

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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of the Georgia Obstetrical and Gynecological Society*

Outline

- ▶ Overview
- ▶ Origins
- ▶ Consequences
- ▶ Potential Solutions

Georgia's Obstetric Care Crisis



Ob Care in Rural Georgia

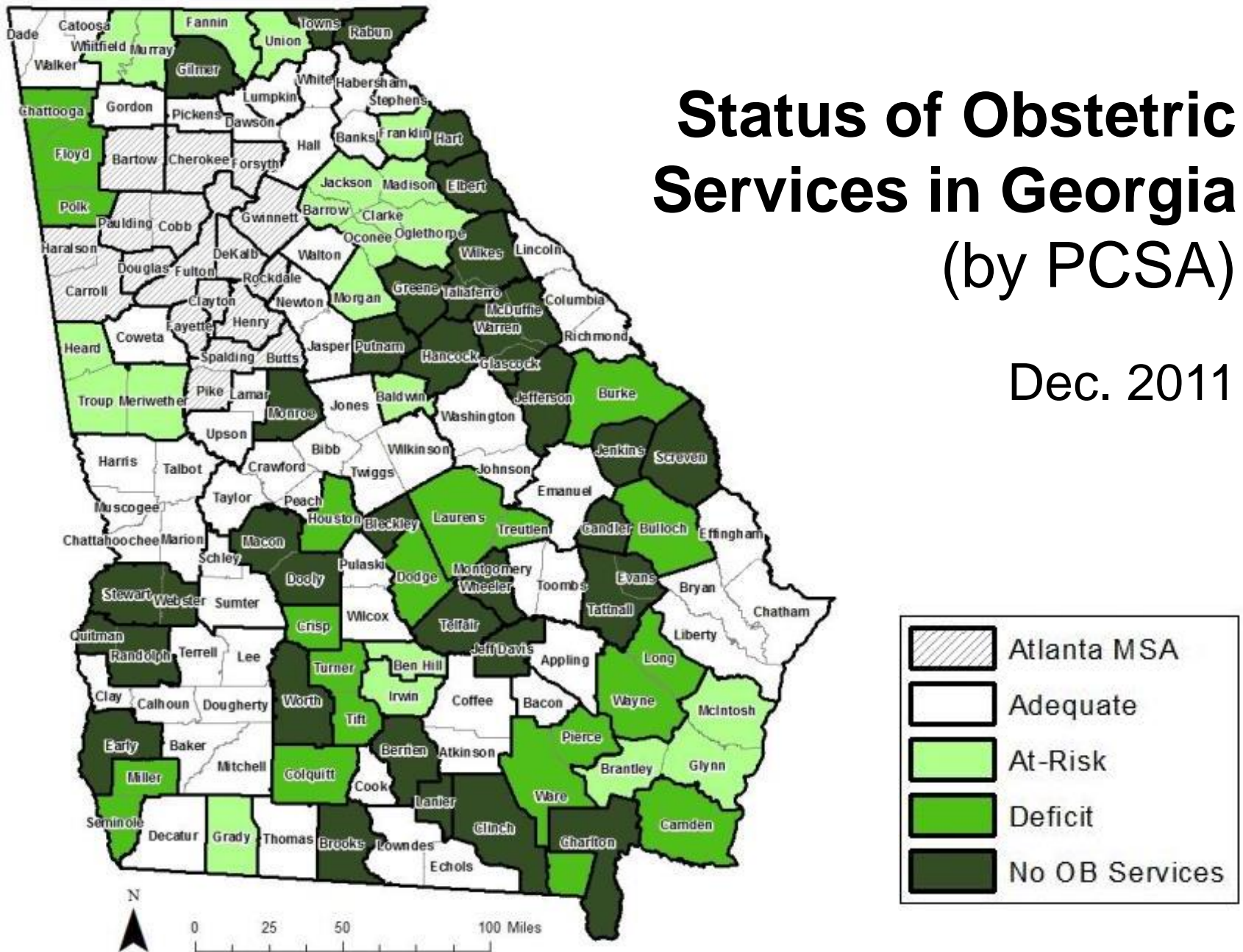
43 of the **82** Georgia PCSAs* outside of the Atlanta MSA (**52%**) have either an **overburdening** or a **complete absence** of obstetric providers

- ▶ **No** obstetricians: 31 (**38%**)
- ▶ **No** delivering family practitioners: 73 (**89%**)
- ▶ **No** certified nurse midwives: 57 (**70%**)

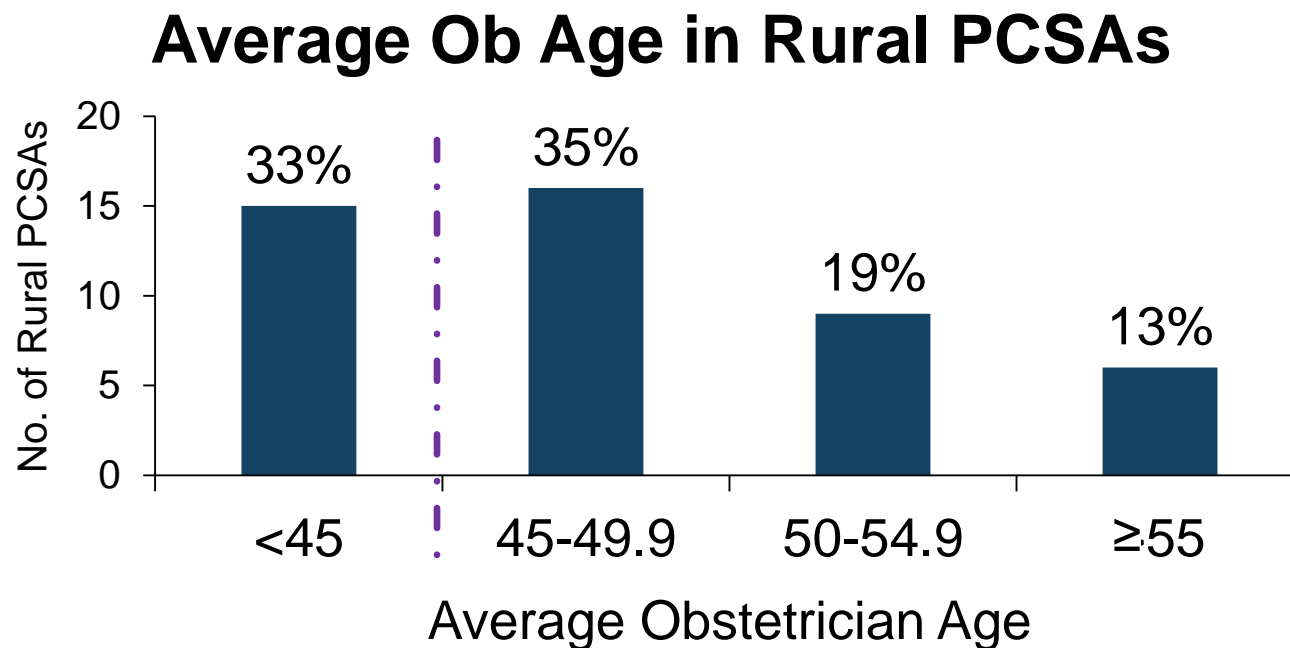
* Primary Care Service Area: collection of counties in which >30% of those county residents receive their primary care

Status of Obstetric Services in Georgia (by PCSA)

Dec. 2011



Retirement of Rural Obs



On average, **men** stop practicing obstetrics at age **52**,
and **women** at age **44**.*

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%**), $\geq 50\%$ 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

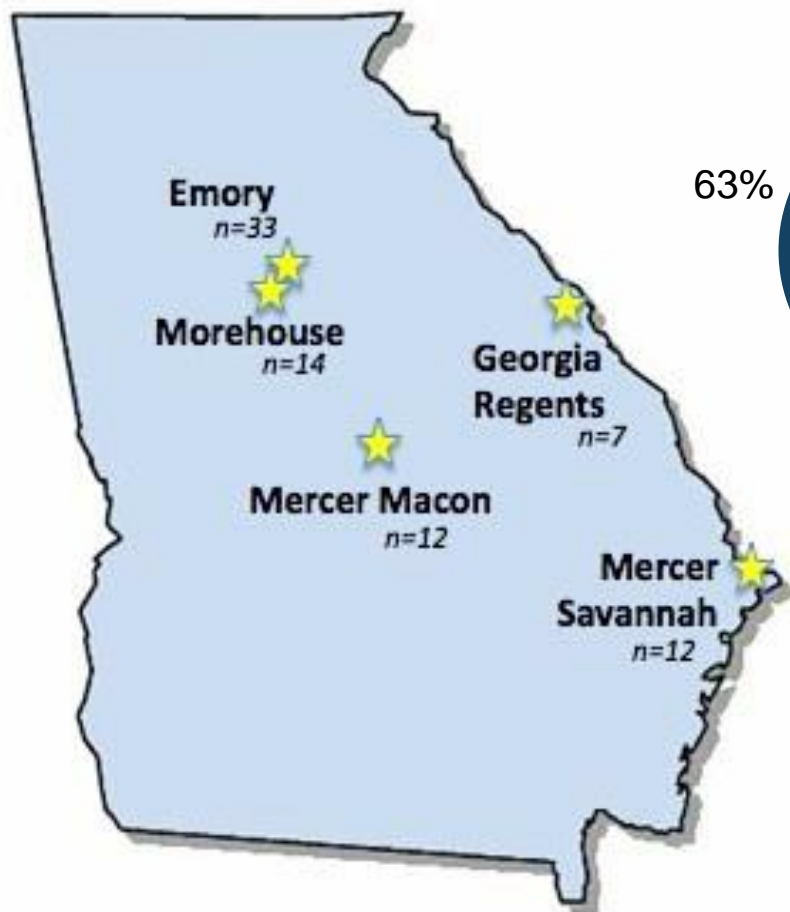


Ob/Gyn Residents (N=95)
84.2% Response Rate (n=80)

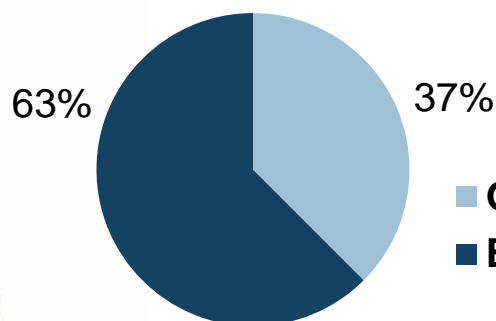


CNM Students (N=28)
100% Response Rate (n=28)

