

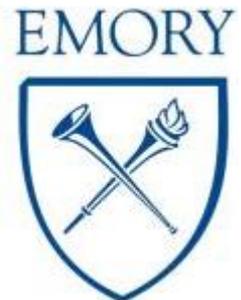
Georgia's General Assembly House Study Committee on Medical Education

Georgia's Obstetric Care Shortage

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**Georgia Maternal & Infant Health
Research Group (GMIHRG)**

October 15th, 2014



Outline

- Georgia's obstetric provider shortage
- Patient impact
- Areas for interventions
 - Obstetrician training, recruitment, and retention
 - CNMs and Obstetric PAs
- Conclusions

Obstetric Care in Georgia

- **Providers: Ob/Gyns¹**
 - **U.S.:** 5.42 per 10,000 women aged 15-45 years
 - **Georgia:** 5.46 per 10,000 women aged 15-45 years
- **Patients: Women¹**
 - By 2030: **U.S. ♀** population will increase by **18%**
Georgia ♀ population will increase by **25%**
- **Rural areas:** Disproportionately affected²
- **Ob situation:** Especially grave³⁻⁶
 - Many Ob/Gyns discontinuing Ob services

1. ACOG. Georgia Workforce Fact Sheet, 2014.

2. GBPW. *Physician Workforce Core Specialties*, 2008.

3. Miller A. *Georgia Health News*, July 22, 2011.

4. Rankin B. *Atlanta Journal Constitution*, March 22, 2010.

5. Strothers HS, et al. Letter to Georgia Governor Deal, 2011.

6. Dott A. Personal communication. September 21, 2011.

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

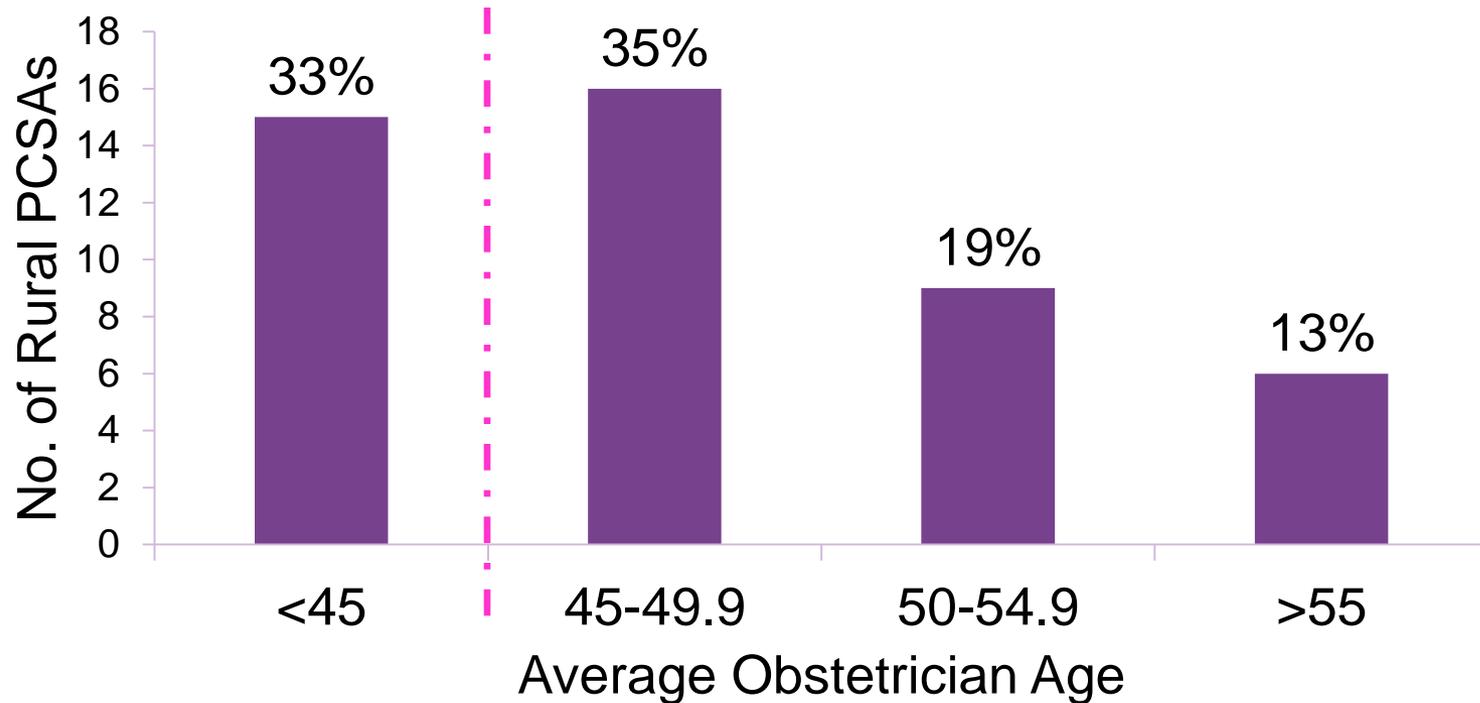
- 43 of the 82 Georgia PCSAs outside of the Atlanta MSA (52%) have either an overburdening or a complete absence of obstetric providers
 - **No** obstetricians: 31 (38%)
 - **No** delivering family practitioners: 73 (89%)
 - **No** certified nurse midwives: 57 (70%)

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

Retirement of Rural Obs

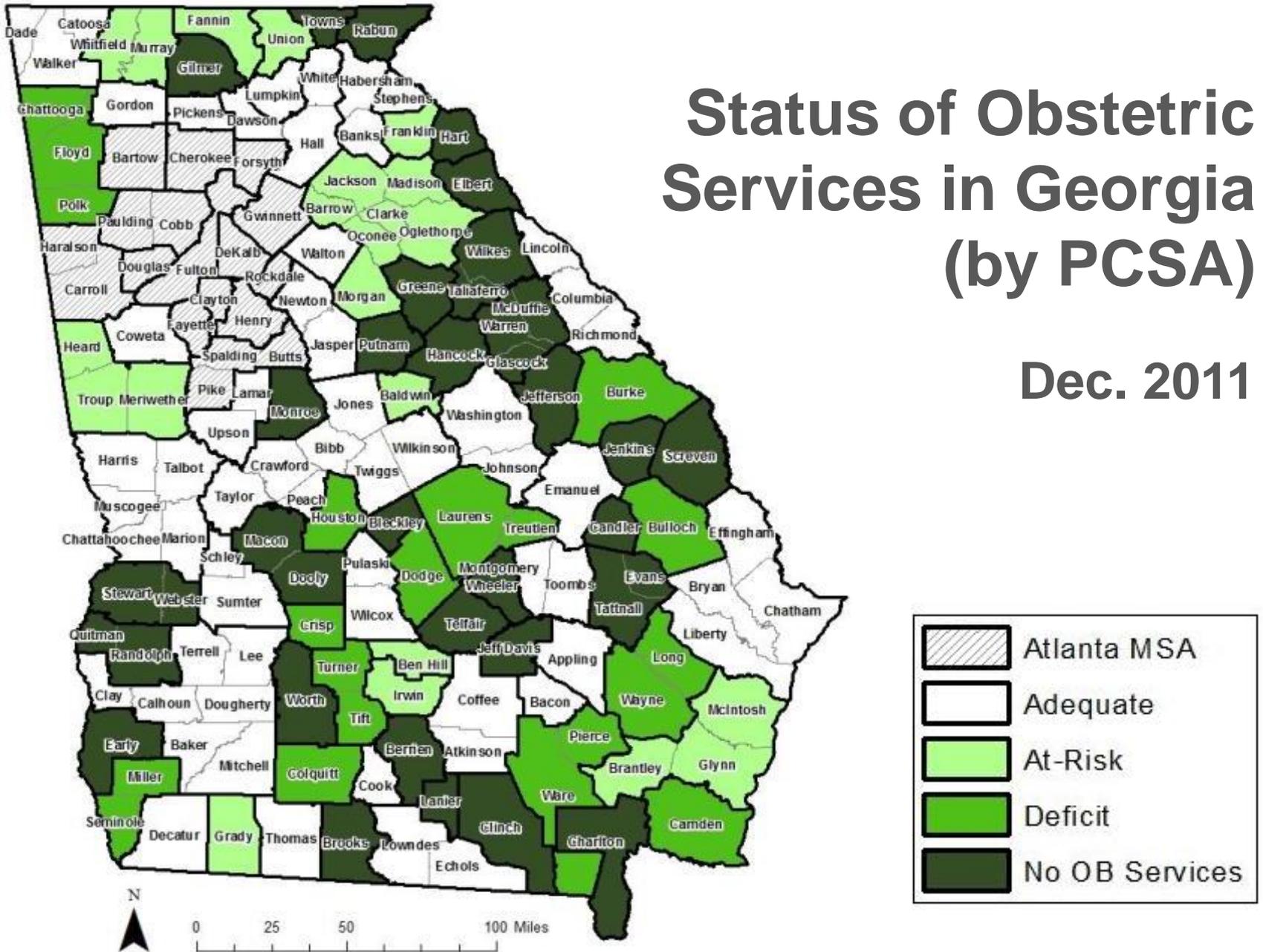
Average Ob Age in Rural PCSAs



Based on national averages, **men** stop practicing obstetrics at age **52**, and **women** at age **44**.

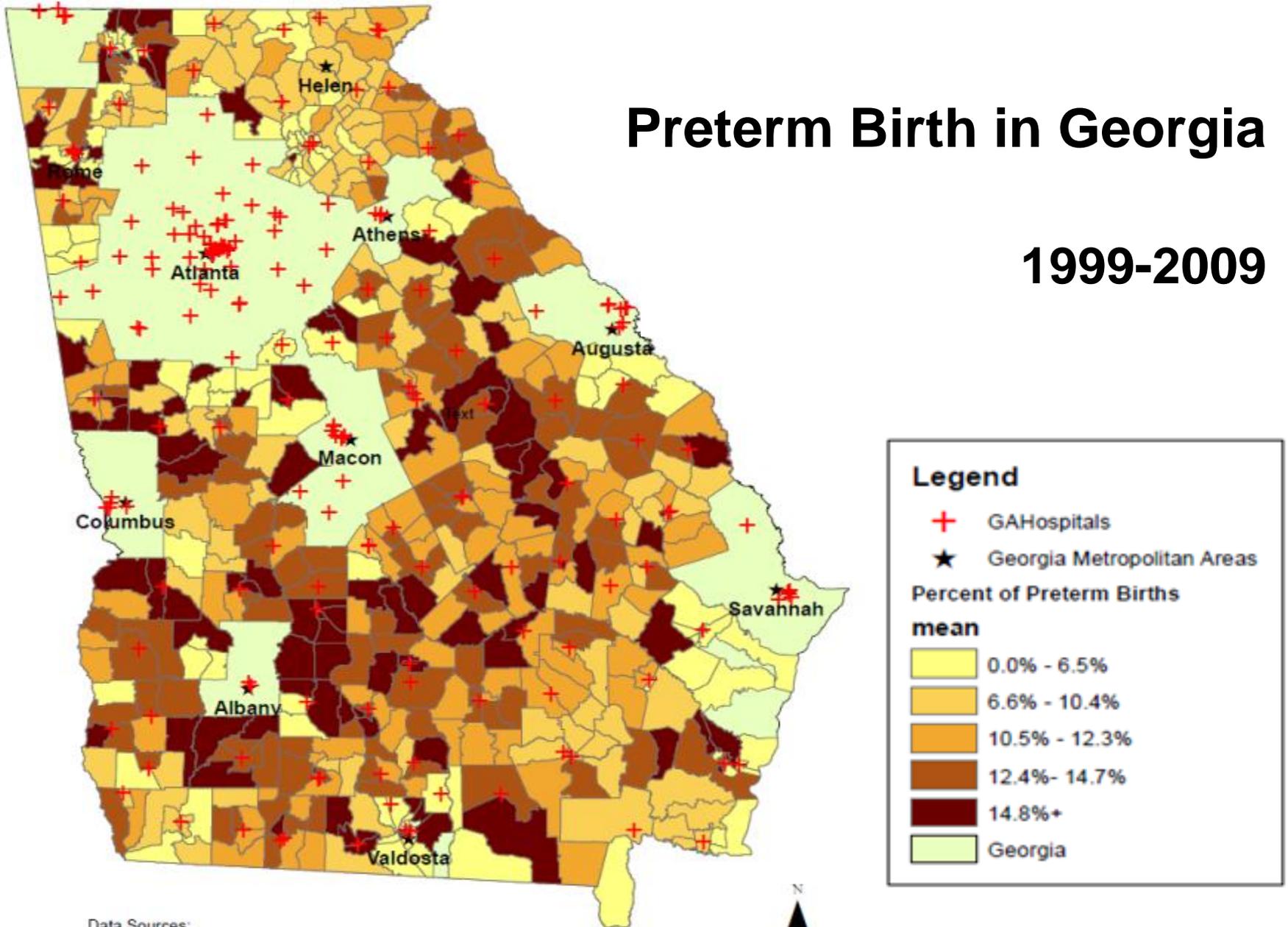
Status of Obstetric Services in Georgia (by PCSA)

