

President's Message

Greetings from sunny San Diego!

I hope that all of you are enjoying your summer, and are able to take some time off to rest, relax and rejuvenate after what is often the most stressful time of the year-budget season!

Our 2019 conference in San Antonio was a huge success, and we received many accolades from everyone that attended. We learned many tips and tricks from Speaker Heather Woody to help us deal with conflict in the workplace. I know we all deal with difficult conversations, (sometimes on a daily basis!) and Heather taught us how to understand, and engage, with our colleagues and staff in a constructive way. My personal favorite quote from Heather:

“Conflict isn’t something to remove or navigate around. Conflict offers us a pathway through that which makes us wiser, more aware and capable of making better decisions. This can lead us to the results we most want to achieve personally and professionally.”

Next up, Dr. Sonja Kinney was able to share the huge success at UNMC Nebraska Medicine with the Physician and Administrator partnership for Patient Access Improvements. Here at UCSDH, we are still experiencing a high volume of abandoned calls, and are working towards improvement. Just last week I shared Dr. Kinney’s presentation with our Administrative Director with the hopes of being able to utilize the decision trees and process that resulted in dramatic improvements with the scheduling call statistics-a win for both patients, and providers!

We had numerous AMGO Members present on: Implementing programs to improve physician wellness, Scribes, and Compensation plans. We concluded with our always popular Rapid Fire Q & A – a sharing of hot topics and trends.

I want to give a huge shout out THANK YOU to the AMGO members that completed the post-conference Survey Monkey. We received a record 38 responses, and appreciate all of the comments and suggestions. These will assist the 2020 Program Committee with their 2020 planning. The annual meeting will be held in the Gold Coast neighborhood of Chicago, at the beautiful Viceroy Hotel, April 26th-April 29th, 2020.

“Thank You” to all who contributed to the successful meeting in San Antonio, especially to Joe English and Jody Yeh who Co-Chaired the 2019 conference. Their Program Committee consisted of Rick Blum, Shannon Dreier, Meg Ferris, Pam Funke, Dale Geerdes, Jodi Harris, Erika Lindley, Mike Morales, Angie Rinehart, Kirstin Runa and Melissa Schuermann. We had 50 members attend, 9 of which were first-time attendees.

Lastly, I want to thank Rick Blum for his excellent governance of our association over the past year. Rick always leads with professionalism, and humor-two valuable assets to have in the workplace!

Thank you all!



Susie Guidi
Director, Clinical Data & Management and Patient Client Services
Department of Obstetrics and Gynecology & Reproductive Sciences
University of California, San Diego
sguidi@ucsd.edu



AMGO's 43rd Annual Conference

San Antonio, TX



Tower of the Americas Dinner!



The Riverwalk!



Pinatas

Check out all things San Antonio 2019 at

AMGO.org

Centering Pregnancy Community Site Expansion

Kara Mulligan, MHA, MBA
Associate Administrator, Director of Clinical Operations
University of Wisconsin Obstetrics and Gynecology

In February of 2019, UW Health Centering Pregnancy proudly launched our first community-based group site in collaboration with the Meadowood Health Partnership on Madison's west side. This launch was the result of months of community outreach, planning, cooperation, and logistical troubleshooting, to ensure patients would receive a high-quality healthcare

experience outside of the typical clinic walls.

The process of getting our Centering groups out to community sites began after listening to feedback from local community members on how to better reach underserved women in Madison and Dane county. After two community breakfasts, lengthy discussion, and some brainstorming, a goal emerged: bring Centering groups to patients in the form of community-based groups, in addition to collaborating with already established individuals and groups doing impactful work with the would-be patient populations. By doing so, our hope was to help address birth outcomes and disparities within the underserved community through Centering's innovative method of providing prenatal care and education, and to provide patients with a sense of support and belonging throughout their pregnancy. With that goal in mind, we set out to identify neighborhoods and community allies that would be able and willing to partner with us to bring Centering Pregnancy into the community.

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Here is the outcome of the officer elections held on Monday April 29th, 2019 at our business meeting as part of the 43rd annual AMGO conference held in San Antonio, Texas:

Elected

President-Elect: Kara Mulligan, University of Wisconsin

Vice President: Krista Hollinger, University of California-Irvine

Treasurer: Joe English, Duke University

Secretary: Jody Yeh, Medical University of South Carolina

Continuing to Serve (not up for election)

President: Susie Guidi, University of California, San Diego

Immediate Past President: Rick Blum, University of Nebraska Medical Center

Director-at-Large: Gail Kelly, University of Minnesota

I personally have found that being on the BOD is extremely rewarding, and highly recommend that you consider getting involved!



