MATERNITY WORKFORCE IN IOWA

Marygrace Elson, MD, MME, FACOG
President, Iowa Medical Society
IOWA MATERNITY PROVIDERS
Approximately 1/3 of births in IA are in rural settings

FM physicians deliver more in rural settings; and OBGs and CNMs more in urban settings

OBGs deliver approximately 70% of births

Family physicians deliver approximately 16%

Number of FM grads from Ulowa affiliated programs practicing OB has halved over the last 20 yrs

(~ 20% for 2018 grads)- mirrors national trends

Iowa ranks last in the USA for # OBGs/10,000 women
## Provider Workforce

### 2017 State Physician Workforce Data Book
Association of American Medical Colleges

<table>
<thead>
<tr>
<th>Metric</th>
<th>Iowa Measure</th>
<th>National Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians Per Capita</td>
<td>211.4</td>
<td>43rd</td>
</tr>
<tr>
<td>Active Physicians Over Age 60</td>
<td>28.7%</td>
<td>39th</td>
</tr>
<tr>
<td>Medical Students Per Capita</td>
<td>49.4</td>
<td>10th</td>
</tr>
<tr>
<td>Residents/Fellows Per Capita</td>
<td>28.1</td>
<td>25th</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Primary Care</th>
<th>Neurology</th>
<th>Cardiology</th>
<th>General Surgery</th>
<th>Psychiatry</th>
<th>OB/GYN</th>
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<tbody>
<tr>
<td>Rank</td>
<td>35th</td>
<td>39th</td>
<td>39th</td>
<td>41st</td>
<td>44th</td>
<td>52nd</td>
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IOWA PHYSICIAN SUPPLY vs. POPULATION

Physician Supply (48% Increase)
- 4002 (1992)
- 4446 (1997)
- 4922 (2002)
- 5197 (2007)
- 5691 (2012)
- 5926 (2017)

State Population (12% Increase)
- 2806 (1992)
- 2854 (1997)
- 2934 (2002)
- 2999 (2007)
- 3074 (2012)
- 3145 (2017)

Physicians per 100,000
- 1992: 143
- 1997: 156
- 2002: 168
- 2007: 173
- 2012: 185
- 2017: 188

Source: Iowa Health Professions Tracking Center, Office of Statewide Clinical Education Programs, UI Carver College of Medicine, July 2018
Provider Workforce

DISTRIBUTION OF PHYSICIANS BY RUCC
All MDs/DOs (5,905) 2018

Population to Physician Ratio: 535:1
Source: Iowa Health Professions Tracking Center, Office of Statewide Clinical Education Programs, UI Carver College of Medicine, May 2019
Population from Census July estimates, 2018
Provider Workforce

DISTRIBUTION OF PHYSICIAN ASSISTANTS

Source: AMA Health Workforce Mapper Based Upon State Licensure Data

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Provider Workforce

DISTRIBUTION OF ARNPS

Source: AMA Health Workforce Mapper Based Upon State Licensure Data
DISTRIBUTION OF OB/GYNS (245)*
2018

*Includes General Obstetrics & Gynecology only

Source: Iowa Health Professions Tracking Center, Office of Statewide Clinical Education Programs, UI Carver College of Medicine, May 2019
Provider Workforce

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine
Iowa Health Professions Tracking Center, July 2018

*Includes residency-trained FM practicing Emergency Medicine
**Includes subspecialties
### PRIMARY CARE* VS. OTHER SPECIALTIES 2017

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<tr>
<th></th>
<th>Entered</th>
<th>Left</th>
<th>Net</th>
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<tbody>
<tr>
<td>Primary Care</td>
<td>152</td>
<td>-186</td>
<td>-34</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>258</td>
<td>-223</td>
<td>+35</td>
</tr>
<tr>
<td>Totals</td>
<td>410</td>
<td>-409</td>
<td>+1</td>
</tr>
</tbody>
</table>

*Primary Care includes Family Medicine, General Internal Medicine, General Pediatrics, and residency-trained FPs practicing Emergency Medicine

Source: Iowa Health Professions Tracking Center, Office of Statewide Clinical Education Programs, UI Carver College of Medicine, July 2018
MATERNITY CARE IN THE RURAL USA

In 1985, 24% of rural counties lacked OB services. Today, 54% of rural counties are without hospital based obstetrics.

More than 200 rural maternity wards closed between 2004 and 2014.

Half of rural women live more than 30 mins drive to maternity unit

Higher incidence of:
• Chronic conditions
• Poverty
• Travel barriers

Putting pregnant women at risk

Higher incidence of out of hospital birth and other pregnancy complications
Access in Iowa is ~18 OB providers per 100,000 prospective mothers
5x incidence of out of hospital birth in counties without L and D unit (2.5%)

Distance to drive to L and D unit
- 24% less than 30 minutes
- 62% 30-60 minutes
- 14% 60 minutes or more

Unpublished data IDPH, UICCOM Office Statewide Programs
WHY DO MATERNITY UNITS CLOSE?

