

Current Status of Obstetrics in Georgia 2015

Paul C. Browne, M.D.

Maternal-Fetal Medicine

Medical College of Georgia

Augusta University

Objectives

- Brief review of patient perspective
- Brief review of provider perspective
- Current programs that work
 - Regional Perinatal Center System
 - “Partners in Prenatal Care[©]” program
 - Telemedicine
- Funding requests

Georgia's Future Citizens

- 170,000 residents in Georgia will conceive this year
- 20-25% will miscarry or terminate their pregnancy
- More than 130,000 deliveries will occur
 - Half of these deliveries will be in metro Atlanta
 - Half will be in rural Georgia
- Pregnant patients in Georgia are at increased risk for:
 - Death related to pregnancy (U.S. ranking 49/50 2014)
 - Premature delivery (U.S. ranking 41/50 2014)
 - Perinatal death (U.S. ranking 38/50 2012)

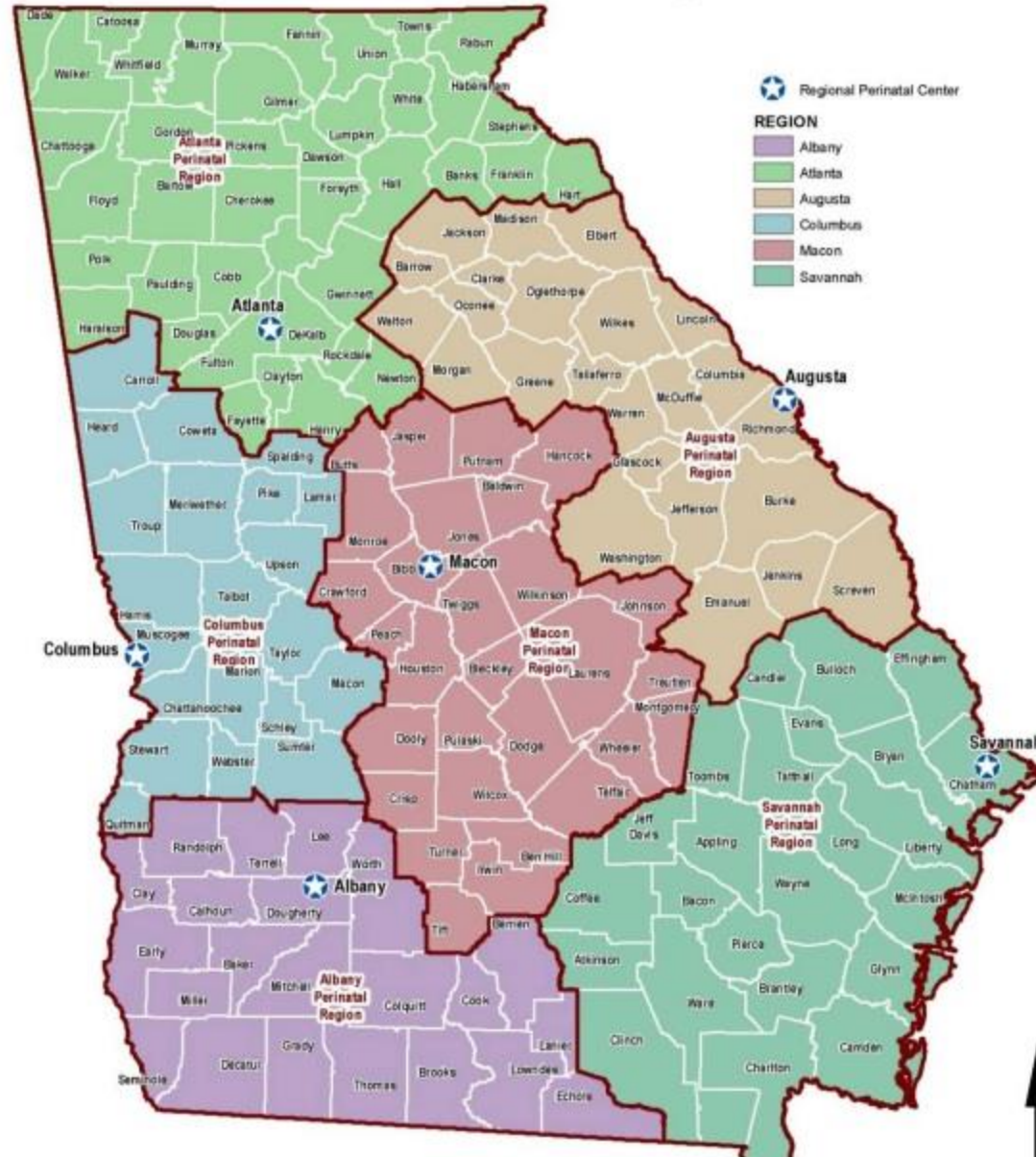
Patient Perspective

- Hill-Burton Act (1946)
- Georgia built a large number of county hospitals with matching federal funds
- East Georgia Region- By 1971, 21 of 24 counties had hospitals which provided inpatient OB care
- East Georgia Region- By 2015, 3 of 24 counties have hospitals which provide inpatient OB care
- Biggest barrier to care is ***GEOGRAPHY***

OB Services in Georgia

- No inpatient OB services
 - 111/146 counties (76%)
- No outpatient OB services
 - 38/146 counties (26%)
- Metro Atlanta region
 - 13/13 counties have inpatient and outpatient OB services
- Rural Georgia Counties
 - 83% must travel outside their county to deliver

Georgia Regional Perinatal Centers and Perinatal Regions



Just yesterday...



- Patient pregnant with high blood pressure
- Taken by Medicaid Van for prenatal care to clinic more than 1 hour away
- County hospital closed the OB service last year despite delivering more than 200 patients per year
- Only OB/Gyn in community is closing his practice next week
