

# Special Delivery



SOCIETY FOR MATERNAL-FETAL MEDICINE

Volume 5, Issue 4

August, 2013

## MESSAGE FROM THE EXECUTIVE VICE PRESIDENT - [Dan O'Keeffe, MD](#)



Dan O'Keeffe, MD  
SMFM Executive Vice President

Dear SMFM Members,  
All the staff and Board of SMFM are hoping you are having a wonderful summer!

Our big event of the summer was the Interim Board meeting held July 17-20<sup>th</sup>. A major emphasis at the meeting was the SMFM branding initiative. We had a team from our branding consultants, Siddall, at the meeting to go over their findings, recommendations, and plans to move forward. This plan was reviewed, discussed, adjusted and ultimately approved. All are very excited about our upcoming new logo and website with improved functionality and a more

uniform message. Drs. Alison Stuebe and Bill Goodnight are doing a wonderful job moving this along.

The chairs of all the SMFM committees presented what their committees have accomplished in the last 12 months and their future plans. These committees are the "Action Teams" of the Society and do a remarkable job of moving the SMFM strategic plan along. We thank all the chairs and committee members for their wonderful work.

SMFM continues to collaborate with other organizations on the **Maternal Health Initiatives** and the **Levels of Maternal Care** projects. These initiatives are moving along nicely and you will hear more about them in the fall.

The Board has started three new initiatives:

- ♦ Forming MFM leadership groups at State and local levels

- ♦ Exploring how MFM's can work with and help inpatient OBs and laborists
- ♦ Creating a workshop at the annual meeting where OB providers and OB Information Technology companies come together and discuss the standardization in OB EMRs to facilitate collection and retrieval of data.

Even though it is summer, the staff and Board continue to work hard advancing the SMFM Mission.

Please enjoy the rest of your summer and thank you for all your support!

*Best,*

*Dan*

"SMFM CONTINUES  
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WITH OTHER  
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THE MATERNAL  
HEALTH INITIATIVES  
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MATERNAL CARE  
PROJECTS."

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# Special Delivery

## INTERVIEW WITH HILARY ROEDER, MD

RECIPIENT OF THE AAOGF AND PREGNANCY FOUNDATION SCHOLARSHIP AWARD—BY [KIMBERLY GREGORY, MD](#)



Dr. Hilary Roeder

DR. ROEDER IS CURRENTLY A THIRD-YEAR FELLOW IN MATERNAL FETAL MEDICINE AT THE UNIVERSITY OF CALIFORNIA, SAN DIEGO. AT THE CONCLUSION OF HER FELLOWSHIP, SHE WILL ALSO HAVE EARNED HER MASTER'S DEGREE IN CLINICAL RESEARCH AT UCSD.



Hilary Roeder, MD is the recipient of the 2013 American Association of Obstetricians and Gynecologists Foundation (AAOGF) and Pregnancy Foundation Scholarship. She is the 11th person to have received this esteemed award. For her research project, entitled “Treating Prediabetes in the First Trimester: A Randomized Controlled Trial,” she is currently recruiting patients who screen positive for prediabetes based upon an elevated HbA1c or fasting plasma glucose and subsequently randomizing them to intervention with education, diet, and medications if needed, in either the first or third trimester. Her primary outcome is umbilical cord c-peptide and she is also interested in comparing neonatal fat mass, maternal gestational weight gain, return to prepregnancy weight, and differences in biomarkers such as Sirt-1 and adiponectin between arms in the study.

Dr. Roeder is currently a third-year fellow in Maternal Fetal Medicine at The University of California, San Diego. At the conclusion of her fellowship, she will also have earned her Master’s Degree in Clinical Research at UCSD. She has been an avid proponent of resident education and founded and co-chaired the residency mentorship committee during her residency at Duke University. Similarly she is interested in the politics of medicine as evidenced by her involvement with the American Congress of Obstetricians & Gynecologists (ACOG) as Vice Chair and Chair of her section and District during residency, and is currently on the Society Maternal Fetal Medicine (SMFM) membership committee as the fellow representative. We recently had an opportunity to talk about life, research, and any advice she would like to share with senior and junior members.

### ***What got you interested in your research project relating to diabetes?***

As I transitioned from residency in North Carolina to fellowship in California, I was immediately struck with the differences in how patients with gestational diabetes were managed. After delving into the literature, I could not believe how little data there was to support any particular strategy for glycemic control, e.g. when and how to screen. After I learned that the California Diabetes and Pregnancy Program was recommending first trimester screening for all patients, I became intrigued with this approach and wanted to further investigate its effectiveness. My research mentors Drs. Thomas Moore and Sandy Ramos encouraged me to think about clinical research and my study design and the project developed from there.

