



NewsScope

the aagl vision

The AAGL vision is to serve women by advancing the safest and most efficacious diagnostic and therapeutic techniques that provide less invasive treatments for gynecologic conditions through integration of clinical practice, research, innovation, and dialogue.

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FOCUS ON AAGL

Why the COEMIG Program is Important



Dr. Loffer

It is true that many may view the Centers of Excellence in Minimally Invasive Gynecology program as simply a marketing tool. What may not be recognized is it will provide important value to 4 groups – patients, MIG surgeons, hospitals, and those who pay for medical care (the payors).

Patients – Everyone has at some time had a problem identifying a source for a qualified provider of a service. Whether this is for a plumber, dentist, or a surgeon, it is often necessary to rely on the recommendation of friends or some other equally, non-evidence based source. The COEMIG program will allow both patients and referring physicians to have a list of surgeons who have been identified through a peer-review process as providing quality care.

MIG Surgeons – An increase in referrals will occur but this is not, in the long term, the most important benefit. The BOLD outcomes program, which is an integral part of the COEMIG program, will allow surgeons to track and demonstrate their expertise in providing quality and cost effective care. This

will be of special value as payors look to develop networks.

Hospitals – An immediate benefit will be to attract more patients and surgeons. But the real value will be in the institutional outcomes data. It has been well demonstrated that programs such as this result in improved patient care.

The Payors – It is becoming increasingly apparent to those who fund medical care that MIG surgery is very cost effective both by lowering true costs and by allowing a more rapid return to normal activities. The COEMIG program will provide them a resource for quality care. While many of the advantages listed above apply primarily to US surgeons there are also significant values to our non-US colleagues. The COEMIG program will allow surgeons at these sites to be recognized by their association with a premier hospital. Finally the BOLD outcomes data they will be inputting will be combined with their US colleagues and contribute to identifying best practices in gynecologic surgery.

Franklin D. Loffer, M.D. is the Executive Vice-President Medical Director of the AAGL and resides in Phoenix, Arizona.

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Taking AAGL to the Next Level



Dr. Isaacson

Throughout the history of the AAGL, there have been a number of milestones achieved by the organization which have elevated the credibility and respect, not only for society as a whole, but also for all members as well. Key moments include the organization of the first meetings by Jordan Phillips and his band of brothers; the election of Barbara Levy as the society's first female president; the birth of the Journal and the publication of evidence-based clinical guidelines, the incorporation of SurgeryU, and the successful launch of a highly competitive Fellowship in Minimally Invasive Gynecologic Surgery.

It is more than a coincidence that minimally invasive gynecologic surgery has become the standard of care in general gynecology, urogynecology, gynecologic oncology and reproductive surgery. This has been accomplished by the pioneering work of those "who have taken the road less traveled." In 2011, the AAGL published a hysterectomy position statement that, if possible, this surgery should be performed laparoscopically or vaginally. The statement was supported by strong evidence demonstrating better outcomes for our patients. This position statement was accepted by other gynecologic organizations. The AAGL and its members have worked hard to be the world leaders in innovation, research, education and public advocacy for minimally invasive gynecologic procedures for women.

Since the AAGL has come so far in 40 years, how do we take it to the next level?

FIRST sound infrastructural and fiscal decisions have secured our existence for the next 20 years. Under the direction of Franklin Loffer and Linda Michels, and several boards of trustees, the AAGL has run an efficient office and made wise conservative investments. We are in a good position to pursue our mission for years to come.

SECOND each AAGL member should encourage his or her institution to become a Center of Excellence in Minimally Invasive Gynecology (COEMIG). This will be the first program in gynecology to allow centers to have the distinguished designation by maintaining accurate documentation of case volume, surgical complexity and complications. When successfully launched by other groups such as cardiology and bariatric surgery, the complications for patients dramatically decreased while patient outcomes improved. This program will give patients and payors objective information they can use when selecting or referring to a MIGS surgeon or surgery center. Every AAGL member from all countries are encouraged to participate in the program.

THIRD is the development of the Essentials in Minimally Invasive Gynecology program. The AAGL has taken the lead in developing a curriculum, a cognitive test and a skills test that should be passed by every MIGS surgeon. The cognitive test is in its final development stages and will be beta tested by the Las Vegas

meeting this November. The skills test will not be far behind. The Essentials program firmly places the AAGL as the leader in resident and fellow education as well as cognitive and skills assessment. It is my goal to see this test become mandatory for each resident to pass before he or she can sit for the oral board exam.