Dec. 2011



Preterm Birth in Georgia

1999-2009

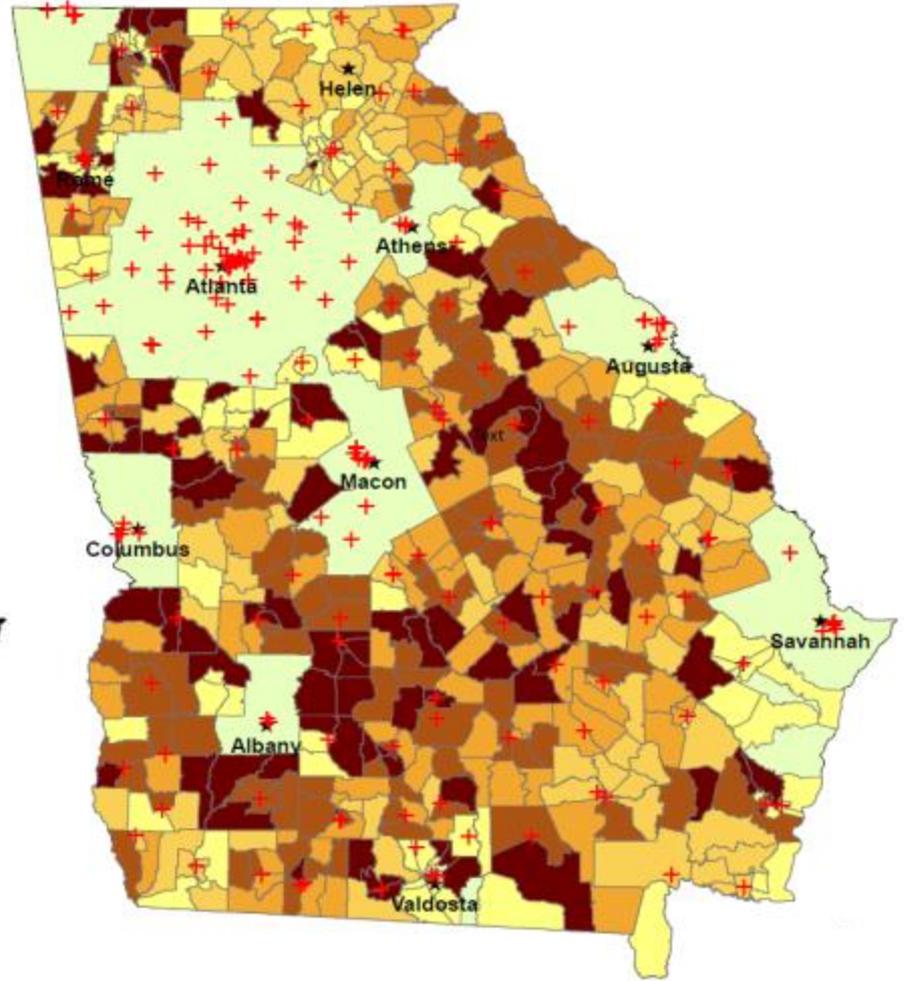
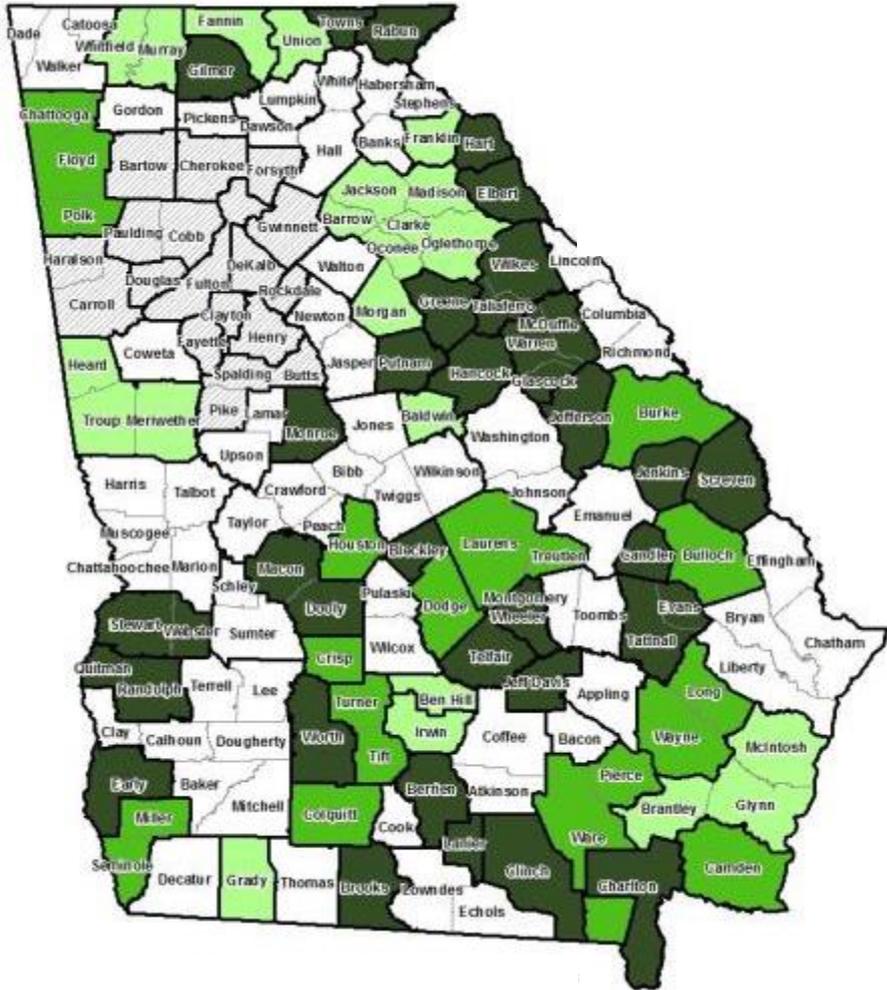


Data Sources:
Census Tracts 2000
GA Core Based Statistical Area 2003
Atlanta Regional Commission 2011

Map Produced April 2013

0 12.5 25 50 Miles

Are They Related?



Driving Time and Prematurity

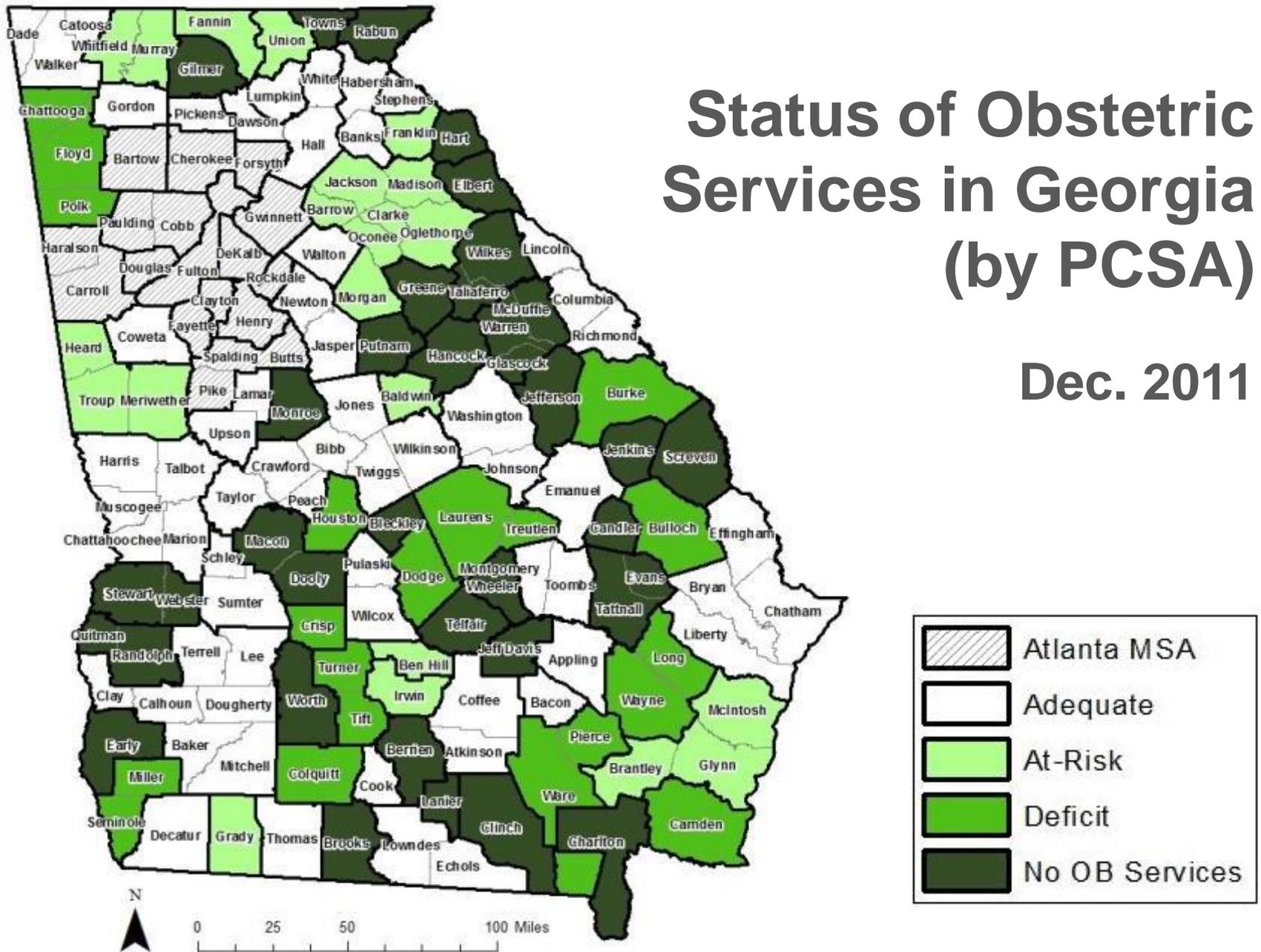
Driving Time	Odds Ratio for Preterm Delivery (< 37 weeks), with 95% CI
≤ 15 minutes	1.00
16 – 30 minutes	1.06 (1.01, 1.11)
31 – 45 minutes	1.09 (1.03, 1.14)
> 45 minutes	1.53 (1.46, 1.60)