### ***What skills are you learning or need to learn to continue you on your path? Did the scholarship help facilitate this?***

I am very junior in my field and definitely need research and career mentors along the way. I just returned from the annual AAOGF scholar retreat and the amount of support and mentorship available to me by both the other more experienced scholars as well as the faculty members of the committee is immense. They will be the key to achieving future funding and the support from AAOGF and SMFM

### INTERVIEW WITH DR. ROEDER—continued

will make it possible for me to continue along the path of academic medicine. Because of the scholarship, I will be able to complete my Master's degree at UCSD in clinical research and gain specific research training in the realm of epidemiology, biostatistics, study design, and ethics. I am very grateful for this opportunity, as it will make it possible for me to gain more independence and design and run better trials in the future.

***Was there a defining moment or person that paved your way, or gave you insight as to the direction you should/would take with your career?***

A pivotal moment was Dr. Uma Reddy's presentation on research funding at the First-Year Fellow Retreat sponsored by SMFM. She presented information on the NIH R03, and I thought that would be a great way to get my RCT started. From that point forward, I continued to look for additional mechanisms of funding and when my program director and chairman passed along the application for the AAGF scholarship I knew it was an opportunity I could not pass up.

***What advice would you give to MFM attendings interacting with residents and fellows?***

Their support is invaluable, and residents and fellows really look to them for advice and research and career planning. We really appreciate how available and accessible they are, and hope they will continue this in the years to come as we all become junior faculty. I cannot emphasize enough the importance of mentorship. Get residents and fellows involved early and often.

***What advice do you have for fellows who just started in July?***

Be proactive. Seek projects and mentors early. Get advice from current and past fellows. Find out who is good to work with at your program. People want to help you succeed. Get everything you can out of the First-Year Fellow Retreat – listen carefully to the talks, get to know the faculty and especially your peers. Your first year class will be your cheerleaders throughout fellowship and beyond. It is beneficial to have a network of colleagues all over the country and to be able to compare experiences and to help each other with the job search. Also, take advantage of other conference opportunities such as the NICHD grant writing workshop and meet our neonatology fellow counterparts at the AAP perinatal conferences. Be organized and use your research time wisely as you may never have another opportunity for so much dedicated time again. It is easy to let time and days slip by, so make goals and set timelines, and stick to them.

“GET EVERYTHING  
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THE FIRST-YEAR FELLOW  
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YOUR PEERS. YOUR  
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WILL BE YOUR  
CHEERLEADERS  
THROUGHOUT  
FELLOWSHIP AND  
BEYOND.”



# Special Delivery

## ICD—10 READY OR NOT . . . HERE IT COMES—by [Andy Helfgott, MD](#)



THE IMPLEMENTATION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES-10 (ICD-10) IS SCHEDULED FOR OCTOBER 1, 2014. WHILE THERE HAS BEEN SOME DISCUSSION OF DELAYING IMPLEMENTATION FOR ANOTHER YEAR THE OVERWHELMING LIKELIHOOD IS THAT THE IMPLEMENTATION OF ICD-10 WILL MOVE AHEAD AS PLANNED.

### The Top Ten List of Things You Need to Know

The implementation of the International Classification of Diseases-10 (ICD-10) is scheduled for October 1, 2014. While there has been some discussion of delaying implementation for another year the overwhelming likelihood is that the implementation of ICD-10 will move ahead as planned.

This “ICD-10 Top Ten List of Things to Know” is provided to remind practitioners of the approaching deadline and the importance of taking actions to be prepared.

#### 1. Making the Transition to ICD-10 Is Not Optional

Covered entities are required to adopt ICD-10 codes for services provided on or after October 1, 2014.

#### 2. Benefits to ICD-10-CM:

- ICD-10 provides more specific data, *specifically in the field of MFM*
- Improved ability to measure health care services
- Increased sensitivity when refining grouping and reimbursement methodologies
- Enhanced ability to conduct public health surveillance
- Decreased need to include supporting documentation with claims
- Diagnosis code options are expanding from approximately 14,000 to 68,000

#### 3. Concerns Regarding ICD-10-CM:

- Expected loss of productivity by Clinicians
- Concerns regarding the need for clinical documentation and the documentation methodology
- Significant decreases in coder productivity *at the initial implementation*
- Cost of implementing electronic health records compatible with ICD-10
- Practice costs of implementing ICD-10
- Significantly greater level of detail that will impact on practice management, billing, workflow and quality reporting

#### 4. Understanding IT and Electronic Health Record Capabilities

An extensive and thorough evaluation and understanding of the technological requirement to implement ICD-10 is crucial. The EHR utilized must facilitate the implementation of ICD-10-CM.

