

Georgia's Obstetric Care Crisis

ADRIENNE D. ZERTUCHE, MD, MPH, FACOG

SOUTH CAROLINA BIRTH OUTCOMES INITIATIVE SYMPOSIUM

OCTOBER 30, 2019

Financial Disclosures

► None

Objectives

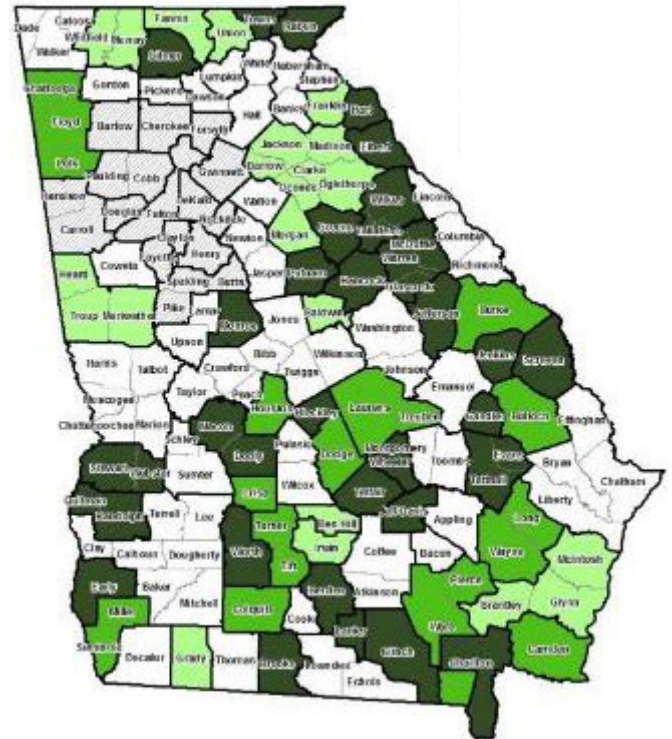
At the conclusion of the presentation, the audience should be able to:

- ▶ Discuss the magnitude, origins, and consequences of Georgia's rural obstetric care crisis
- ▶ List strategies for improving provision of obstetric care in underserved rural areas, including the “four Rs”: recruitment, retention, referral, and reform
- ▶ Describe the Georgia Maternal and Infant Health Research Group's novel and cost-efficient methodology for conducting research, disseminating findings, and motivating change

Overview

- ▶ **Georgia's Obstetric Care Crisis**
 - ▶ Magnitude
 - ▶ Origins
 - ▶ Consequences
- ▶ **Strategies for Improvement**
 - ▶ Recruitment / Retention / Referral / Reform
- ▶ **GMIHRG**
 - ▶ Novel and cost-efficient methodology
 - ▶ Translating research into advocacy

Georgia's Obstetric Care Crisis



Ob Care in Georgia - 2011

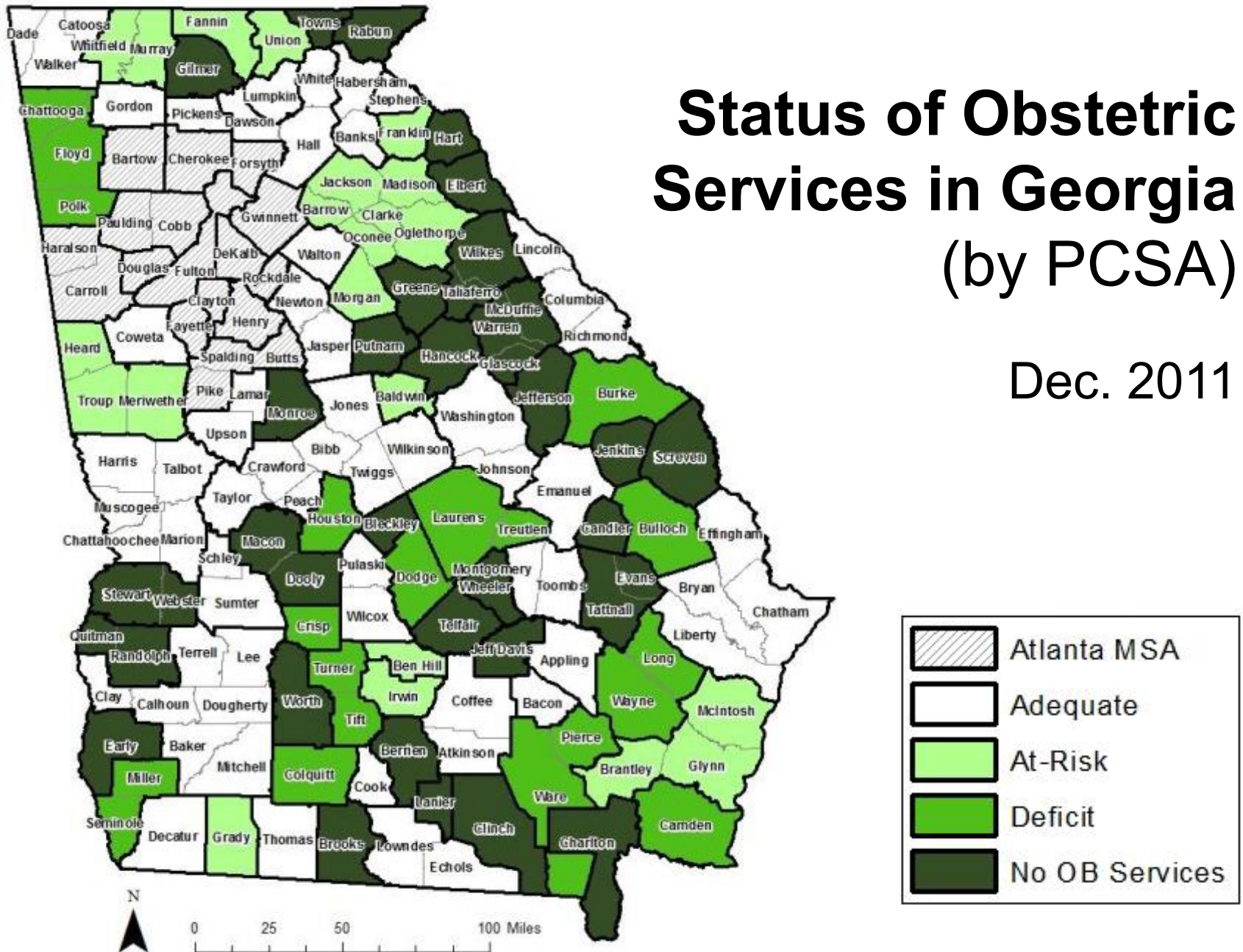
43 of the **82** Georgia PCSAs* outside of the Atlanta MSA (**52%**) have either an **overburdening** or a **complete absence** of obstetric providers

- ▶ **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

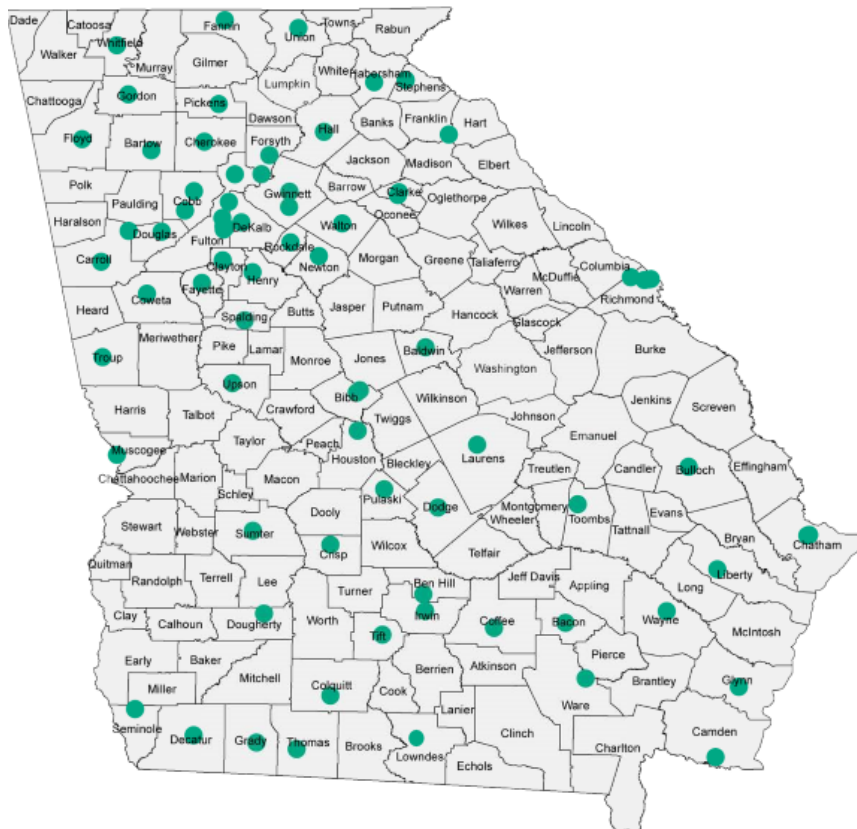
Status of Obstetric Services in Georgia (by PCSA)

Dec. 2011

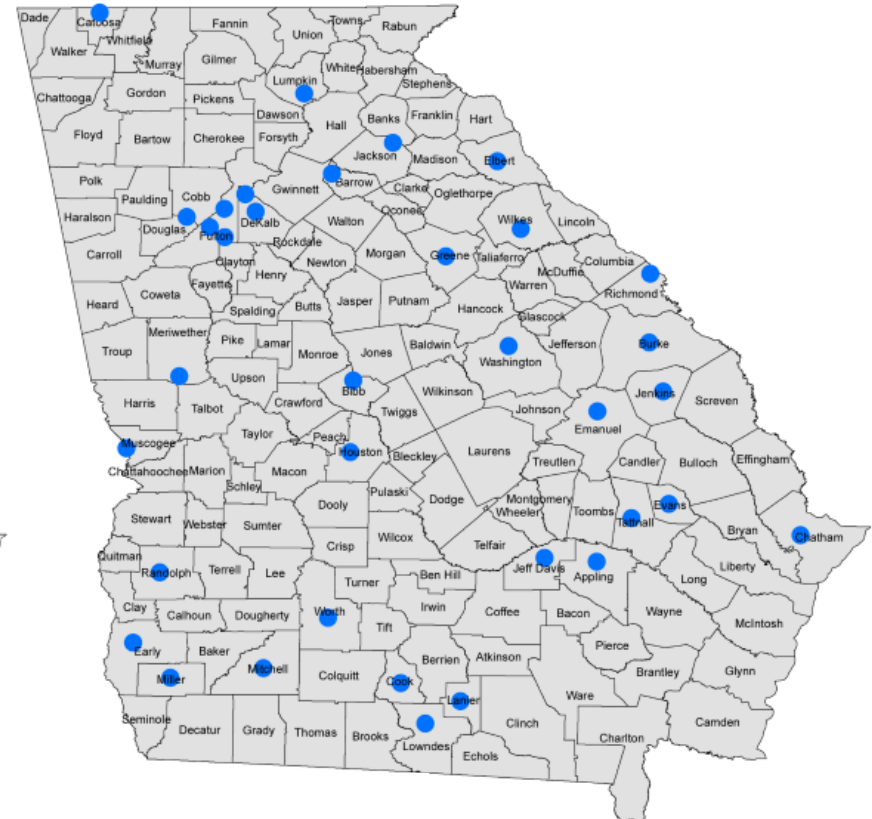


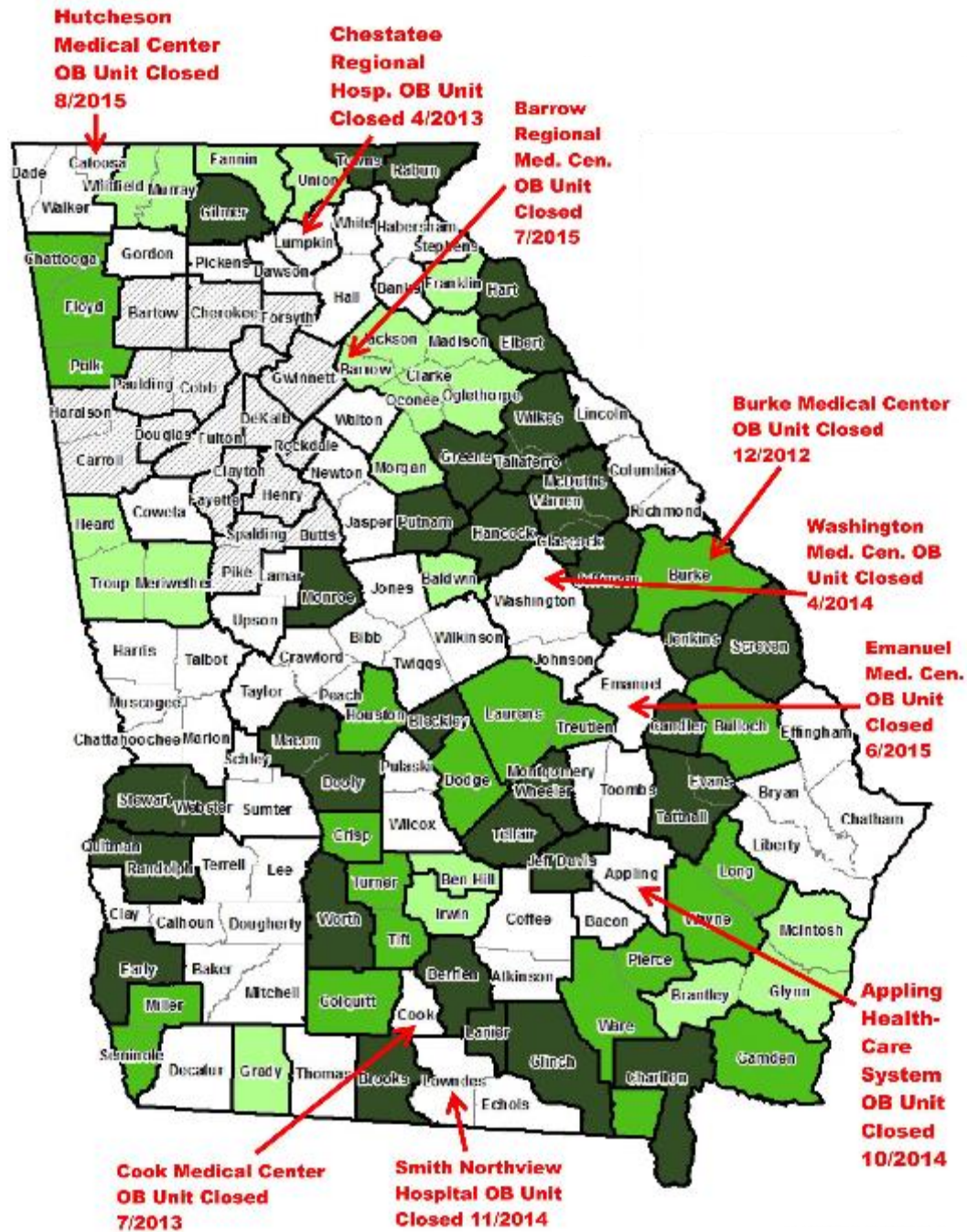
Georgia L&D Units

Open (12/2015)