In order from left to right: Joe English, Krista Hollinger, Gail Kelly, Jody Yeh, Kara Mulligan, Susie Guidi, Rick Blum

Centering...

We immediately recognized a local woman who has been doing incredible work in the Meadowood community for years, running a community health office out of the Meadowridge library and connecting families with resources, as well as advocating for and bringing people together within her neighborhood through community suppers and various community-based events and outreach. Given all of this, she was an ideal partner to begin working on launching our first group alongside. Early on, she identified the perfect location for our group to be held in the heart of the Meadowood neighborhood. The space was familiar to families within the neighborhood, had enough room for patient exams, group discussion, and storage, and would have the necessary technical capabilities that would allow a medical visit to happen. With the generous help of a grant from the March of Dimes, we were able to purchase all the necessary clinical and group items that would be needed to run a successful Centering visit. From there, a recruitment plan was established to identify and enroll interested pregnant patients into group, mostly through the hard work and outreach of this community leader, and in February of 2019, our first group launched.

In order to make CenteringPregnancy visits happen at a non-clinic site, a few things were necessary. First, certain supplies were needed. A March of Dimes grant allowed us to purchase a scale, blood pressure cuff, massage table, Doppler, office supplies, a laptop for checking patients in and charting, a printer, dividers for privacy, a Centering Healthcare leaders kit and patient notebooks, and marketing materials and

signage for the space. Appropriate departments within our EMR needed to be built for patients to be seen, which required several months lead time. Permission was needed from a legal perspective to not only be able to see patients at an outside site, but also to negotiate use of the community site via contract with the County. In terms of recruitment, getting patients into the community-based group is a slightly different process. The group is still an option for patients seen at clinics, but the majority of our patients are being recruited for this group out of a local community health office, and then communicated to our Centering Coordinator, who enters them into our EMR and gets them enrolled. There are certain limitations to not having groups in a clinic setting, including not having a lab on site and not being able to give injections right in group. Once all of these items were appropriately addressed, group visits at the site have continued to run smoothly.

Although a long process with some unique logistical challenges on our end, our community-based Centering group and our community collaborations have been very rewarding. We are grateful for the work that community members are doing, and for the opportunity to partner with them in that work. We hope that as our Meadowood group continues to grow, and as we look forward to launching our next community-based site in September 2019 at the Goodman Community Center that we see a growing positive impact on not only birth outcomes, but also on patients, families, and communities as a whole.

Physician Burnout.....*Susie Guidi*

Clearly, Physician Burnout has been a hot topic the past few years, and one that we have addressed numerous times at our annual AMGO conferences. I thought you all might find it interesting to hear about the recent creation of an institute to study the neurological details of compassion and empathy, and how they relate to burn-out among doctors.

UC San Diego recently announced that through the generosity of T. Denny Sanford, funding was secured for a new institute that is aimed at transforming the education and well-being of current and future physicians. The T. Denny Sanford Institute for Empathy and Compassion will conduct innovative research into the neurological basis of compassion, with the goal of gathering data to design a compassion-focused curriculum for training new generations of medical professionals and developing new methods to protect and promote the well-being of current clinicians and their patients.

The new institute will employ state-of-the-art neuroscience technologies, including sophisticated neuroimaging, to identify and map brain activity created by empathic behavior, quantify the factors promoting or inhibiting compassionate behavior and then design new methods to increase empathic signals in the brain. (cont p6)

AMGO's President Susie Guidi is pleased to announce that Pam Funke, University of Iowa, and Shelley Opila, University of South Florida, have agreed to Co-Chair the annual meeting Program Committee. I look forward to working with this distinguished group of AMGO colleagues who will be planning our 2020 conference:

Valerie Brown, Stanford University School of Medicine
Shannon Dreier, Medical College of Wisconsin
Erika Lindley, University of Utah
Victor Marques, Rutgers New Jersey Medical School
Michael Morales, University of California, San Diego
Jim Morgridge, Duke University
Kirstin Runa, University of Colorado
Melissa Schuermann, Emory University