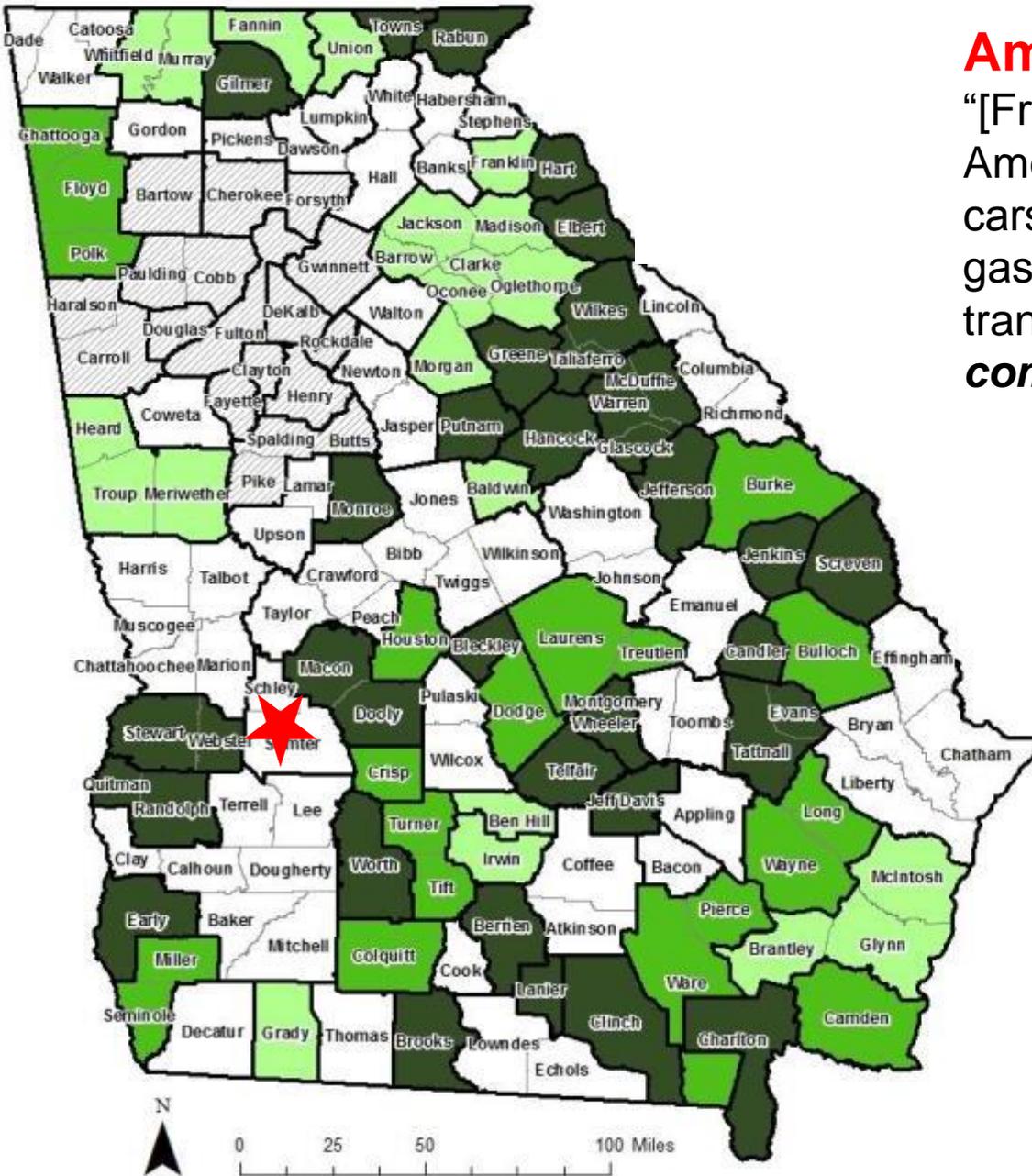
Controlled for maternal age, race/ethnicity, marital status, maternal education, government-assisted payment, maternal residence, birth order, prior poor infant health outcome, and transfer status

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

Status of Obstetric Services in Georgia (by PCSA)

Dec. 2011

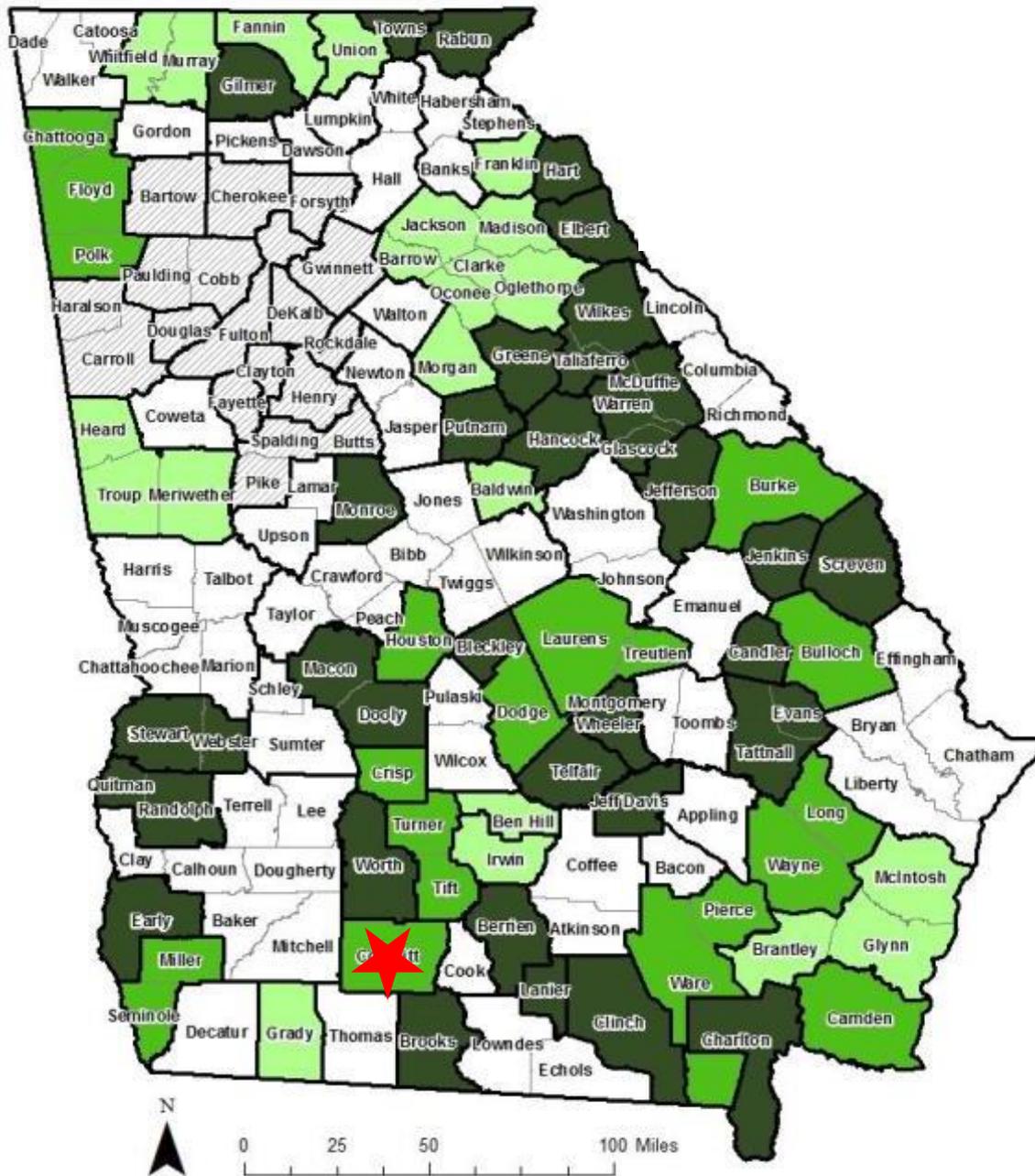




Americus

“[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.***”





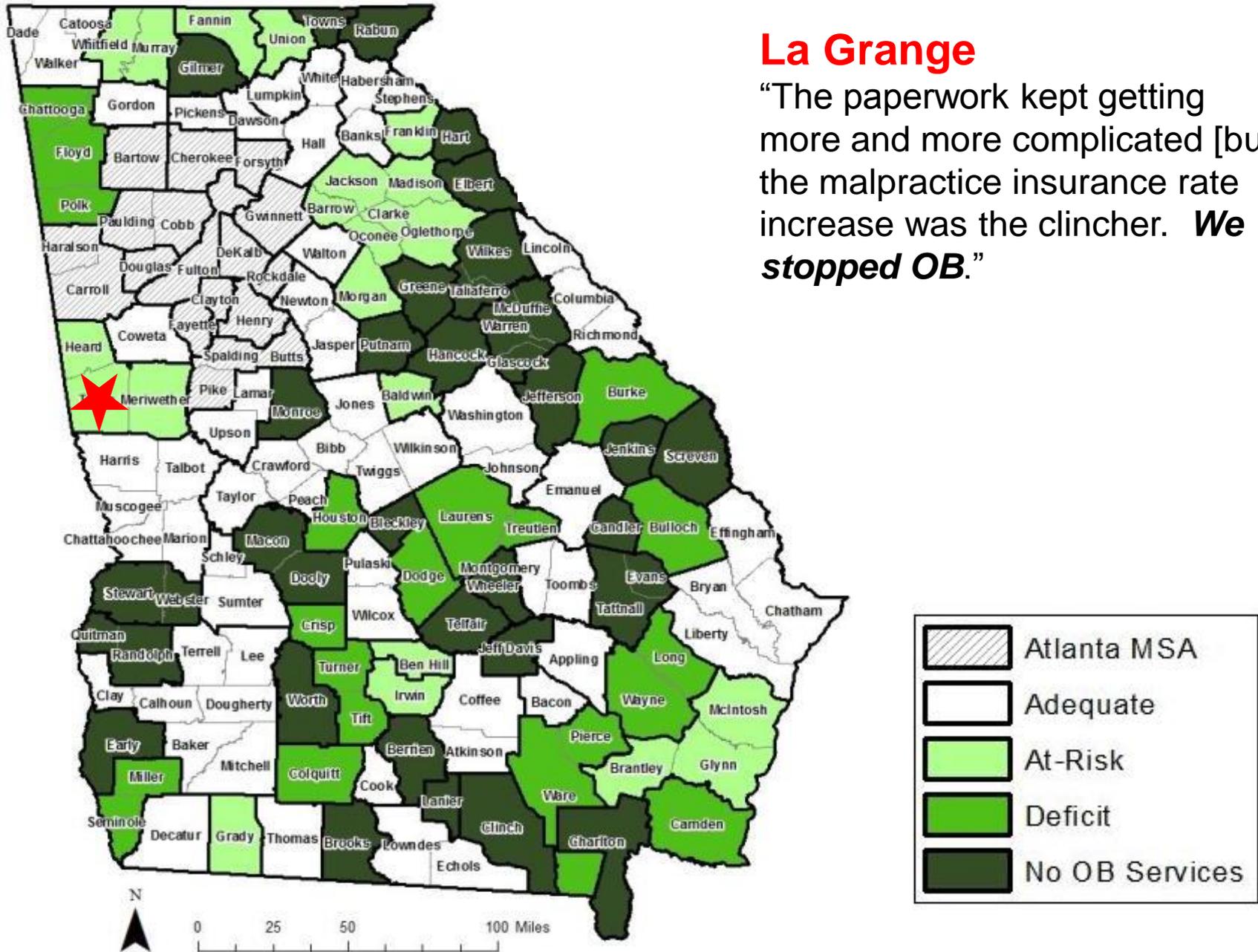
Moultrie

“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.”



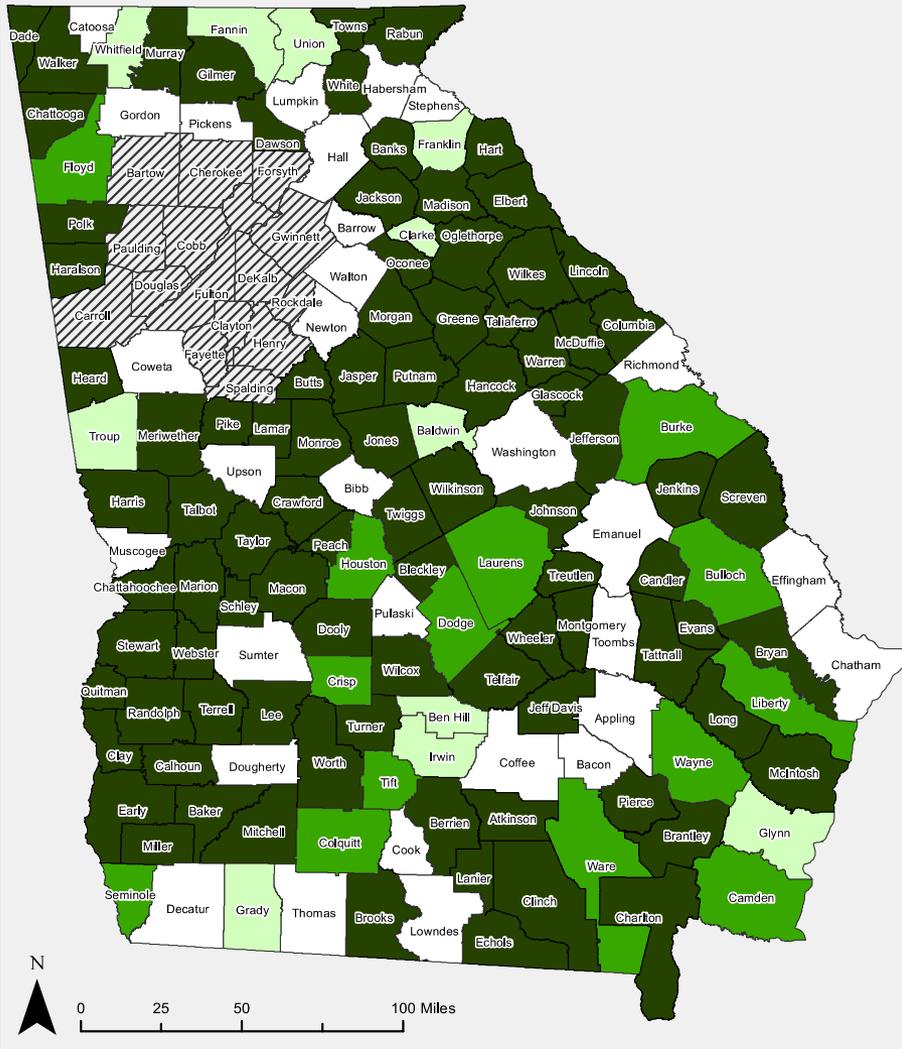
La Grange

“The paperwork kept getting more and more complicated [but] the malpractice insurance rate increase was the clincher. **We stopped OB.**”