Closed (1994–2015)





Ob Care in Georgia - 2016

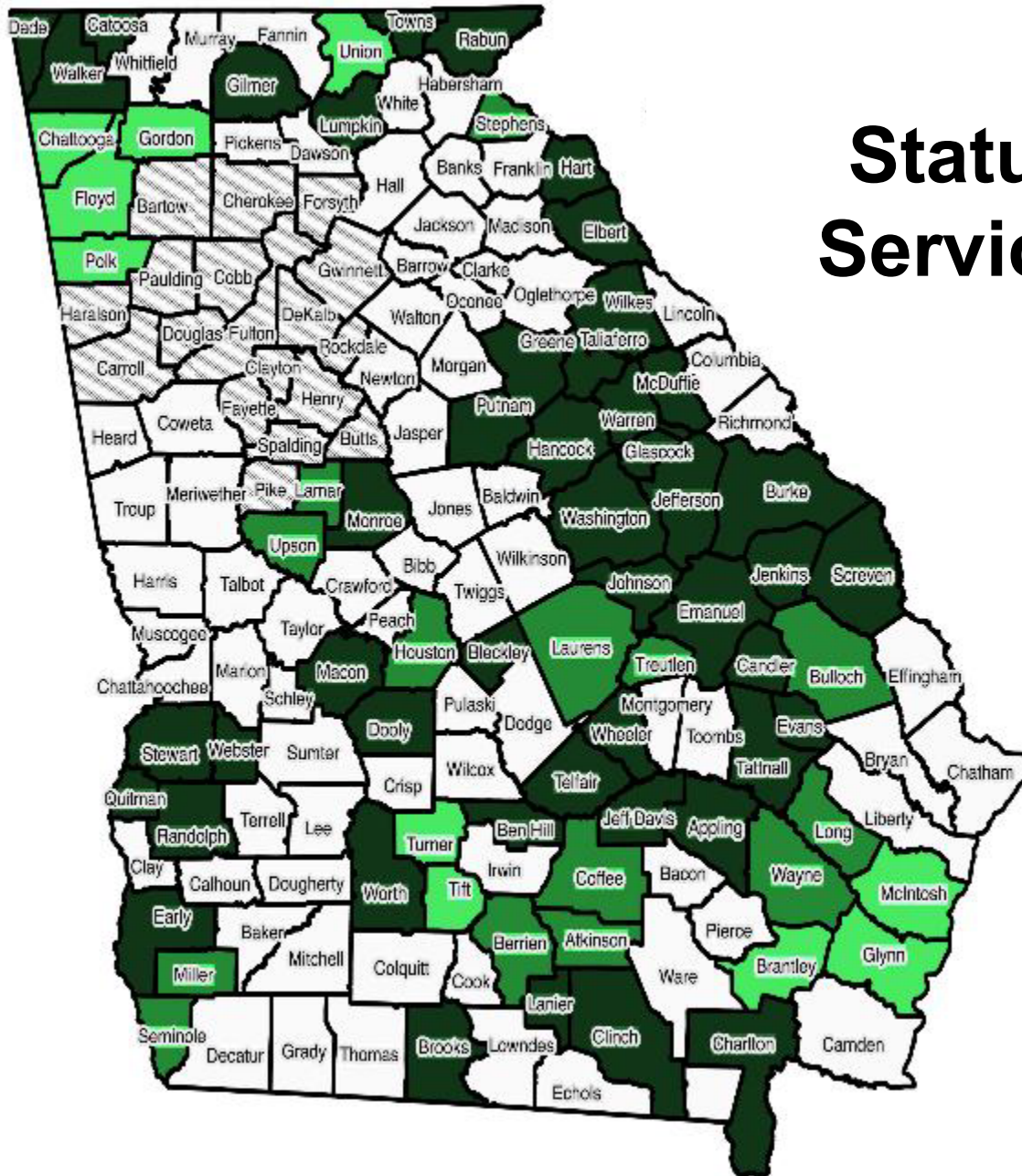
45 of the **82** Georgia PCSAs* outside of the Atlanta MSA (**55%**) have either an **overburdening** or a **complete absence** of obstetric providers

- ▶ **No** obstetricians: 36 (**44%**)
- ▶ **No** delivering family practitioners: 75 (**91%**)
- ▶ **No** certified nurse midwives: 62 (**76%**)

* 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)

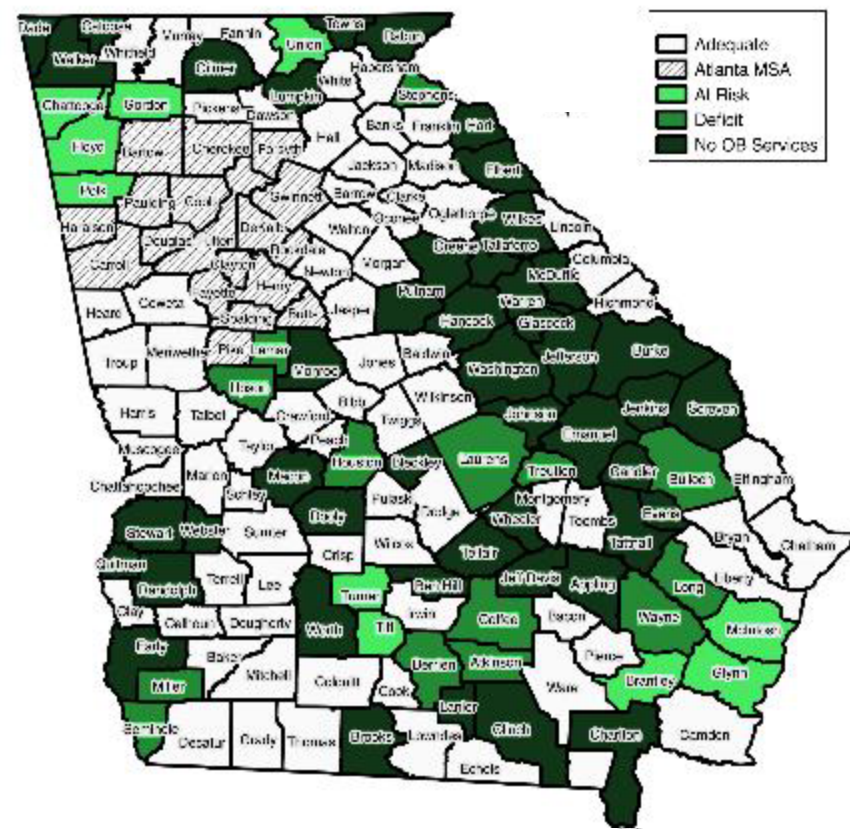
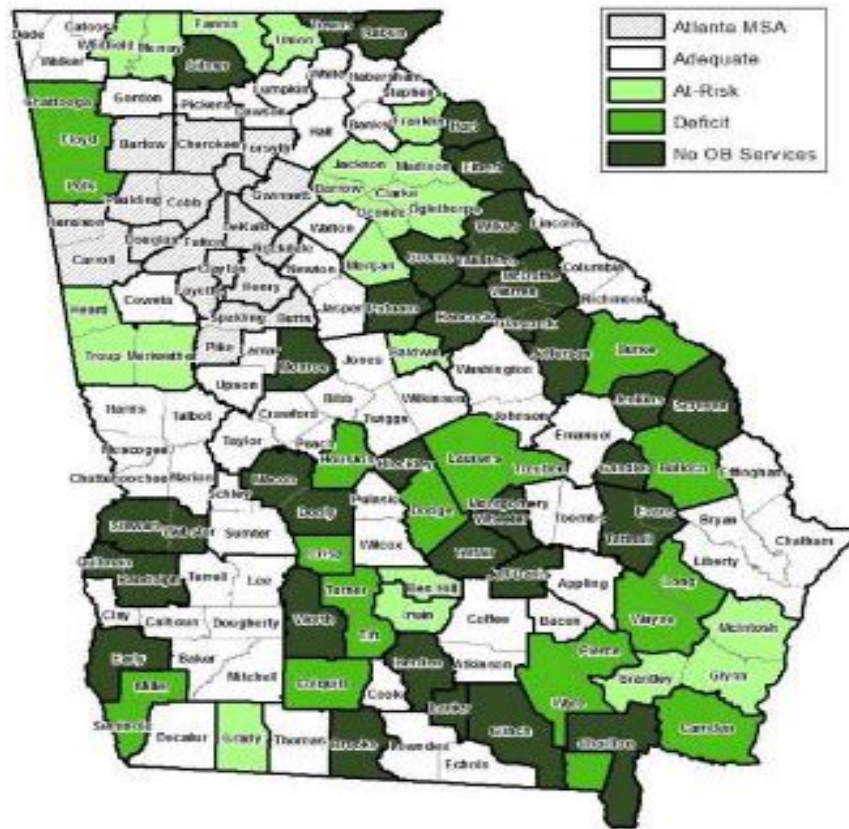
Aug. 2016