FOURTH the AAGL is working on several projects with our large sister organizations whose mission overlaps with our own. This includes ACOG, ASRM, CREOG, SAGES (the minimally invasive society for general surgery), and the AUA (American Urology Association). We don't just have a seat at the table. Minimally invasive gynecologic surgery is here to stay and the AAGL, now known as the respected leader in this field, will work with these societies to promote our shared mission of providing the best outcomes for our patients through research and education.

I am honored to be the AAGL President in these exciting, rapidly changing times for the AAGL. We are taking the society to the next level and that in turn will be a boost for our members around the globe and provide better outcomes for our patients.

Keith B. Isaacson, M.D. is President of the AAGL. He is also an Associate Professor of Ob/Gyn at Harvard Medical School and the Director of Partners Center for Reproductive Medicine and Surgery at Newton Wellesley Hospital MIGS Center in Newton, Massachusetts.

WE NEED YOUR OPINION

The AAGL is conducting two online surveys and would appreciate your participation.

The surveys are:

SMOKE SURVEY

Deadline to complete this survey is April 15, 2012

PREVALENCE OF MUSCULOSKELETAL PAIN AND DISORDERS IN GYN SURGEONS

Deadline to complete this survey is May 15, 2012

Thank you in advance for your help! The surveys can be found at www.aagl.org/surveys



Recognition of Your Excellence: Transforming Your Practice With AAGL's COEMIG

Top Questions About AAGL's Center of Excellence in Minimally Invasive Gynecology (COEMIG) Program and How it Will Benefit You Today and Beyond



Dr. Palter

For years members of the AAGL have struggled with the limited acceptance and adoption of minimally invasive gynecology. We recognized that a minimally invasive approach was better for our patients and resulted in a quicker recovery, lower morbidity, and lower cost of care. Unfortunately, insurance payors were slow to accept these benefits and patients often knew nothing about their minimally invasive

options or who were the best providers. AAGL members trained and developed their endoscopic skills because they knew it was best for their patients but reimbursement never reflected the time required or benefits.

Today the tide is clearly changing. Conversations we have had with major insurance company medical directors confirmed they now recognize the value of a minimally invasive approach in gynecology and are developing plans designed to steer patients to a minimally invasive approach. One critical piece missing is the existence of a reliable network of excellent minimally invasive gynecologists; either we create the network or one will be made for us. We have been actively working for the AAGL COEMIG network to meet all the requirements to serve as this network. Experience in other specialties (such as bariatric surgery) has shown that when plans such as this exist, surgeons in the center of excellence have the greatest access to patients and the highest reimbursement. What's more, participation in national programs of excellence raises the standards and outcomes of all participants and fosters a community of excellence in the institution.

This concept is not isolated to our specialty. More than a half

dozen specialties have embraced the center of excellence model and it has been shown to have dramatic short- and long-term benefits to the surgeon, hospital, and patient.

Ever since the Council of Gynecologic Endoscopy (CGE) invited me to help address the certification and access challenges of minimally invasive gynecology I have been an avid proponent of a center of excellence program for our specialty. I'm proud to have been involved with its development from the beginning while serving on the CGE. AAGL's COEMIG program allows all minimally invasive gynecologic surgeons to band together and take control of our destiny by focusing on continuous quality improvement, objective standards and recognition of those committed to excellence, while generating and owning the evidence and data needed to take control of the debate about the value and benefits of our procedures.

AAGL has partnered with Surgical Review Corporation (SRC), the leading, non-profit administrator of center of excellence programs in other specialties to produce a comprehensive center of excellence program designed to meet the needs of our specialty. Now's the time to get involved – the Q&A below provides the information you need to understand the COEMIG program, its direct benefit to you and your hospital, and the information to help begin working toward your COEMIG designation.

Steven F. Palter, M.D., is the Program Director for COEMIG, and Chair of the COEMIG Outcomes Committee. Dr. Palter is the Medical & Scientific Director at the Gold Coast IVF in Syosset, New York, and Former President of the CGE.

How will the COEMIG designation benefit my practice or hospital?

Decreased complications and morbidity – Reducing outdated open procedures, decreasing postoperative recovery times and lowering the risk of complications that drive up the cost of healthcare.

Sharing best practice policies and pathways – Studies in other specialties such as cardiac surgery have clearly demonstrated that participation in cross-center quality improvement programs such as the AAGL COEMIG elevates each center to the level of the best.

Demonstration of better outcomes and reduced costs – Establishing a central outcomes database and universal standards to protect reimbursement rates, decrease malpractice costs, increase surgical volumes, and thrive within an accountable care organization (ACO) environment that mandates higher quality at lower costs. Our outcomes database will allow to prove the

benefits of procedures and answer important research questions and control our own data. Our goal is “two minutes or less” for data entry.

Specialty growth – Increasing the adoption of less invasive techniques, proven clinical pathways and team-based approaches to drive best-in-class gynecologic surgery.