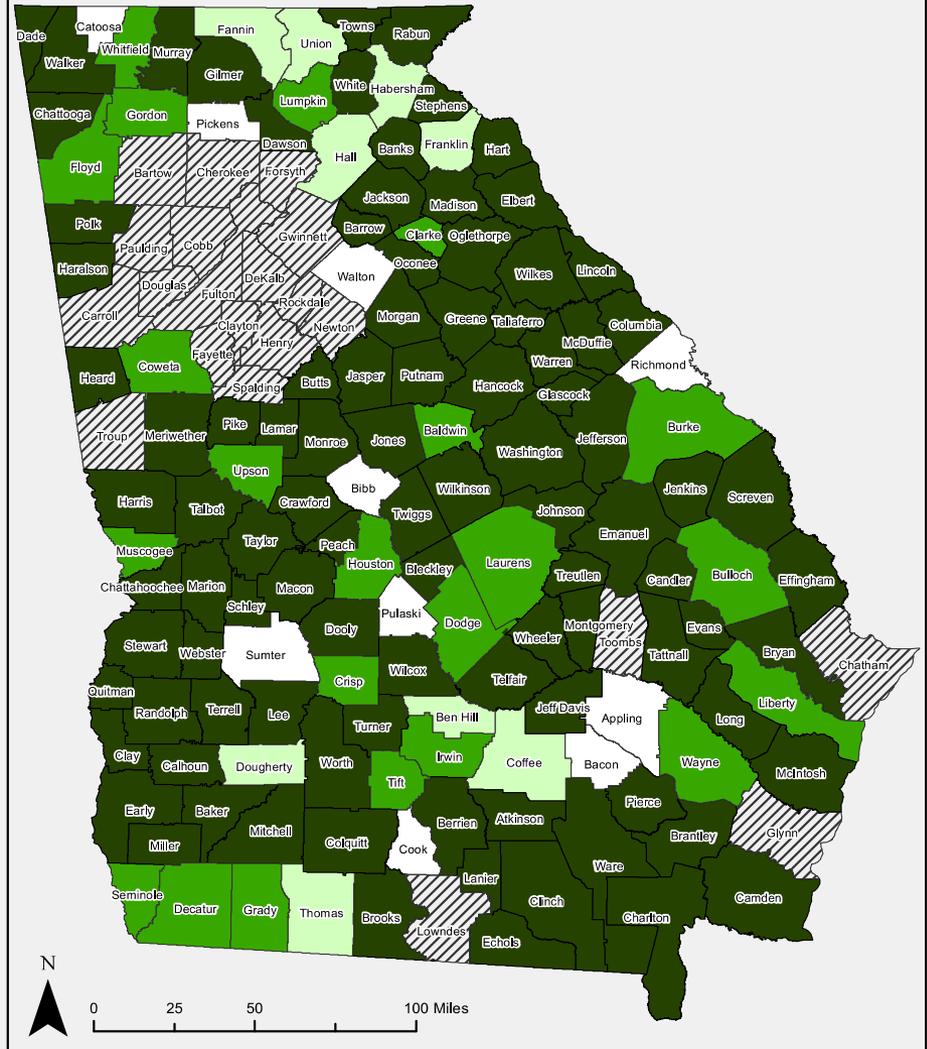


Georgia Obstetric Provider Workforce Estimates, by County

2011 Estimates**



2020 Projections**

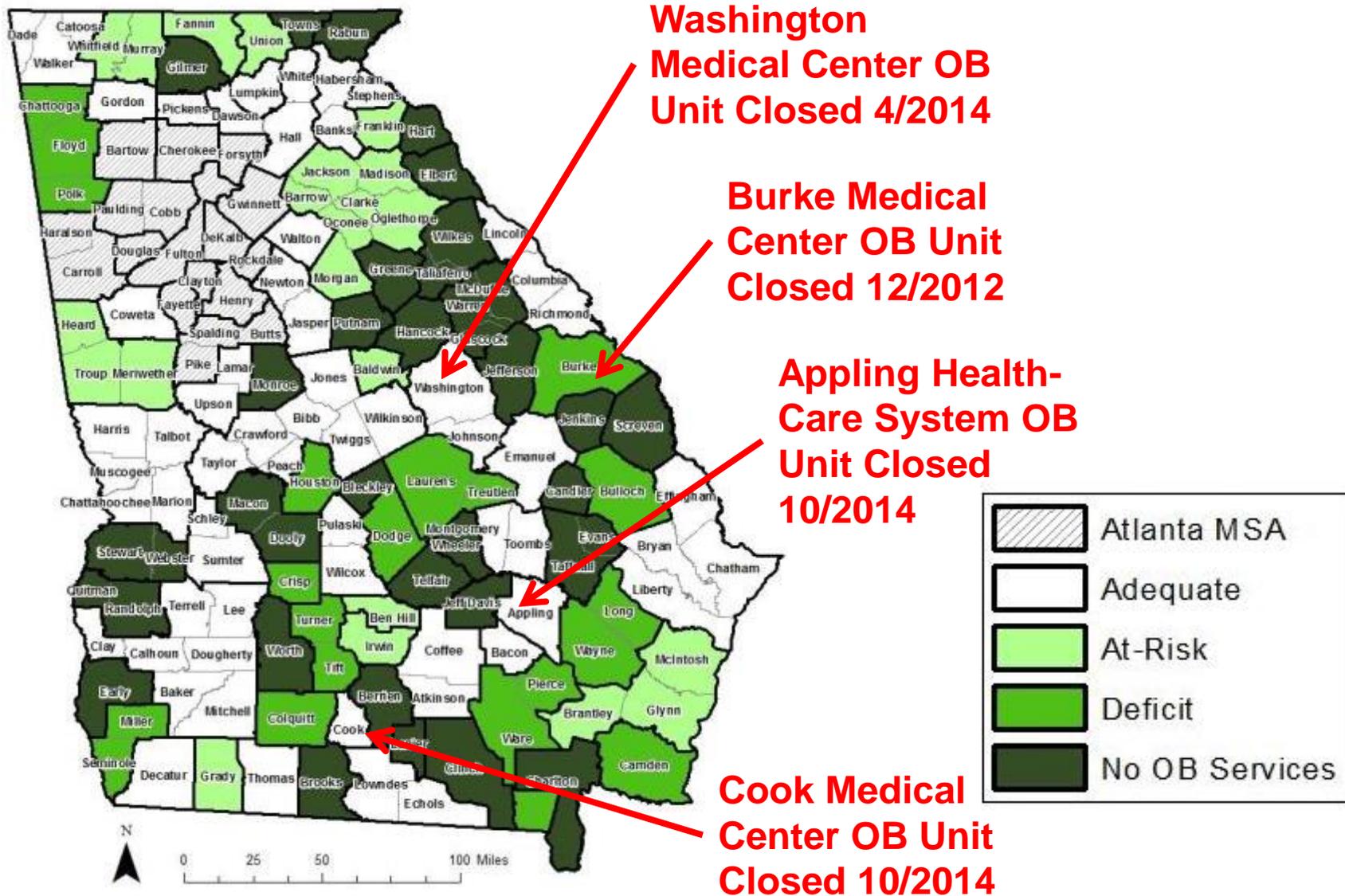


**Obstetric provider workforce estimates are based on average annual deliveries per provider (AADP). 2020 projections assume no provider recruitment.



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 Unit Closures, 2011-2014



Where Do Ob Providers Begin?

- Medical Students
- Ob/Gyn Residents
- Non-MD Providers

Can Medical Education Help?

What is the role of medical education in supplying primary care physicians (PCPs) to shortage areas?

Supplying PCPs for Shortages

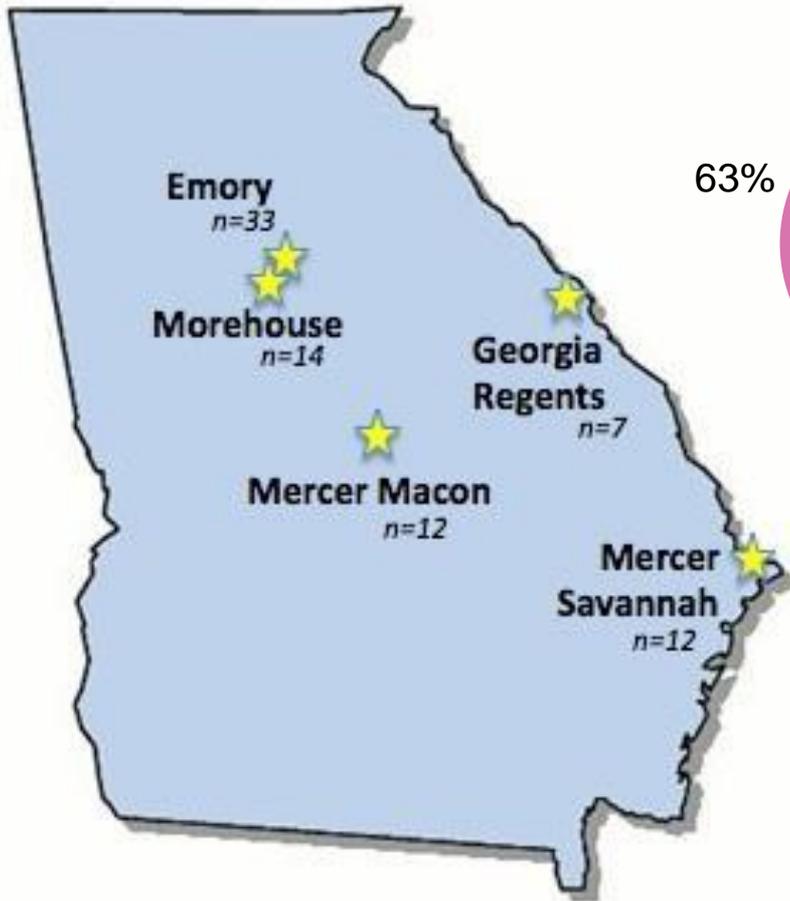
- Area of significant research
- Features of programs with a high number selecting a career in ***rural primary care***:
 - Many rural students in the program
 - Specialized tracks for primary care
 - Longitudinal primary care experience
 - Required clerkship in family medicine

Where Do Ob Providers Begin?