- Comes to the ER with BP 230/130
- ER physician treats BP for 12 hours with no improvement
- Calls for transfer to Regional Perinatal Center more than 1 hour away
- Baby is dead when patient arrives at referral hospital

Patient Perspective

- Distance to care has become the most serious problem
- GA Department of Public Health has eliminated hundreds of public health nurses in rural counties to meet budget restrictions- few option for prenatal care at local Health Department
- Patients take “Medicaid Vans” from home to provider
- Georgia Medicaid transportation costs have steadily increased as county OB hospital services have closed
- Shifted healthcare dollars from providers to transporters
- Fix the problem- create savings from transportation costs

Provider Perspective

- Rural counties have a larger percentage of pregnant patients with Medicaid funding
- Rural counties have a significant percentage of non-citizen patients who are ineligible for Medicaid and have no coverage for prenatal care (migrant workers who work on farms)
- Medicaid payments for hospital care are not sufficient to meet costs-hospitals have closed their OB services because they cannot sustain losses
- Small volume OB services fail financially and must close.

Provider Perspective

- Source of Payment for OB Care in GA
 - Commercial Insurance 15-20%
 - Unfunded 5-10%
 - Military 5-10%
 - Medicare 1-2%
 - Medicaid 60-70%
- Only 1 in 5 pregnant women has traditional, employer-sponsored insurance for maternity coverage
- GA and Federal government fund **70-80%** of pregnancy care in the state

Provider Perspective

- Payor Source varies widely by region
 - South GA
 - 80% Medicaid
 - 10% Non-Citizen
 - 10% Commercial Insurance
 - Gwinnett County
 - 50% Medicaid
 - 20% Non-citizen
 - 30% Commercial Insurance
 - North Metro Atlanta
 - 90% Commercial Insurance
 - 10% Medicaid
 - 1% Non-Citizen