#### 5. Criteria for Evaluating ICD-10 Vendors

Any outside vendor your practice uses plays an important role in a smooth transition to ICD-10. Choose wisely.

#### 6. Planning

The MOST CRUCIAL component of ICD-10 implementation process includes planning. A detailed and all encompassing plan must be developed before any steps taken to implement the system. BE PROACTIVE

#### 7. Implementation Process

A detailed and well coordinated implementation process is crucial for successful ICD-10 implementation.



### ICD-10—*continued*

- a. Planning
- b. Knowledge and Communication
- c. Assessment
- d. Implementation of the Plan
- e. Testing
- f. Transition

#### 8. ICD-10 Effects on Physician Reimbursements

The transition to ICD-10 will result in changes to physician reimbursements. These will vary depending on contractual arrangements with payers. ICD-10 related language must be included when negotiating payer contracts. This is the only way to avoid compliance errors and denials.

#### 9. General Equivalence Mappings (GEMs)

Also known as “crosswalks” these attempt to establish relationships between codes in ICD-9 and ICD-10. These GEMs will provide coders with the capability to match between ICD-9 codes and the appropriate ICD-10 codes. SMFM is in the process of developing these cross walks for membership for a nominal fee.

#### 10. Resources are Critical!

SMFM will provide the membership with a list of GEMs (crosswalks). In addition there are plans to provide educational resources regarding ICD-10 at the upcoming SMFM Coding Course to be held in Philadelphia in October 2013. Other resources will be available at [www.smfm.org](http://www.smfm.org).

#### Resources

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

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

<http://www.cdc.gov/nchs/icd/icd10cm.htm#10update>

<https://www.cms.gov/ICD10/>

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10SmallMediumPracticeHandbook.pdf>

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf>

<http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/Oct25Presentation.pdf>

[http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1\\_049431.hcsp?dDocName=bok1\\_049431](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_049431.hcsp?dDocName=bok1_049431)

<http://www.ahacentraloffice.org/ahacentraloffice/shtml/ICDstep1.shtml>

#### PUBLICATIONS COMMITTEE UPDATE—*by Priya Rajan, MD*

Be on the lookout for upcoming manuscripts on management of a prior non-lower segment uterine scar and fetal anemia.

All SMFM-affiliated publications available on the SMFM web-site. Did you also know that many of them have associated Power Point slides with a summary of the information contained within? These are excellent resources if you are giving talks within your community.

All SMFM publications can be found at [www.smfm.org/pubs](http://www.smfm.org/pubs).



The SMFM Publications Committee



# Special Delivery

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



SMFM Fellows Corner on  
Communities

JOIN THE 'FELLOW'S  
CORNER' GROUP,  
AND REACH ALL  
FELLOWS OUT THERE.  
WE OFTEN HAVE THE  
SAME QUESTIONS AS  
OUR CO-FELLOWS  
AROUND THE  
COUNTRY. OTHERS  
MAY HAVE THE  
ANSWERS!

Welcome to a new academic year! Our new first year fellow colleagues are adjusting to their new roles and will be meeting each other at the upcoming First Year Fellows Retreat in October 26-28, 2013. Second year fellows are learning to balance clinical training and successful research projects. And third year fellows are juggling new responsibilities, trying to learn all they can in one last fast-moving fellowship year, and starting the hunt for their first job.

With busy fellowships and even busier lives, we sometimes forget what a great resource we are for each other. The SMFM Informatics Committee, highlighted in this newsletter, wants to remind us of an existing forum on [SMFM Communities](#) where we can communicate with each other:

(<http://smfmcommunities.ning.com/group/fellowshipaffairs>). Join the 'Fellow's Corner' group, and reach all fellows out there. We often have the same questions as our co-fellows around the country. Others may have the answers!

What questions can you ask? Almost anything. A few examples....

- What poster service works best for SMFM posters?
- Has anyone else ever seen... [insert rare fetal anomaly of choice]?
- Who wants to share a cab from the airport when we go to SMFM?
- How do you balance clinical time and research during fellowship?
- What job openings are out there for an amazing fellow like me?

Chi-square, Student's t-test, or ANOVA? Or, how do I find a statistician?

