years' experience
- Allows for early identification of asymptomatic, high risk patients
- Can enable earlier intervention and management of the pregnancy
- NYSDOH-approved laboratory-developed test

**To learn more about preeclampsia and this screening test, please view the webcast:**

"First Trimester Screening for Early Onset Preeclampsia," featuring Garrett Lam, MD.

[www.preeclampsiawebcast.com](http://www.preeclampsiawebcast.com)

**PerkinElmer** Labs  
NTD

[www.ntdlabs.com/preeclampsia](http://www.ntdlabs.com/preeclampsia)

# Special Delivery

## FELLOWS CORNER—by [Erica Berggren, MD](#)

### First Year Fellow Retreat



IBM Dolce Conference Center

First year MFM fellows are once again headed to the MFM Fellow Retreat, to be held at the IBM Palisades Executive Conference Center in Palisades, NY, October 26–28, 2013. This 2 ½ day event, sponsored by SMFM, the Pregnancy Foundation, and the Gottesfeld-Hohler Memorial Foundation brings together Fellows and dedicated Faculty from around the country in an informative, but casual atmosphere.

Large and small group sessions cover topics such as navigating research, developing mentor relationships, choosing career paths, and balancing work and life, among many others. Dr. Edward Quilligan, this year's "Legend in MFM", will give a talk on "The History of Maternal-Fetal Medicine". Outside of these group sessions and talks is even more time for food, drink, and recreation, giving fellows a chance to spend time with senior clinicians and researchers and begin to develop bonds with their own class. Faculty considers it an honor to be part of your introduction to the SMFM family and look forward to meeting you there.

### NICHD UPDATE: NICHD YOUNG INVESTIGATOR CONFERENCE—by [Lynn Yee, MD](#)

From August 14-17th, fellows in Maternal-Fetal Medicine, Reproductive Endocrinology, and Neonatology met at the 25th Annual NICHD Young Investigator Conference in Itasca, IL. The conference, held at the Eaglewood Resort and Spa, provided an opportunity for fellows to gain an in-depth, hands-on perspective on funding and research. NICHD Director, Dr. Alan Guttmacher, welcomed the group with an insider's overview of the National Institutes of Health. Dr. Cathy Spong discussed NIH research support for young investigators.

Other lectures included strategies for successful grant applications, updates on prenatal diagnosis, study section ins and outs, clinical trial design, and balancing research, clinical work, and family in an academic career. On Saturday, August 17, the Butterfield Award Lecture was given by Dr. Robert Goldenberg on the health of women and infants in developing countries. SMFM faculty in attendance included Uma Reddy, Elizabeth Thom, Ronald Wapner, and Hy Simhan.

MFM fellows worked together in a clinical trial workshop aimed at designing a trial of delayed cord clamping versus cord milking. Fellows also participated in mock study sections led by established investigators and NIH staff. Attendees had the chance to mingle with faculty and seek advice about life in academic careers during meals and informal gatherings.

"THE NICHD CONFERENCE WAS WONDERFUL. IT WAS A GREAT OPPORTUNITY TO LEARN ABOUT THE PROCESS OF GRANT WRITING, GRANT REVIEW, AND DEVELOPMENT OF AN ACADEMIC RESEARCH CAREER. I APPRECIATED THE FACULTY'S WILLINGNESS TO SHARE THEIR PERSONAL RESEARCH CAREERS."

KARA HOPPE, 2ND  
YEAR MFM FELLOW AT  
UNIVERSITY OF WA



AMFMM UPDATE—by [Brian Iriye, MD](#)

Why the Patient Benchmarking Study is So Important

Over the last several months, we have initiated a patient benchmarking study of practices across the United States. The AMFMM Benchmarking Survey is proving itself a very important process in the evaluation of your practice and physicians. We have stressed the importance of a specialty benchmark versus a national benchmark of all physicians and this information is starting to show striking differences in a patient’s satisfaction with their care (commonly described in the question “Would you recommend the provider to others?”). Nationally, the five most important questions for all specialties combined are:

- 1. Thoroughness of the exam
- 2. Taking time to answer your questions
- 3. The courtesy of the person that took your call
- 4. Willingness to listen carefully to you
- 5. Getting care for illness/injury as soon as you needed it

Meanwhile, for Maternal-Fetal Medicine practices, the 5 most important drivers of patient satisfaction are:

- 1. Getting care for illness/injury as soon as you needed it
- 2. Keeping you informed if your appointment time was delayed
- 3. Ability to obtain prescription refills
- 4. Advice on ways to stay healthy
- 5. Easy to follow signage and directions

As you can see, 4 of the 5 MFM specialty benchmarks are different from national benchmarks and if a practice examined and acted upon national criteria, it may not improve your MFM patient satisfaction. In comparison to national benchmarks, the following slide shows how most MFM practices perform in comparison to national benchmarks for these 5 questions and levels of statistical significance are shown.