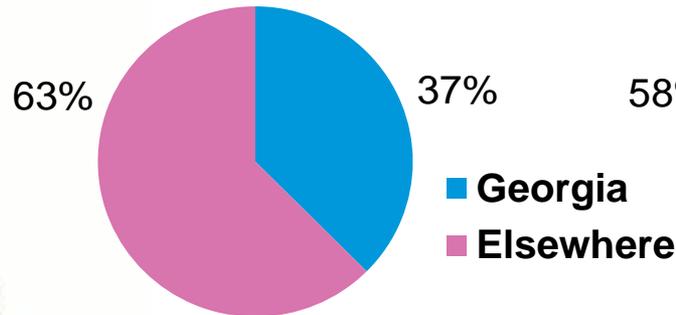
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Georgia Ob/Gyn Residents

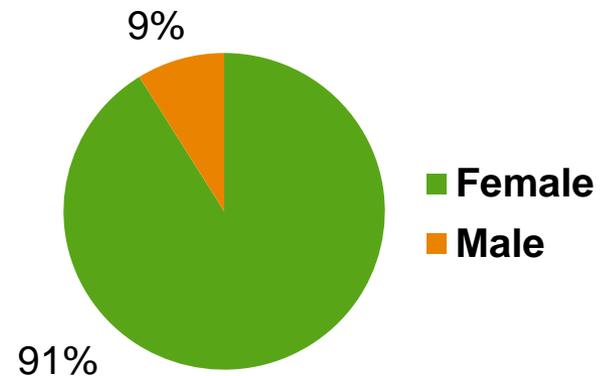
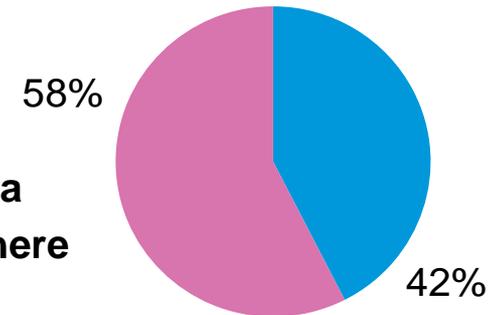
95 residents: 84.2% response rate (n=80)



High School

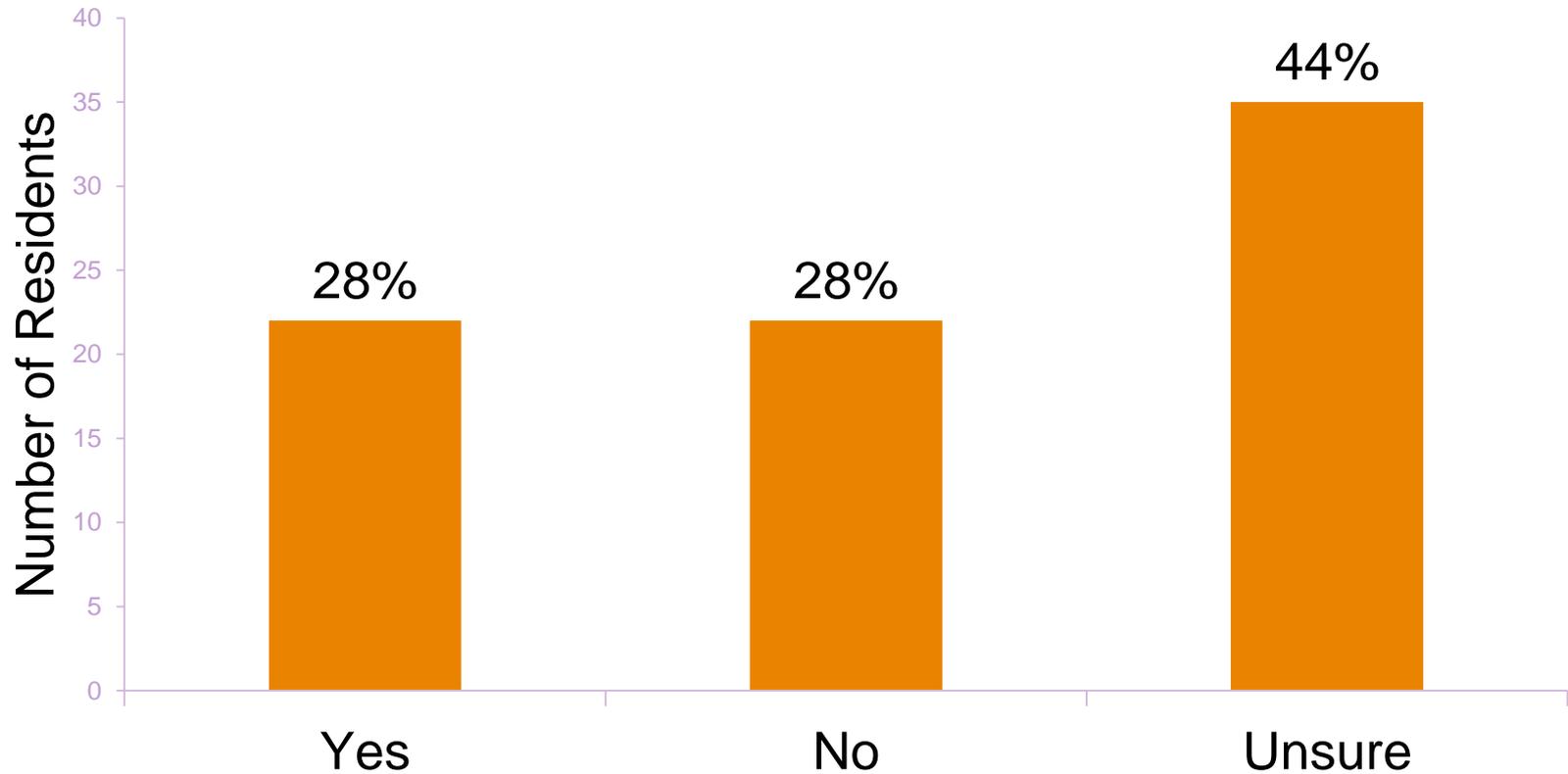


Medical School



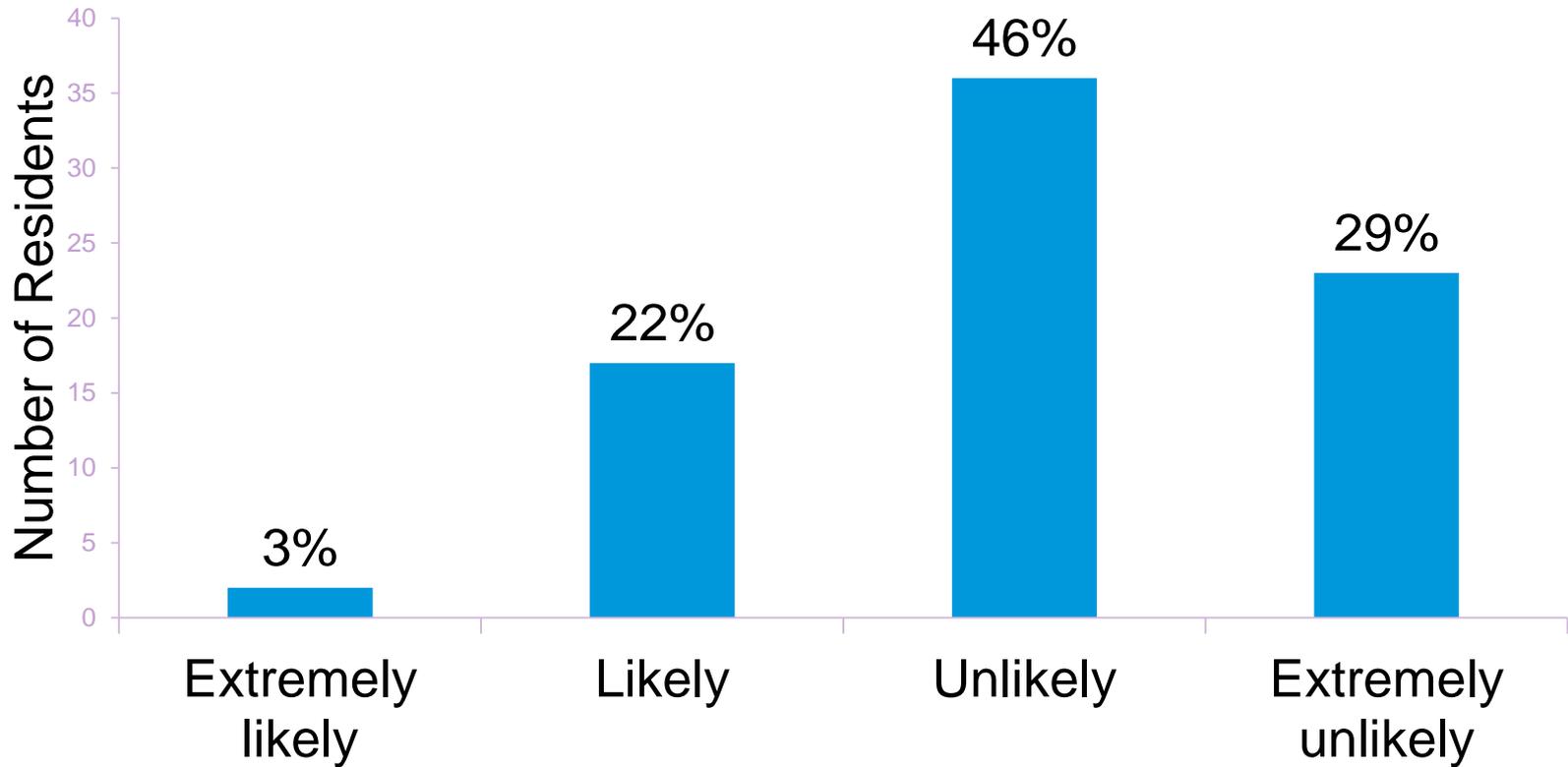
Residents' Future Careers

Do you think you will stay in Georgia after residency?