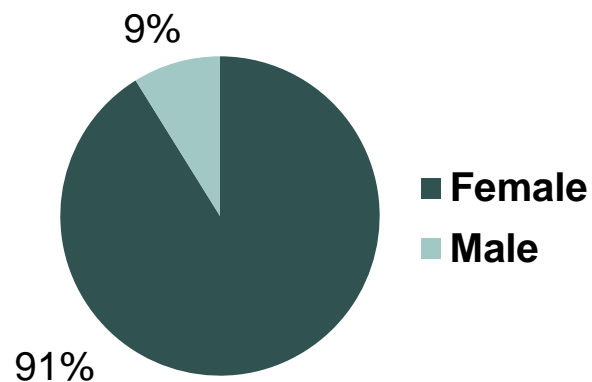
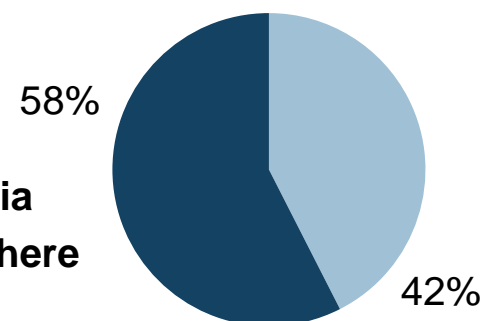
Ob/Gyn Residents



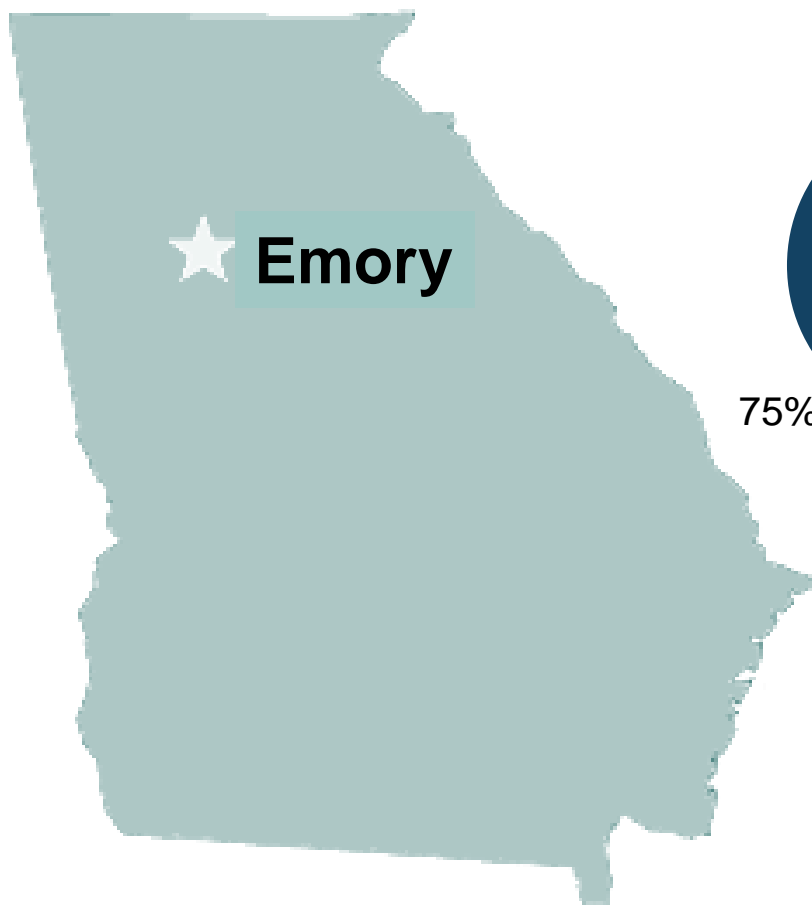
High School



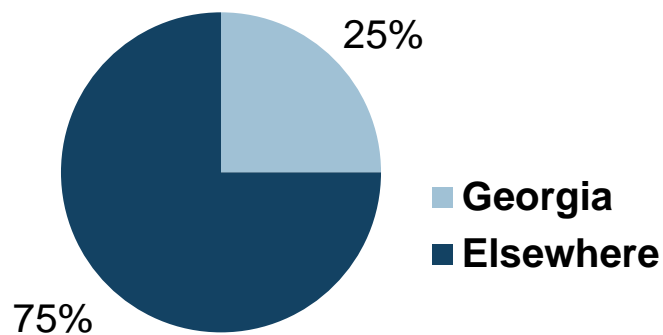
Medical School



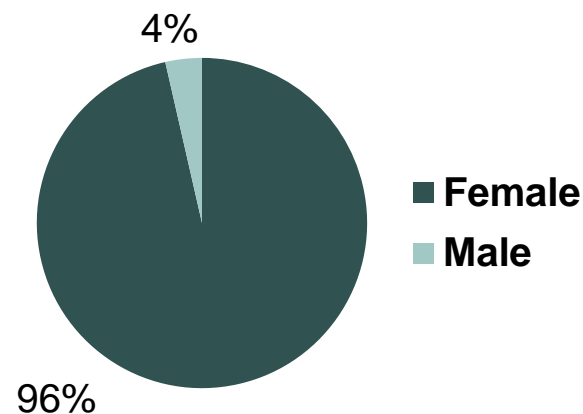
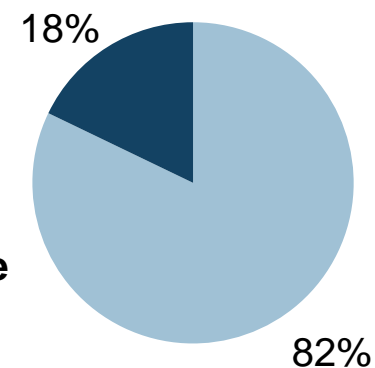
CNM Students



High School

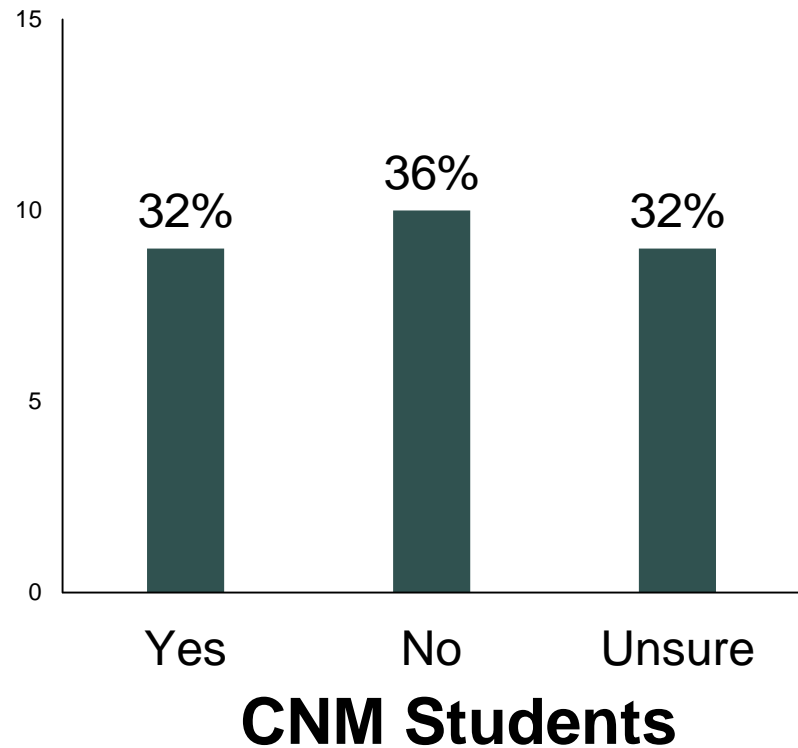
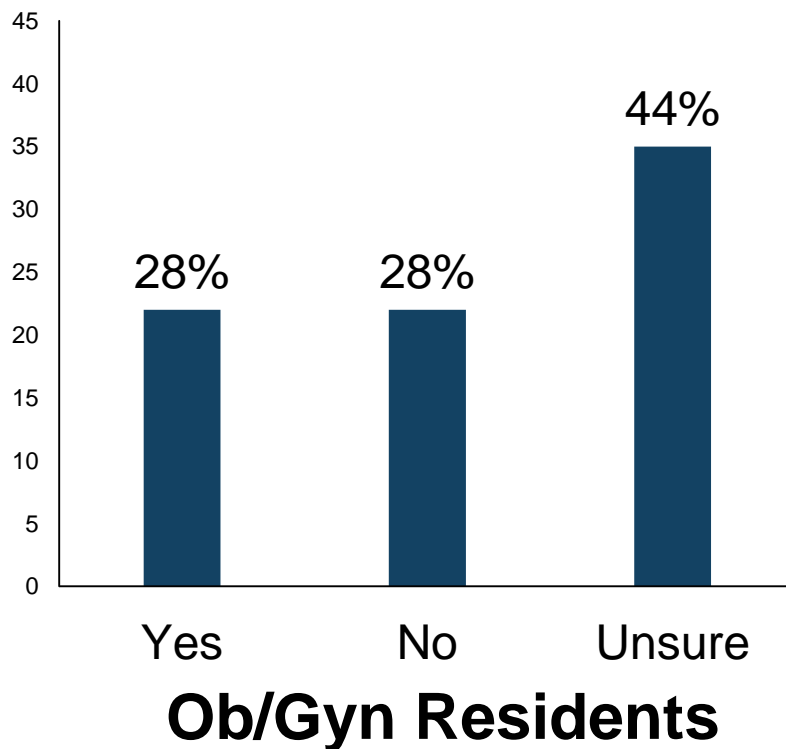


Nursing School



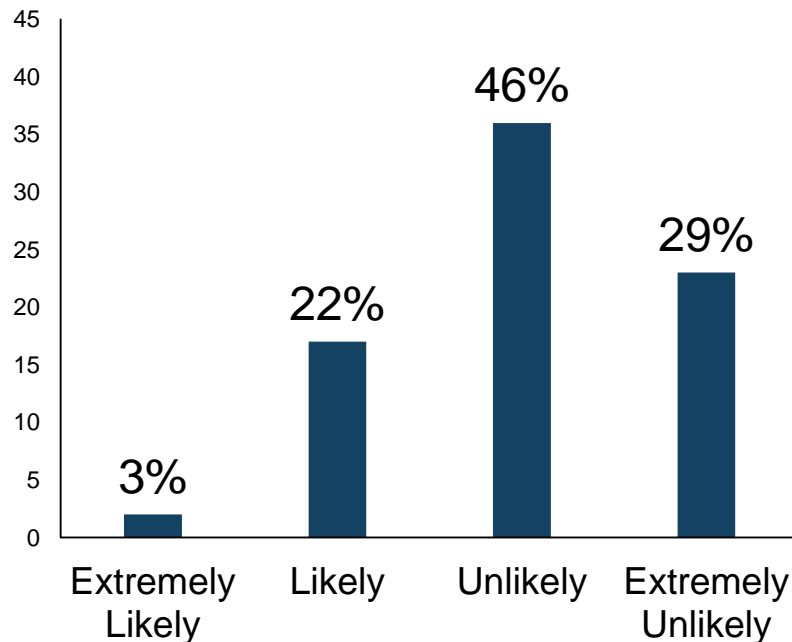
Staying in Georgia

Will you stay in Georgia upon completion of your training?