Please just keep it respectful and, if discussing patient diagnoses, HIPAA compliant. See you on the Fellow's Corner soon.

### SMFM Board of Directors Interim Meeting

Our Associate Member Representatives, [Nick Behrendt](#) and [Lisa Levine](#), recently attended the SMFM Board of Directors Interim Meeting in Jackson Hole, Wyoming, and had this to say:

"The interim meeting was another great chance for us to learn about the inner workings of the Board of Directors. There is continued strong support by the SMFM for Fellow education. The Fellows Retreat will continue every Fall (or Spring in the case of a hurricane), and participation continues to be high. This Retreat will continue to include faculty from around the country as well as one Associate Member Representative.

We encourage all fellows to join and participate in the online "Fellows Corner" to facilitate collaboration and communication among us. The active http link is noted above. The "Corner" will be moderated by the Associate Member Representatives as well as the Fellow Representative on the IT team. This is an exciting opportunity to stay in contact between Meetings and Retreats.

As Associate Member Representatives it is our job to communicate with Fellows and Associate Members and bring this to the Board of Directors as needed. As usual, please feel free to contact us with any questions, concerns, or suggestions."

### FELLOWSHIP TIP OF THE WEEK

The SMFM Fellowship Committee is happy to provide an up-to-date ongoing summary of all "Tips of the Week", emailed weekly to all fellows. Use this link, [Web Summary - Clinical and Research Tips of the Week](#). Tips can also be reached by choosing the 'Education & Research Tab' on the SMFM website, under the dropdown '[Fellowship Committee Tip of the Week](#)'.



### AMFMM UPDATE—by [Brian Iriye, MD](#)

#### Philosophy and Brief Concepts in Contract Negotiation

Most contracts do not provide what the majority of physicians want. Furthermore, depending on your practice style (university, hospital based, private practice) you may feel that you do not have a role in your contracting process. This could be a misconception and you may have the opportunity to provide needed influence. Many MFM practitioners feel powerless in regards to their position at an institution or versus a large insurance carrier. However, you may have more input than you think with respect to contracting, and at larger institutions you may be able to help the decision-makers that control part of your financial destiny understand the role of an MFM and its importance. For example, as an estimate, the amount spent on NICU charges is about 5-8 times greater than the amount spent on MFM care. It is important to let the negotiating parties know your importance in possible reduction of these and other costs and your role in the improvement of care. Discuss the relationships you have made with referring physicians in the community and surrounding hospital systems. Identify someone within your group to take an active role and become involved in the process of negotiation and sell what you do.

Understand the person you are negotiating with and try to make it a win-win situation rather than winner-take-all. To gauge your possible leverage, you should know the market share of the contracting entity. Make sure everything is on the table. Not all terms need to be financial, but all terms might have financial implications. For example, if you have lost on one point try to get a win by removal of authorization. Understand the competition's strengths and weaknesses, as well as your own. Sell the special expertise you bring to a plan whether it is echocardiography, CVS, diabetic care, inpatient service coverage, etc. It is important to know your relative cost in comparison to your competition. Try to get patient satisfaction data for your providers (AMFMM has a current patient benchmarking survey of practices ongoing at: <http://www.amfmm.com/PatientSurveyProgram.aspx>). Offer the insurer your participation on QA committees and with possible protocol development. Attempt to get yearly escalators within your contract to account for inflation, or revisit negotiation every 1-2 years. The most important principle is to commit to the goal of providing an outstanding service, as the "best care eventually wins" in the marketplace.

If the negotiation does not go as planned, or is below what you can accept, learn to say no. This answer may hurt immediately but pay dividends in the future. You should be mindful of what the floor for your practice services are prior to negotiation, as well as your goals. Finally, if you part ways without a contract, do so amicably. The negotiation of a contract should not be viewed as a life and death struggle, but instead a means of getting a fair result for both parties. The latter result is often a contract and relationship that becomes long lasting and is mutually beneficial. In addition, the person you deal with at one company may also move to another in the future.

This of course is not a topic that can be completely covered in a newsletter, but several principles are important to grasp:

1. involvement
2. explanation of the role of the MFM as a provider
3. knowing your strength and weaknesses, as well as your idealized outcome and breaking points
4. negotiate in an amicable fashion looking for a win-win solution

At AMFMM's annual conference in San Antonio October 3—4, 2013, Dr. Dan O'Keeffe will present a lecture on the topic of negotiation. You can register for the conference, which will give you information on this and other informational management topics, at:

<http://www.amfmm.com/Events.aspx>.