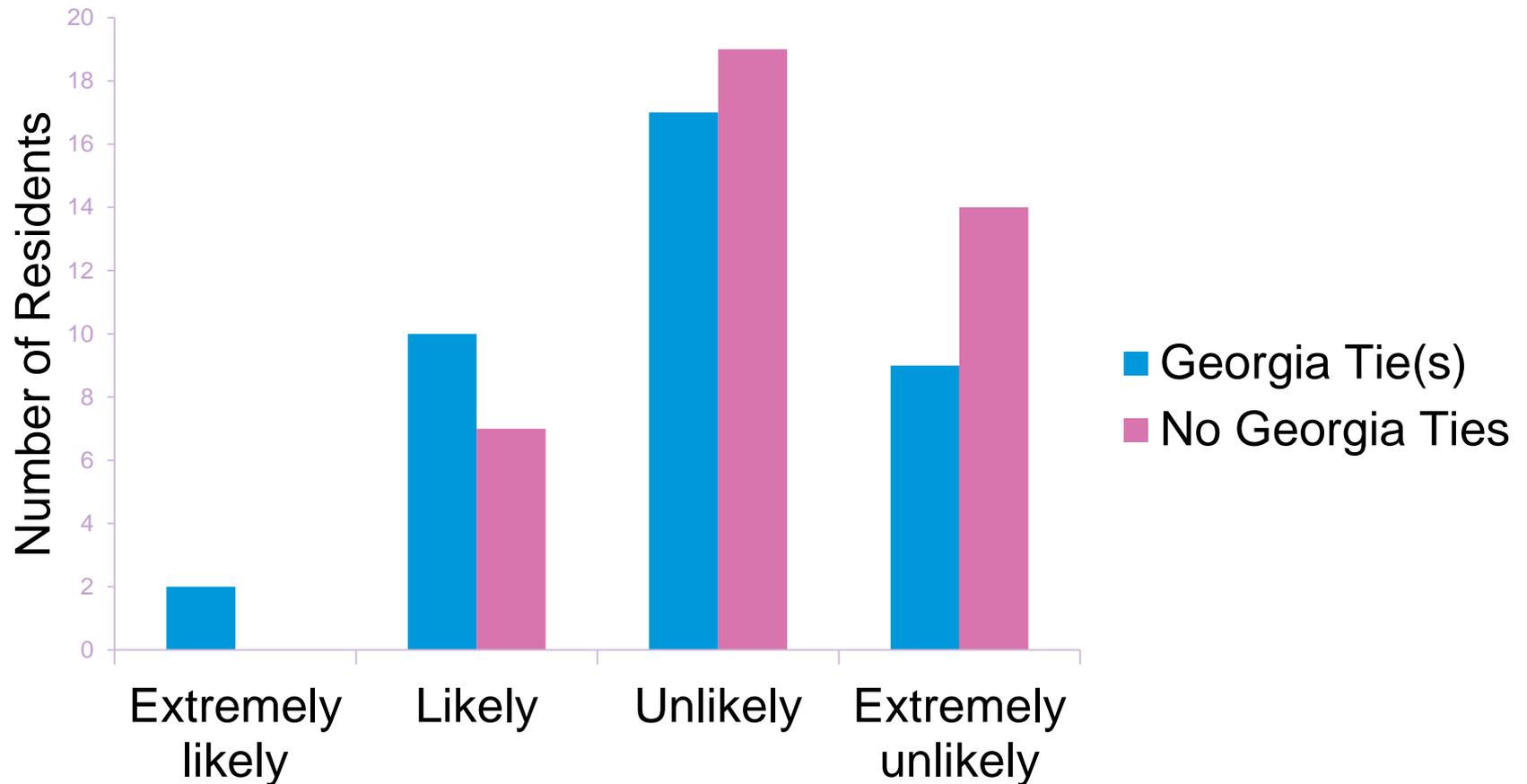
Residents' Future Careers

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

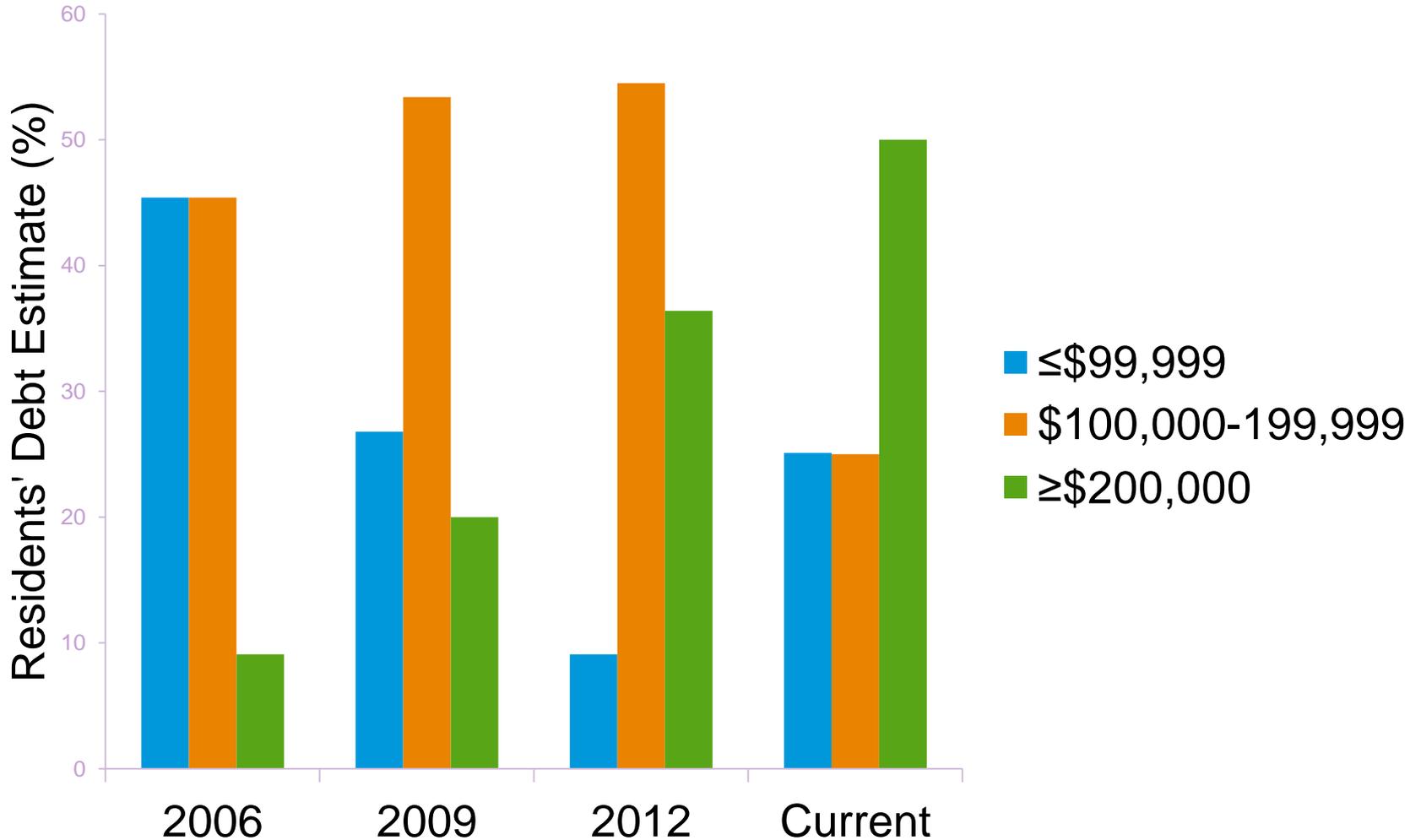


Strength of Ties

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

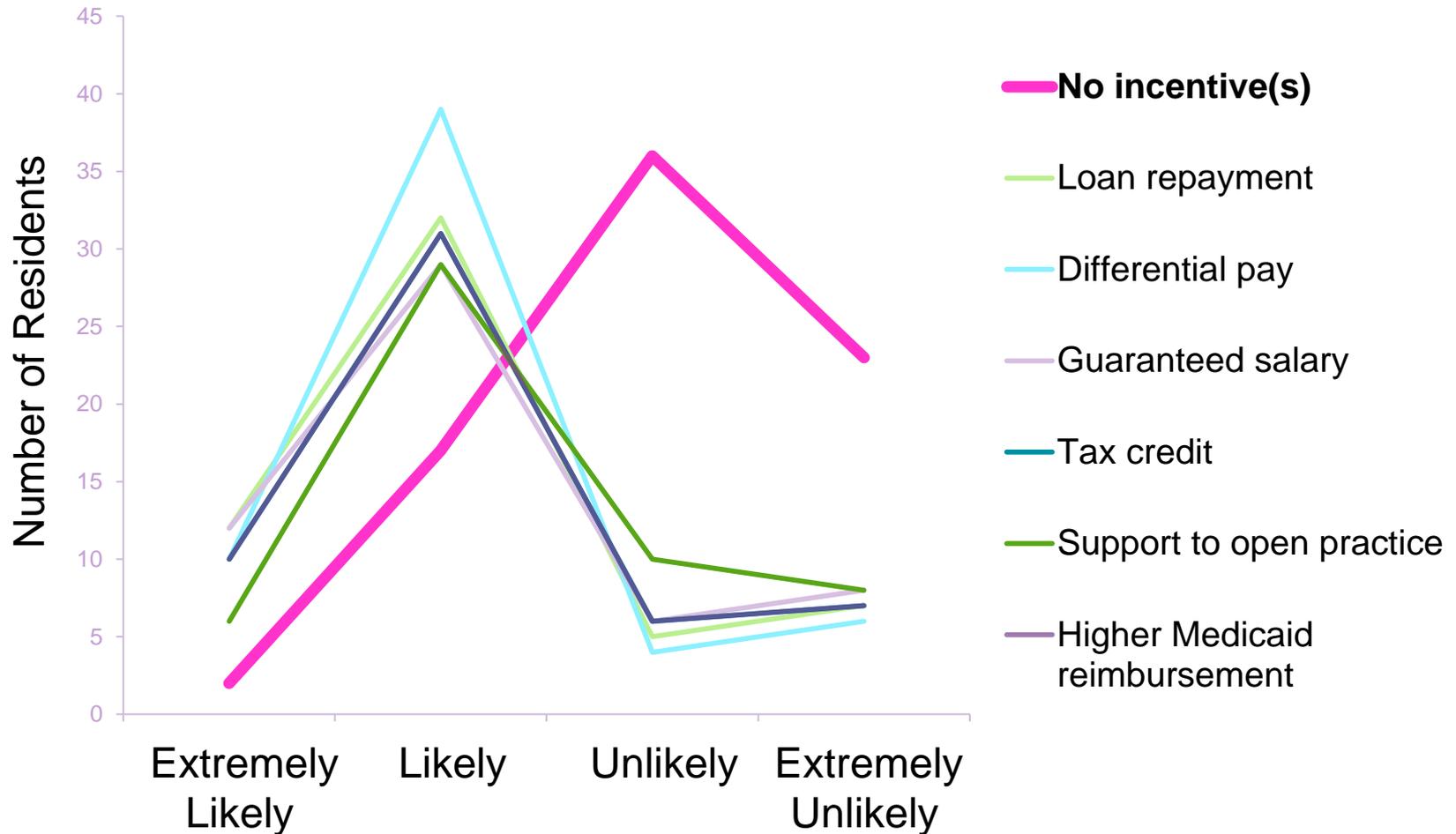


Burden of Debt



Changing Minds

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

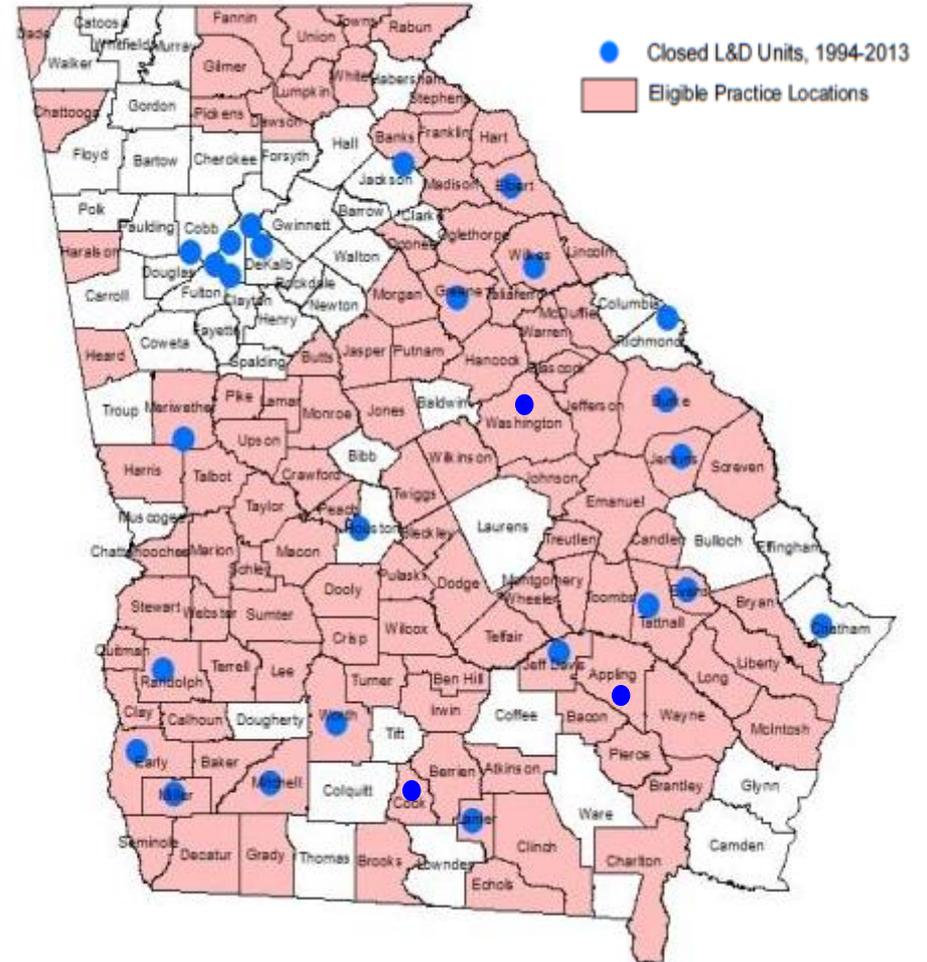
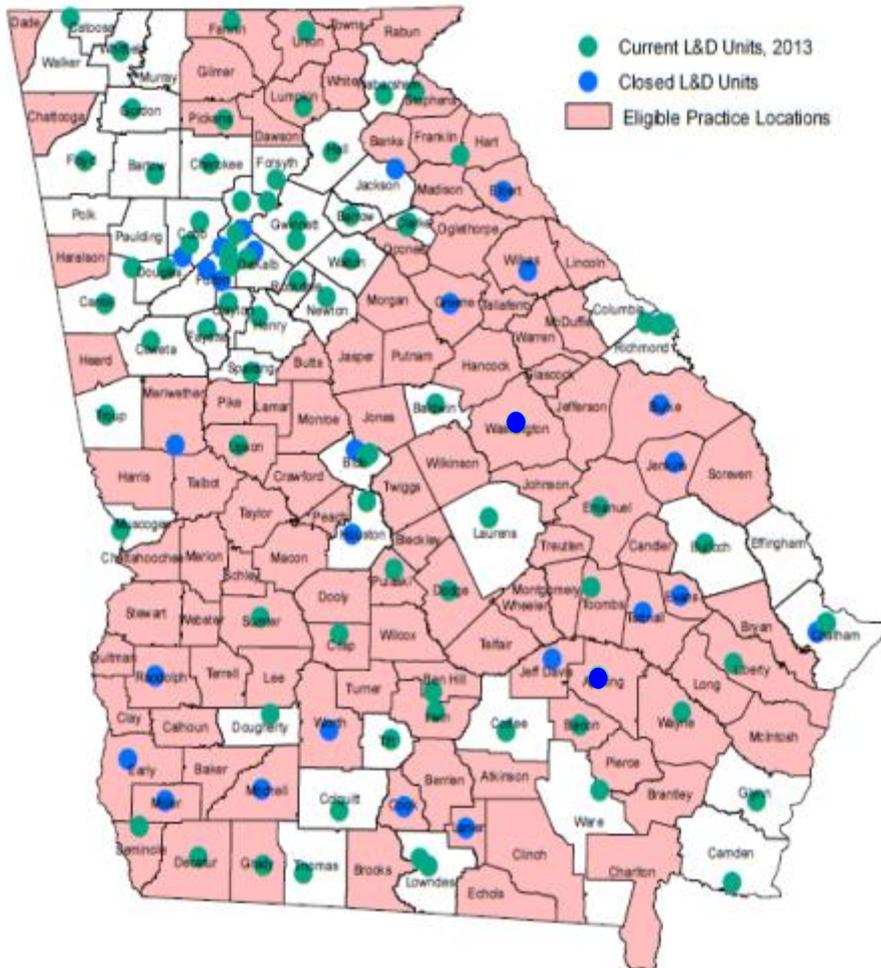