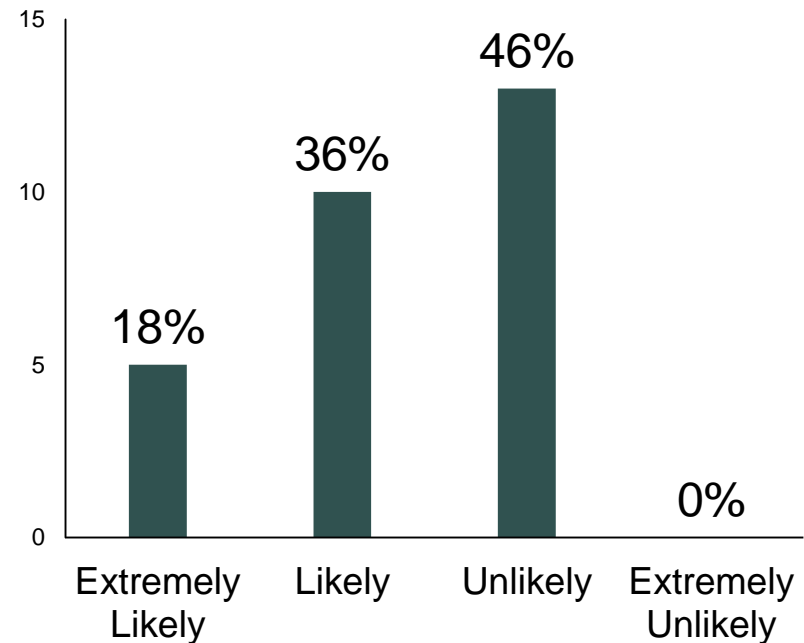


Rural / Shortage Areas

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



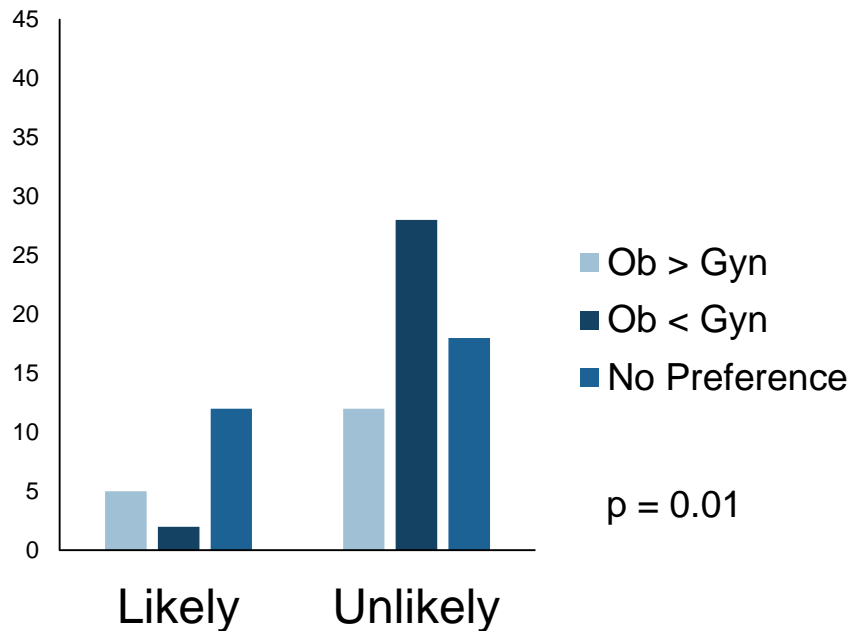
Ob/Gyn Residents



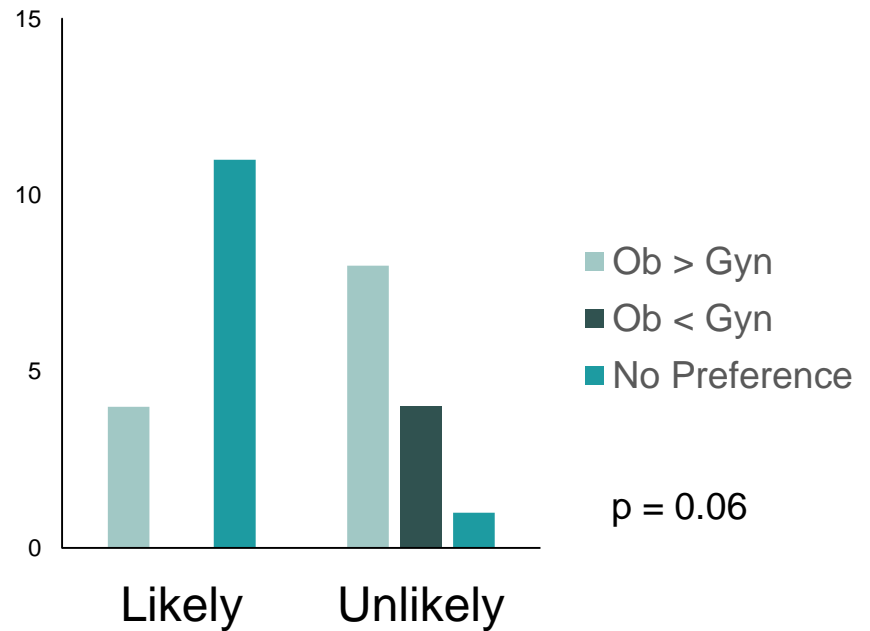
CNM Students

Practice Preference

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



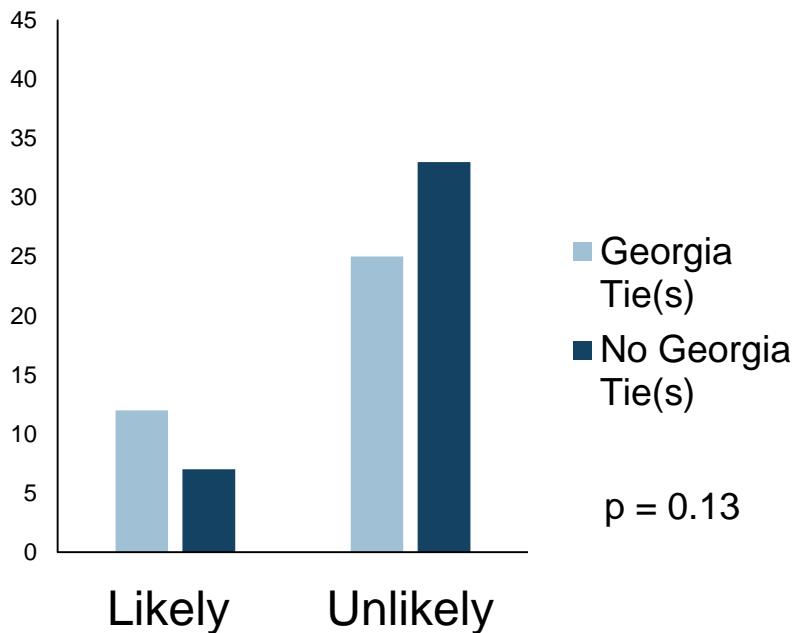
Ob/Gyn Residents



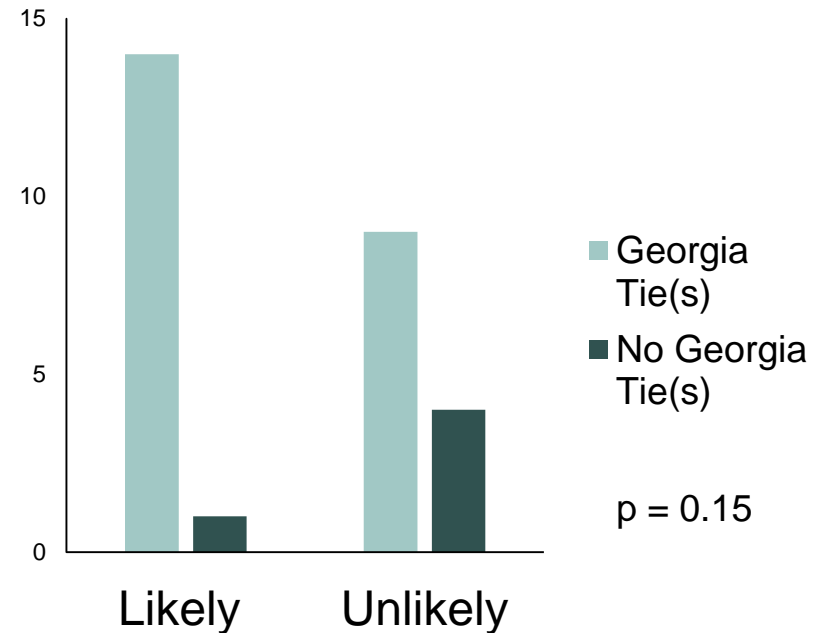
CNM Students

Georgia Ties

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



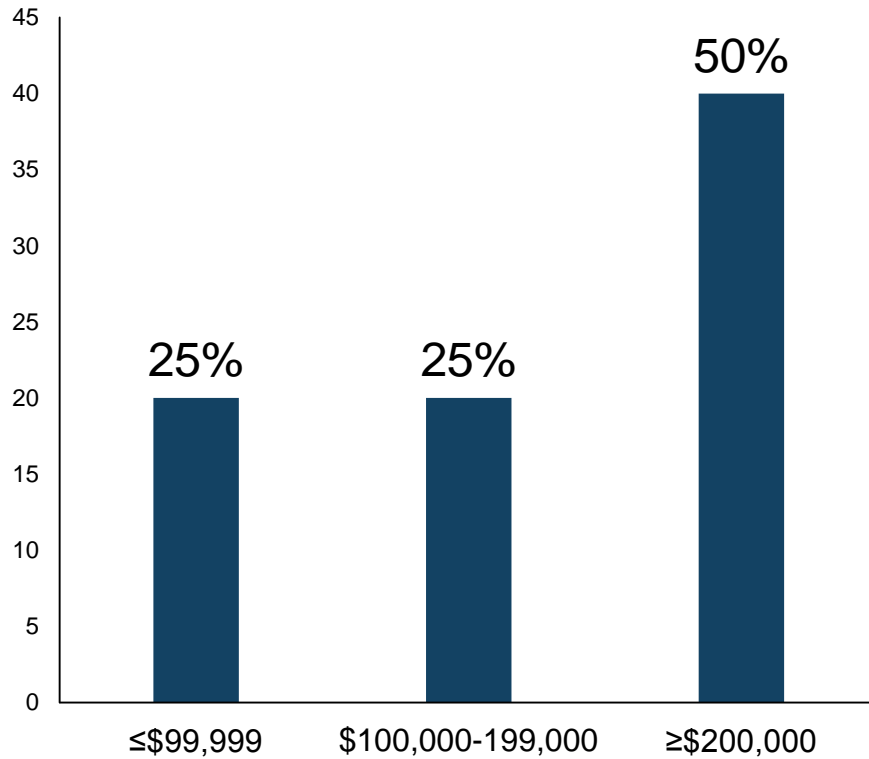
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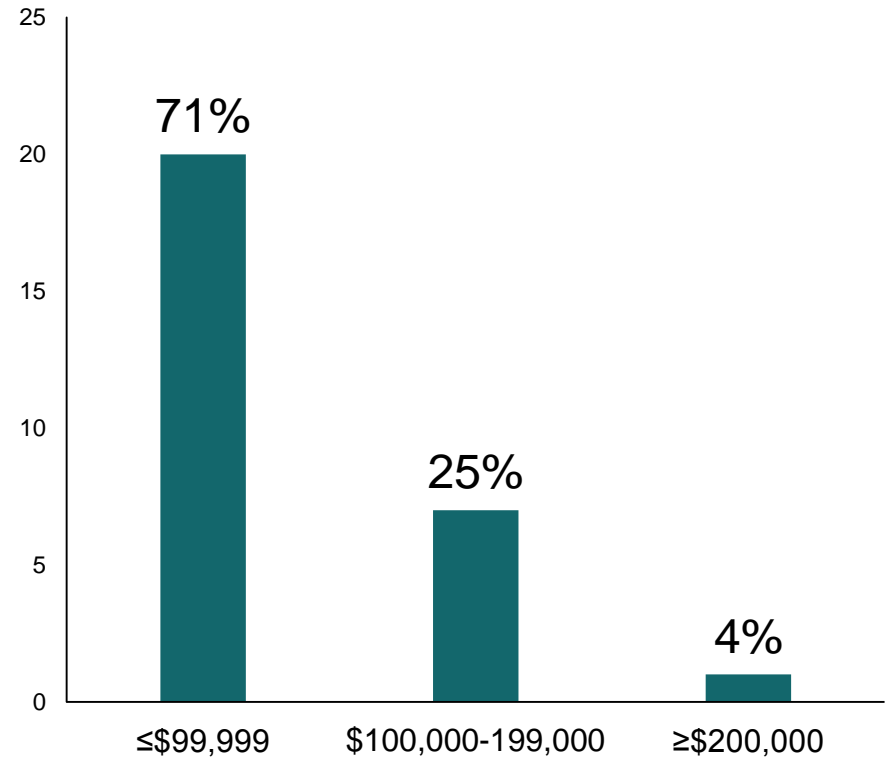
CNM Students