Georgia's Ob Care Crisis

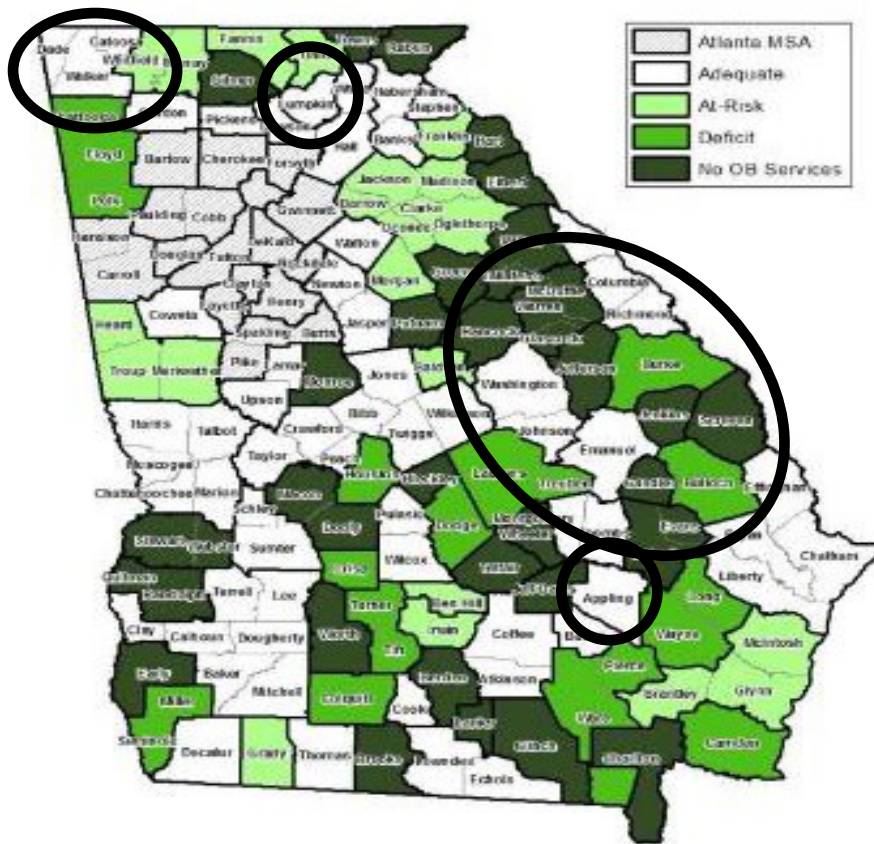
2011

2016

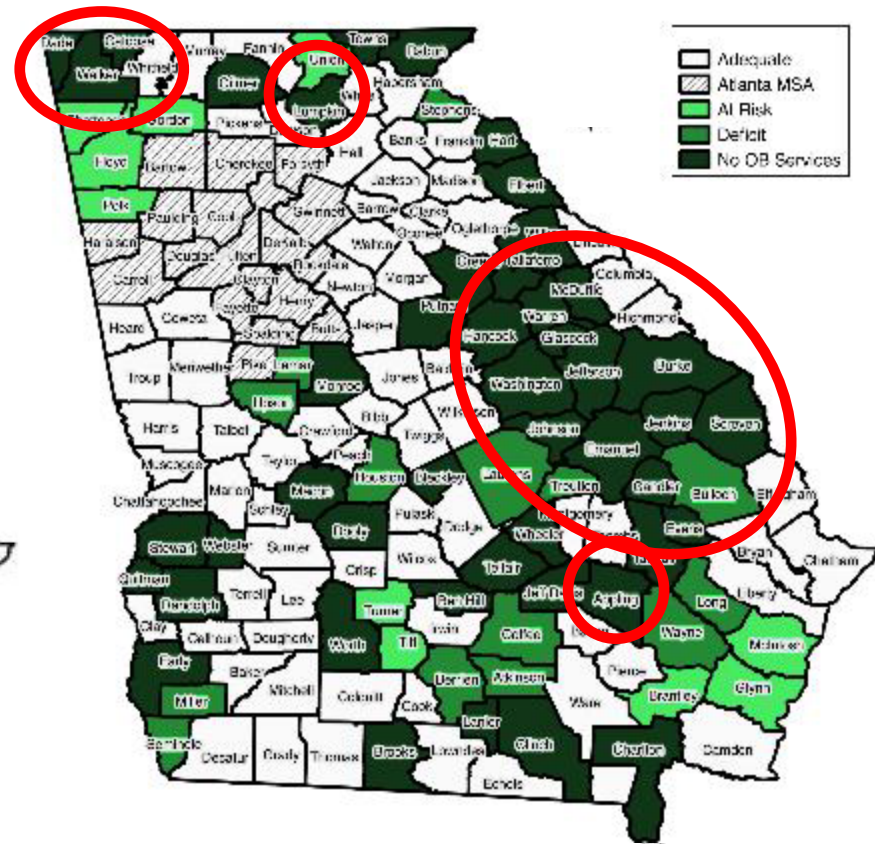


Georgia's Ob Care Crisis

2011

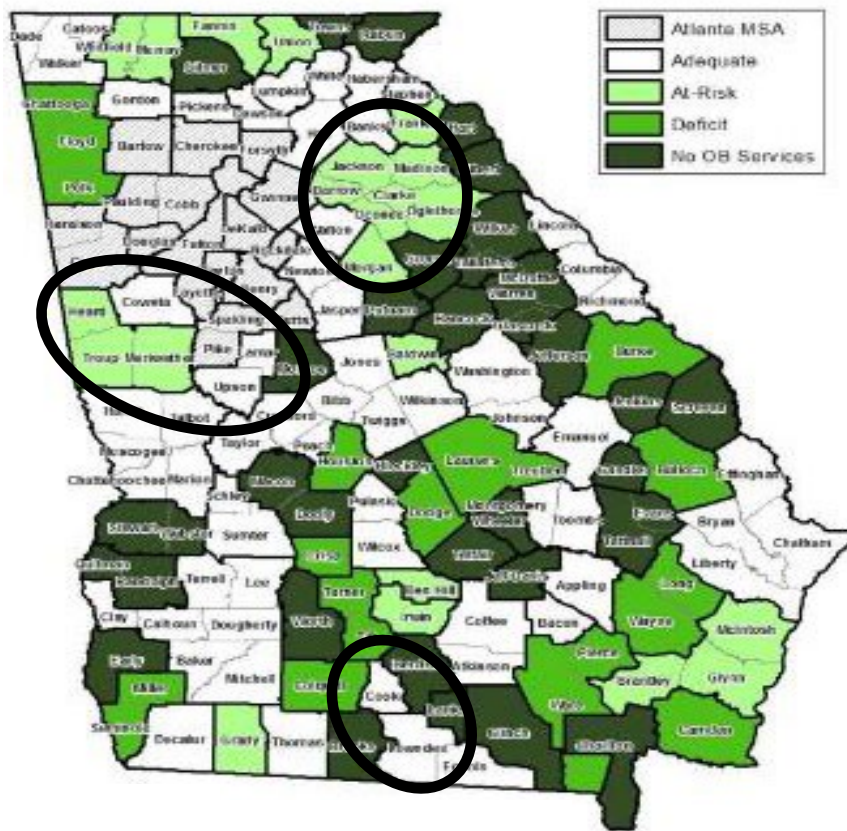


2016

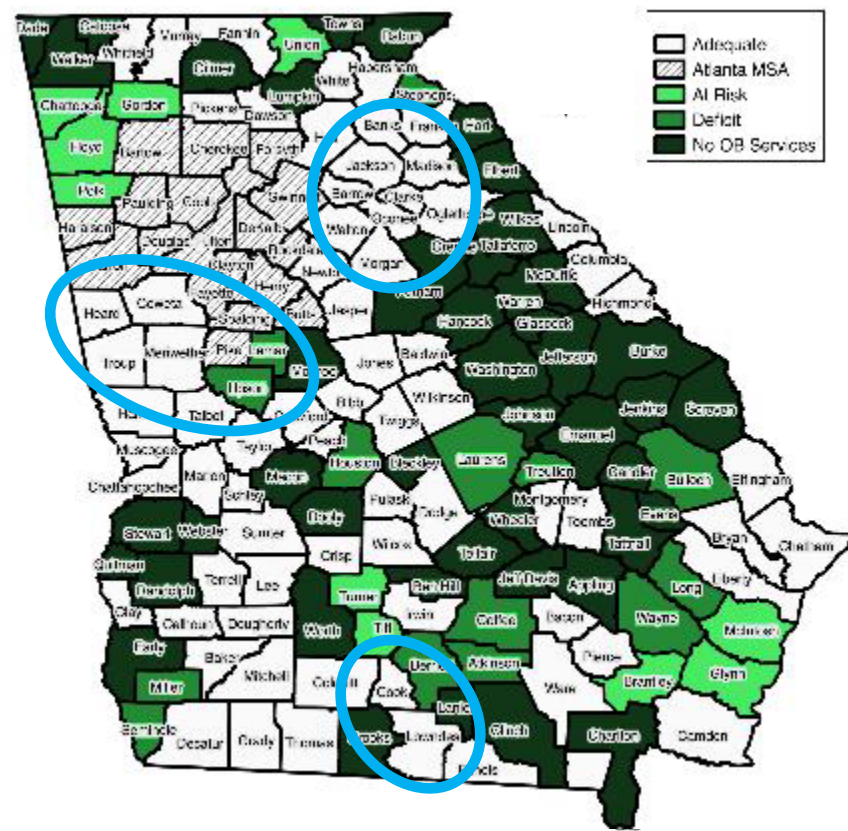


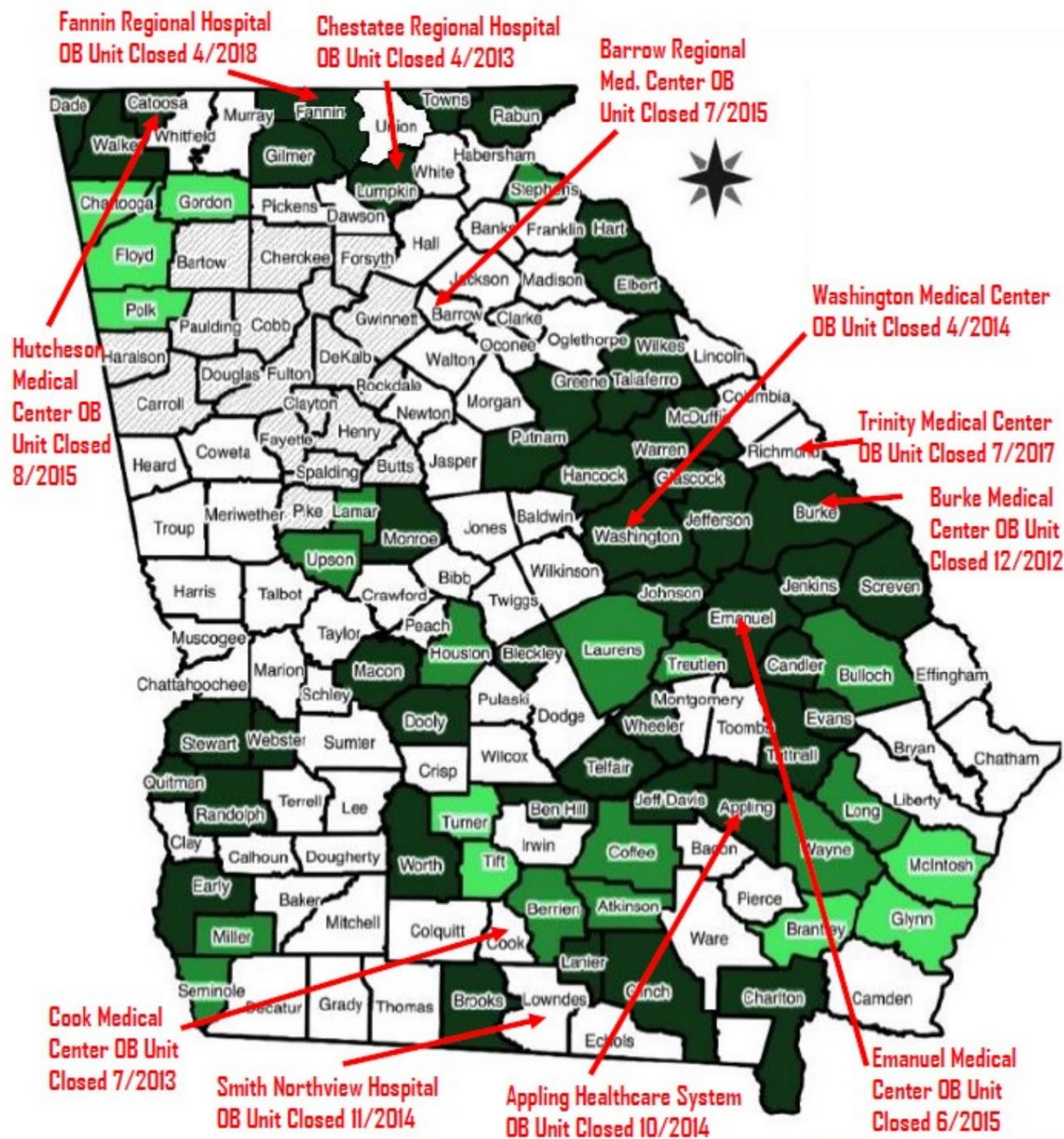
Georgia's Ob Care Crisis

2011

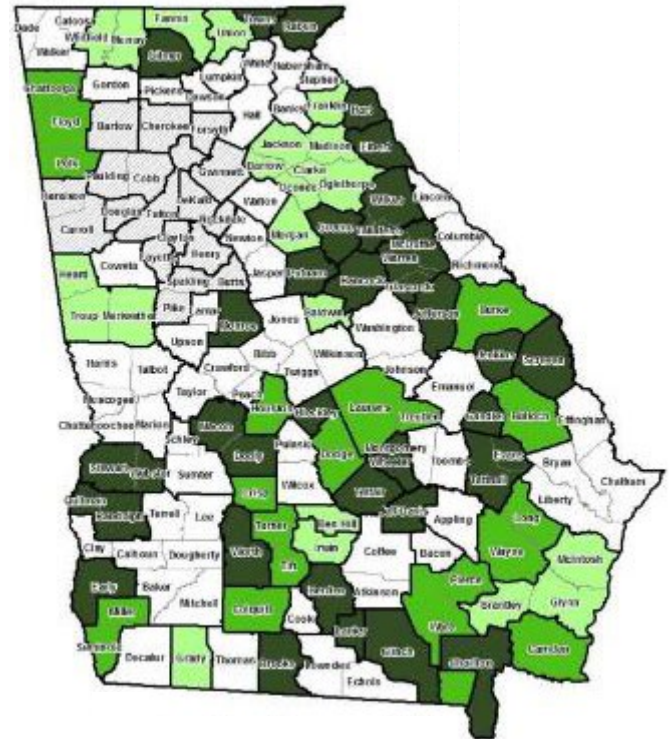


2016





Georgia's Crisis - Origins



Origins of Ob Care Crisis

- ▶ Provider Trainees
- ▶ Obstetricians
- ▶ Birthing Facilities
- ▶ Legal Environment
- ▶ Financial Realities

Provider Trainee Survey

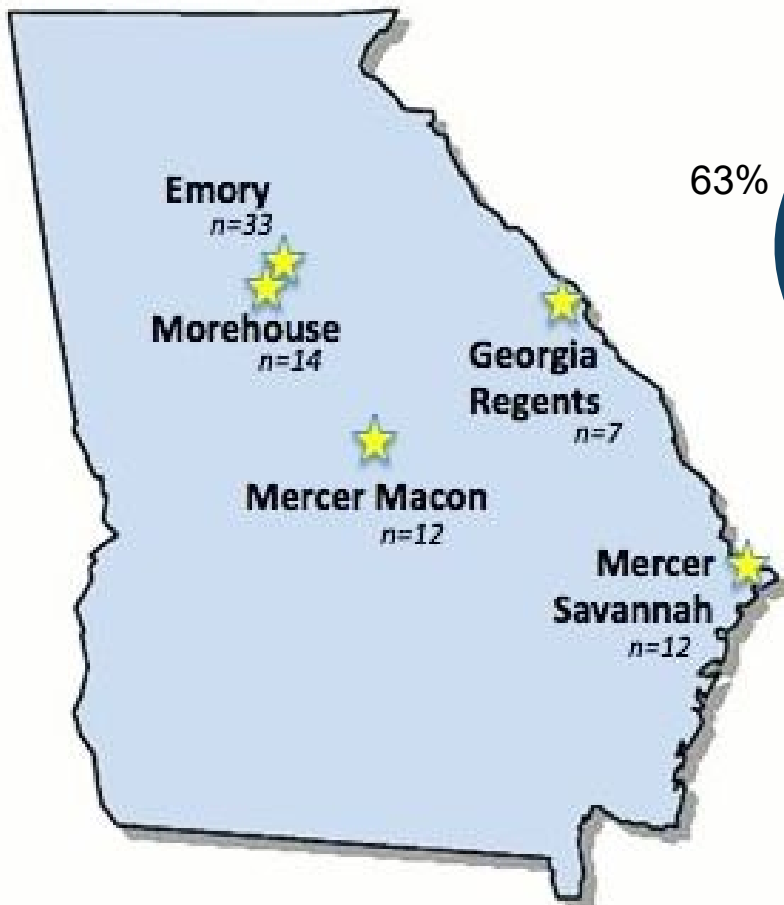


Ob/Gyn Residents (N=95)
84.2% Response Rate (n=80)

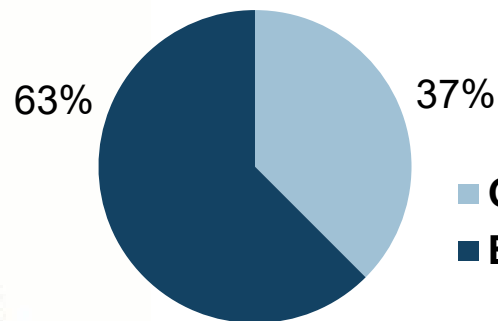


CNM Students (N=28)
100% Response Rate (n=28)

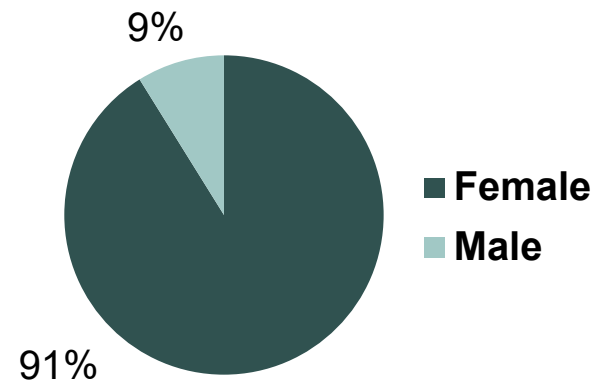
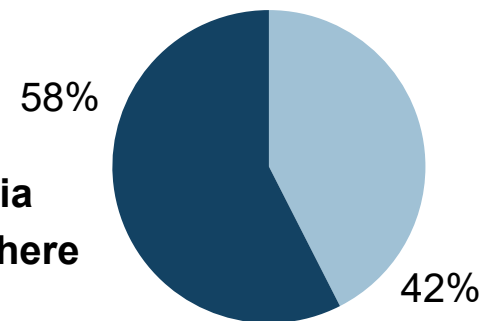
Ob/Gyn Residents