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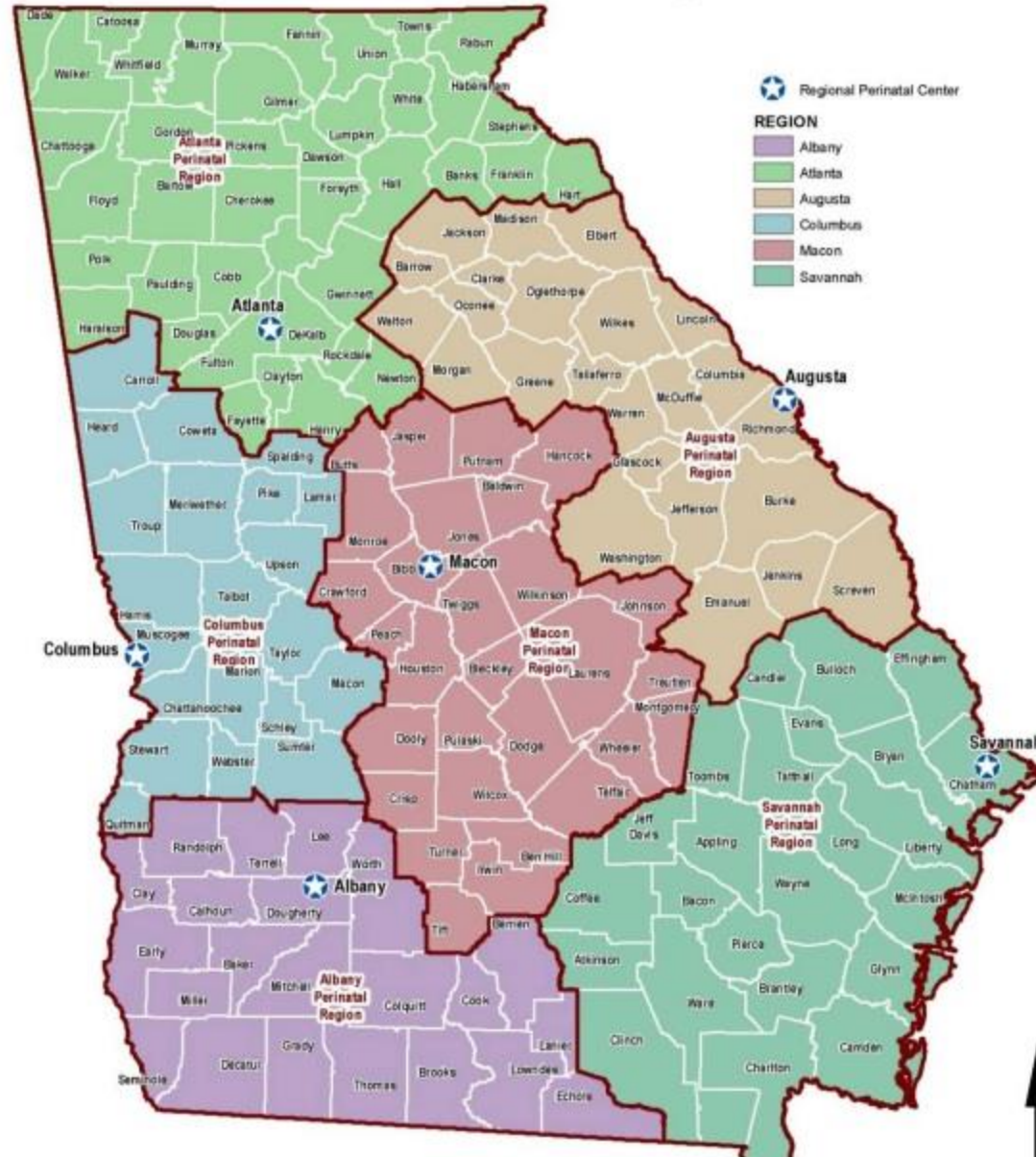
Problems Close to Home