Debt Burden

17

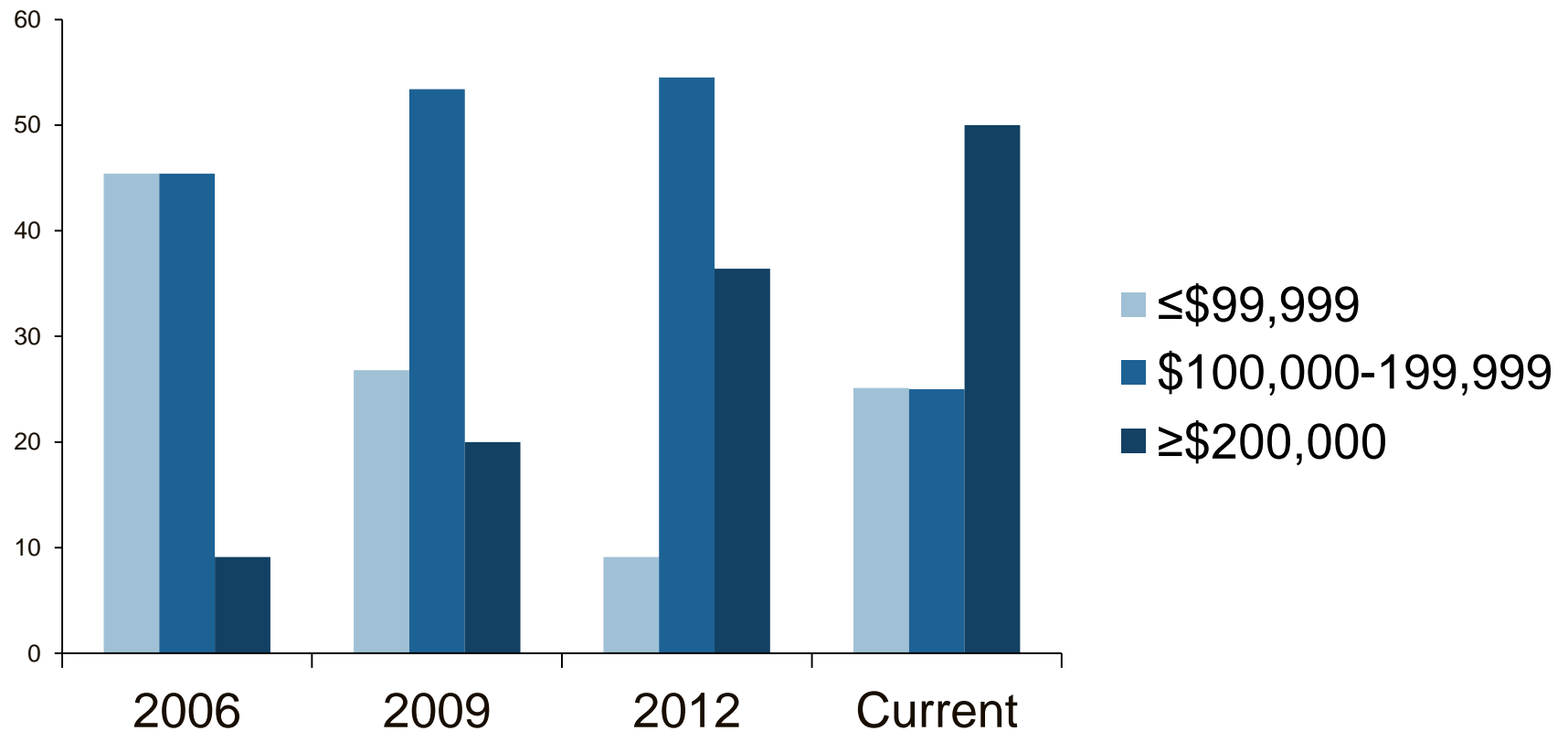


Ob/Gyn Residents



CNM Students

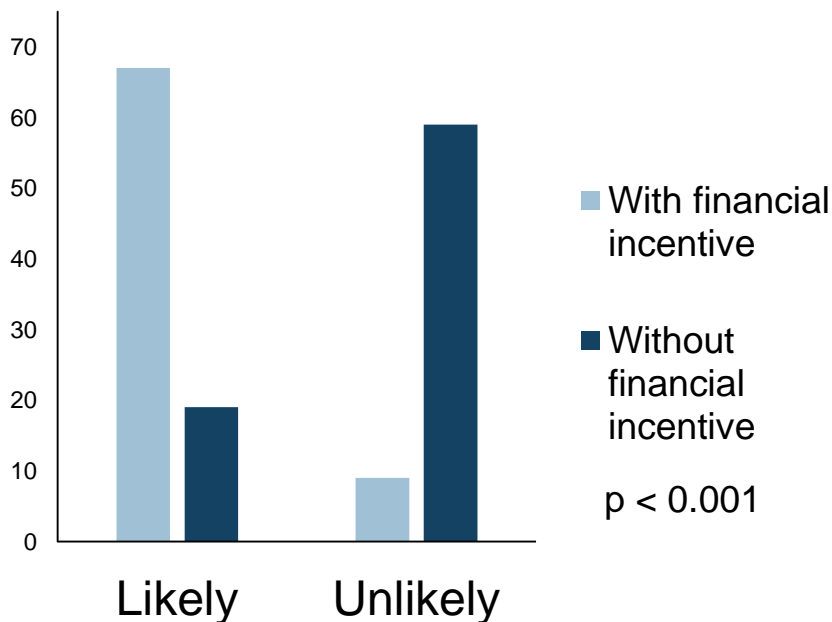
Debt Trends: Residents



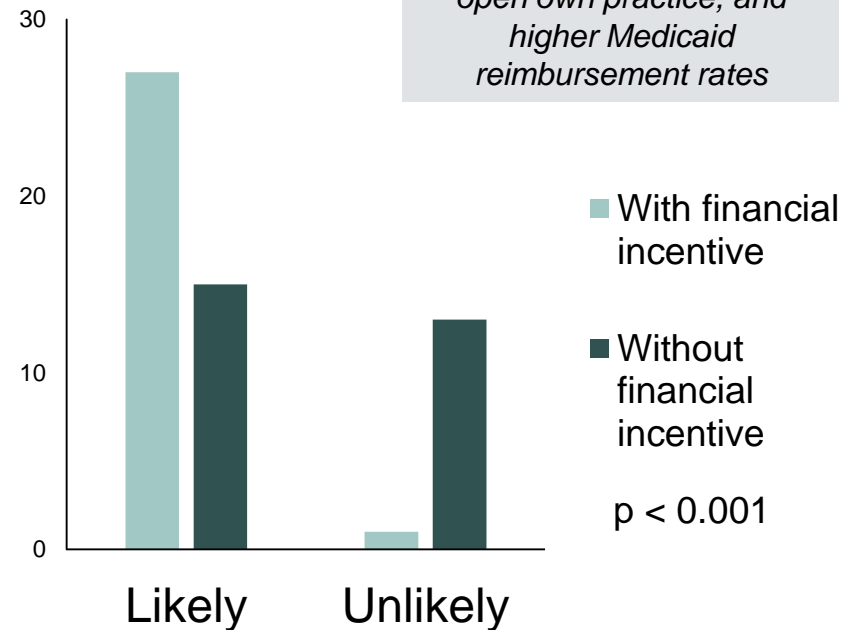
Financial Incentives

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



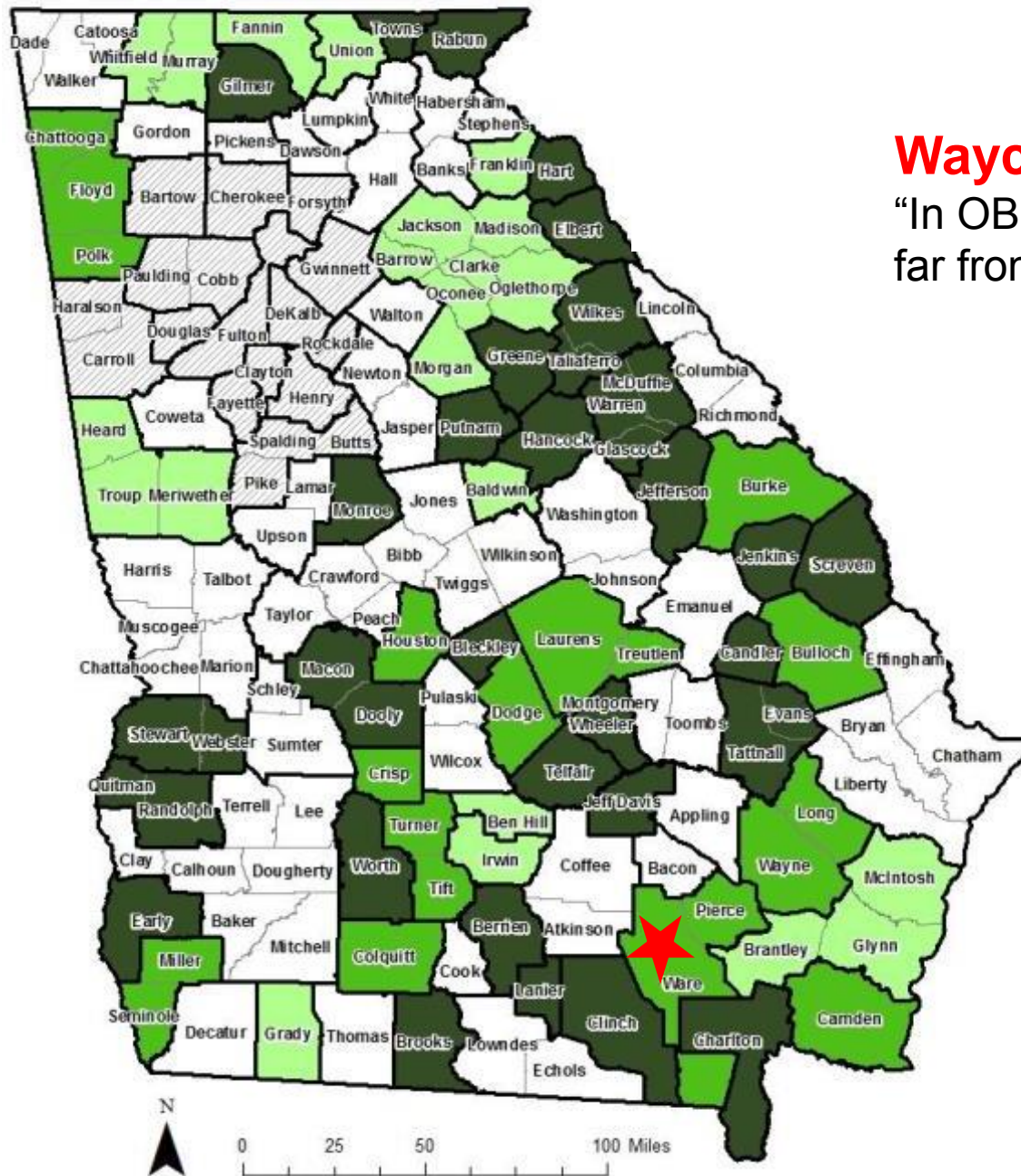
CNM Students

Obstetricians

- ▶ Quality of life
- ▶ Demanding call schedules
 - Departure of other local physicians