IT IS IMPORTANT TO  
LET THE  
NEGOTIATING  
PARTIES KNOW  
YOUR IMPORTANCE  
IN POSSIBLE  
REDUCTION OF  
THESE AND OTHER  
COSTS AND YOUR  
ROLE IN THE  
IMPROVEMENT OF  
CARE.



NICHD UPDATE—by *Alison Stuebe, MD*

NICHD and the National Institute of Biomedical Imaging and Bioengineering have issued a funding announcement for “In-vivo methods for assessing placenta development and function” (<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-14-005.html>). The Institutes invited small businesses and researchers to propose safe, real-time, non-invasive in vivo methods to assess the development and function of the human placenta.

This RFA is one of several opportunities available to researchers partnering with small businesses. Information about NICHD small business grant funding is available online at <http://www.nichd.nih.gov/grants-funding/opportunities-mechanisms/mechanisms-types/small-business-mechanisms/Pages/default.aspx>

In August, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development hosted its 25th Annual NICHD Conference on Maternal-Fetal-Neonatal-Reproductive Medicine.

Society for Maternal-Fetal Medicine is a co-sponsor of the conference, along with the American Congress of Obstetricians and Gynecologists, the American Society for Reproductive Medicine; the Society for Reproductive Endocrinology and Infertility Society, and the American Academy of Pediatrics. This year's conference was held in Itasca, IL.





## Volume 5, Issue 4

### INFORMATICS COMMITTEE UPDATE—by [Bill Goodnight, MD](#)

Stay connected to the latest from SMFM! There are lots of ways to keep up with us on the web, through [www.smfm.org](http://www.smfm.org), Twitter, and Facebook. We welcome your input and would love for you to follow us! You can receive the latest Fellow 'Tip of the Week,' as well as news and research information via Twitter at @SMFM. If you 'like' our Facebook page you can receive updates on current SMFM happenings, research updates, and articles in the news pertaining to MFM.

Also, don't forget that SMFM members have access to an on-line discussion group on the SMFM Communities, powered by Ning. The communities include groups on prematurity, multiple gestations, genetics, and many other clinical topics as well as a MFM Fellow's corner. Join from the member side of [smfm.org](http://smfm.org) (under the "Member" tab) or go directly to <http://smfmcommunities.ning.com> to participate in these active online dialogues.

Finally, all SMFM members are welcome to participate in the SMFM Fellow Lecture Series. The SMFM Fellow Lecture series is a live, web-based lecture series the first and third Wednesday of each month at 12 PM Eastern standard time. SMFM experts and leaders, with the goal of meeting the educational objectives of the MFM fellowship, present the topics. The link to the web conference is located on [smfm.org](http://smfm.org) under the "Education" tab. This webpage also includes instructions on how to join the meeting. The goal of the conference is to allow live interactive questions between the fellows and speaker, so, at this time we ask that priority be given to the fellows to ask questions after the meeting.

SMFM invites you to take advantage of the many resources we have online to help you stay connected to current SMFM activities and up-to-date clinical information.

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



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- First and second trimester screening for aneuploidy and open neural tube defects (ONTDs)
- Non-invasive prenatal testing (NIPT) for aneuploidy
- Invasive diagnostic testing for aneuploidy and microdeletions/duplications

FOR MORE INFORMATION VISIT US AT:

[www.ntdlabs.com](http://www.ntdlabs.com) | [www.verinata.com](http://www.verinata.com) | [www.signaturegenomics.com](http://www.signaturegenomics.com)

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Society for Maternal-  
Fetal Medicine

SOCIETY FOR MATERNAL-FETAL MEDICINE

## IMPORTANT DATES TO REMEMBER

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### MOC Question Released

August 5, 2013

<http://www.ABOG.org>

### SMFM Academy for Leadership and Development

October 11—13, 2013

Ritz-Carlton

Denver, CO

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



### 2014 MFM Written Exam Application Deadline

October 18, 2013

<http://www.ABOG.org>

### 2014 MFM Oral Exam Fee Deadline

October 31, 2013

<http://www.ABOG.org>

### MOC Application Completion Deadline

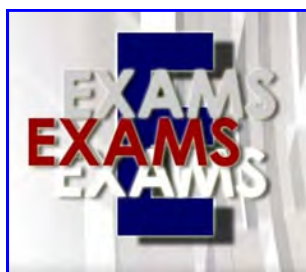
November 15, 2013

<http://www.ABOG.org>

### MFM Written Exam Application 2nd Deadline

November 18, 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 OCTOBER 2013!