Financial Incentive Programs

- ***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
 - Qualification: County population $\leq 35,000$
 - Major challenge: L&D unit closures
 - Solution: House Bill 998 (Passed during 2013-2014 Legislative Session)

Labor & Delivery Unit Closures



Importance of Intangibles

Residents listing factor as one of three most important (%)

0 10 20 30 40 50 60 70 80 90

Lifestyle (call schedule, vacation, free time, etc)

Proximity to friends/family

Personal interest in field/subject matter

Salary

Proximity to a good job for significant other

Location

Benefits of joining an existing group practice

Responsibility to serve the underserved

Loan forgiveness

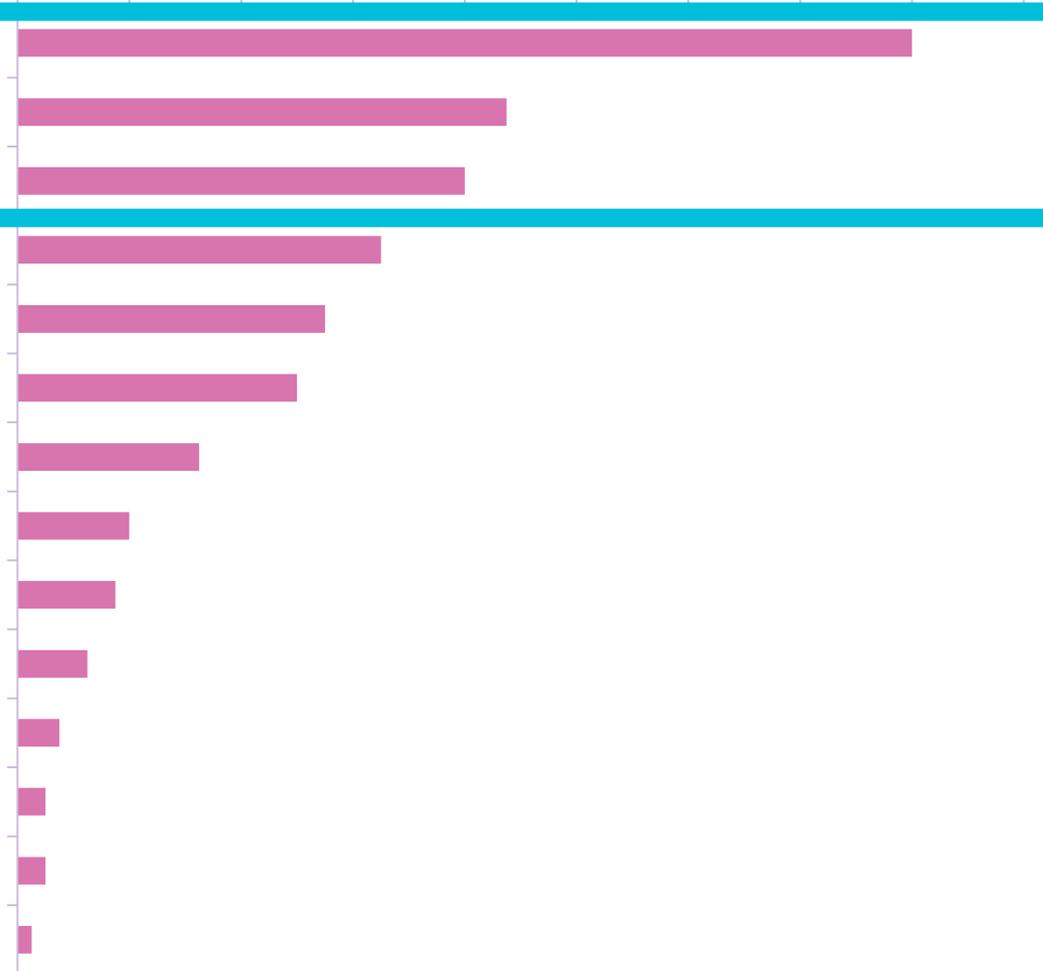
Personal interest in patient population(s)

Dedication to scientific inquiry

Collaboration with other medical professionals

Malpractice insurance rates

Religious/moral beliefs

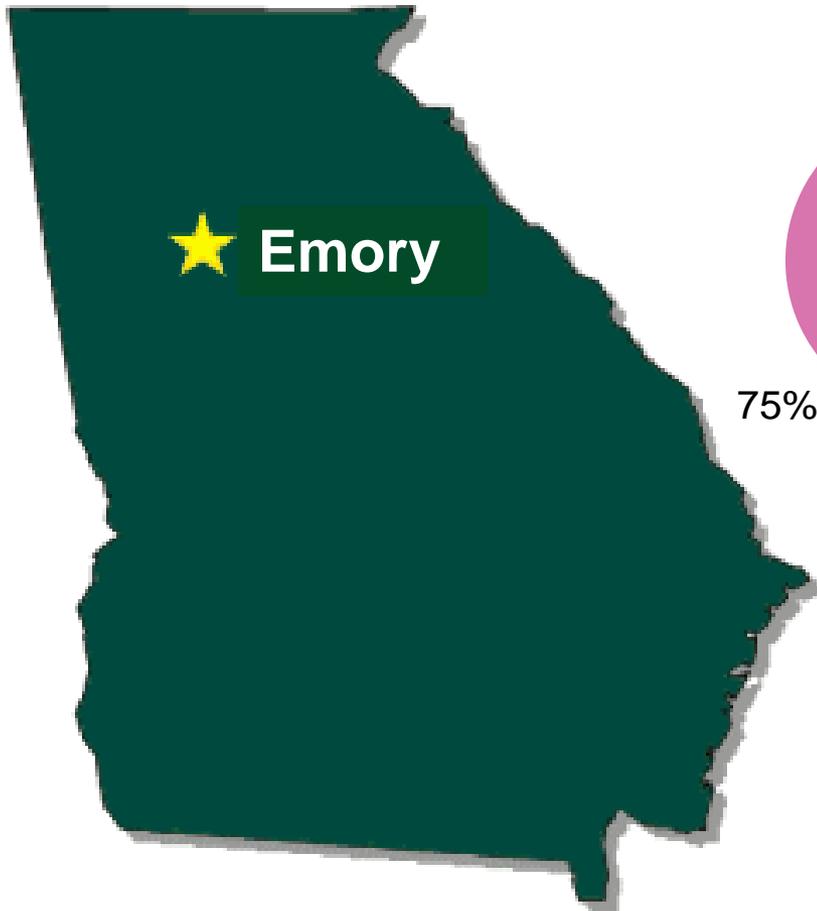


Where Do Ob Providers Begin?

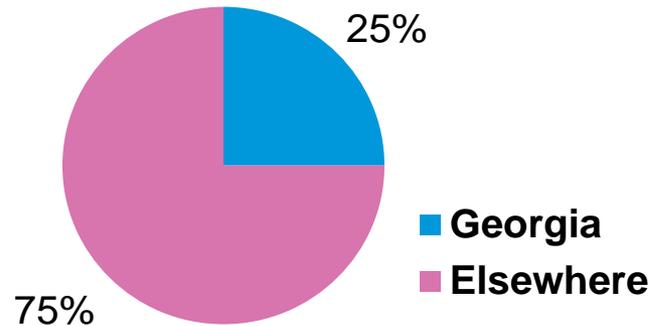
- Medical Students
- Ob/Gyn Residents
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Georgia CNM Students

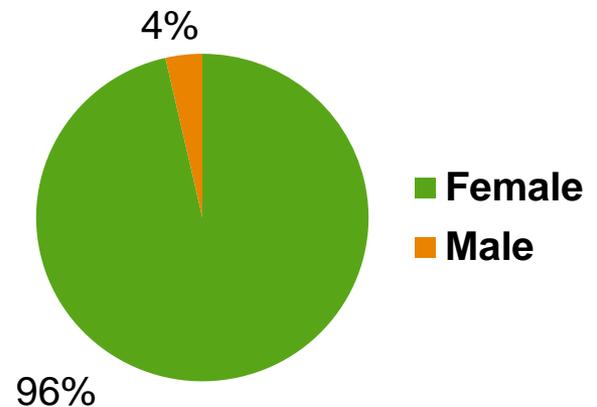
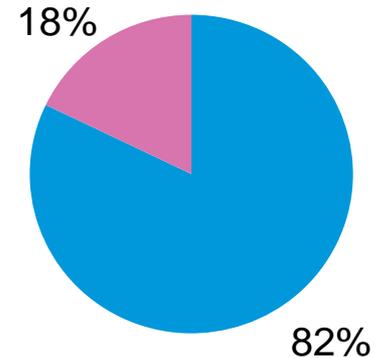
28 Students: 100% response rate (n=28)