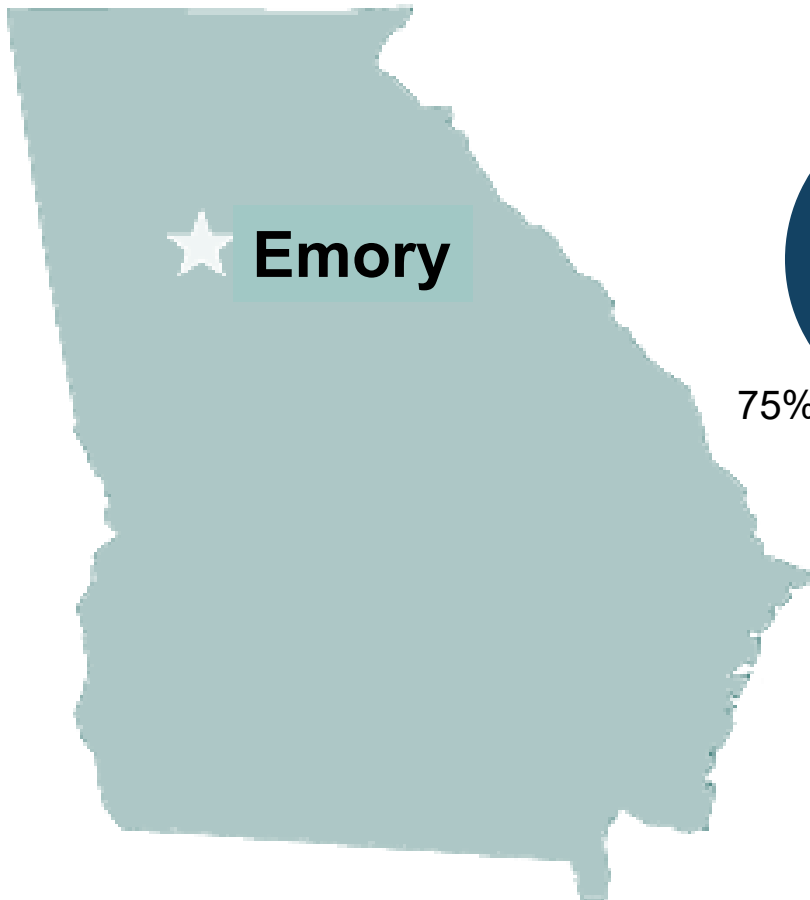
High School



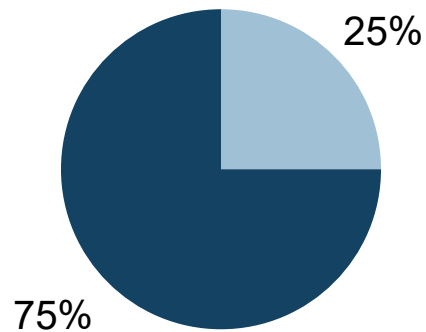
Medical School



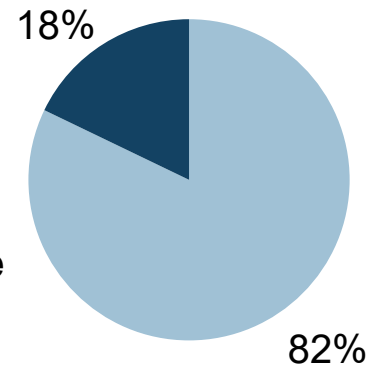
CNM Students



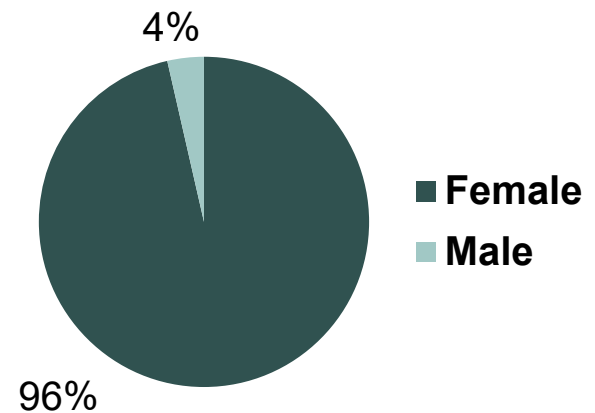
High School



Nursing School



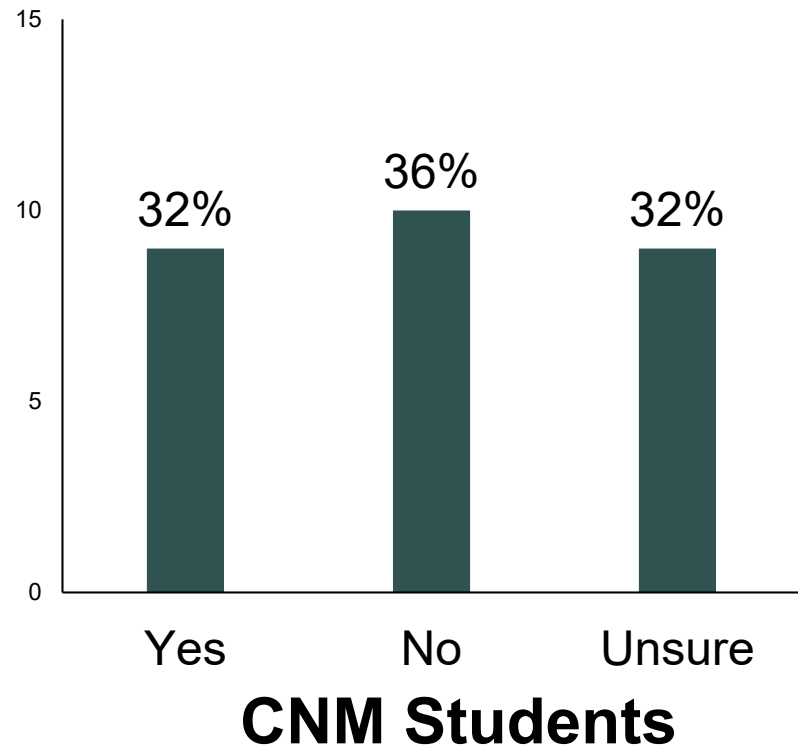
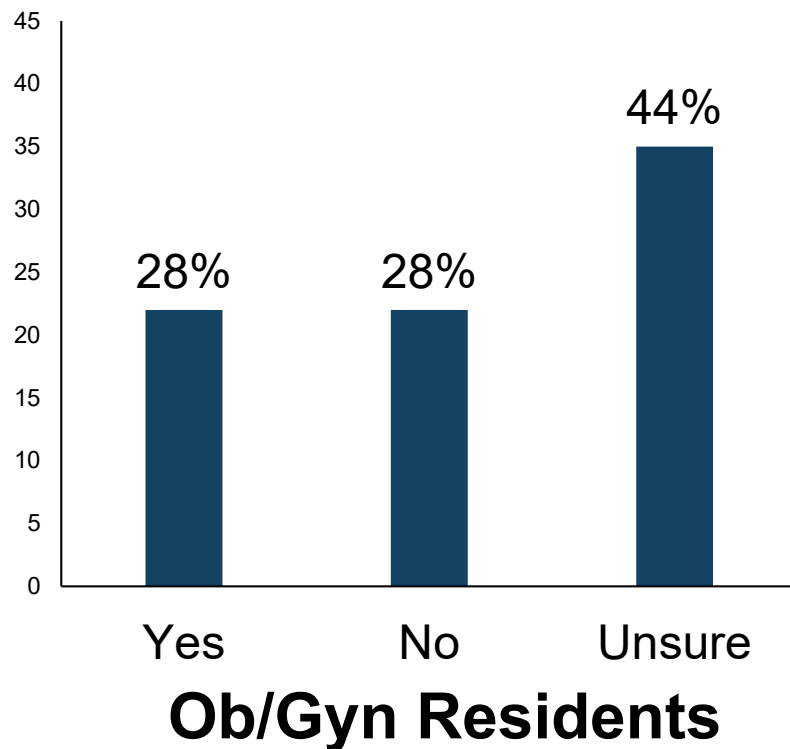
■ Georgia
■ Elsewhere



■ Female
■ Male

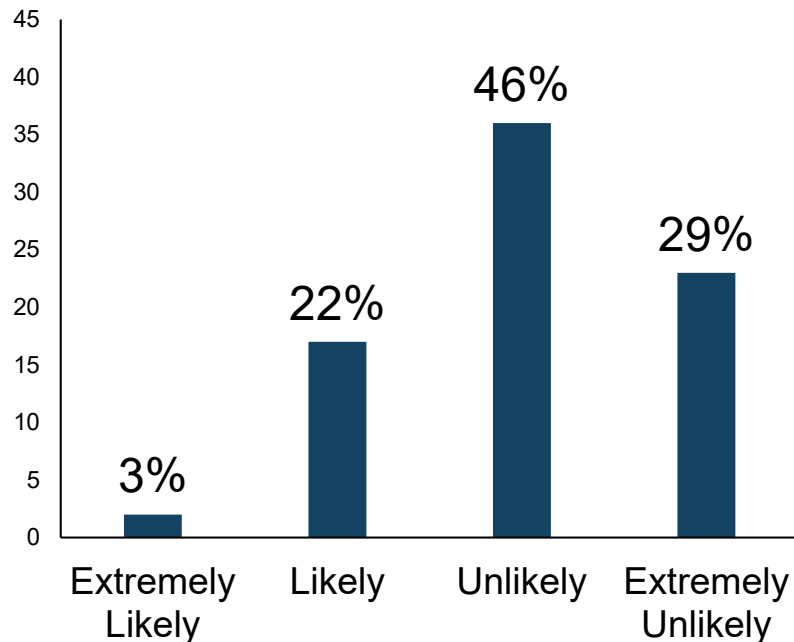
Staying in Georgia

Will you stay in Georgia upon completion of your training?