Birth Facility Closures

- ▶ Rural Hospitals
- ▶ Labor & Delivery Units



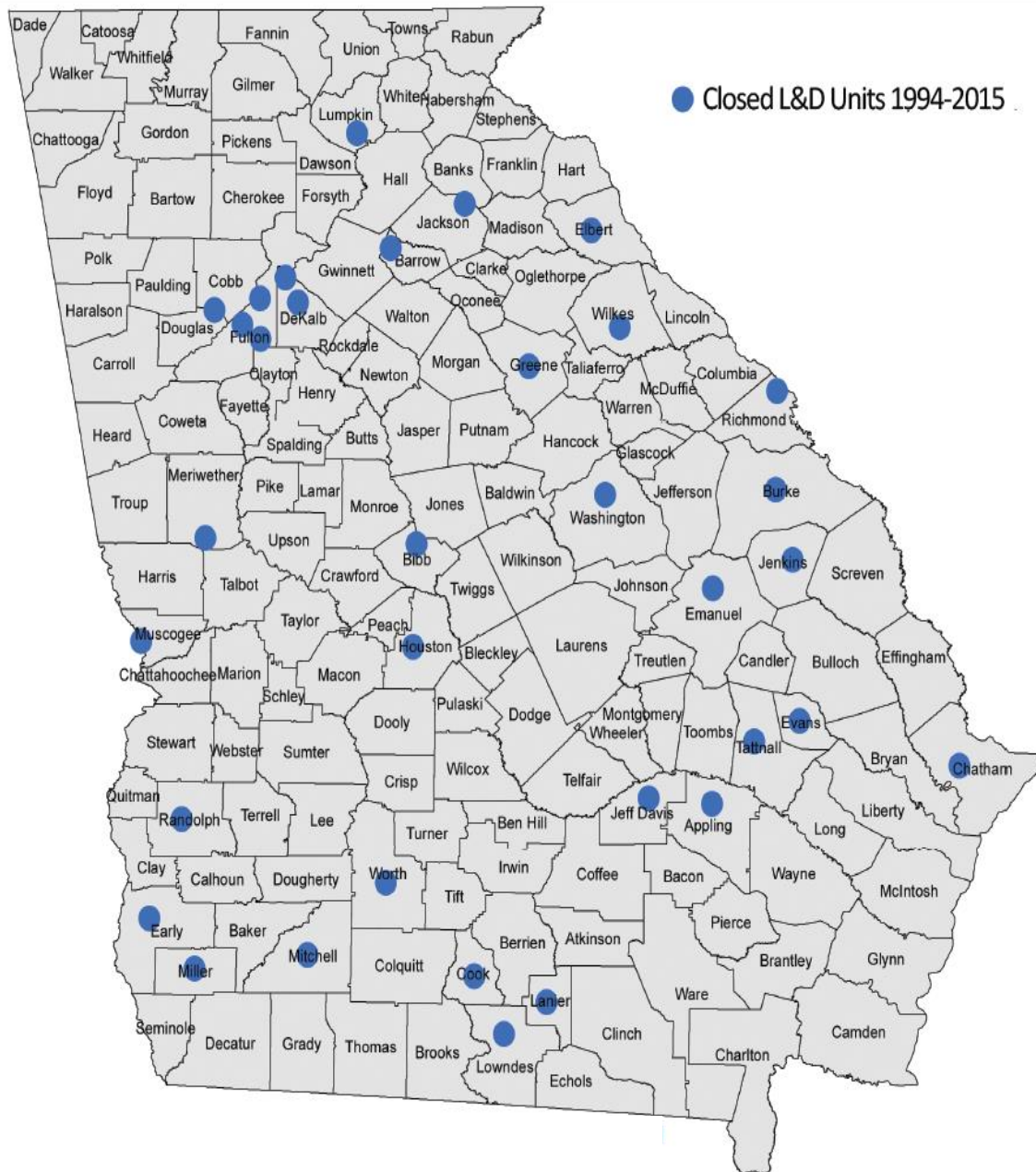
Waycross

“In OB, you don’t want to be too far from where you need to be.”





Labor & Delivery Closures 2012-2014



Labor & Delivery Closures 1994-2015

40% decline

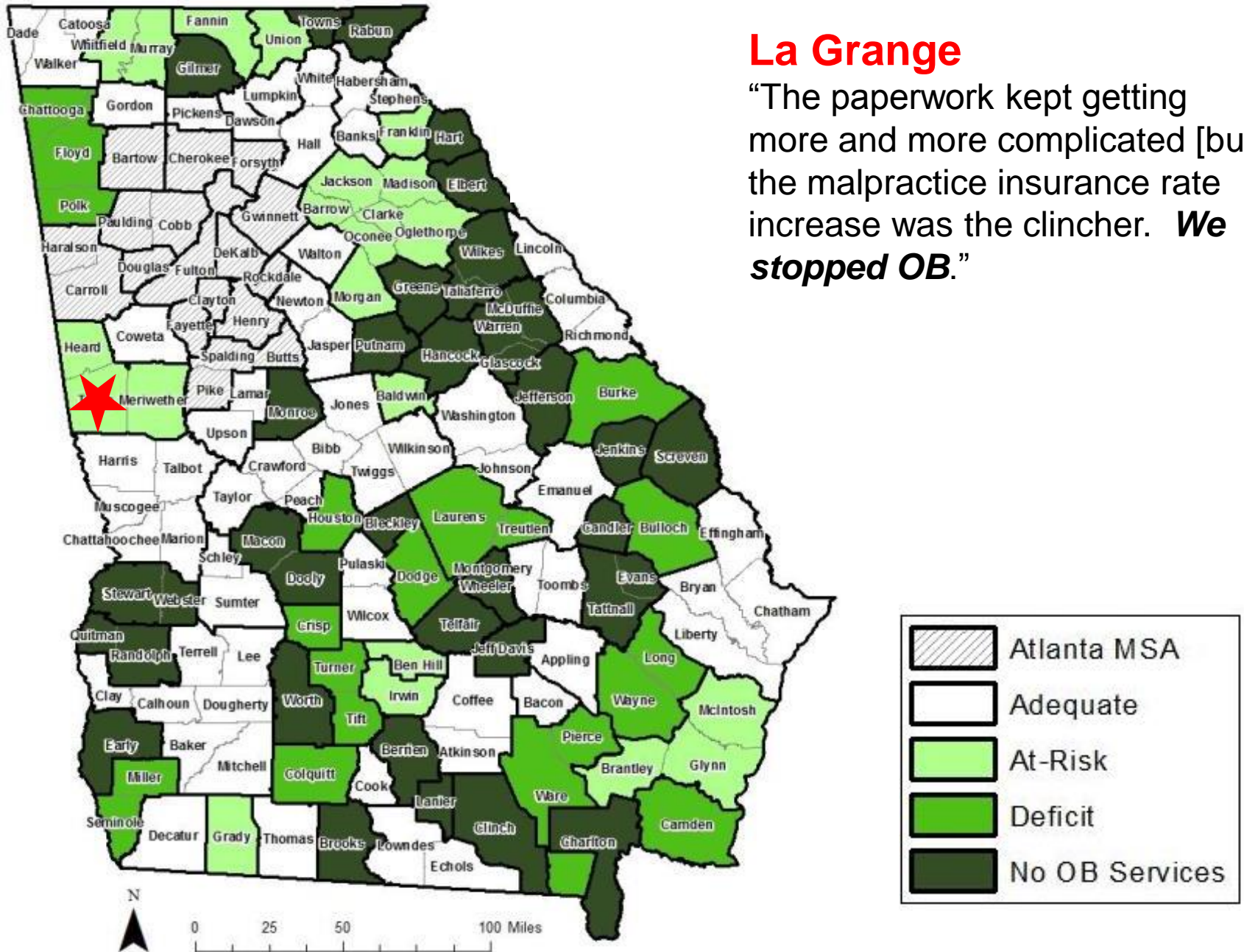
Financial Realities

- ▶ 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.**”