Professional recognition and distinction – Enabling patients and referring physicians to easily identify and access centers committed to a higher standard of minimally invasive gynecologic care and distinguish themselves based on objective verifiable standards recognizable to all in this increasingly competitive healthcare market.

What is AAGL's level of commitment to this new program?

The AAGL and its leadership are fully committed to the success of the COEMIG program. AAGL partnered with Surgical Review

Corporation (SRC), a leading nonprofit patient safety and quality organization, to administer the COEMIG program. Our organizations have worked together for two years to develop a comprehensive center of excellence program that meets the needs of our members and supports our vision. AAGL is incorporating the COEMIG program into all facets of the organization. COEMIG is a unifying concept that encompasses practice standards, educational programs, nursing, research and reimbursement initiatives, and fellowship and postgraduate education.

How many surgeons and hospitals have applied for COEMIG designation?

Over 150 surgeons and hospitals have registered and are in various stages of application completion. The first site inspection was conducted in late January, and a number of inspections are slated for April.

How does the AAGL ensure fairness in the review process and eliminate bias in the COEMIG program?

The AAGL partnered with SRC to remove itself from the administration of the COEMIG program. Based on the SRC's center of excellence administration model, three volunteer committees (Standards, Review and Outcomes) were formed comprised of prominent AAGL surgeons from diverse care delivery settings, areas of practice specialization, and geographic regions. Committee members work closely with SRC to define and develop program guidelines, review designation candidates, and ensure that COEMIG is responsive and relevant to AAGL's vision and membership. To ensure objectivity and fairness, review committee members are only provided de-identified surgeon/facility information, and they must recuse themselves from the review process if they suspect a conflict of interest. The nonprofit SRC objectively verifies the data and the Review Committee then reviews the blinded data to ensure excellence standards are met.

Should I be worried about the site inspection?

Absolutely not. The SRC team works hand-in-hand with you to ensure that your facility is prepared well before an inspection date is set. SRC clinical quality experts provide preliminary reviews and requirement templates to make certain that site inspections are very much open-book tests because much of the preparation is completed pre-inspection. If you are already at the top level you will qualify for recognition. However, if your program does

not yet qualify we are committed to working with you to reach that goal.

What steps are involved in the designation process?

Step 1: Register online

Step 2: Start your application

Step 3: Achieve Provisional Status by meeting simple qualifications
Work towards meeting remaining requirements and prepare for pre-planned site inspection with guidance from SRC's clinical and administrative support team.

Step 4: Achieve designation

The entire application and approval process is designed to be able to be completed without needing any additional staff and to be as automated as possible. Total time to complete an application should be one to two weeks of part time work.

What is "Provisional Status"?

Provisional Status is provided to participants who start the application process and meet the program's provisional qualifications. These minimum standards are based on the requirements for COEMIG designation. Provisional Status is typically granted within one week of receiving the center's applications and does not require a site inspection. As Provisional participants work toward designation, the requirements serve as a guide for resource decisions and provide actionable goals for team members.

How do I get started?

The first step is to register online at www.surgicalreview.org, which takes only a few minutes to enter basic contact information. Following registration, surgeons and facilities can immediately begin working on their applications for Provisional Status.

Remember – Designation Is Easier Than You May Think

In less than five minutes, you can find out if your minimally invasive gynecology program is ready to be designated as a center of excellence. Answering 10 simple questions is all it takes. Visit www.surgicalreview.org today to take this important step towards recognition of your program.

**Questions? Contact SRC Support at 1.877.459.0710
or coemigsupport@surgicalreview.org.**



CALL FOR ABSTRACTS



AAGL is now accepting abstracts for the 41st Global Congress on MIGS
Submit Abstracts online at www.aagl.org

Abstracts are due by April 15, 2012

(a \$35 fee will be assessed if an abstract is submitted between April 15-30, 2012)

The Benefits of COEMIG



Ray Wertheim

Is it worth the time, effort, and expense to become designated a Center of Excellence in Minimally Invasive Gynecology? The answer is without a doubt YES, YES and YES!

The process of becoming a designated Center of Excellence in Minimally Invasive Gynecology has been a beneficial journey in assessing and improving our skills, processes, and education at Inova Fair Oaks Hospital. When we started our journey more than 5 years ago, we only had 2 CGE certified gynecologic surgeons and performed 600 hysterectomies annually of which only 32% were performed minimally invasively. Currently, we have 15 credentialed surgeons for major MIGS cases and 7 COE surgeons. Our community education program linked with physician education attracted new surgeons and many new patients. We are on a path to a projected volume of 1500 MIGS cases in 2012. Our complication rate has decreased dramatically

from 9% to under 1%. We now perform 94% of our major gynecology cases minimally invasively.

