Georgia’s Obstetric Crisis: Origins, Consequences, and Potential Solutions

Georgia Senate Study Committee on Women’s Adequate Healthcare
Monday, October 26, 2015

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Outline

- Overview
- Origins
- Consequences
- Potential Solutions
Georgia’s Obstetric Care Crisis
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%)

* Primary Care Service Area: collection of counties in which >30% of those county residents receive their primary care.
Status of Obstetric Services in Georgia (by PCSA)
Dec. 2011
On average, men stop practicing obstetrics at age 52, and women at age 44.*

* Rayburn WF and ACOG. The Ob/Gyn Workforce in the United States, 2011.
Future of Ob Care

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

- In 16 of 47 rural PCSAs with obstetric providers (35%), ≥50% of physicians will discontinue care within 5 to 10 years
- By 2020, 58 of 77 rural PCSAs (75%) will lack adequate obstetric services
Origins
Origins of Ob Care Crisis

- Provider Trainees
- Obstetricians
- Birthing Facilities
- Financial Realities
Provider Trainee Survey

Ob/Gyn Residents (N=95)
84.2% Response Rate (n=80)

CNM Students (N=28)
100% Response Rate (n=28)
Ob/Gyn Residents

High School
- 63% Georgia
- 37% Elsewhere

Medical School
- 58% Georgia
- 42% Elsewhere

Female: 91%
Male: 9%
CNM Students

Emory

High School
- Georgia: 25%
- Elsewhere: 75%

Nursing School
- Georgia: 18%
- Elsewhere: 82%

Female: 96%
Male: 4%
Staying in Georgia

Will you stay in Georgia upon completion of your training?

Ob/Gyn Residents
- Yes: 28%
- No: 28%
- Unsure: 44%

CNM Students
- Yes: 32%
- No: 36%
- Unsure: 32%
Rural / Shortage Areas

How likely are you to practice in one of Georgia’s rural/shortage areas?

Ob/Gyn Residents

- Extremely Likely: 3%
- Likely: 22%
- Unlikely: 46%
- Extremely Unlikely: 29%

CNM Students

- Extremely Likely: 18%
- Likely: 36%
- Unlikely: 46%
- Extremely Unlikely: 0%
How likely are you to practice in one of Georgia’s rural/shortage areas?

Ob/Gyn Residents

- Likely: p = 0.01
- Unlikely

CNM Students

- Likely: p = 0.06
- Unlikely

Practice Preference
How likely are you to practice in one of Georgia’s rural/shortage areas?

Ob/Gyn Residents

CNM Students

p = 0.13
p = 0.15
Debt Burden

Ob/Gyn Residents

- ≤$99,999: 25%
- $100,000-199,000: 25%
- ≥$200,000: 50%

CNM Students

- ≤$99,999: 71%
- $100,000-199,000: 25%
- ≥$200,000: 4%
Debt Trends: Residents

How likely are you to practice in one of Georgia’s rural/shortage areas?

Financial incentives include loan repayment, tax credits, guaranteed salary, differential pay, support to open own practice, and higher Medicaid reimbursement rates.

**Ob/Gyn Residents**

- Likely: With financial incentive (p < 0.001)
- Likely: Without financial incentive
- Unlikely: With financial incentive
- Unlikely: Without financial incentive

**CNM Students**

- Likely: With financial incentive (p < 0.001)
- Likely: Without financial incentive
- Unlikely: With financial incentive
- Unlikely: Without financial incentive
Obstetricians

- Quality of life

- Demanding call schedules
  - Departure of other local physicians
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.”
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.”
Birthing Facility Closures

- Rural Hospitals
- Labor & Delivery Units
Waycross

“In OB, you don’t want to be too far from where you need to be.”
Labor & Delivery Closures 1994-2015

40% decline
Financial Realities

- Malpractice insurance
  - Retirement of obstetricians
  - Family practitioners avoiding maternity care

- Medicaid reimbursement
La Grange
“The paperwork kept getting more and more complicated [but] the malpractice insurance rate increase was the clincher. We stopped OB.”
Américus

“In rural Georgia, 70-80% of patients are Medicaid, and with today’s reimbursement rates, *no matter how smart you run your business, it’s hard to get by.*”
Consequences
Infant mortality: 16th
Maternal mortality: 2nd

March of Dimes, Premature Birth:¹ C-

Population Institute, Reproductive Health:² D–

Perinatal Periods of Risk

PPOR helps communities move from data to action

- **Maternal Health & Prematurity**
  - Chronic disease
  - Health Behaviors
  - Perinatal Care etc.

- **Maternal Care**
  - Prenatal Care
  - High Risk Referral
  - Obstetric Care etc.

