Despite the common perception that medicine is becoming specialty driven, there are many reasons for primary care providers to offer women’s health procedures in an office setting. Women feel more comfortable having procedures done by providers whom they already know and trust. Continuity of care is still valued by patients, who trust their primary care providers to work with them as collaborators in the decision-making process. Women have found that their options for care have become limited, not by their own decision, but by the lack of training of their provider. In rural areas, the barriers of time, expense, and travel often prevent many women from obtaining necessary care; yet many of the procedures that these women are requesting are relatively easy to learn. Positive experiences are shared by women who then refer friends and family by word of mouth.

This book has been designed to assist not only the clinician performing the procedures covered, but also the office staff with setting up the equipment tray prior to performing the procedure and with preparing office documents and coding information needed to complete the procedure. Most procedures covered can be done with a minimum investment in equipment and require minimal training. Some of the procedures are best done after a training course has been completed; however, even in these cases, this book will serve as a solid aid and review to the practitioner in performing the procedures within the office setting. It can also be used as a quick reference guide to refamiliarize the practitioner with the steps to a given procedure.

Each chapter outlines one women’s health procedure and contains an overview of background information, indications, contraindications, complications, equipment needed, procedure steps, an office note, patient instructions, and a patient handout. Typical case studies and case study outcomes serve as illustrations of typical women found in practices who have needed each procedure. The “tricks and helpful hints” section draws on the years of experience of providers who have performed each procedure many times and have overcome common difficulties often encountered by newcomers to the procedure. A set-up picture of equipment is included to assist office staff in gathering the appropriate materials prior to starting the procedure. Algorithms assisting the provider with the steps to take at decision points of each procedure are also included to serve as a quick guide. References and additional resources are listed for further education, learning, and equipment needs. Illustrations, images, and photos further enrich the chapters.
We have elected to start our procedure book with the most common of procedures found in women’s health – these include pelvic examinations and Pap smear collection – and its content extends to some of the more complicated office procedures, such as laser surgery and LEEP. There are sections on basic women’s health procedures, contraceptive procedures, diagnostic procedures, therapeutic procedures, and cosmetic procedures. The chapters are authored by family physicians experienced with the procedure covered. Also included are specific chapters on coding and billing, authored by a physician who oversees a 35-physician practice and has had additional training in coding and billing. A separate chapter is included on the medicolegal aspects of performing women’s health procedures in an office setting. This chapter outlines the necessary legal and regulatory considerations that must be addressed before adding many of these procedures to an office practice.

Many procedures have become a “lost art.” For example, as fewer patients choose diaphragms as a method of contraception, fewer clinicians are being trained in fitting and inserting them. A number of these common women’s health procedures are not routinely taught in residency or training programs, and, hence, many practitioners do not offer them in their offices. Some are trained during residency but have not performed the procedure for some time and need a review prior to performing the procedure. This book will serve as a quick refresher for those procedures for which the clinician may have had previous training but may not have performed for a while.

The old standard of “see one, teach one, do one” gets more difficult as procedures become more complex and require more training before they can be performed. A number of excellent procedures courses are offered by the American Academy of Family Physicians, American College of Obstetrics and Gynecology, and the American Society of Cervical Pathology and Colposcopy. Suppliers of medical equipment also offer training courses. Often, a training package is offered as part of the purchase of more expensive pieces of equipment. Finding a local experienced physician to precept and mentor a less experienced physician in the initial few procedures is another way to become skilled in performing most of these procedures after a training course has been taken. Proctoring or precepted experience is crucial, especially for complex procedures, not only to reduce medicolegal liability but also to ensure patient safety.

Having the patient schedule a separate appointment to have a procedure performed allows the patient time to read the information provided about the upcoming procedure, ask appropriate questions, and prepare herself for the actual procedure. This allows for the proper amount of time to be scheduled for the procedure to be done; for the inexperienced clinician, additional time should be scheduled. Scheduling new procedures at the end of an office session allows more time for the clinician. As the practitioner’s confidence grows, scheduling times can be adjusted. Scheduling an office session dedicated to just procedures can also be helpful.

A well-trained staff is the provider’s best asset. A lunchtime training session can be very helpful for teaching the staff proper equipment set-up, proper sterile technique for set-up and assisting with the procedure, and how best to assist with the procedure itself. Appropriate equipment set-ups can greatly ease the procedure.
Proper Occupational Safety and Health Administration (OSHA) guidelines must also be followed. For most women’s health procedures, it is wise to have an assistant in the room with the provider, to assist as well as to comfort and to chaperone the patient. All procedures should be done with a consent signed by the patient.

It is important to understand the appropriate billing of your services in order to be properly compensated for your work. Both CPT® codes developed by the American Medical Association and the ICD9 (International Classification of Diseases, 9th Revision, Center for Disease Control and Prevention) codes are provided as suggested codes for each procedure. There may be other more appropriate codes; therefore, each procedure should be coded based on the procedures done or services rendered. Some minor procedures, such as cervical polyp removal, do not have a specific CPT® code. In those circumstances, the CPT® manual recommends that the clinician code the appropriate-level office visit. As covered in our billing and coding chapter, certain insurance plans reimburse differently for some of the contraception devices, and insurance reimbursement varies across the county. It is important that the provider be aware of these differences as he/she offers certain procedures in the office. Prior authorization is sometimes necessary as well. Some devices (levonorgestrel intrauterine system or etonorgestrel implantables) may need to be ordered through the patient’s insurance company and delivered to the office before insertion.

It is our hope that this book will act as a manual for women’s health procedures for all providers, including family physicians, gynecologists, general internists, residents, nurse practitioners, nurse midwives, and physician’s assistants. There are presently no other texts specifically written for providers and staff of women’s health services. It is our hope that this procedures text will allow the practitioner to be competent, efficient, and comfortable in performing each procedure in the office on a regular basis.

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