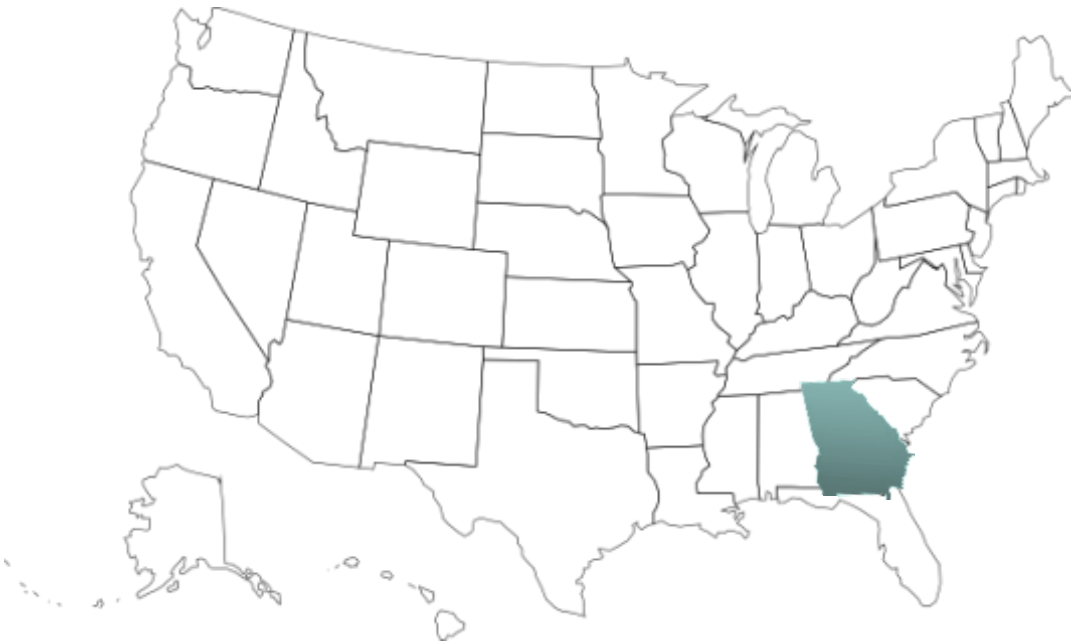


Consequences



Infant mortality:¹ 16th

Maternal mortality:² 2nd



1. National Women's Law Center. www.hrc.nwlc.org.
2. Henry J. Kaiser Family Foundation. www.kff.org.

***March of Dimes,
Premature Birth:¹***

C-

***Population Institute,
Reproductive Health:²***

D-

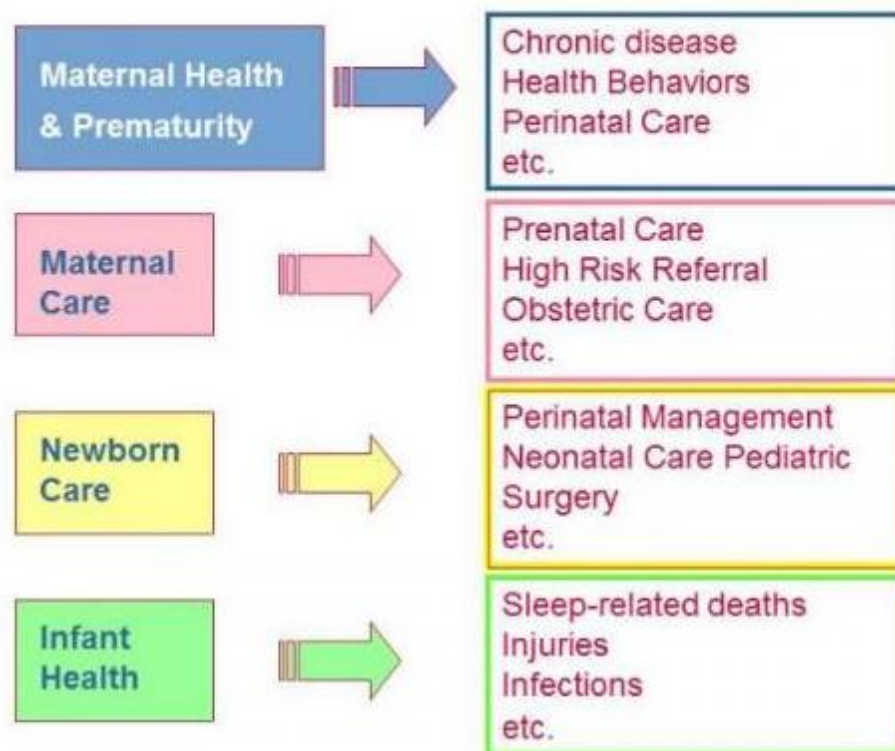


1. *March of Dimes*. 2014 Premature Birth Report Cards.

2. *Population Institute*. 2014 Reproductive Health and Rights Report Cards.

Perinatal Periods of Risk

PPOR helps communities move from data to action



Rural Disparities

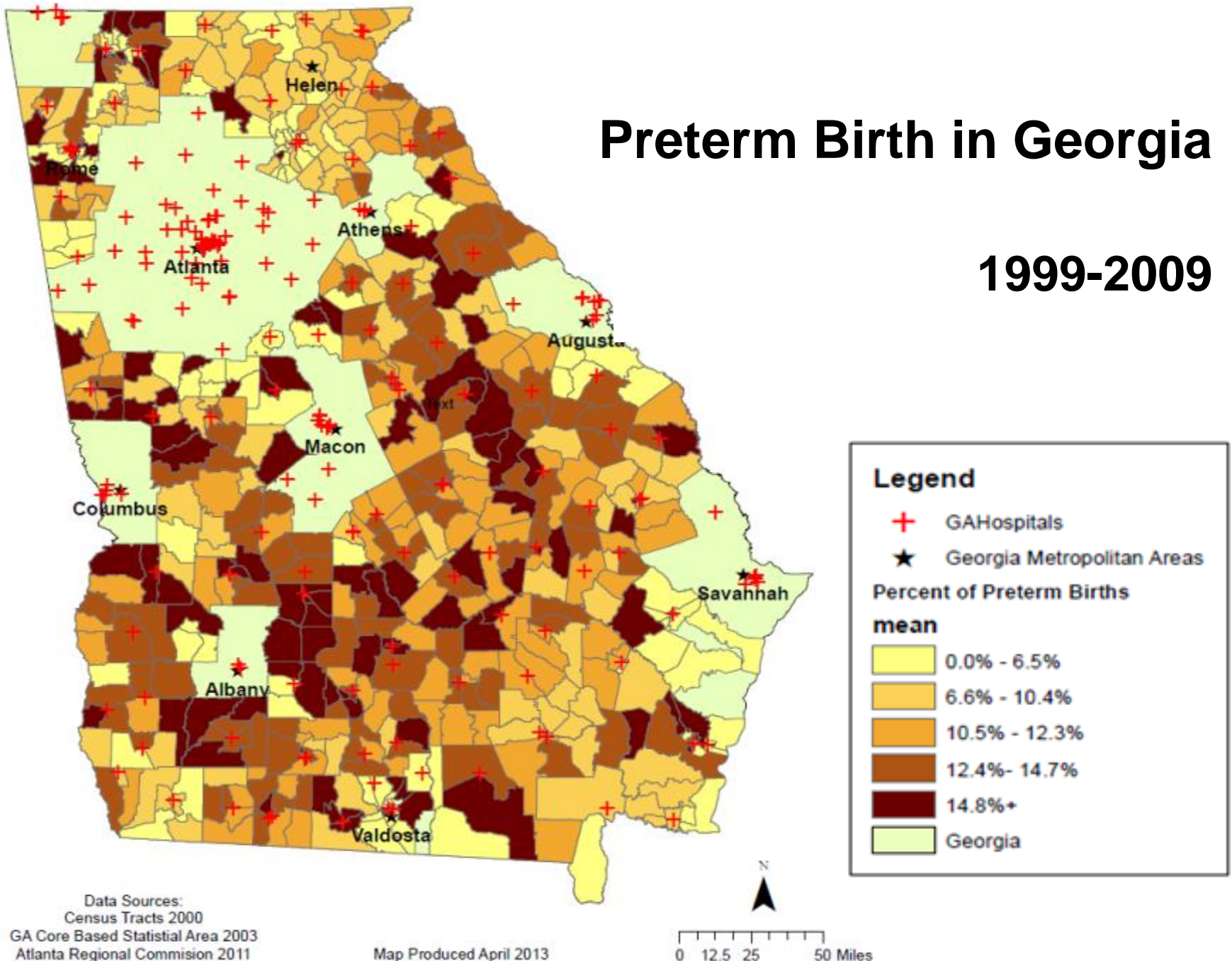
- ▶ Rural pregnant women are at increased risk of:
 - Late initiation of prenatal care¹
 - Hospitalization for pregnancy complications¹
 - Home birth¹
 - Low birth weight²
 - Neonatal mortality²