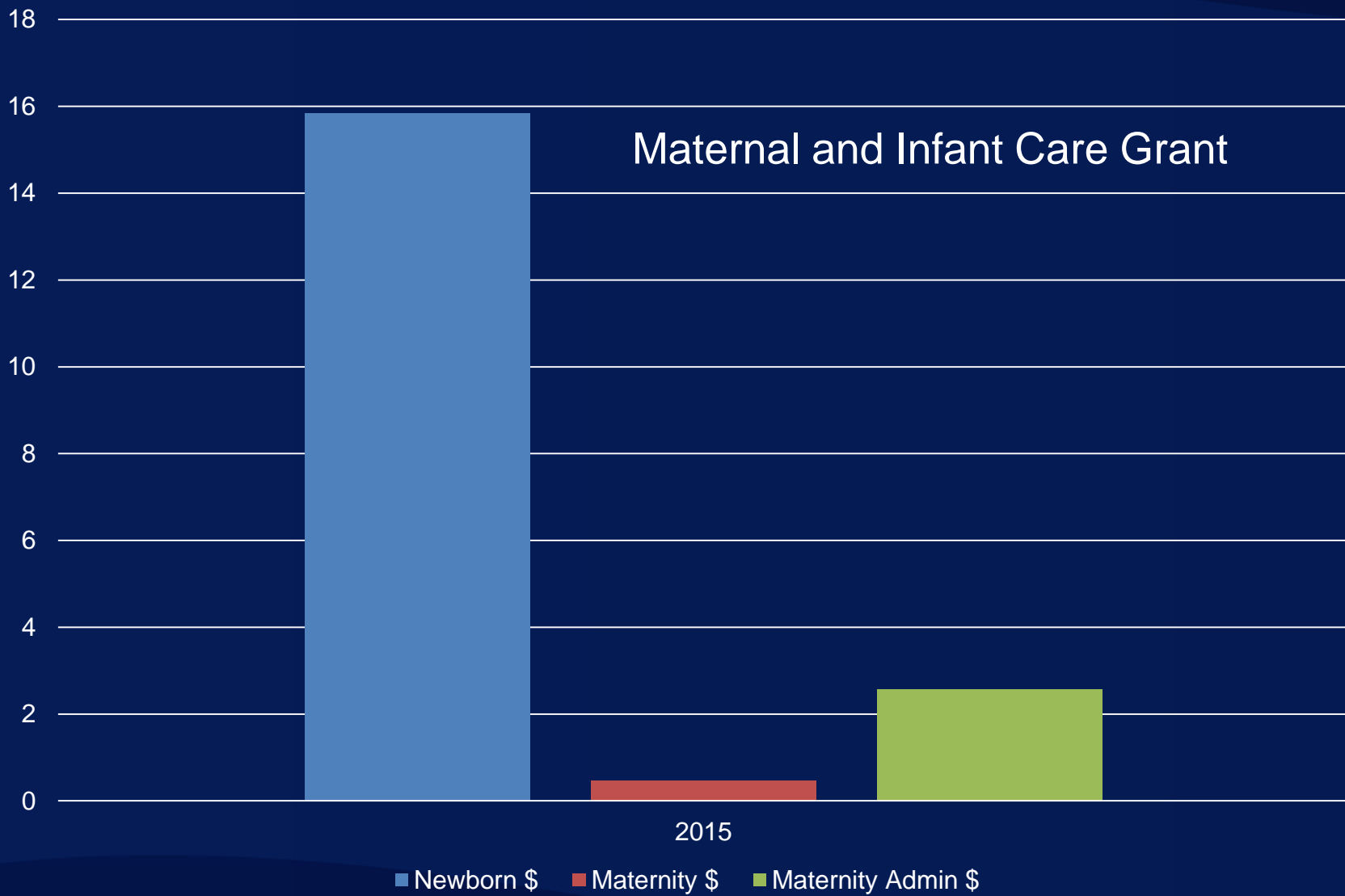
- Unterman
 - High percentage of non-citizen patients ineligible for Medicaid
 - Large proportion of “independent contractors” not required to have insurance coverage from employers
- Burke, Kirk
 - Small number of deliveries locally
 - Higher percentage Medicaid funding
 - Large percentage of migrant workers ineligible for Medicaid funding
- Orrock
 - High percentage of Medicaid patients
 - High percentage of non-citizen immigrants

Programs that Work

- Regional Perinatal Centers
 - Hospitals with large OB services strategically located throughout the state
 - Most affiliated with medical schools and OB/Gyn residency training programs
 - Receive a subsidy from the state
 - For the subsidy, they agree to:
 - Accept any patient in transfer that needs care (within capacity)
 - Provide DPH with data regarding the number of patient encounters subsidized
 - Funding provided by Georgia Department of Public Health