- **Newborn Care**
  - Perinatal Management
  - Neonatal Care Pediatric Surgery etc.

- **Infant Health**
  - Sleep-related deaths
  - Injuries
  - Infections etc.

Rural pregnant women are at increased risk of:

- Late initiation of prenatal care\(^1\)
- Hospitalization for pregnancy complications\(^1\)
- Home birth\(^1\)
- Low birth weight\(^2\)
- Neonatal mortality\(^2\)

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.”
Preterm Birth in Georgia
1999-2009
Are They Related?
Driving Time and Preterm Delivery

<table>
<thead>
<tr>
<th>Driving Time</th>
<th>Odds Ratio for Preterm Delivery (&lt; 37 weeks), with 95% CI</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

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.
Driving Time and Preterm Delivery: Non-Metropolitan Georgia, 1999-2009

- **24%** of pregnant women **drove >45 minutes** to access ob services

- Women that drove >45 minutes were **1.5x more likely to deliver preterm** than women that drove <15 minutes

- **Average drive times**
  - Woman that delivered **preterm**: **40 minutes**
  - Woman that delivered at **term**: **32 minutes**
Potential Solutions
Potential Solutions to Crisis

- Recruitment
- Retention
- Referral
Recruitment

► Past Success
  - Financial incentive programs: RPTC, PRAAP

► Upcoming Challenges
  - GME slots
  - Applicants to medical school and residency training
  - South Georgia CNM training program
Financial Incentive Programs

- **Rural Physician Tax Credit**¹
  - Georgia Department of Revenue
  - Tax credit: $5,000 annually for max. 5 years

- **Physicians for Rural Areas Assistance Program**²
  - Georgia Board for Physician Workforce
  - Loan repayment: $25,000 annually, for max. 4 years or $100,000

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1. Georgia Dept. of Revenue. 560-7-8-.20: Rural Physician Credit, 2012.
Physicians for Rural Areas Assistance Program (PRAAP)
HB 998 permits Georgia Board for Physician Workforce to adapt qualification criteria for PRAAP

Program can now include counties that have populations >35,000 but are still in need of obstetric providers

Passed March 2014

Signed into law April 2014
Retention

- **Past Successes**
  - Medicaid parity
  - Increased Medicaid reimbursement for OB codes

- **Upcoming Challenge**
  - Medical liability reform
Medicaid Parity

- Initially absent from Governor’s proposed budget
- Appropriations amended by General Assembly
  - House Bill 76 (2015)
- $23 million (state) + ~ $46 million (federal) = full parity
First increase in Medicaid reimbursement in 14 years
- Targeted codes for prenatal and peripartum care

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Possible Fee Increase</th>
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<tbody>
<tr>
<td>59400 – Obstetric Care</td>
<td>$ 330</td>
</tr>
<tr>
<td>59425 – Antepartum Care Only</td>
<td>$ 180</td>
</tr>
<tr>
<td>59426 – Antepartum Care Only</td>
<td>$ 350</td>
</tr>
<tr>
<td>59510 – Cesarean Delivery</td>
<td>$ 220</td>
</tr>
<tr>
<td>59610 – VBAC Delivery</td>
<td>$ 360</td>
</tr>
<tr>
<td>59618 – Attempted VBAC Delivery</td>
<td>$ 260</td>
</tr>
</tbody>
</table>
Past Success
- Perinatal Regions and Centers

Upcoming Challenges
- Improved regionalization
  - Prenatal services
  - Delivery hospitalization
- Telemedicine
Improving Regionalization

- Prenatal services
  - Sweeping reform?

- Delivery hospitalization
  - Risk-appropriate care
  - Assessment of service capacity
    - AAP neonatal levels of care\(^1\)
    - ACOG/SMFM maternal levels of care\(^2\)

- Role of telemedicine

2013: Joint Study Committee on Medicaid Reform

2014: House of Representatives Study Committee on Medical Education

2015: Senate Study Committee on Women’s Adequate Healthcare
Summary
Summary

- Georgia has the 2nd highest maternal mortality and 16th highest infant mortality ratio in the U.S.

- Outside of Atlanta, the obstetric provider shortage is severe and getting worse, and L&D units are rapidly closing.

- Women that drive long distances for obstetric care are at increased risk of adverse outcomes.

- The Georgia General Assembly has undertaken several initiatives to improve maternal and infant health in the state, but the efforts must continue …
Acknowledgements

- Georgia Maternal and Infant Health Research Group (GMIHRG)
- Roger Rochat, MD
- Andrew Dott, MD, MPH
- Pat Cota, RN, MS
References

References


Comments or Questions?

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