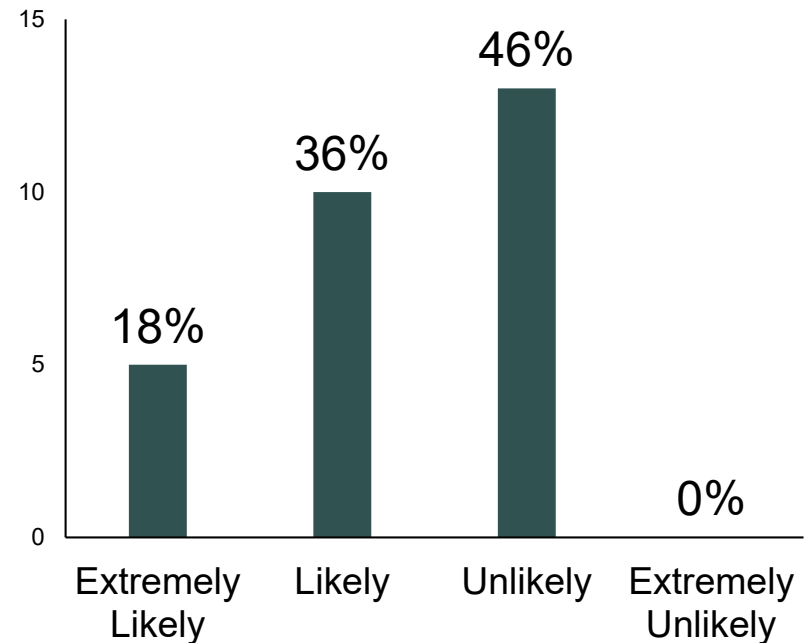


Rural / Shortage Areas

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



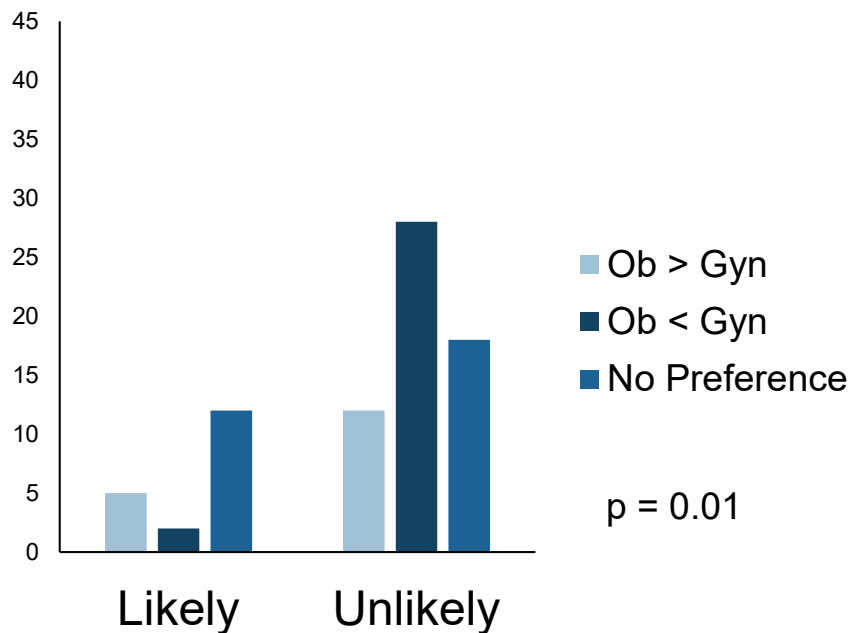
Ob/Gyn Residents



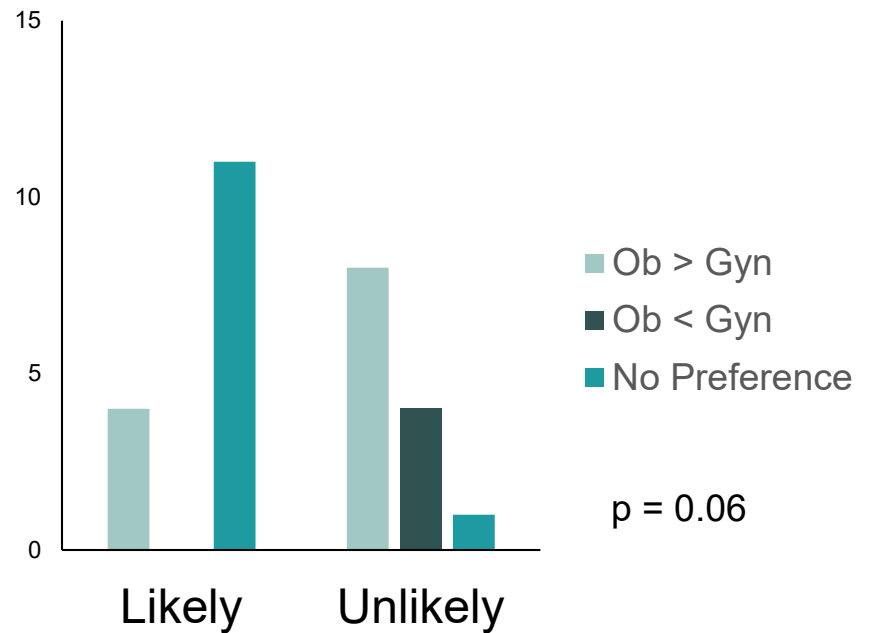
CNM Students

Practice Preference

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



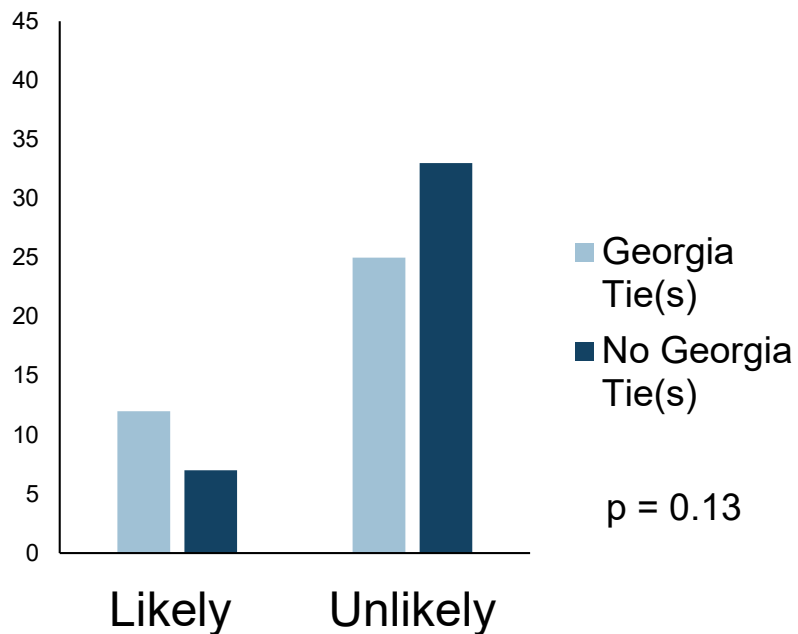
Ob/Gyn Residents



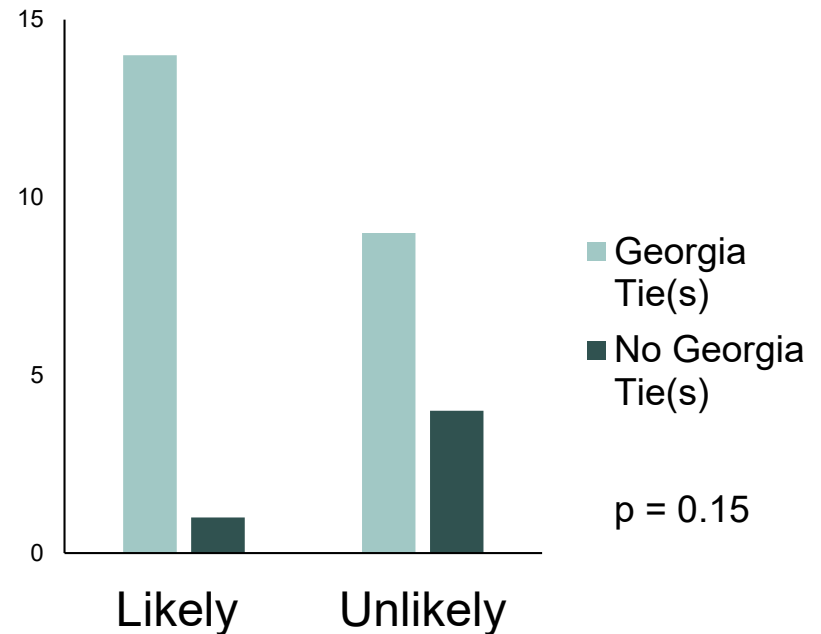
CNM Students

Georgia Ties

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

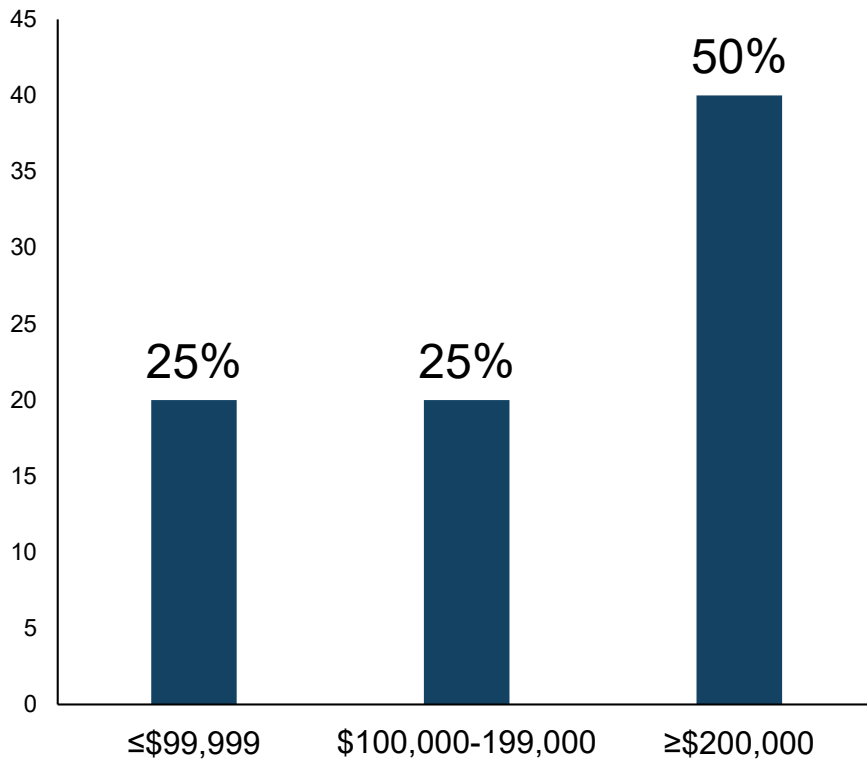


Ob/Gyn Residents

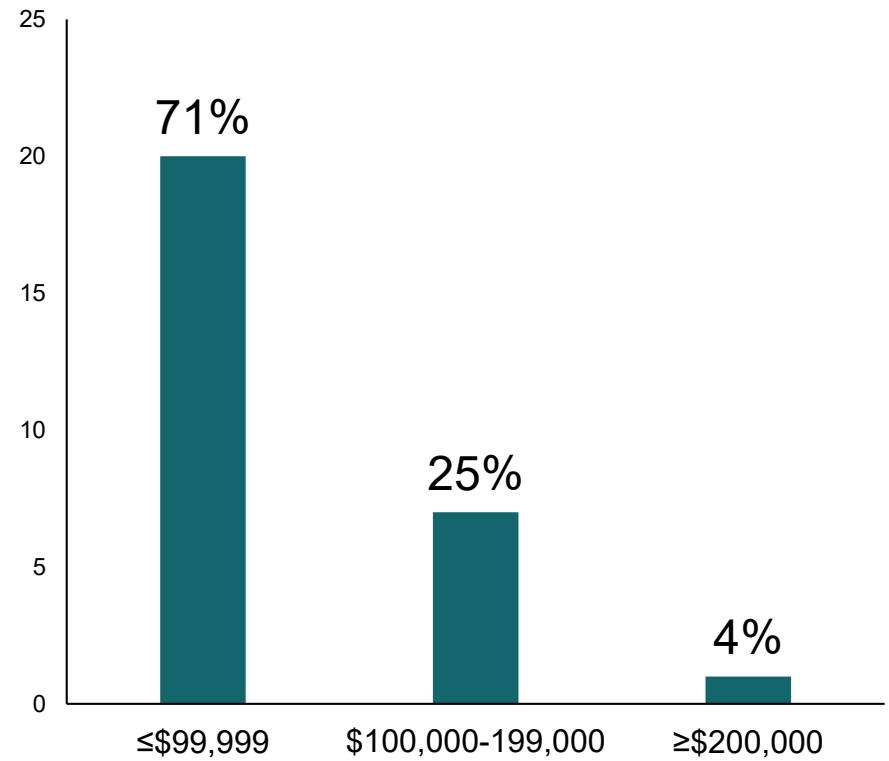


CNM Students

Debt Burden

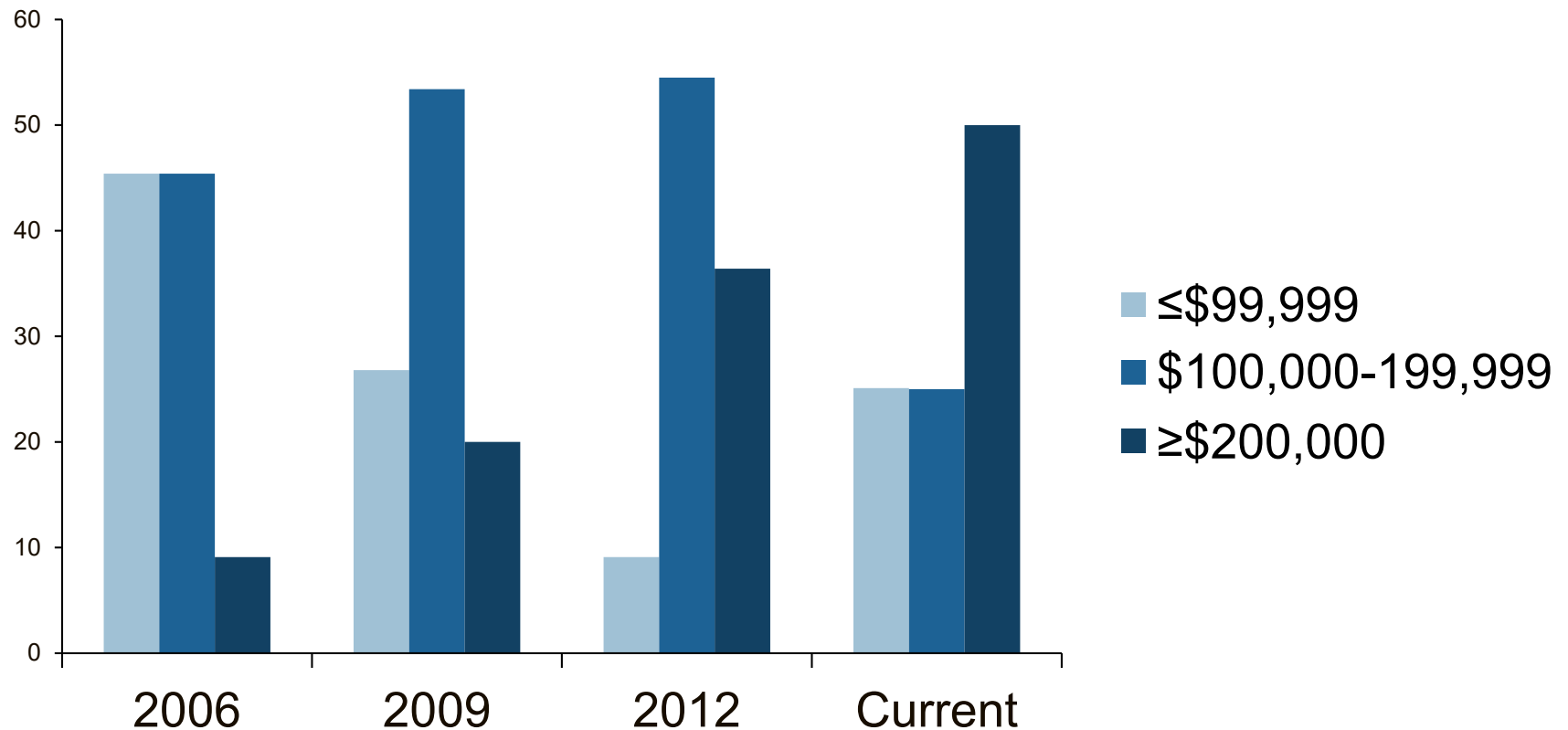


Ob/Gyn Residents



CNM Students

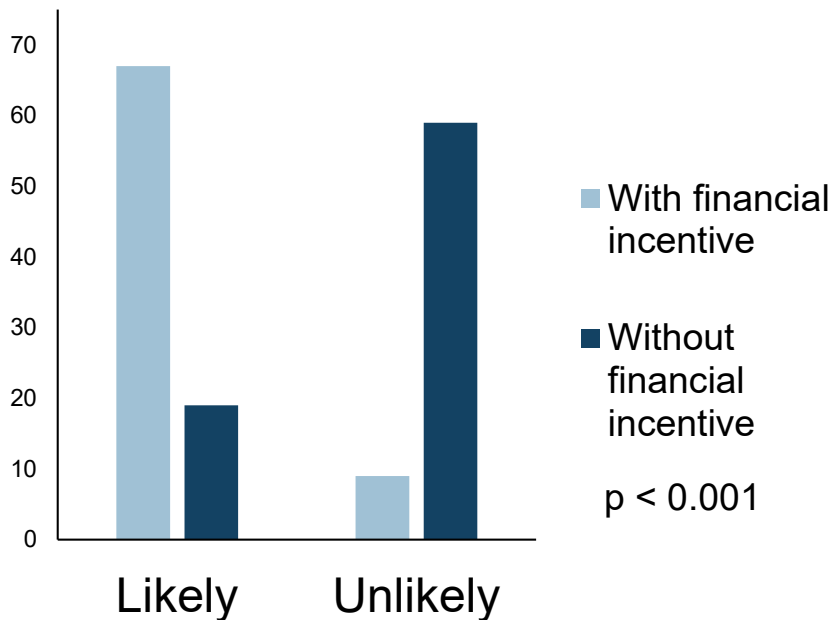
Debt Trends: Residents