Georgia Regional Perinatal Centers and Perinatal Regions

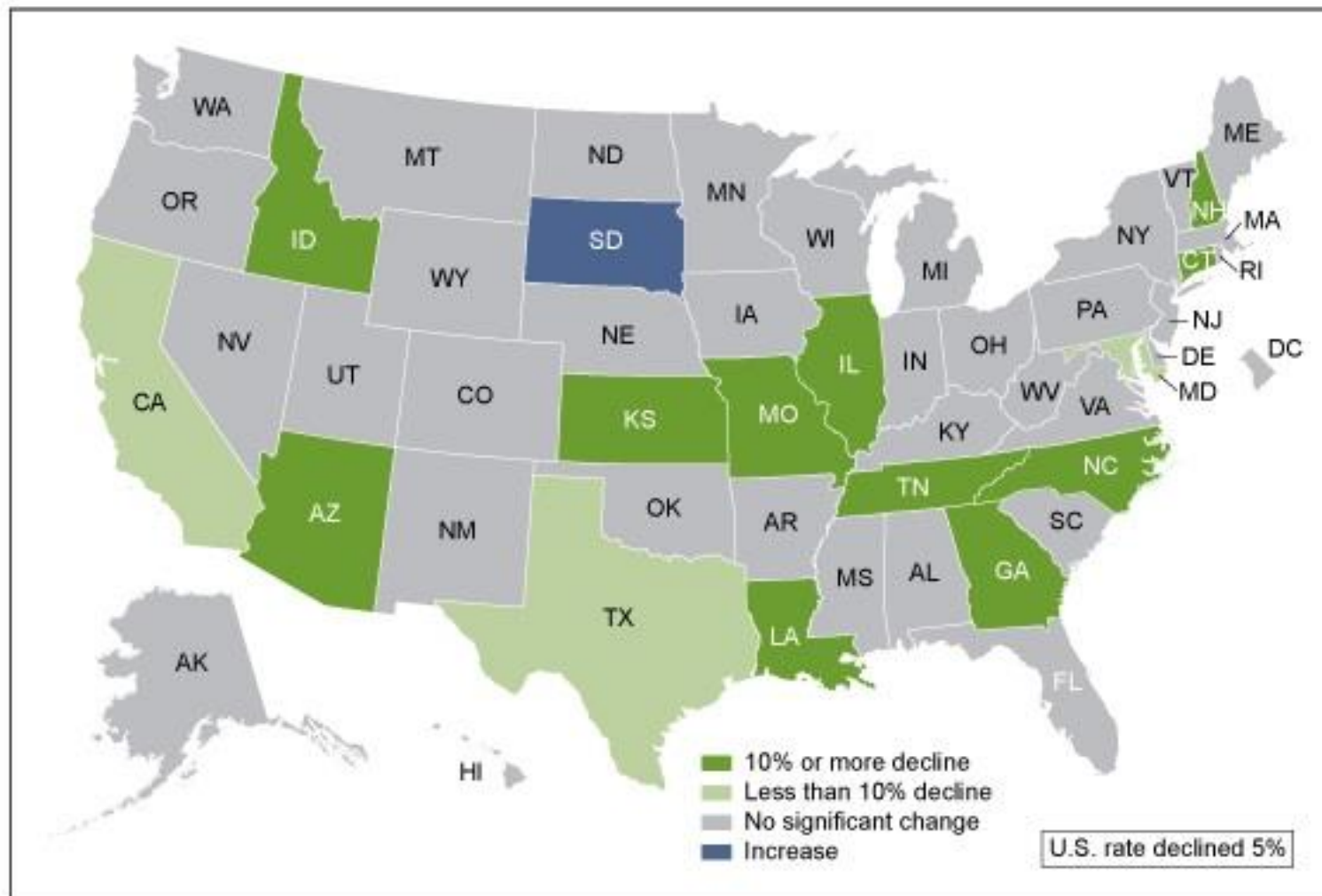




Dollars Allotted to Maternity Services

- Admin Dollars
 - Approximately equal for OB and Pediatrics
- Benefit Dollars
 - 97% to newborns
 - 3% to pregnant moms
- You get what you pay for...