1. ACOG Committee Opinion 429. *Obstet Gynecol*, 2014.

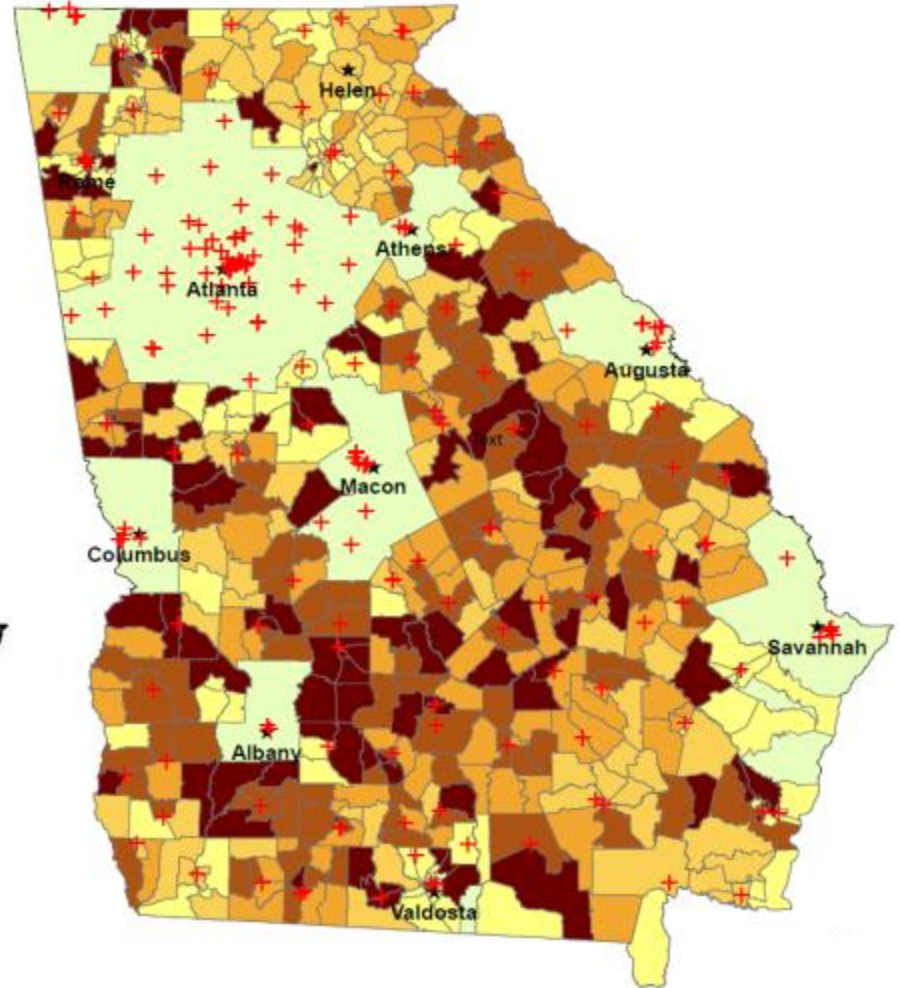
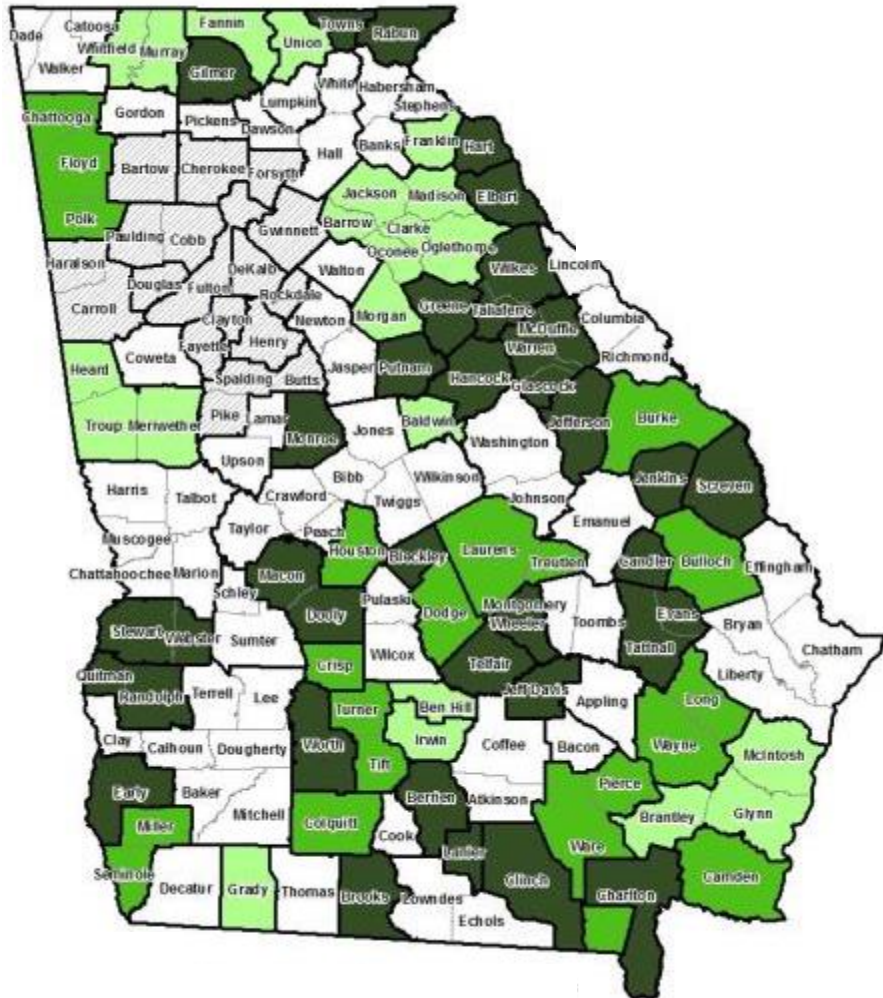
2. Larson EH, et al. *Univ. of Washington Rural Health Research Center*, 2008.

Preterm Birth in Georgia

1999-2009



Are They Related?



Driving Time and Preterm Delivery

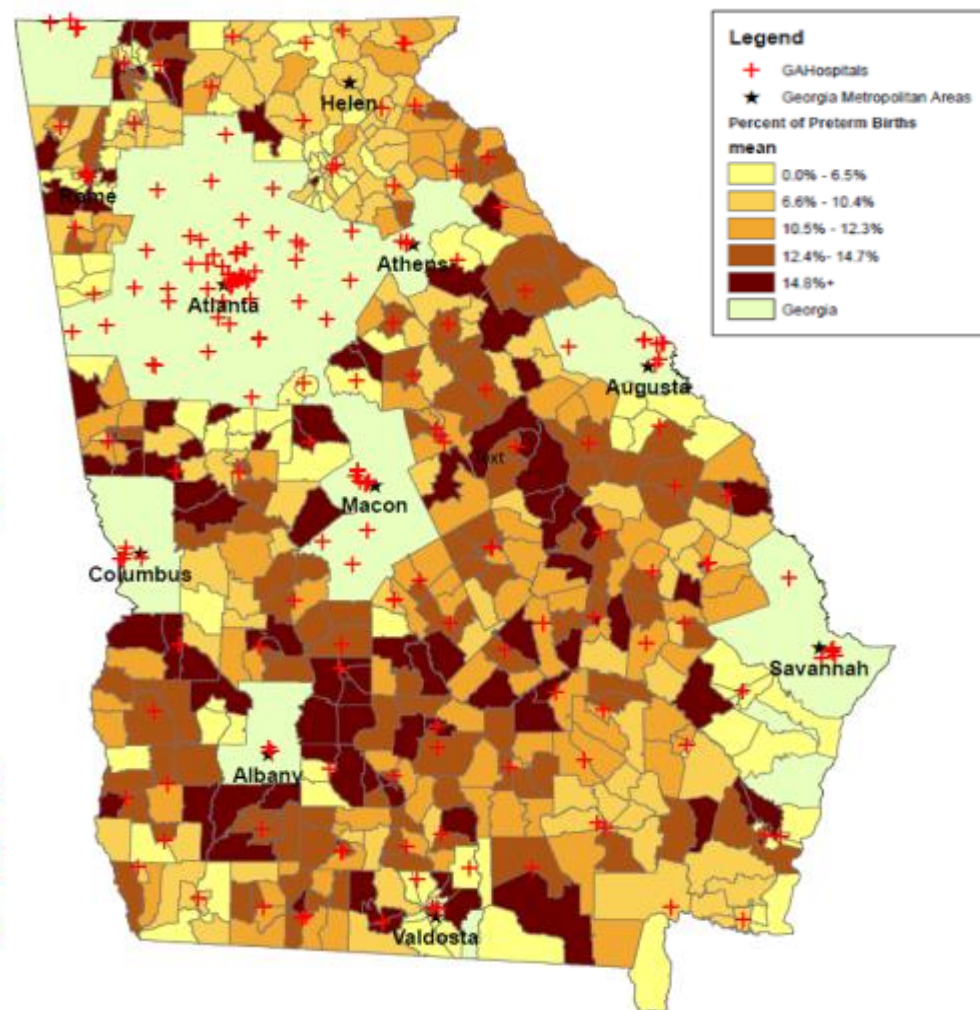
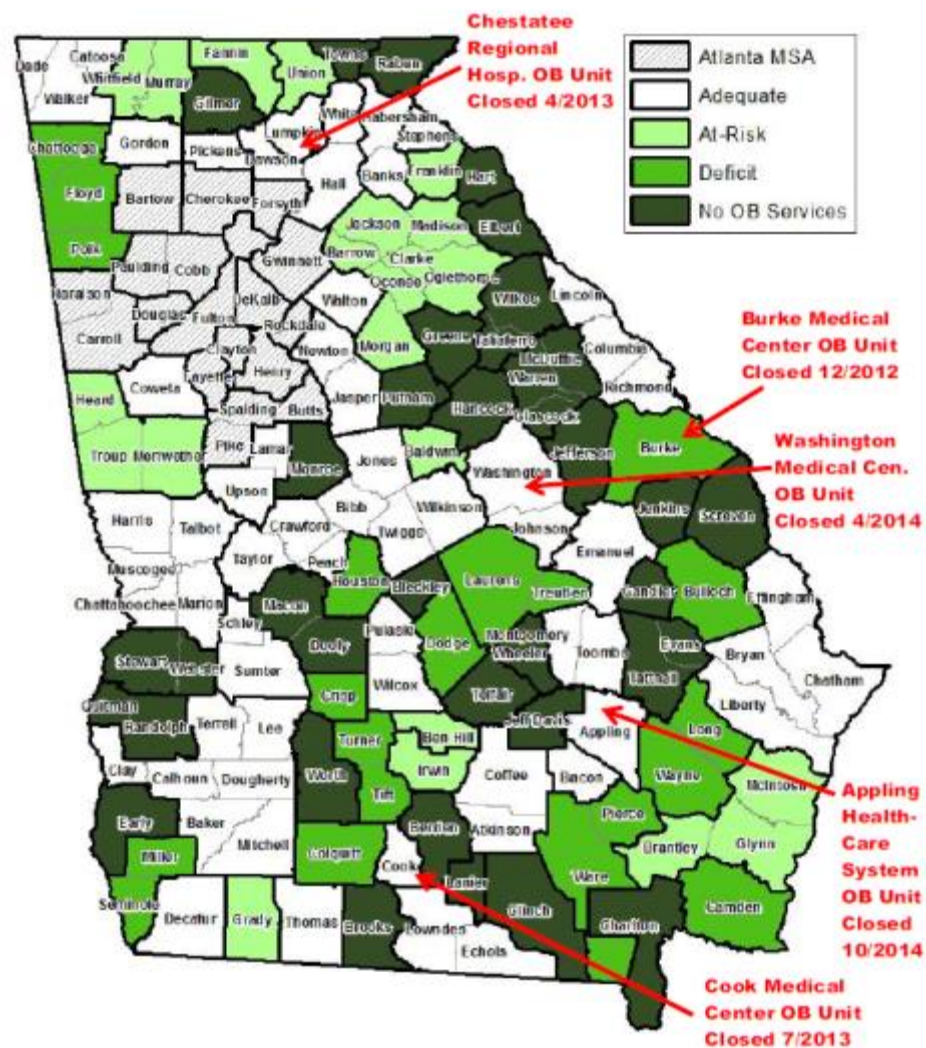
Driving Time	Odds Ratio for Preterm Delivery (< 37 weeks), with 95% CI
≤ 15 minutes	1.00
16 – 30 minutes	1.06 (1.01, 1.11)
31 – 45 minutes	1.09 (1.03, 1.14)
> 45 minutes	1.53 (1.46, 1.60)