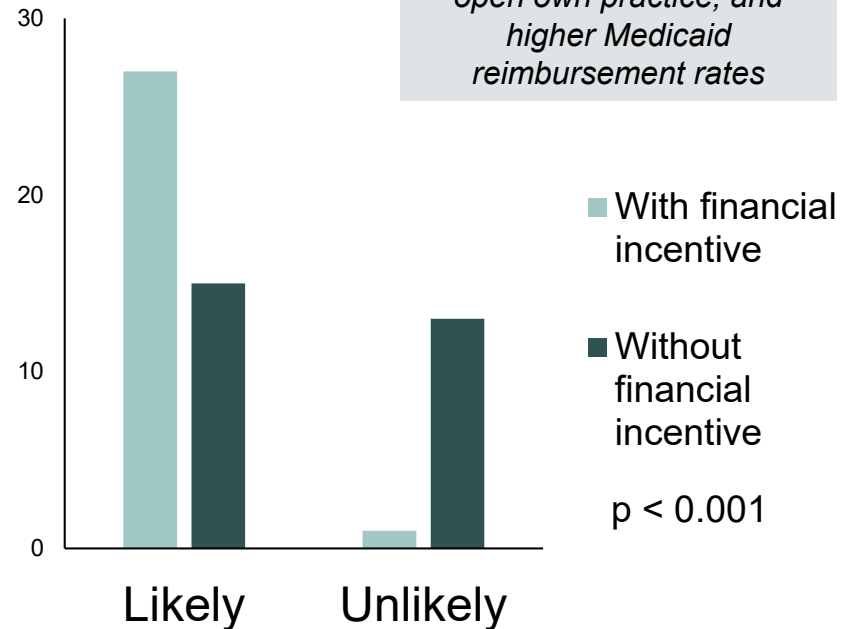
Financial Incentives

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



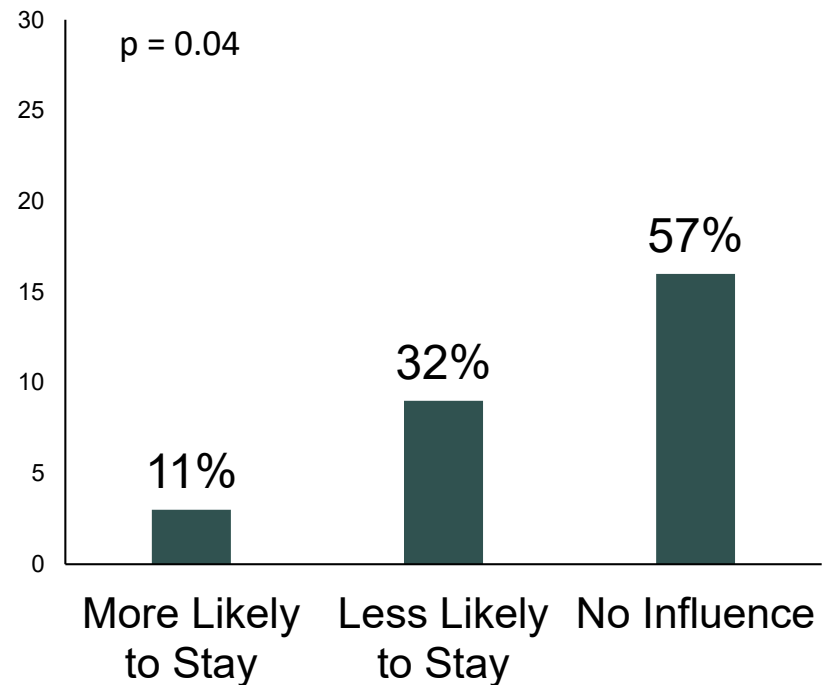
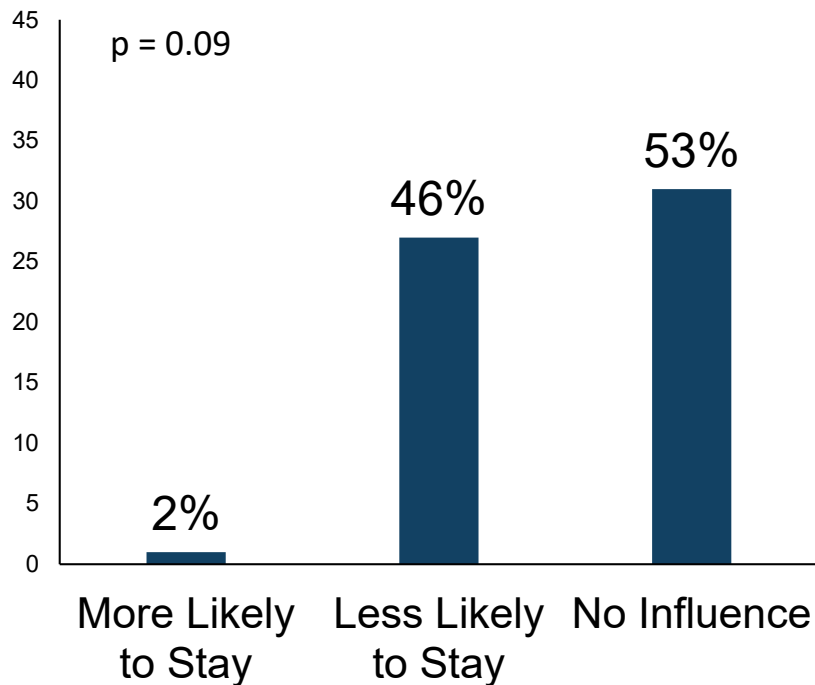
Ob/Gyn Residents



CNM Students

Fetal Pain Legislation

How does fetal pain legislation influence your likelihood of staying in Georgia upon completion of training?

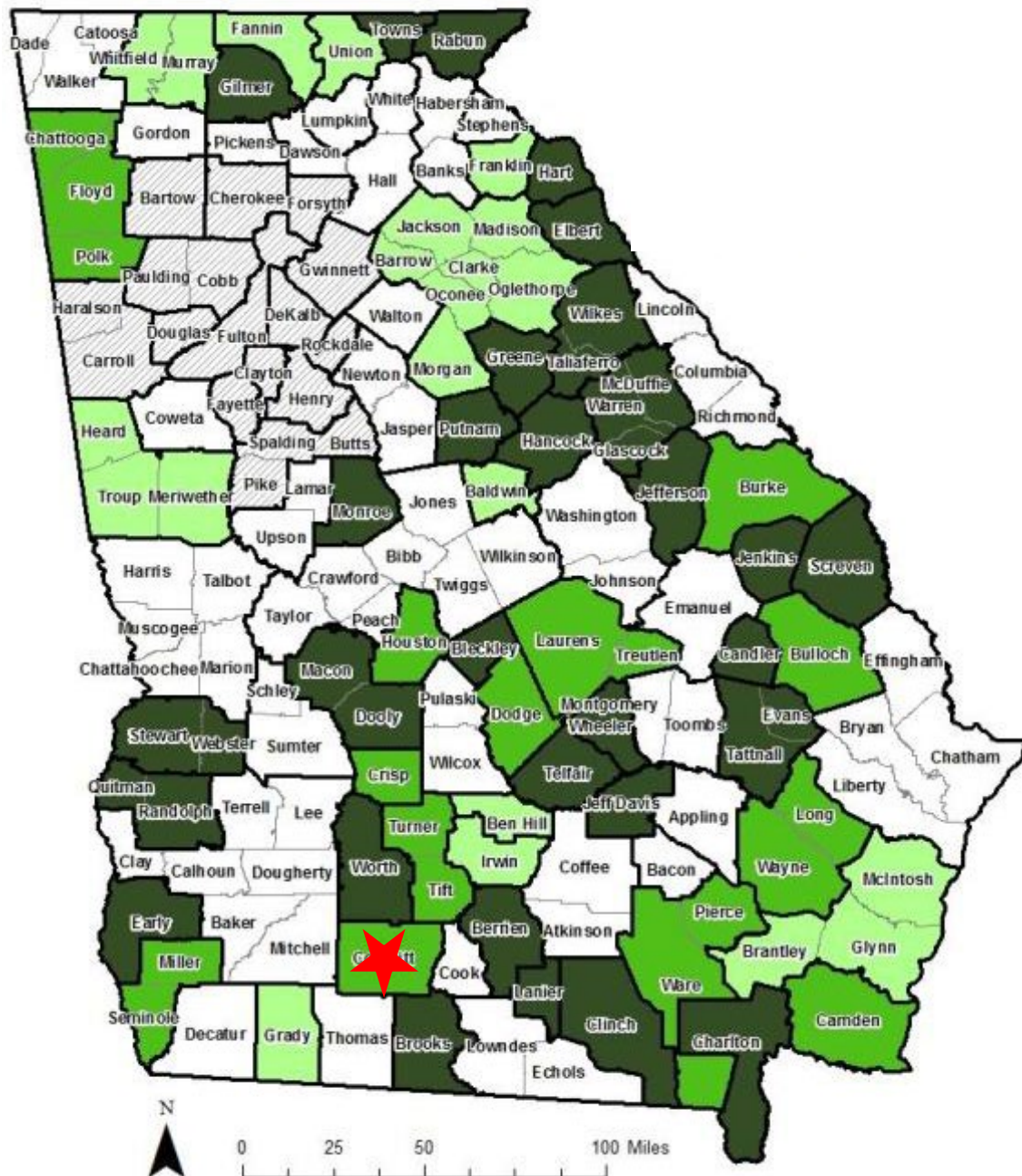


Origins of Ob Care Crisis

- ▶ Provider Trainees
- ▶ Obstetricians
- ▶ Birthing Facilities
- ▶ Legal Environment
- ▶ Financial Realities

Obstetricians

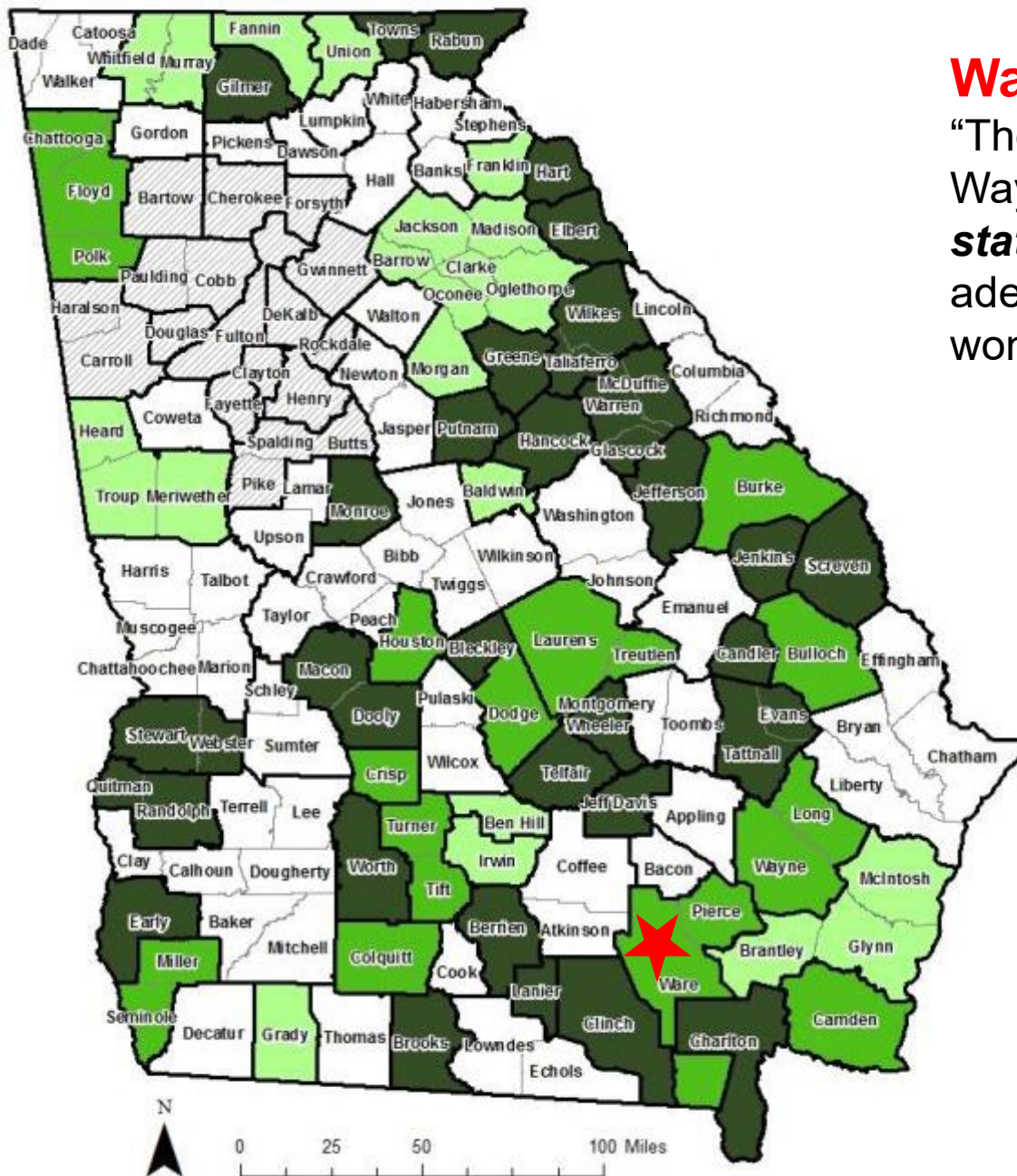
- ▶ Emphasis on quality of life
 - Concerns about call schedules
- ▶ Early retirement



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.”