July 2019 OB Workforce Study from the Wisconsin Office for Rural Health:

Lack of provider coverage

Providers unable to keep up skills

Low or reduced volume of deliveries compared to cost of keeping unit staffed 24 x 7 x 365.

100 births/year seems to be the critical threshold

11 of Iowa’s 63 remaining maternity units deliver <100/year
Population Change in Iowa from 2010 to 2017

Source: U.S. Census Bureau. The color shows the percent change of population in each county, with counties having increasing population in blue and counties having decreasing population in red.
Percent change in housing units by county from 2010-2017

-1% to 0%
0% to 1%
1% to 2%
2% to 5%
5% or greater

Source: U.S. Census Bureau
Medicaid reimbursed births by county: 2018

Percent of births that were Medicaid reimbursed

Source agency name: Iowa Department of Public Health
Source agency program: Bureau of Health Statistics
Source agency contact: debbie.kane@idph.iowa.gov
Date added to State Data Center Web site: November 2017
State Data Center contact information: State Library of Iowa, State Data Center Program, http://www.iowadatacenter.org, 800-248-4483, census@iowa.gov

<table>
<thead>
<tr>
<th>County</th>
<th>Medicaid reimbursed births</th>
<th>Total births</th>
<th>Percent Medicaid reimbursed births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee</td>
<td>58.5%</td>
<td>37,703</td>
<td>43.4%</td>
</tr>
</tbody>
</table>
KEEPING THE LIGHTS ON- PAYMENT FOR MATERNITY SERVICES

Median operating margin at the time hospitals drop OB is - 1.3%

Hospitals save $2M by closing OB!

Contracts cannot be negotiated for an urban area and same reimbursement applied to a low volume hospital

Medicaid (43% of births in IA)

Geographic Practice Cost Index (GPCI)- Medicare
5 Cases

2. Plowman v. Fort Madison Hospital (2019)

$85 Million
Total Damages

$63 Million
Noneconomic Damages
Iowa Needs a Hard Cap on Noneconomic Damages

- Maxing out Liability Coverage
- Draining Reserve Funds
- Erasing Operating Margins
- Threatening Access to Care

34 states have some form of a cap on noneconomic damages including nearly every neighboring Midwest state.
THE DECLINE OF THE AMERICAN SMALL TOWN AND “BRAIN DRAIN”

- Globalization
- Decline of industry in “shop towns”
- Agribusiness and factory farms
- Big Box Retailers and Internet Commerce
EDUCATIONAL DEBT

Average debt nationally for indebted USA medical school grads on graduation (including undergraduate debt) $196,520
Deferred while in residency/fellowship training
Debt forgiveness available with some job opportunities upon graduating residency
Significant factor in choosing practice opportunities
Thought to be a driver for national trends of
  Urban/suburban practice location
Subspecialization
IMPROVING THE MATERNITY SAFETY NET IN IOWA-
POTENTIAL APPROACHES
“Closing OB departments does not mean that hospitals will avoid obstetrics emergencies, just that they will not be competent at managing them when they happen.”

John Cullen, MD, President, AAFP, October, 2018
RETHINK CONCEPT OF MATERNITY CARE PROVIDERS

In addition to maternity units and the nurses and providers who staff them—

- EMS staff
- ED providers and nursing staff
- Providers and nursing staff in critical access hospitals

TRAIN for rare but catastrophic events

- AAFP ALSO® training
- AIM bundles

PROVIDE Web-based Resources
RETHINK HOW WE PROVIDE MATERNITY SERVICES

Leverage telemedicine capabilities with payment parity

- Subspecialty consultation
- Provide routine prenatal care utilizing primary providers in communities

Integrated regional perinatal regionalization support for lower levels of maternity care
◆ Rural Loan Repayment Programs: Flexible and Funded
◆ Expand OB Fellowship Opportunities for FM Residents
◆ Expand UIHC OBG residency to include a rural “track”
◆ Preceptor Tax Credits
◆ Rural Practice Tax Credits
◆ Conrad 30 Program
◆ Assistance with medical malpractice liability
◆ Assistance with coverage for time away (vaca, CME)
◆ Rural Infrastructure and Job Development Initiatives
KEEP IN MIND

People most often settle in rural locations for personal reasons
◆ Know and want the lifestyle
◆ Family connections
◆ Want to make a difference

Cultivate early and often
◆ Identify gifted youth who might return
◆ Summer fellowships while in college
◆ Rural exposures and “tracks” in med school and residency
ACKNOWLEDGEMENTS AND REFERENCES

Greg Nelson, Assistant Dean, University of Iowa Office of Statewide Clinical Programs
Brock Slabach, Sr. Vice-President, National Rural Health Association
Stephanie Trusty, Nurse Clinician, Iowa Department of Public Health

-Patrick J. Carr and Marka J. Kefalas
Hollowing Out the Middle: The Rural Brain Drain and What It Means for America

Iowa Department of Public Health

-Obstetrical Care in Iowa:
A Report on Health Care Access to the Iowa State Legislature – Year 2019

-Wisconsin Office of Rural Health
Obstetric Delivery Services and Workforce in Rural Wisconsin Hospitals, July 2019.