April 26th - 29th, 2020

VICEROY
CHICAGO

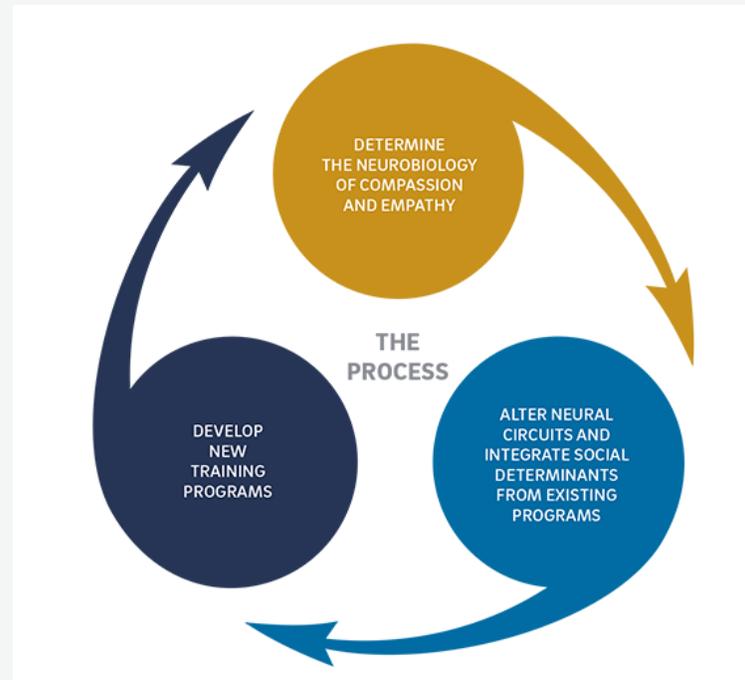


As a reminder, if you know of a peer who is not a member, please help by encouraging them to reach out to us. They can contact any of our directors, or me at sguidi@ucsd.edu, 858-249-1201. The more members we have, the better for all of us in order to hear perspectives from around the country. Please be sure to let prospective members know that first year dues are not payable until the next calendar year, a savings of \$300.

Physician Burnout.....(continued)

Data and discoveries based upon research conducted by institute scientists, other faculty and collaborators will be used to inform and redesign the current medical curriculum at UC San Diego School of Medicine, which will seek to effectively integrate compassion-centered methods into training modules and later, provide guidance and expertise to other participating schools and institutions to embrace empathy and compassion in their training.

In addition to redesigning the current medical curriculum, researchers hope to use the data collected to study and better address burnout among physicians, medical students and other health professionals through validated instruction of self-compassion, mindfulness training and an increased focus on mental health. The outcomes from addressing burnout, mindfulness and compassion will further improve the Experience of team members, patients and their families.



UC Davis Explores New and Innovative Ways to Treat Postpartum Depression

Sherri Stone, MBA

OBGYN Chief Administrative Officer

UC Davis

Postpartum depression is a common complication of childbirth and affects all socioeconomic levels. According to the American College of Obstetricians and Gynecologists (ACOG), perinatal depression (depression occurring either during pregnancy or the first 12 months following childbirth), affects one in seven women. Brexanolone (Zulresso) is the first medicine specifically approved by the U.S. Food and Drug Administration (FDA) for the treatment of postpartum depression (PPD). Brexanolone is administered to patients via continuous intravenous (IV) infusion. The infusion will last for a total of 60 hours (2.5 days). The FDA approval of brexanolone is based on findings from three multicenter, randomized, double-blind, parallel-group, placebo-controlled trials, designed to evaluate the safety and effectiveness of brexanolone in women with moderate and severe PPD, in women between 18 and 45 years of age, who were ≤ 6 months postpartum at screening and who had onset of symptoms no earlier than the third trimester and no later than the first four weeks following delivery.

In all trials at all doses, brexanolone achieved the primary endpoint, a significant mean reduction from baseline in the Hamilton Rating Scale for Depression (HAM-D) total score, a common measure of depression severity, at 60 hours compared to placebo. and brexanolone maintained effect through the 30-day follow-up. The most common adverse events in the studies were sleepiness, dry mouth, loss of consciousness and flushing.

Expert opinions vary as to the timing of the onset of PPD, ranging from onset during pregnancy from 4-weeks postpartum to 12-months postpartum. While brexanolone is touted as the first and only drug approved by the FDA for the treatment of postpartum depression, there are many options for the treatment of PPD. Women with mild to moderate PPD symptoms are likely to benefit from psychotherapy and bolstering social supports. For women with more severe illness, conventional antidepressants, including the SSRIs sertraline (Zoloft) and fluoxetine (Prozac), are highly effective for the treatment of depressive symptoms and anxiety. For women with the most severe illness, hospitalization and treatment with adjunctive medications can be considered (such as atypical antipsychotics) and electroconvulsive therapy (ECT).