An important aspect of this process was to define credentialing within our institution in order to verify that appropriate surgical skills had been acquired. In addition, a great effort was made to convince our surgeons that minimally invasive surgery is much better for the patient. We encouraged members of our department to learn this approach through education, mentoring, and proctoring in order to improve women's healthcare.

A multi-disciplinary approach was important. Our program established an Advisory Board which includes Anesthesiology, our OR director, the nurse program coordinator, PACU manager, and others.

The clinical pathways were developed and found to be critical for improving care from the time the patient was admitted until she was discharged. All patient care areas within the hospital that potentially could be involved in the management of these patients were educated using the pathways to improve

patient care and education. Special attention was given to the potential complications specific to minimally invasive gynecology.

Establishing MIGS OR teams was tantamount to success by facilitating understanding of the instrumentation, surgery, and potential complications in order to be able to anticipate the surgeons' needs. This improved surgeons' efficiency and ultimately patient safety and satisfaction.

AAGL and SRC are to be commended for the hard work involved in establishing the COE program. We believe this will give more women the opportunity to take advantage of this wonderful improvement in their healthcare should surgery be required.

Ray Wertheim, M.D., is the Director of the MIG Division at Inova Fair Oaks Hospital in Fairfax, Virginia, which was recently designated as a COEMIG program.

Lynne Kennedy RN, RNFA, MSN, CNOR, CLNC, CCRN Emeritus. Program Coordinator, Minimally Invasive Gynecology Surgery & Palliative Care.

First Centers Achieve COEMIG Designation



This is an exciting time in the evolution of the Center of Excellence in Minimally Invasive Gynecology (COEMIG) program – the first designees have earned the center of excellence designation. Congratulations to these early adopters who not only embraced the designation concept and process but demonstrated exceptional patience and commitment by helping us improve the process for all participants.

The AAGL and SRC would like to congratulate the first 2 hospitals and 9 surgeons to earn the Center of Excellence in Minimally Invasive Gynecology designation:

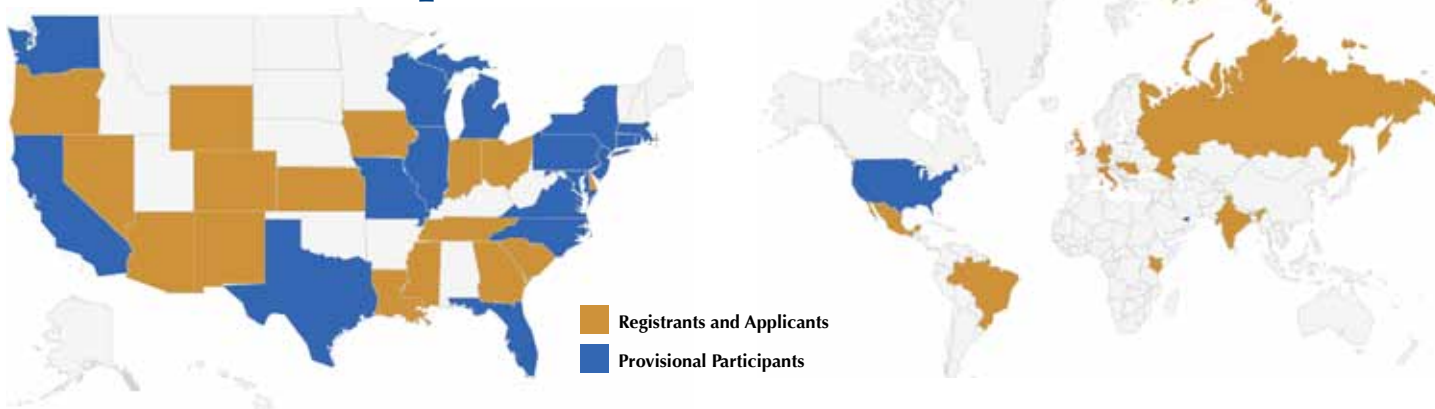
Inova Fair Oaks Hospital Fairfax, Virginia

- Stella Blosser, M.D.
- Robert Castle, M.D.
- Natalya Danilyants, M.D.
- Felicia Donald, M.D.
- Paul MacKoul, M.D.
- Leonard Rosen, M.D.
- Ray Wertheim, M.D.

Syosset Hospital Syosset, New York

- Steven F. Palter, M.D.
- Andre Saad, M.D.

COEMIG Participation Increases Worldwide – Are You on the Map?



Nearly 300 participants in more than 135 cities in 12 countries around the world are now participating in the COEMIG program. Physicians and hospitals are completing the application process quickly, with more than 60 centers now ready for site inspection.