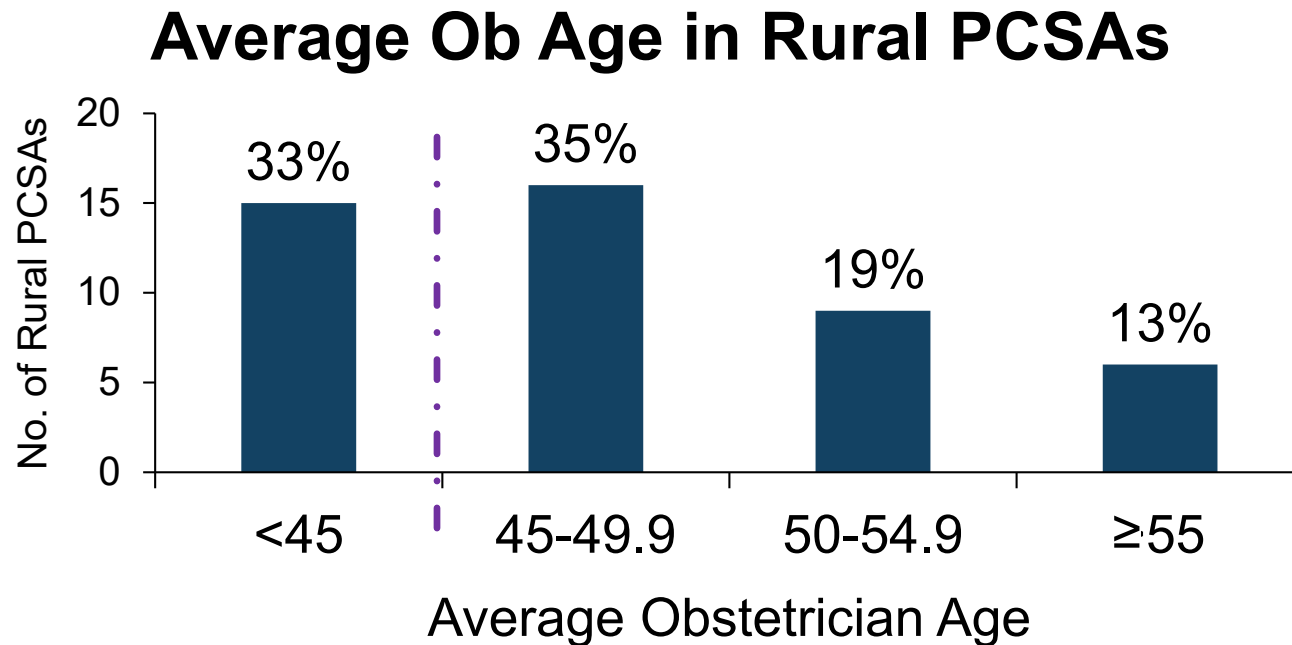


Waycross

“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.”



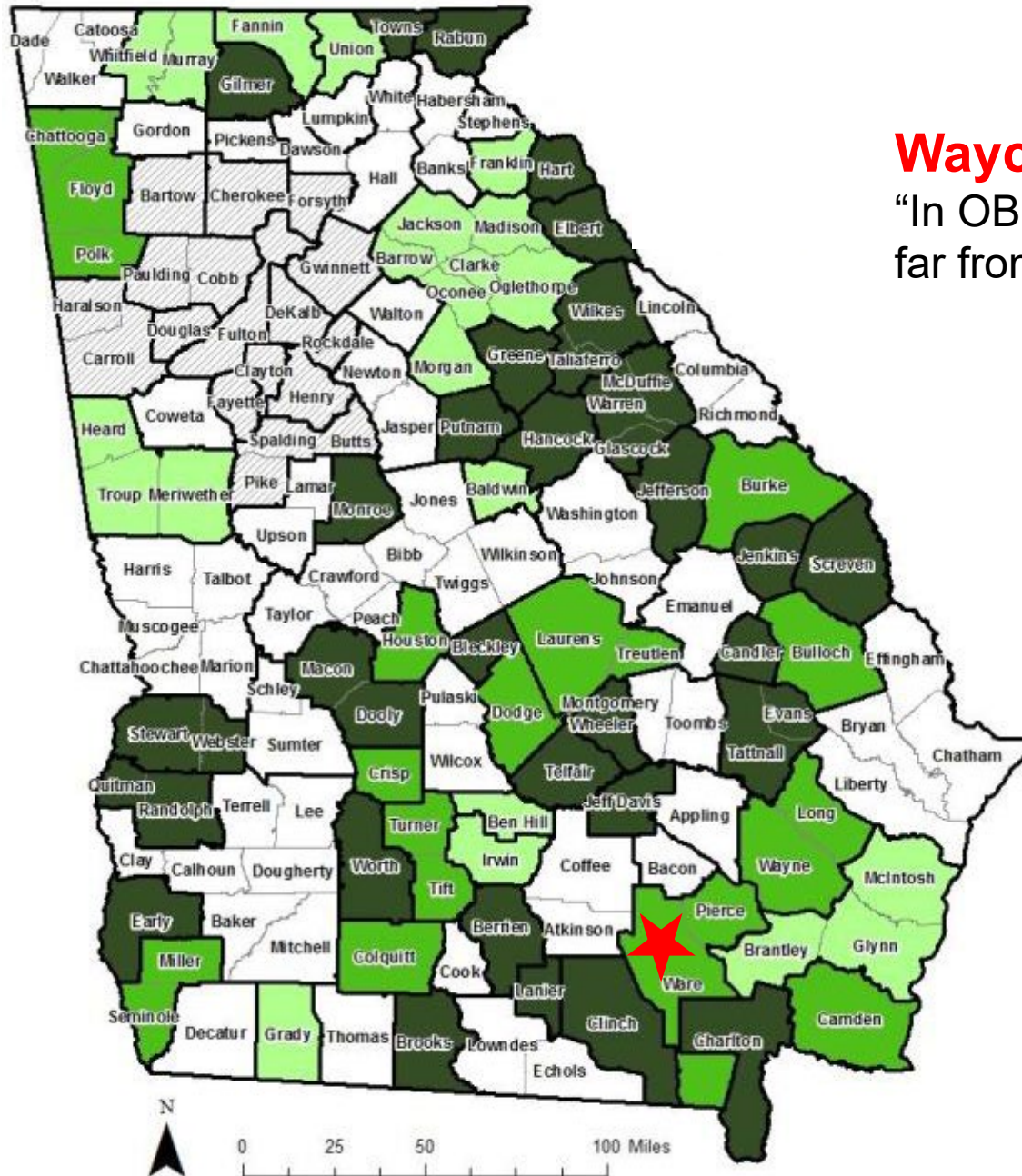
Retirement of Rural Obs



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

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.”



Origins of Ob Care Crisis

- ▶ Provider Trainees
- ▶ Obstetricians
- ▶ Birthing Facilities
- ▶ Legal Environment
- ▶ Financial Realities

Legal Environment

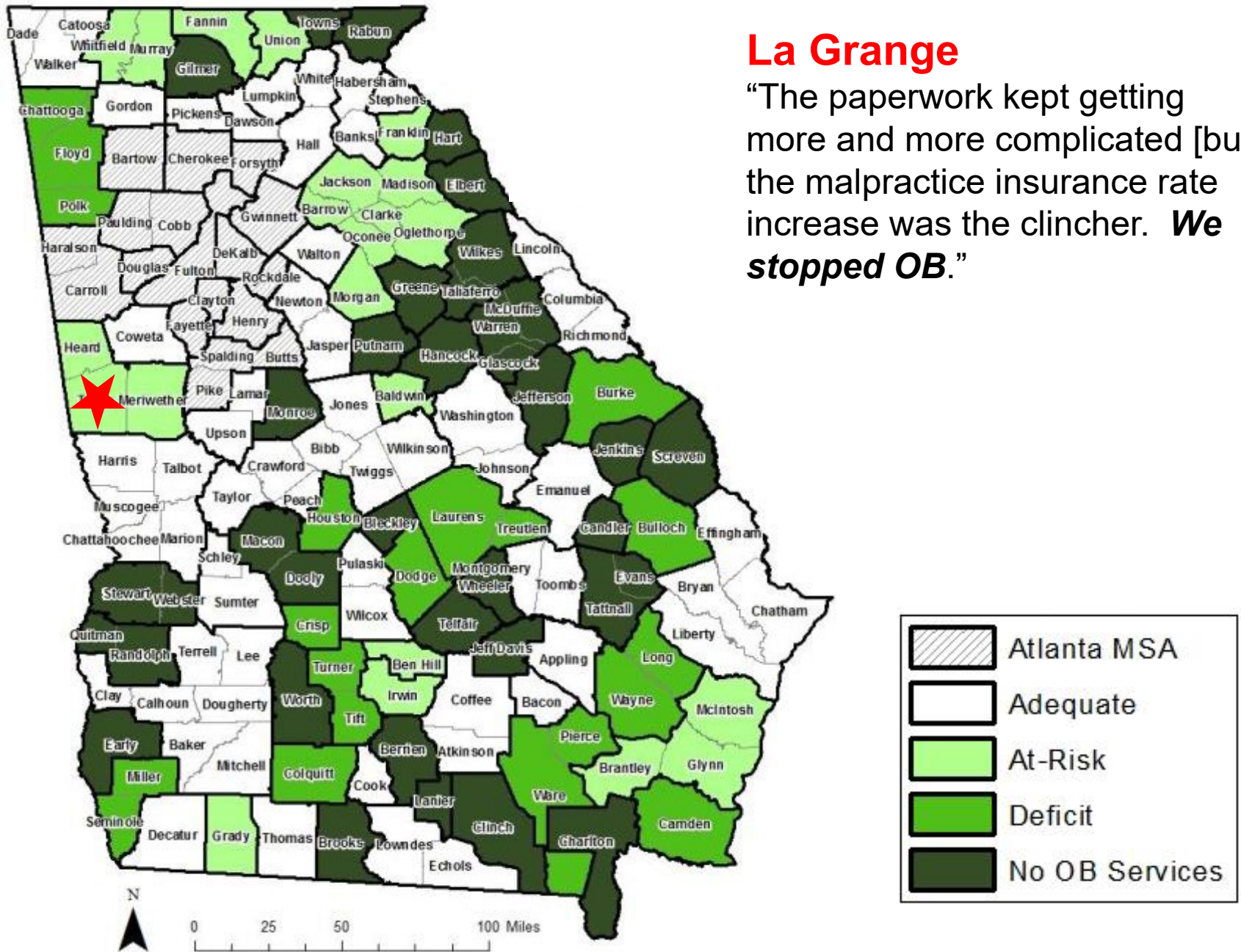
- ▶ Malpractice suit compensation
 - Quash of cap
- ▶ Restrictive political climate
 - E.g. CNM scope of practice
 - E.g. abortion legislation

Financial Realities

- ▶ Malpractice insurance rates
 - Retirement of obstetricians
 - Family practitioners avoiding maternity care
- ▶ Medicaid reimbursement

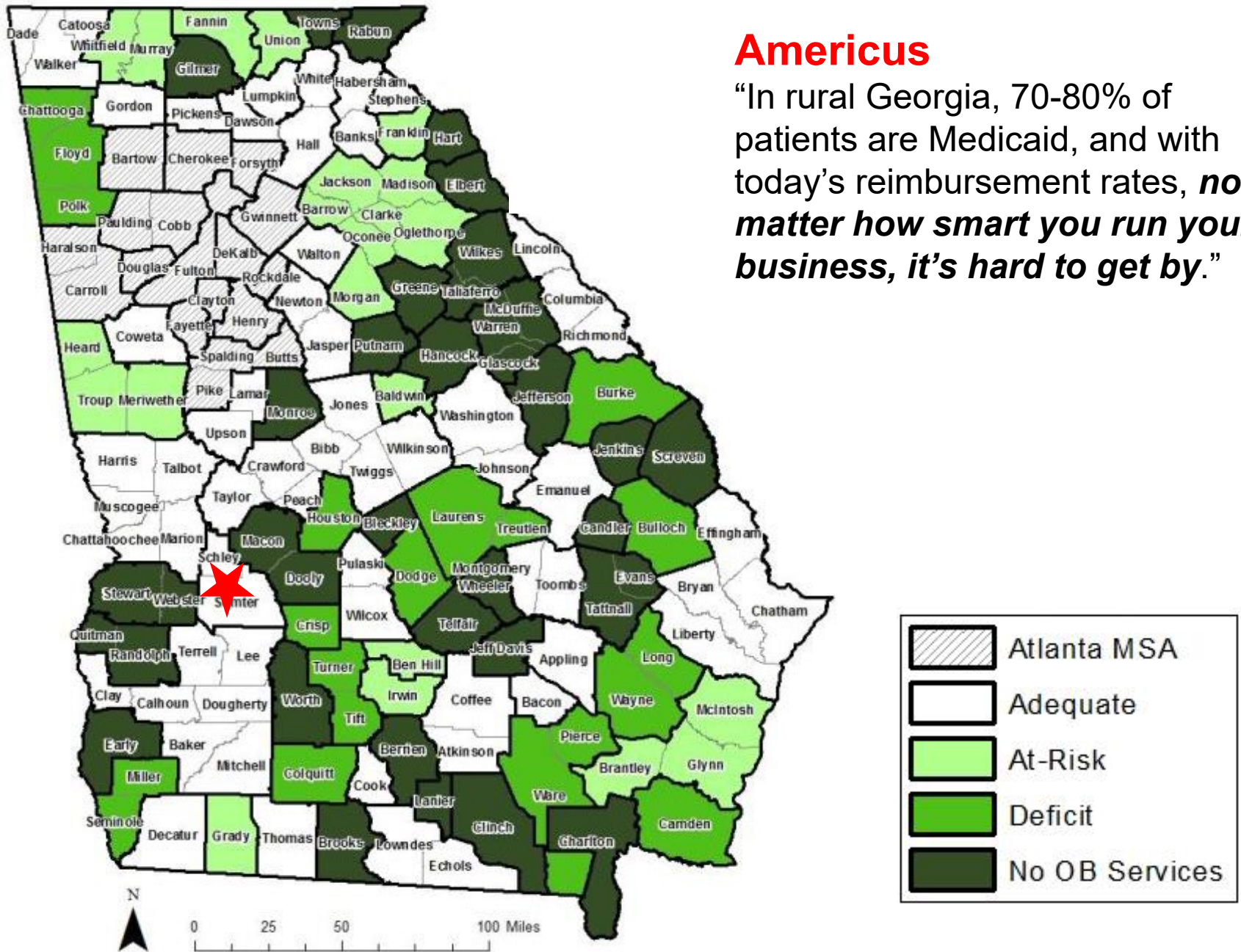
La Grange

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



Americus

“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.***”