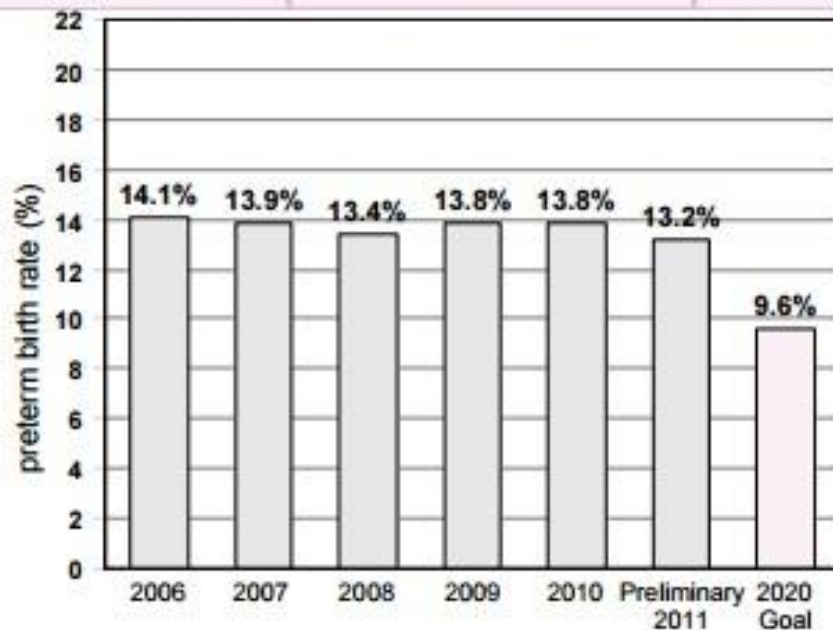
Figure 4. Percent change in perinatal mortality rate, by state: United States, 2005–2006 and 2010–2011



NOTE: Perinatal mortality rate is the number of infant deaths under age 7 days and fetal deaths at 28 weeks of gestation or more per 1,000 live births and fetal deaths at 28 weeks of gestation or more.
SOURCE: CDC/NCHS, National Vital Statistics System.

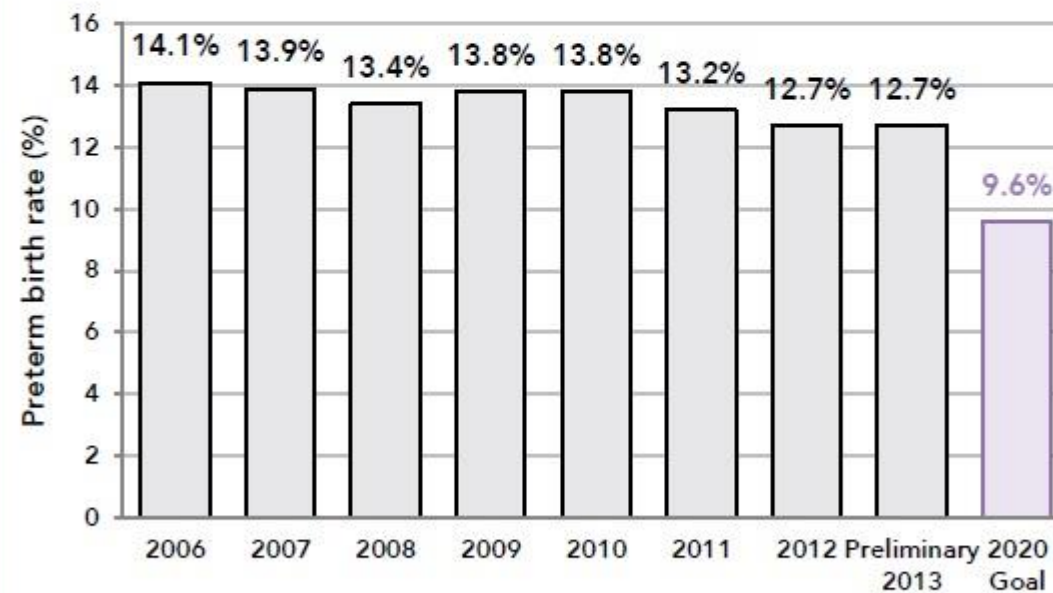
Georgia

Goal	Rate	Grade
9.6%	13.2%	D



Georgia

Goal	Rate	Grade
9.6%	12.7%	C



Georgia has pledged to reduce the preterm birth rate by 8% by 2014.