High School

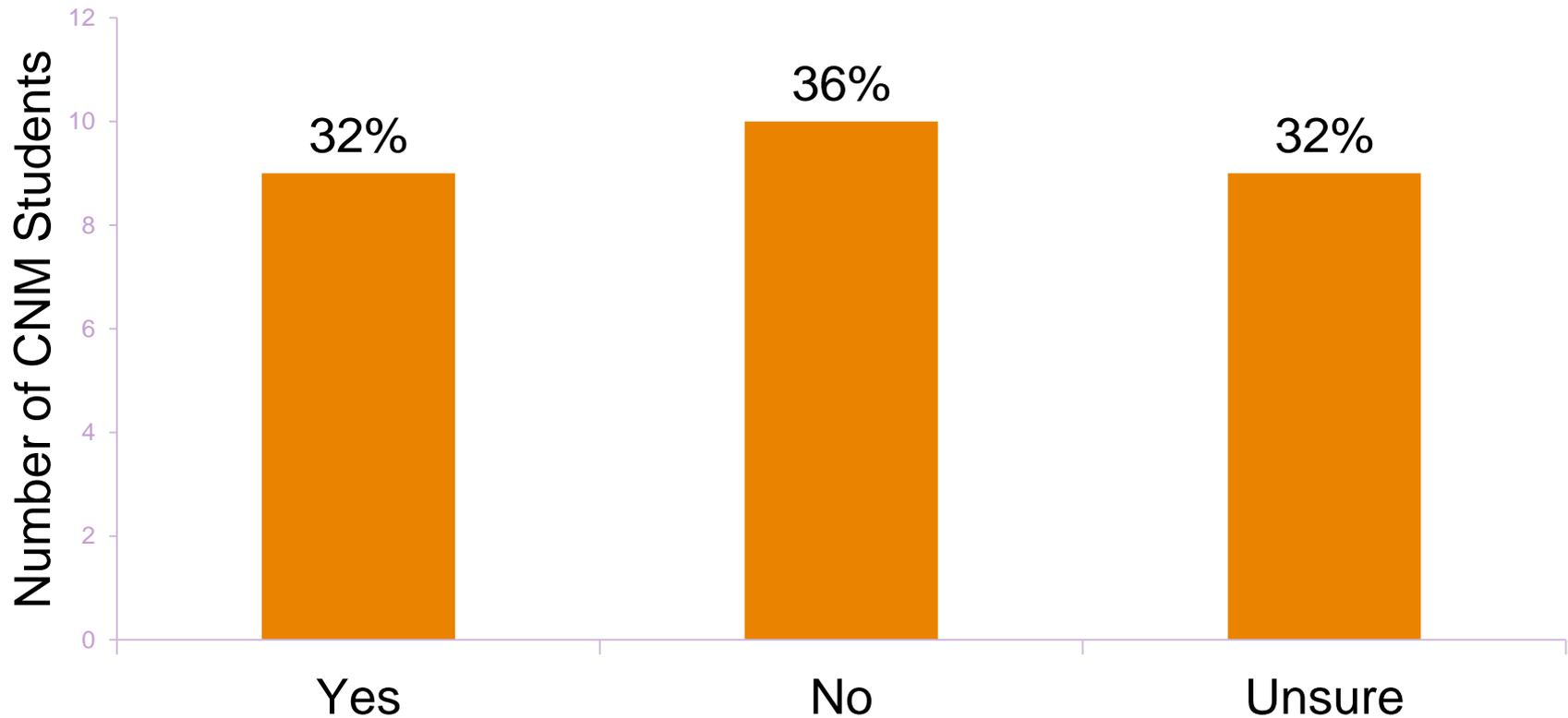


Nursing School



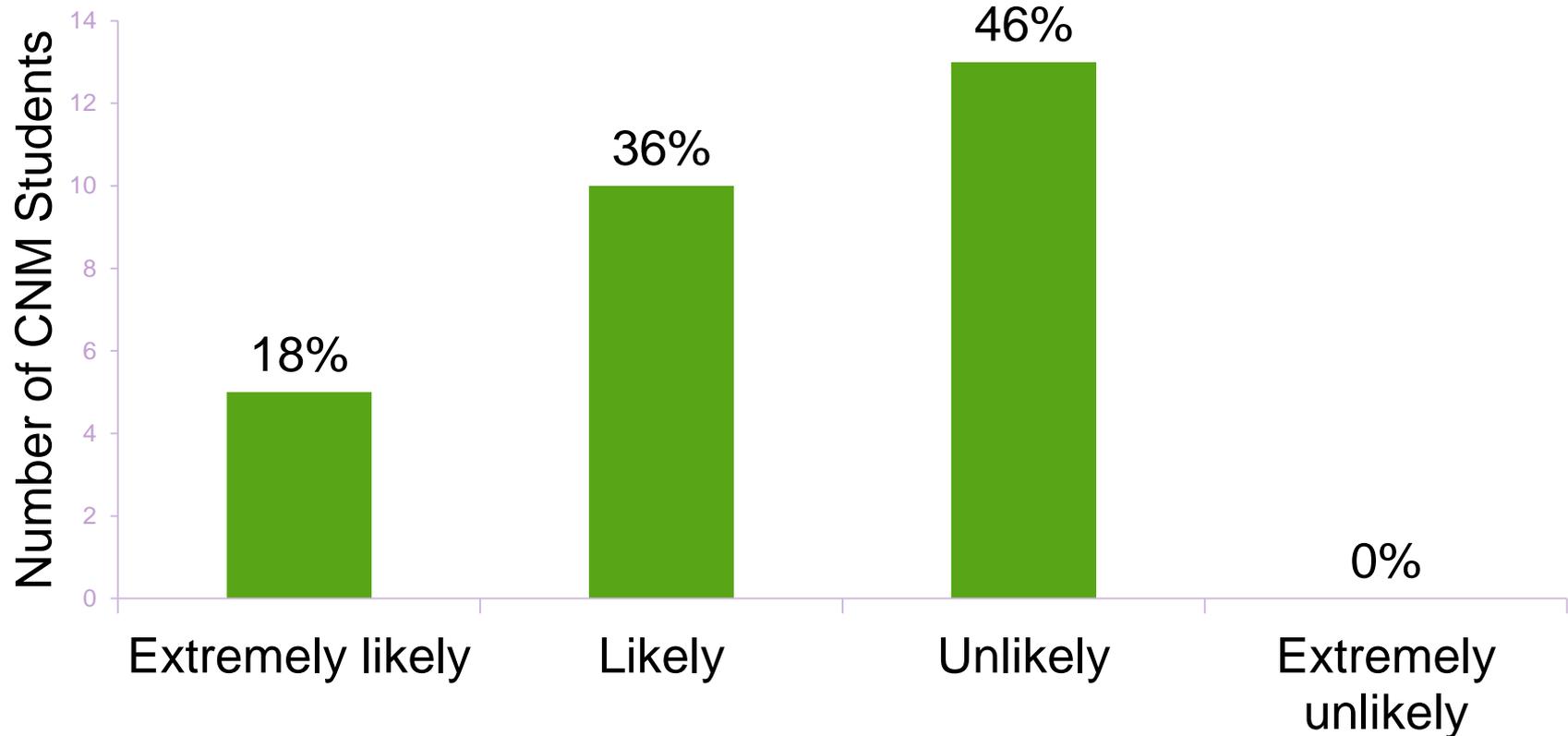
CNM Students' Future Careers

Do you plan to stay in Georgia upon completion of training?



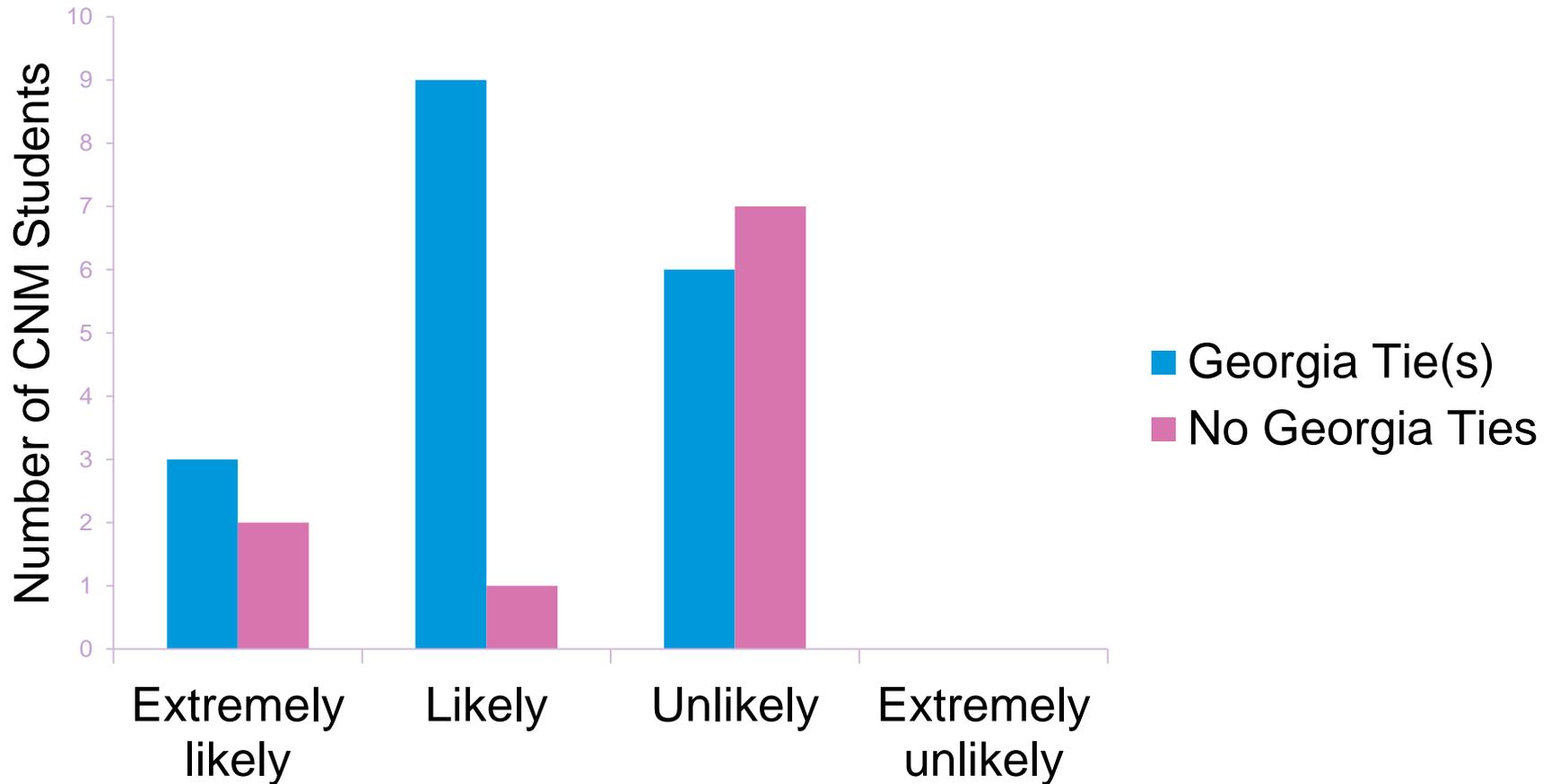
CNM Students' Future Careers

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



Strength of Georgia Ties

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



Conclusions

- Georgia has the highest maternal mortality and 8th highest infant mortality 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 getting worse; this poor access to care is associated with premature births and may contribute to our poor maternal outcomes.

Recommendations

- **Provide funding for medical education and strengthen scholarship programs for Georgia's pre-medical students**
 - Students from rural communities that pursue a medical education are more likely to practice in a rural area after graduation.
- **Increase exposure to rural practice during physician training**
 - Rural training sites may familiarize medical students and residents with rural practice.
 - Moving clinical rotations and new residencies to underserved areas of Georgia may serve to draw and retain providers in areas of need.

Recommendations

- **Increase residency slots for Ob/Gyns.**
Physicians trained in Georgia are more likely to stay in Georgia and may be more likely to practice in rural areas.
- Many medical students from Georgia leave the state for residency due to a lack of available slots.
- At a minimum, Georgia needs a 6th Ob/Gyn residency program to replace the one lost at Atlanta Medical Center.

Recommendations

- **Create and strengthen financial incentives to retain obstetric providers trained in Georgia.** *Given the debt burden of Ob/Gyn residents, joining a rural practice that serves a predominantly Medicaid population is not economically feasible.*
 - Financial incentive programs show significant promise in retaining residents trained in our state.
 - Provide existing programs with continued funding and establish new market stimuli aimed at securing Georgia's obstetric workforce.
 - Support initiatives such as those passed last year:
 - **HB 998** allowed placement of loan repayment scholars in areas of need
 - **SB 391** provided a tax incentive for community faculty physicians

Recommendations

- **Continue to support legislation that advances women's health in Georgia**
 - SB 273 – Established Georgia Maternal Mortality Review Committee
- **Consider the needs of rural communities when developing physician recruitment and retention strategies**
 - Strong financial incentive programs and training local community members are two possible approaches that may attract providers to rural areas.

Recommendations

- **Support the development of a new midwifery training program in south Georgia**
 - Certified nurse midwives may be 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.

Final Thoughts

- **Georgia ranks 50th for maternal deaths in the United States.**
- **Outside of Atlanta, Georgia has a demonstrated shortage of obstetric providers.**
- **This shortage is rapidly worsening, as rural hospitals close their Labor & Delivery Units and physicians move their practices to metropolitan areas.**
- **Increasing the number of ob/gyn residency slots in Georgia will recruit future obstetricians to our state, and may serve to retain Georgia medical graduates most likely to practice in our areas of need.**

Acknowledgements

- **Partners**

- March of Dimes, Georgia Chapter
- Georgia Ob/Gyn Society
- Georgia Department of Public Health
- Georgia Board for Physician Workforce
- Emory University

- **Advisors**

- Pat Cota, RN, MS (Executive Director of GOGS)
- Andrew Dott, MD, MPH (Community Ob/Gyn and GOGS Board Member)
- Roger Rochat, MD (Rollins Global Health Professor)

- **Current Researchers**

- Ali Anderson (MPH 2013)
- Jenny Besse (MSN/MPH Candidate 2017)
- Megan Cohen (MD/MPH Candidate 2014)
- Lauren Espinosa (MD Candidate 2015)
- Jessica Harnisch (MPH Candidate 2014)
- Julie Hurvitz (MD Candidate 2014)
- Zoe Julian (MD/MPH Candidate 2015)
- Yoon-Jin Kim (MD Candidate 2016)
- Erika Meyer (MPH Candidate 2014)
- Mona Rai (MPH Candidate 2014)
- Alex Reitz (MD Candidate 2016)
- Julia Shinnick (MD Candidate 2016)
- Liz Smulian (MPH Candidate 2014)
- Ayanna Williams (MPH Candidate 2014)
- Leilah Zahedi (MD Candidate 2014)

- **Past Researchers**

- Brittany Argotsinger (MPH 2012)
- Danika Barry (MPH 2012)
- Nikita Boston (MPH 2012)
- Sylvie Hua (MPH 2012)
- Ansley Howe (MSN/MPH 2013)
- Kayla Lavilla (MPH 2012)
- Hilary Moshman (MPH 2011)
- Dena Vander Tuig (MD/MPH 2012)
- Audra Williams (MD/MPH 2013)
- Abby Yandell (MD/MPH 2013)

- **Student Leaders**

- Zoe Julian (MD/MPH Candidate 2015)
- Meredith Pinto (MPH Candidate 2014)
- Bridget Spelke (MD Candidate 2015)
- Adrienne Zertuche, MD, MPH

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Thank you!

Questions?