Georgia’s General Assembly
Joint Study Committee on Medicaid Reform

Georgia’s Obstetric Care Shortage

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Research Group (GMIHRG)
Outline

• Georgia’s obstetric provider shortage

• Patient impact

• Areas for interventions
  o Obstetrician training, recruitment, and retention
  o CNMs and Obstetric PAs

• Conclusions
Gyn & Ob Care in Georgia

• Shortage of Ob/Gyns
  o U.S.: 14.1 per 100,000 residents in 2006
  o Georgia: 13.5 per 100,000 residents in 2004
  o 10.9 per 100,000 residents in 2008
  o Most severe in rural areas

• Ob situation especially grave
  o March of Dimes “C” rating for prematurity
  o Many Ob/Gyns discontinuing Ob services
Why do Georgia Ob/Gyns discontinue Ob care?

• **Demanding call schedules**
  - Departure of other local obstetricians

• **Unfavorable legal environment**
  - Quash of the malpractice compensation cap
  - Restrictive political climate

• **Low reimbursement rates**
  - 50-60% of Georgia births are Medicaid-funded
  - 37% decline in rates from 2001 to 2011 *(when adjusted for inflation)*
  - Medicaid now pays ~$1,300 for pre- and perinatal care
    - 50-60% the private reimbursement rate
Ob Care in Rural Georgia

• 43 of the 82 Georgia PCSAs* outside of the Atlanta MSA (52%) have either an overburdening or a complete absence of obstetric providers

* Primary Care Service Area: collection of counties in which >30% of those county residents receive their primary care
Ob Care in Rural Georgia

• 43 of the 82 Georgia PCSAs outside of the Atlanta MSA (52%) have either an overburdening or a complete absence of obstetric providers

  o *No* obstetricians: 31 (38%)
  o *No* delivering family practitioners: 73 (89%)
  o *No* certified nurse midwives: 57 (70%)
Ob Care in Rural Georgia

• 43 of the 82 Georgia PCSAs outside of the Atlanta MSA (52%) have either an overburdening or a complete absence of obstetric providers

  ○ By 2020, 75% will lack adequate services
Based on national averages, men stop practicing obstetrics at age 52, and women at age 44.
Status of Obstetric Services in Georgia (by PCSA)
Dec. 2011
Preterm Birth in Georgia
1999-2009

Legend
- GA Hospitals
- Georgia Metropolitan Areas

Percent of Preterm Births
mean
- 0.0% - 6.5%
- 6.6% - 10.4%
- 10.5% - 12.3%
- 12.4% - 14.7%
- 14.8%+

Data Sources:
Census Tracts 2000
GA Core Based Statistical Area 2003
Atlanta Regional Commission 2011
Map Produced April 2013
Are They Related?
Driving Time and Prematurity

<table>
<thead>
<tr>
<th>Driving Time</th>
<th>Odds Ratio for Preterm Delivery (&lt; 37 weeks), with 95% CI</th>
</tr>
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<tbody>
<tr>
<td>≤ 15 minutes</td>
<td>1.00</td>
</tr>
<tr>
<td>16 – 30 minutes</td>
<td>1.06 (1.01, 1.11)</td>
</tr>
<tr>
<td>31 – 45 minutes</td>
<td>1.09 (1.03, 1.14)</td>
</tr>
<tr>
<td>&gt; 45 minutes</td>
<td>1.53 (1.46, 1.60)</td>
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Controlled for maternal age, race/ethnicity, marital status, maternal education, government-assisted payment, maternal residence, birth order, prior poor infant health outcome, and transfer status

There is a spatial mismatch between a pregnant woman’s risk and her access to services
Americus

“[From] Preston, it’s 30 miles to Americus. If [patients] have cars, they don’t have much gas, and there’s no public transportation. They don’t come to prenatal care.”
Moultrie
“We are the only obstetrical practice in town. With one OB and a midwife, we did 550 deliveries last year. Sometimes we see 60 women in a day. 75 to 80 percent of our patients are Medicaid. It’s difficult to recruit physicians of any kind to this area.”
La Grange

“The paperwork kept getting more and more complicated [but] the malpractice insurance rate increase was the clincher. We stopped OB.”
Waycross
“There were only 2 OBs in Waycross when I [left] the state. They need 4 to adequately take care of all the women in the community.”
**Obstetric provider workforce estimates are based on average annual deliveries per provider (AADP). 2020 projections assume no provider recruitment.