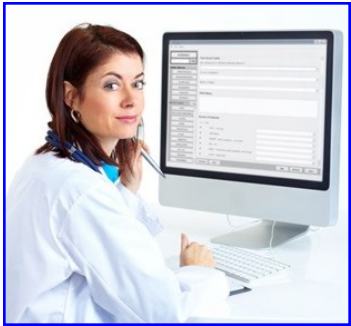
Would Recommend Provider to Others		
SullivanLuallin Group HEALTHCARE CONSULTING A Patient Experience Transformation Company		
#	Specialty Benchmark	Compared to National
1	Getting care for illness or injury as soon as you needed it	+0.08*
2	Keeping you informed if your appointment time was delayed	-0.22*
3	Your ability to obtain prescription refills	+0.09*
4	Advice given to you on ways to stay healthy	+0.13*
5	Signage and directions easy to follow	-0.04**

\* p<0.05    \*\* p<0.10

Transform the Patient Experience 3



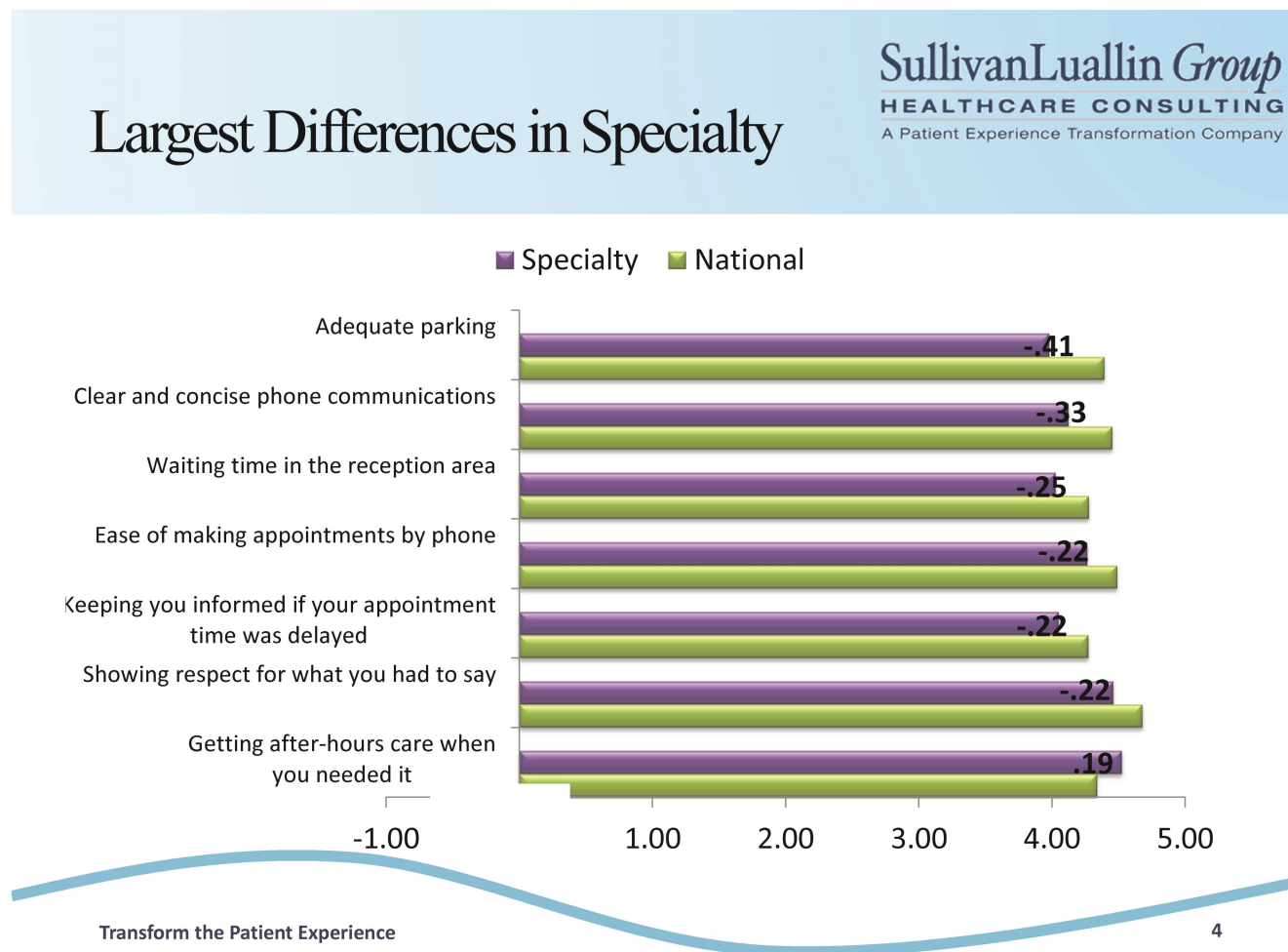
“WE HAVE STRESSED THE IMPORTANCE OF A SPECIALTY BENCHMARK VERSUS A NATIONAL BENCHMARK OF ALL PHYSICIANS AND THIS INFORMATION IS STARTING TO SHOW STRIKING DIFFERENCES IN A PATIENT’S SATISFACTION WITH THEIR CARE. . ”



Finally, we have been able to initially show in 5 questions where the average MFM practice is different from national benchmarks on the following slide, where for only one question does our specialty perform better.