UC Davis is establishing a PPD Treatment Center. Patients experiencing postpartum depression that are discharged after delivery will be followed on an outpatient basis. Postpartum patients meeting specific criteria for the administration of brexanolone will be admitted and cared for under the observation classification. An inpatient stay will support the concept of an inclusive family site, using the current model of Family Centered Care that is currently used when caring for obstetrical patients. The patient's infant and a support person / family member (identified by the patient) will remain in the hospital during the 72-hour stay. Brexanolone's purchase price will likely range from \$26,000-\$37,000 per infusion, depending on discounts. Patients will be observation status, and reimbursement is uncertain even with insurance pre-authorization. A pilot program is approved, and a cost-analysis will be completed, to better understand the overall financial impact. Awaiting acceptance by insurances to approve the treatment and determining a payment for the therapy is a concern and it may take some time before this is sorted out. UC Davis Health made a conscious decision to move forward with the program and will be one of the first in the nation to offer the treatment to patients meeting the criteria. It has been a while since there has been an innovative approach to the treatment of depression. Brexanolone represents a novel approach with research demonstrated results in some cases as quickly as 24 hours. Unlike traditional antidepressants which is much longer, typically 2 to 4 weeks to have a significant effect. The FDA granted this application Priority Review and Breakthrough Therapy designation.

The data collected in the clinical trials demonstrates that brexanolone is well tolerated by patients. The most commonly reported side effects are drowsiness and dizziness. The FDA has raised concerns about two serious adverse events: suicidal ideation after the infusion in one subject and syncope/altered consciousness in another patient. Because of these concerns, brexanolone was approved with a Risk Evaluation and Mitigation Strategy (REMS) and "will only be available to patients through a restricted distribution program at certified health care facilities where the health care provider can carefully monitor the patient." While hospitalization is not necessary, it must be considered in estimating the risks and benefits of treatment with brexanolone.

All the clinical trials involving brexanolone excluded women who were breastfeeding or were asked to suspend breastfeeding while receiving treatment with the medication. We have no data on the safety of brexanolone while breastfeeding. The manufacturer gives the following advice: "brexanolone passes into breast milk. Talk to your healthcare provider about the risks and benefits of breastfeeding and about the best way to feed your baby while receiving brexanolone."

Results from the new UCDH PPD Treatment Center can be shared in a future article or at the next annual meeting. For those that are interested in learning more refer to the Media Sources listed below or contact me at: ssstone@ucdavis.edu. (Please see Media Sources on page 9)



Rick Blum

Patients and Family



AMGO is about women's health, and this article relates more to a woman's life experience than it does to an administrative function or best practice in the medical group management profession. However, it's worth the discussion!

My wife is Gwen Blum. Many of you know her, in fact she's been requested to attend AMGO meetings more than I have! My experience is about her, and her journey over the past year with BRCA. An emerging, rapidly developing area of women's health is cancer genetics. In our country, few academic ob/gyn departments or women's health service lines have a solid program in place to provide comprehensive care for women who have a genetic predisposition to breast or gynecologic cancer. There are only a few training programs that address cancer genetics and gynecology. At these programs, the conversation is just at the initial stages in terms of developing comprehensive programs at academic medical centers.

I would like to encourage us in academic ob/gyn departments to continue the rhetoric and heightened attention to hereditary breast/gyn clinics. My family's experience certainly opened our eyes to the lack of organization and lack of commitment to prioritize this as a "program".

We all know that consumer-based genetics is exploding in our country. 23andMe, Veritas, Genos and many others have been cashing in on our society's newfound DNA knowledge. It is high time to make this a priority in women's health and ob/gyn, to take an organized approach that doesn't require the patient to be seen in a cancer center, in order to let the experts have some control based upon evidence-based approaches rather than driven by the lucrative market out there.

In total, Gwen was seen at six different sites for her care, and many of those were at a cancer center. Based upon feedback from her story, I can say with confidence that awareness is low about this, but the levels of misinformation and curiosity are very high. We can do better - our patients deserve it!

The attached article was published in the Omaha World-Herald October 22, 2018 and picked up by many outlets around the country. I am very proud of my family for the courage it took to tell this story!

I can't find my handouts from the 2019 conference!

We have you covered!...

Go to the Member Login on AMGO.ORG and select 2020 Annual Meeting then click

Presentations from the 2019 Meeting in San Antonio

While you are there browse these great features:

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Newsletter Co-editors:

Jennifer Horton, University of Virginia
jch6z@virginia.edu

Kirstin Runa, University of Colorado
kirstin.runa@ucdenver.edu

Sherri Stone, UC Davis Health System
sstone@ucdavis.edu

Media Sources (UC Davis Explores New... from page 7)

FDA approves first treatment for post-partum depression <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm633919.htm>

Sage Therapeutics Announces FDA Approval of ZULRESSO™ (brexanolone) Injection, the First and Only Treatment Specifically Indicated for Postpartum Depression <https://investor.sagerx.com/news-releases/news-release-details/sage-therapeutics-announces-fda-approval-zulressotm-brexanolone>