**Adequate**
AADP < 144

**At-Risk**
144 ≤ AADP ≤ 166

**Deficit**
AADP > 166

**No OB Services**

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SOURCES: Georgia Maternal and Infant Health Research Group, phone survey (2011); Georgia Office of Health Indicators for Planning (2011); U.S. Census Bureau, Geography Division (2011); Georgia Board of Physician Workforce (2010).
Ob/Gyn Training

• Undergraduate Education
• Medical School
• Ob/Gyn Residency
Georgia Ob/Gyn Residents

95 residents: 84.2% response rate (n=80)

High School
- Georgia: 63%
- Elsewhere: 37%

Medical School
- Georgia: 58%
- Elsewhere: 42%

Female: 91%
Male: 9%
Residents’ Future Careers

Do you think you will stay in Georgia after residency?

- Yes: 28%
- No: 28%
- Unsure: 44%
Residents’ Future Careers

How likely are you to accept a job in rural Georgia?

- Extremely likely: 3%
- Likely: 22%
- Unlikely: 46%
- Extremely unlikely: 29%
How likely are you to accept a job in rural Georgia?
Burden of Debt

Residents' Debt Estimate (%)

- ≤$99,999
- $100,000-199,999
- ≥$200,000

Changing Minds

How likely are you to accept a job in rural Georgia if a financial incentive is offered?

Number of Residents

Extremely Likely | Likely | Unlikely | Extremely Unlikely

- No incentive(s)
- Loan repayment
- Differential pay
- Guaranteed salary
- Tax credit
- Support to open practice
- Higher Medicaid reimbursement
Provider Recruitment & Retention

- **Rural Physician Tax Credit**
  - Georgia Department of Revenue
  - $5,000 annually for max. 5 years

- **Physicians for Rural Areas Assistance Program**
  - Georgia Board for Physician Workforce
  - Loan repayment: $25,000 annually, for max. 4 years or $100,000

- **Qualifications**
  - Eligible counties: ≤35,000 residents
  - Major challenge: L&D unit closure
Eligible Obstetric Facilities, 2013
Georgia CNM Students

28 Students: 100% response rate (n=28)

High School
- 75% Georgia
- 25% Elsewhere

Nursing School
- 82% Georgia
- 18% Elsewhere

Emory

Female: 96%
Male: 4%
Do you plan to stay in Georgia upon completion of training?

- Yes: 32%
- No: 36%
- Unsure: 32%
CNM Students’ Future Careers

How likely are you to accept a job in a shortage area?

- Extremely likely: 18%
- Likely: 36%
- Unlikely: 46%
- Extremely unlikely: 0%
Strength of Georgia Ties

How likely are you to accept a job in a shortage area?

Number of CNM Students

- Extremely likely
- Likely
- Unlikely
- Extremely unlikely

- Georgia Tie(s)
- No Georgia Ties
Conclusions

• Georgia has the 2\textsuperscript{nd} highest maternal mortality and 14\textsuperscript{th} highest teen pregnancy rate in the United States. We also carry a “C” grade for our prematurity rate.

• Outside of Atlanta, the obstetric provider shortage is severe and is getting worse; this poor access to care is associated with low birth weight and premature births and may contribute to our poor maternal outcomes.
Conclusions

- Certified nurse midwives are more likely than other obstetric providers to practice in rural GA.

- CNMs provide a cost-effective solution to our growing shortage, and consideration should be given towards their role in innovative models of care and reimbursement schemes.

- CNM training sites should be established in Georgia, ideally in collaboration with public universities.
Recommendations

• **Increase residency slots for ob/gyns.** *Physicians trained in Georgia are more likely to stay in Georgia and more likely to practice in rural areas.*

• **Create and strengthen financial incentives to attract obstetric providers to rural areas.** *Given the debt burden of ob/gyn residents, joining a rural practice that serves a predominantly Medicaid population is not economically feasible.*
  
  - Since 40% of rural hospitals have closed, current loan repayment programs for care in rural areas have limited value.
  - The classification of eligible counties should be expanded to allow opportunities for obstetricians to be placed in hospitals that serve rural counties.
  - Modifications in eligibility will be introduced as a legislative item in the upcoming session.
Recommendations

• Continue Planning for Healthy Babies (P4HB) by keeping it in the Medicaid budget
  o P4HB provides care, birth planning, and contraception to high risk women between pregnancies. This extends the birth interval and improves outcomes for mothers and babies.

• Support Maternal Mortality Review Committee legislation (SB 273)
Final Plea

• If we fail to expand Medicaid coverage and lose federal monies for uncompensated care, many of our rural hospitals are at high risk of closing, which would place enormous pressure on our state’s already-overburdened obstetric care network.

• Healthy women are a prerequisite for both healthy pregnancies and healthy infants; with 25% of Georgia women uninsured, Medicaid coverage is especially needed before and beyond pregnancy.
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Thank you!

Questions?