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

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 Credit¹***

- Georgia Department of Revenue
- Tax credit: \$5,000 annually for max. 5 years

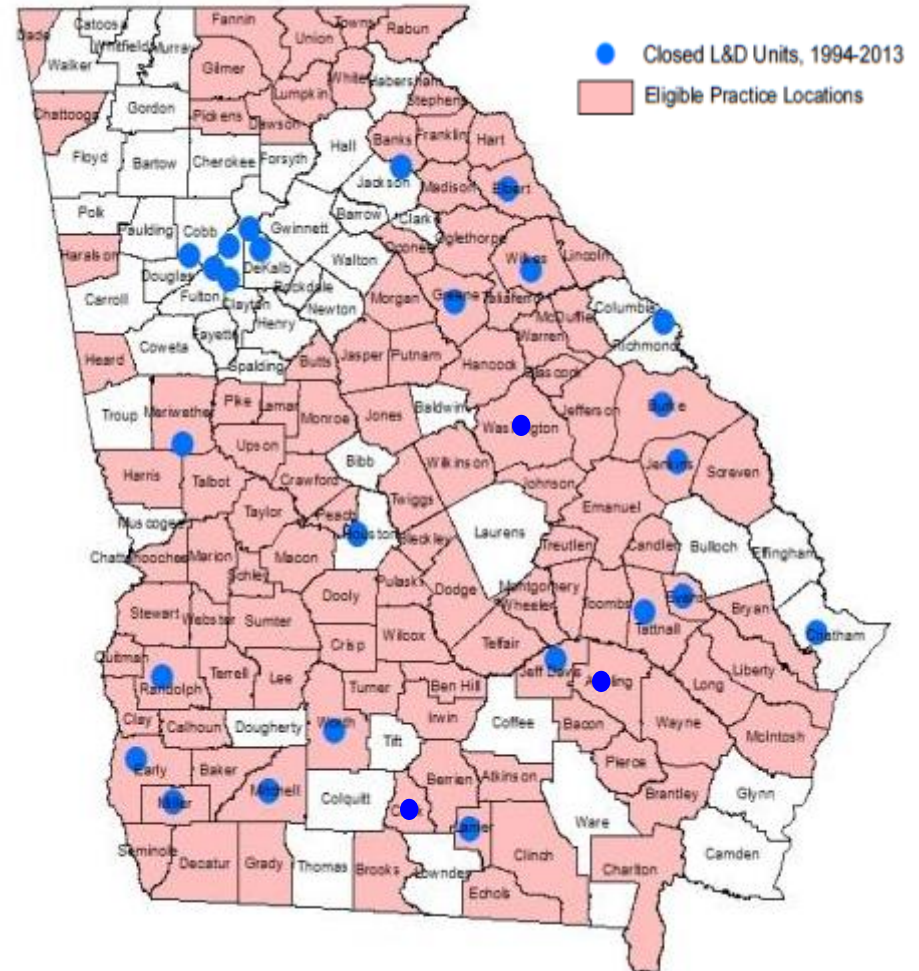
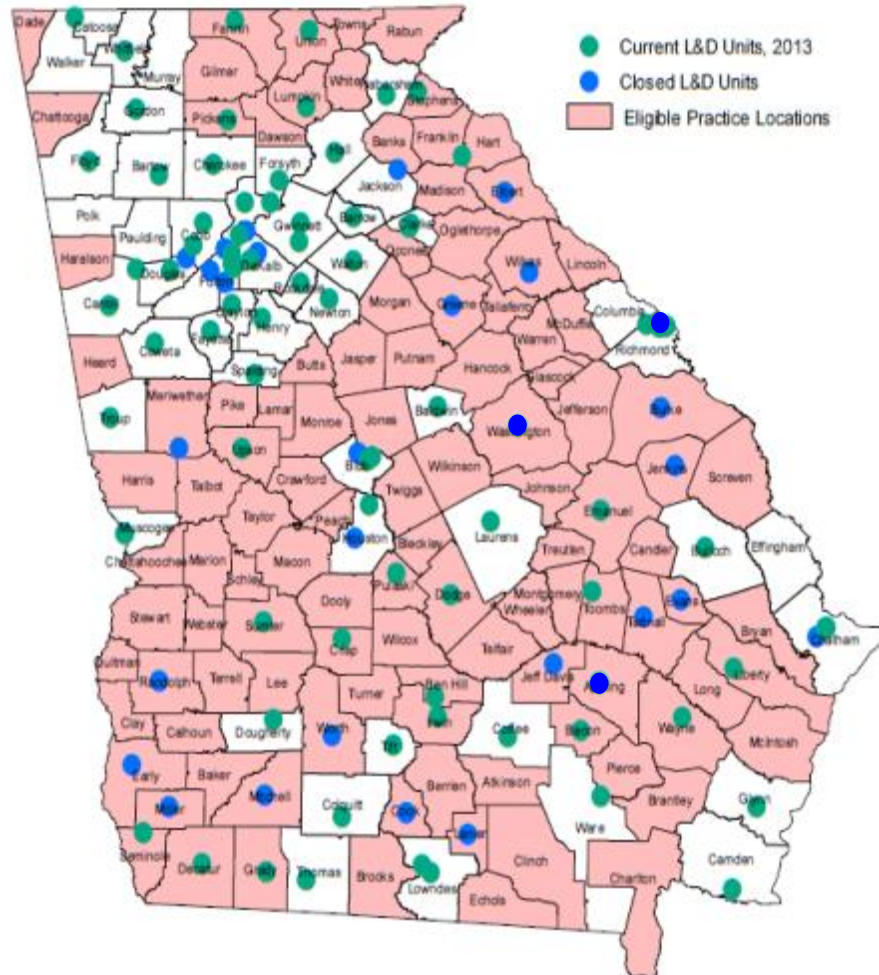
► ***Physicians for Rural Areas Assistance Program²***

- Georgia Board for Physician Workforce
- Loan repayment: \$25,000 annually, for max. 4 years or \$100,000

1. Georgia Dept. of Revenue. 560-7-8-.20: Rural Physician Credit, 2012.

2. Tucker C. PRAAP Application. *Georgia Board for Physician Workforce*, 2012.

Physicians for Rural Areas Assistance Program (PRAAP)



House Bill 998 (2014)

- ▶ 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

Medicaid Reimbursement

- ▶ First increase in Medicaid reimbursement in 14 years
- ▶ Targeted codes for prenatal and peripartum care

Procedure Code	Possible Fee Increase
59400 – Obstetric Care	\$ 330
59425 – Antepartum Care Only	\$ 180
59426 – Antepartum Care Only	\$ 350
59510 – Cesarean Delivery	\$ 220
59610 – VBAC Delivery	\$ 360
59618 – Attempted VBAC Delivery	\$ 260

Referral

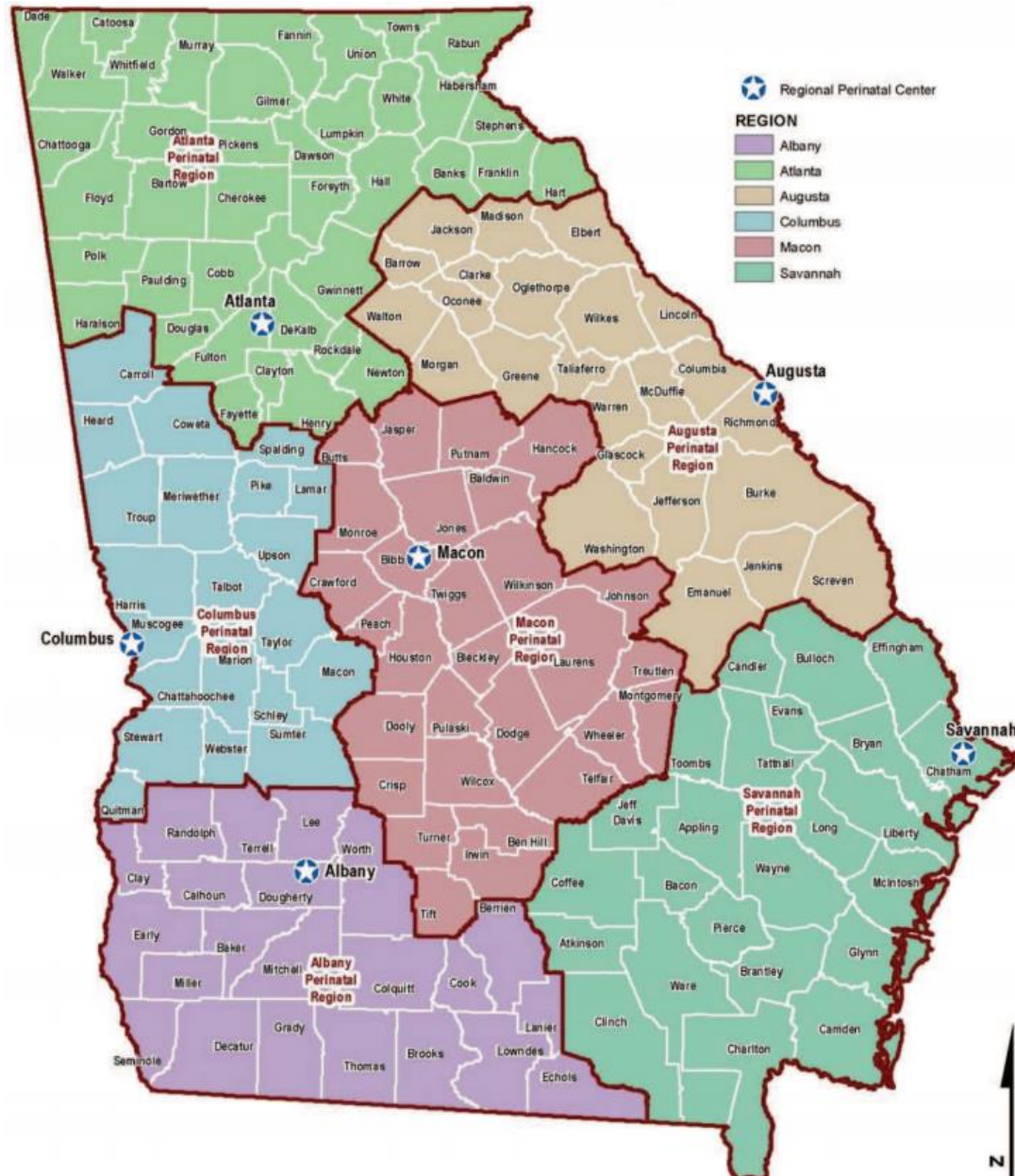
► Past Success

- Perinatal Regions and Centers

► Upcoming Challenges

- Improved regionalization
 - Prenatal services
 - Delivery hospitalization
- Telemedicine

Georgia Perinatal Regions and Centers



Improving Regionalization

- ▶ Prenatal services
 - Sweeping reform ?
- ▶ Delivery hospitalization
 - Risk-appropriate care
 - Assessment of service capacity
 - AAP neonatal levels of care¹
 - ACOG/SMFM maternal levels of care²
- ▶ Role of telemedicine

1. AAP Policy Statement. *Pediatrics*, 2012.

2. ACOG/SMFM Obstetric Care Consensus. *AJOG*, 2015.

Congressional Committees

- ▶ 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

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Comments or Questions?

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