Georgia leads in pregnancy-related deaths

By: Andy Miller

Published: Dec 3, 2013



The nation's rate of maternal mortality has been steadily rising, and nowhere is that increase more evident than in Georgia.

Georgia has the highest rate of maternal deaths among the 50 states, according to public health officials here.

The Georgia estimate of 35 maternal deaths per 100,000 live births in 2011 has risen from 20.5 from the period 2001 to 2006.

That increase has kept the state "at the bottom of the pile when it comes to maternal mortality," said Dr. Seema Csukas, director of the Maternal and Child Health Section for the state Department of Public Health.

Maternal mortality, or "pregnancy-related death," is defined by the CDC as the death of a woman while pregnant or within one year of pregnancy termination from any cause related to or aggravated by the pregnancy or its management.

The nation as a whole has seen its maternal mortality rate rise from 13.3 deaths per 100,000 live births in 2006 to a currently estimated mortality rate of about 21 per 100,000 live births in 2010.

The Department of Public Health said Tuesday that it has been conducting an analysis of maternal deaths in Georgia. The agency is also partnering with the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)



Sponsorships

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Funding Priorities

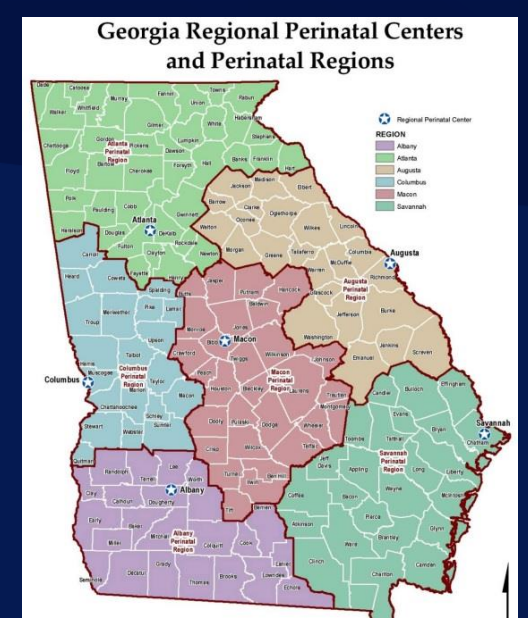
- **Increase funding for the maternal portion of the Maternal and Infant Care grant (M&I grant) to 50%**

Programs that Work

- Partners in Prenatal Care[®] program
 - Counties that do not provide inpatient OB services partner with counties that do provide OB services
 - Prenatal care is provided within the county to maximize dollars allotted to provider care and minimize dollars allotted to transportation costs
 - Regional OB providers duties
 - Consultation
 - Ultrasound
 - Specialized testing
 - Antepartum hospitalization
 - Delivery services

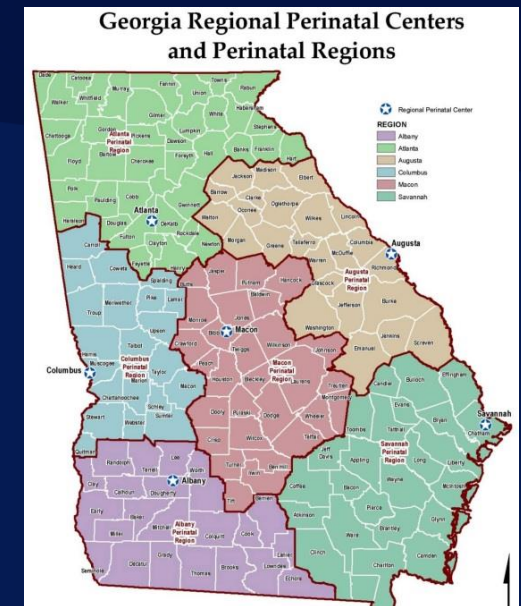
Programs that Work

- Example
 - Burke County, GA
 - Hospital closed inpatient OB services in 2013
 - Family Medicine practice agreed to continue prenatal care if GRU partnered to provide other services
 - No re-entry training was required
 - Burke county is 45 minutes south of Augusta
 - 100-200 deliveries per year
 - Prenatal care locally
 - Hospital care in Regional Perinatal Center