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AMFMM UPDATE—continued



As you can see, the data from this benchmarking study is compelling and will allow you to drill down and improve on areas of your practice that make a true difference in patient satisfaction. If you are an AMFMM member practice, this survey is FREE. If you are not an AMFMM member practice you can easily join at [www.AMFMM.com](http://www.AMFMM.com). Membership is based upon group size and ranges from \$300-\$600 depending upon your group size. Performing a similar survey would cost \$500-\$1000 per physician.

You can join the study thereafter at: <http://www.amfmm.com/PatientSurveyProgram.aspx>

Take the time now to join AMFMM and participate in this survey that can give you the key information to improve the patient experience and satisfaction at your practice. The survey will be open only for a short period of time so expedite your participation now.

### DR. MARY D'ALTON APPOINTED AS CHAIR OF THE PREGNANCY FOUNDATION'S BOARD OF DIRECTORS

[The Pregnancy Foundation](#) is pleased to announce that Dr. Mary E. D'Alton, MB, BCh, BAO, FCRSC, FABOG has agreed to assume the position of Chair of the Pregnancy Foundation Board.

Dr. D'Alton succeeds Dr. Tom Garite, who has steadfastly advocated for our patients and the future of our discipline during his tenure as Foundation Chair. Under his leadership, the Foundation expanded its Scholars and Mini-sabbatical Programs, introduced the Literature Alert Series and Silent Auction, and introduced the Quilligan Scholars Program, among other initiatives. We are indebted to Dr. Garite, and thank him for his work on our behalf.

Dr. D'Alton currently serves as Willard C. Rappleye Professor of Obstetrics & Gynecology, the Virgil T. Damon Professor, Chair of the Department of Obstetrics & Gynecology, Director of Services for the Sloane Hospital for Women; Columbia University Medical Center. Dr. D'Alton has served on the Pregnancy Foundation's Board of Directors, and has led the Scholarly Activities Committee, which is responsible for selecting and mentoring our scholars. A past president of the Society for Maternal-Fetal Medicine and the American Gynecologic and Obstetrical Society, Dr. D'Alton has contributed to numerous efforts to improve quality and care in obstetric practice. She has actively participated in the development of educational programs related to the NTQR program, spearheaded the collaborative "Putting the M back in MFM" initiative, is a leader in national efforts to reduce maternal mortality and serious morbidities and to define the major causes of neonatal encephalopathy and cerebral palsy. Dr. D'Alton's research in prenatal diagnosis and efforts to advance policy development, research, and clinical practice have led to national recognition, including the Lifetime Achievement Award of the Society for Maternal-Fetal Medicine.

This is a very exciting time for the Pregnancy Foundation. Under Dr. D'Alton's leadership, we will consider new opportunities to accomplish our primary mission of improving pregnancy outcomes for all mothers and babies through scholarship opportunities in research and clinical education for Maternal-Fetal Medicine physicians.

Please join us in welcoming Dr. D'Alton as Chair of the Pregnancy Foundation Board and in wishing her the best in this position.

*Sincerely,*

*The Pregnancy Foundation Board of Directors*



Dr. Mary D'Alton has been appointed Chair of the Pregnancy Foundation Board

### HOT OFF THE PRESSES FROM THE SMFM PUBLICATIONS COMMITTEE

[Fetal blood sampling. Berry S, Stone J, Norton M, Johnson D, Berghella V for SMFM. Am J Obstet Gynecol 2013; 209\(3\): 170-80.](#)

[Isolated echogenic intracardiac focus. Moyer K, Goldberg JD and SMFM. Contemp OB/GYN 2013; 58\(8\).](#)

#### Publications





Society for Maternal-  
Fetal Medicine

SOCIETY FOR MATERNAL-FETAL MEDICINE

## IMPORTANT DATES TO REMEMBER

409 12th Street, SW  
Washington, DC 20024

Phone: 202-863-2476  
Fax: 202-554-1132  
E-mail: [smfm@smfm.org](mailto:smfm@smfm.org)

### SMFM Academy for Leadership and Development

October 11—13, 2013

Denver, CO

[www.SMFM.org](http://www.SMFM.org)

### Coding for Maternal-Fetal Medicine

October 17—18, 2013

Philadelphia, PA

[www.SMFM.org](http://www.SMFM.org)

## ABOG EXAM DEADLINES

<http://www.abog.org/>

### 2014 MFM Written Exam Application Deadline

October 18, 2013

### 2014 MFM Oral Exam Fee Deadline

October 31, 2013

### MOC Application Completion Deadline

November 15, 2013

### MFM Written Exam Application 2nd Deadline

November 18, 2013

### MOC Answers to Questions Deadline

December 15, 2013

<http://www.abog.org/>

### SMFM 34th Annual Meeting—The Pregnancy Meeting™

February 3—8, 2014

New Orleans, LA

[www.SMFM.org](http://www.SMFM.org)

**We're on the Web!**

[www.SMFM.org](http://www.SMFM.org)

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**LOOK FOR THE NEXT ISSUE OF SPECIAL DELIVERY IN DECEMBER 2013!**