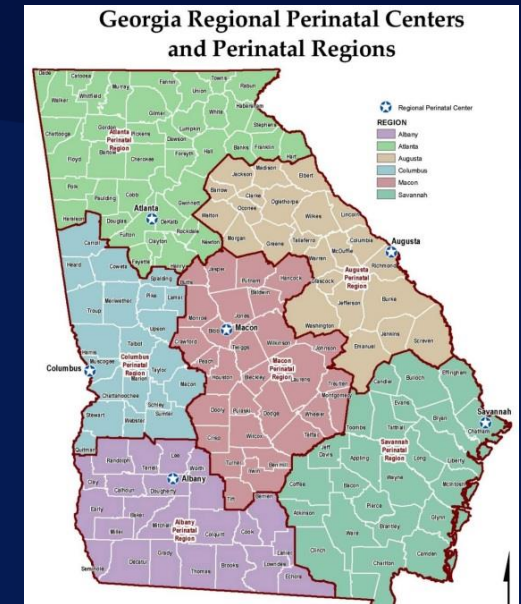
Programs that Work

- Swainsboro, GA
- Closed inpatient OB services in 2015
- Local OB/Gyn provider closed practice in 2015
- Hospital management provided by an out-of-state corporation
- Corporation offered contract to OB practices in neighboring Statesboro, GA
- Prenatal care provided in Emanuel county under contract
- Deliveries provided in Statesboro



Programs that Work

- Valdosta, GA
- Large population of non-citizen migrant workers
- Local OB/Gyn providers do not accept unfunded patients for prenatal care without a cash deposit
- GA Department of Public Health provided a Latina clinic to facilitate prenatal care
- Patient records faxed to local hospital in Valdosta
- Local OB providers in Valdosta are required to provide delivery services under state and federal law
- Increased the percentage of non-citizens with prenatal care



Programs that Work

- Each Georgia county has specific needs and limitations
- “One Size Fits All” doesn’t work
- A variety of options will need to be provided to help women find prenatal care and delivery services
- Need to fund research into which programs work best in Georgia

Funding Priorities

- Increase funding for the maternal portion of the maternal and Infant care grant to 50%
- **Provide funds to the university system to study effectiveness of different models that provide prenatal care and delivery**

Programs that Work

- Telemedicine
 - Defer to Dr. Patterson's presentation
- Successful examples of telemedicine in Georgia
 - Tele-Radiology
 - Tele-Stroke
 - Tele-ER
- Telemedicine is **CONSULTING**
 - The patient stills needs a primary OB care provider

Telemedicine Programs

- Tele-Radiology
 - Allows local OB ultrasound providers to have images read by physicians remotely
- Tele-consultation
 - Allows local provider to consult an OB/Gyn or MFM for advice about high-risk patients
- Local primary OB providers will need access to telemedicine technology to provide these services

Programs that Work

- Telemedicine example to the Georgia legislature
 - A patient needed advice about a prenatal problem
 - A provider was requesting the consult on behalf the patient
 - The consultant was providing care via telemedicine
- The most pressing need is Georgia is to increase the number of local OB providers in rural areas and for special populations (Latina)
- Telemedicine will be a part of the solution, since OB specialty care is even less available than OB primary care

Funding Priorities

- Increase funding for the maternal portion of the maternal and Infant care grant to 50%
- Provide funds to the university system to study effectiveness of different models that provide prenatal care and delivery
- **Provide infrastructure funds to assist counties with no inpatient OB services to provide telemedicine links for tele-Radiology and tele-Consulting**

Summary

- Defunding of state programs for OB care had led to worsening maternal outcomes
- State funds are shifting from reimbursing providers for OB care to transporting patients to OB care
- Pressing need to create and sustain models to provide local prenatal care, even if delivery occurs at a distant hospital facility
- Several models for care delivery are needed, since each county's needs are different
- Telemedicine infrastructure is needed to widen availability of tele-Radiology and tele-Consultation