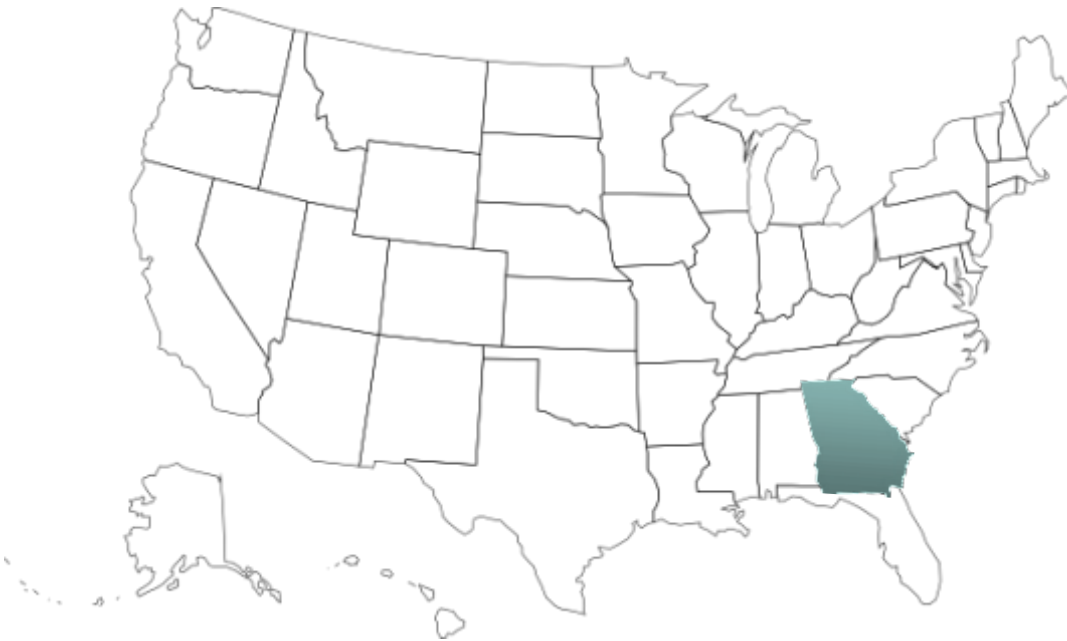


Georgia's Crisis - Consequences



Infant mortality:¹ 9th

Maternal mortality:² 2nd



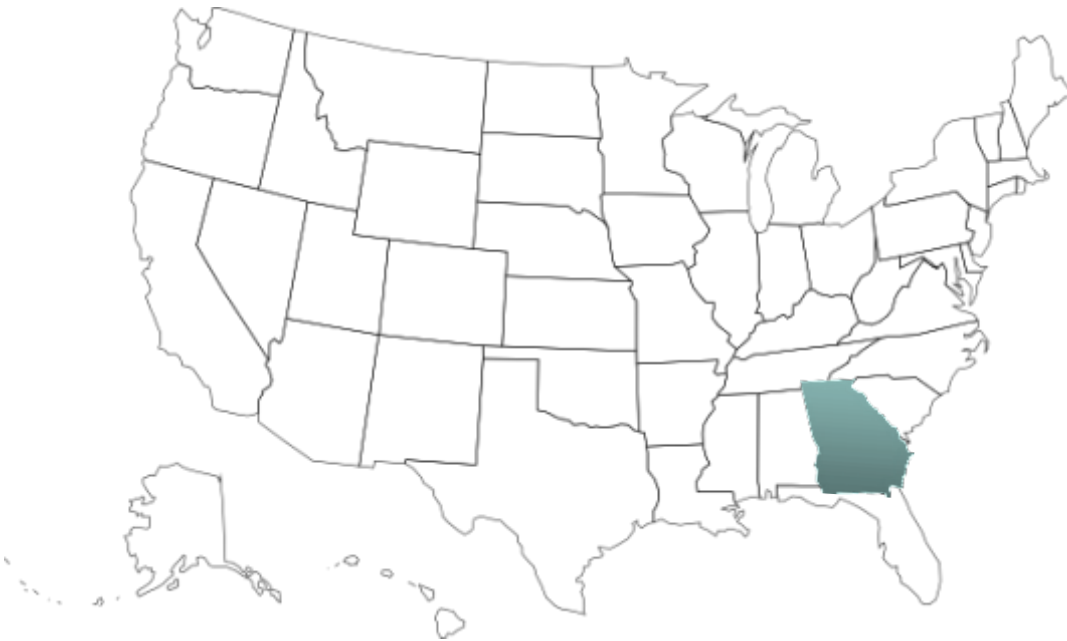
1. National Center for Health Statistics. www.cdc.gov/nchs.
2. Henry J. Kaiser Family Foundation. www.kff.org.

March of Dimes,
Premature Birth:¹

F

Population Institute,
Reproductive Health:²

D

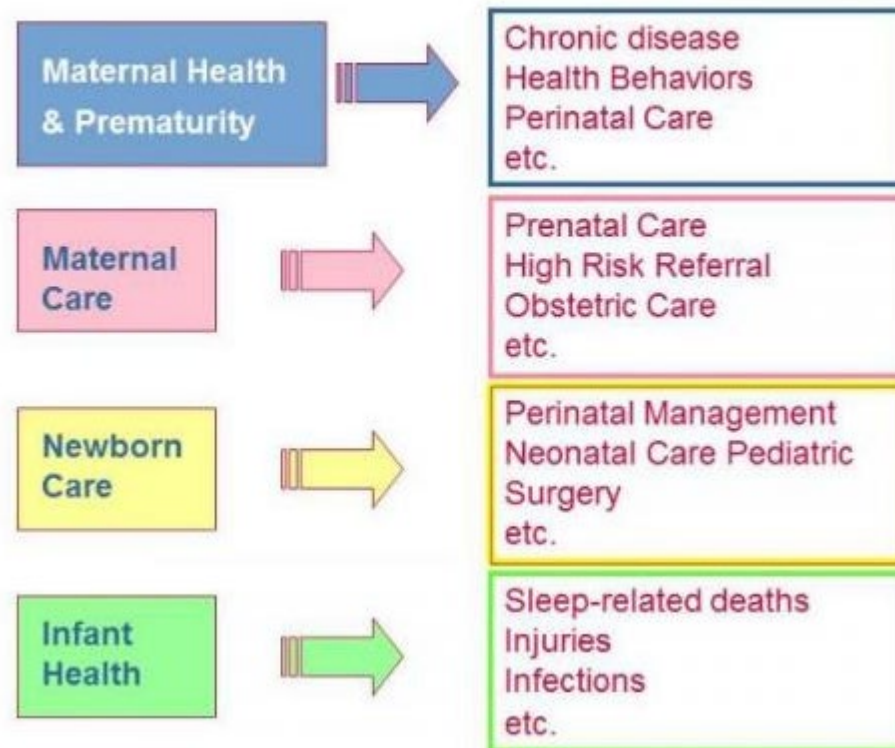


1. *March of Dimes*. 2018 Premature Birth Report Cards.

2. *Population Institute*. 2018 Reproductive Health and Rights Report Cards.

Perinatal Periods of Risk

PPOR helps communities move from data to action



Rural Disparities

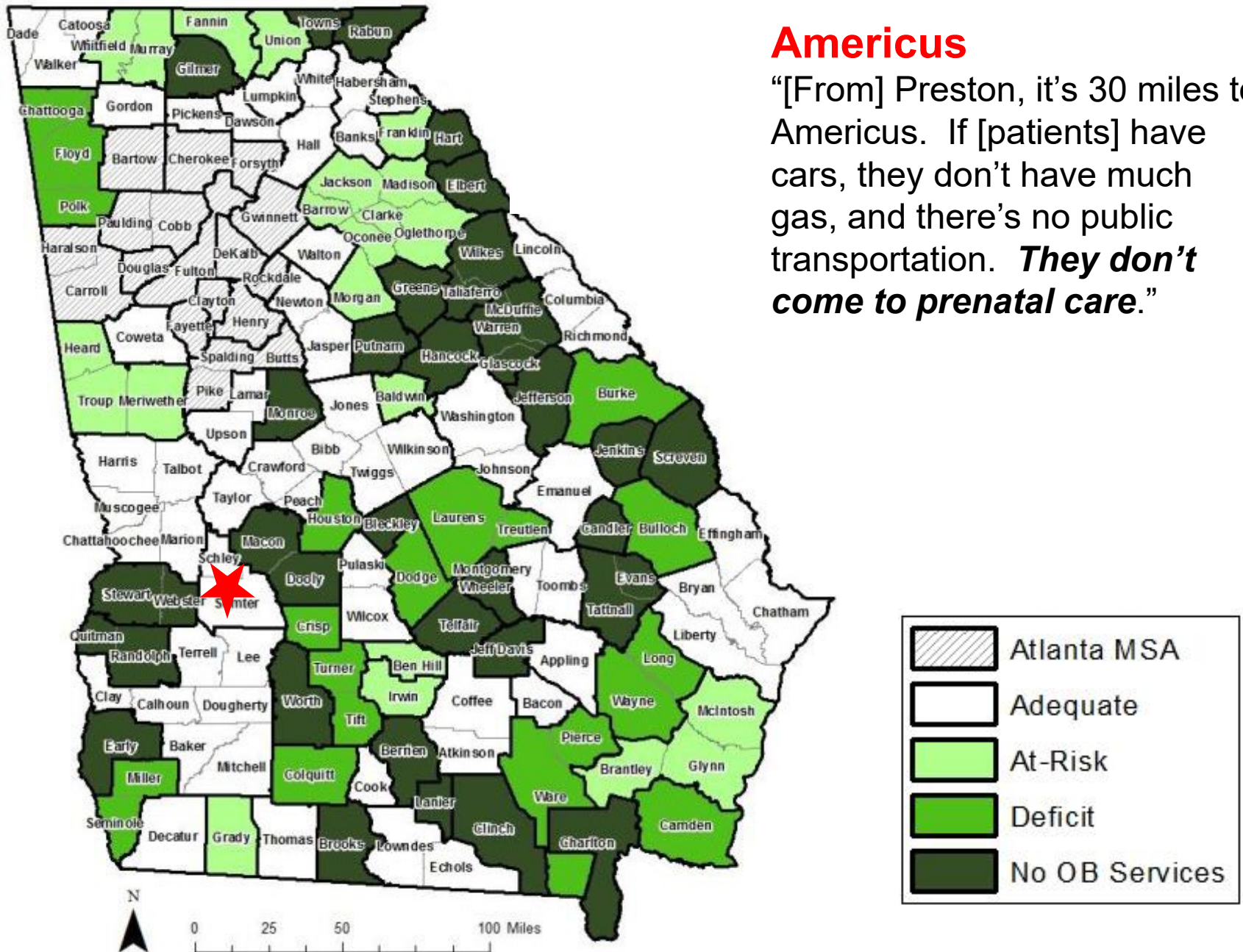
- ▶ Rural pregnant women are at increased risk of:
 - Late initiation of prenatal care¹
 - Hospitalization for pregnancy complications¹
 - Home birth¹
 - Low birth weight²
 - Neonatal mortality²

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

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

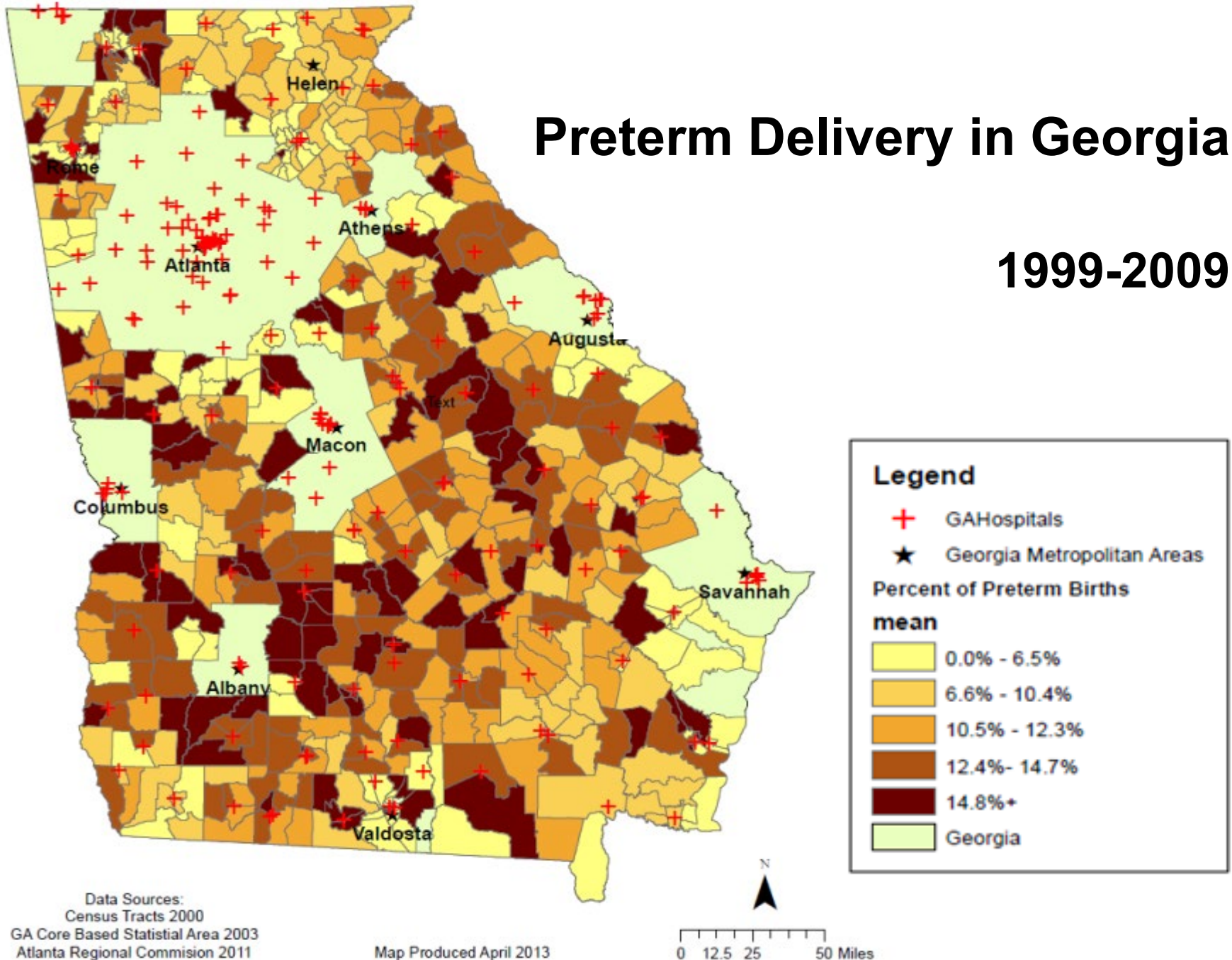
Americus

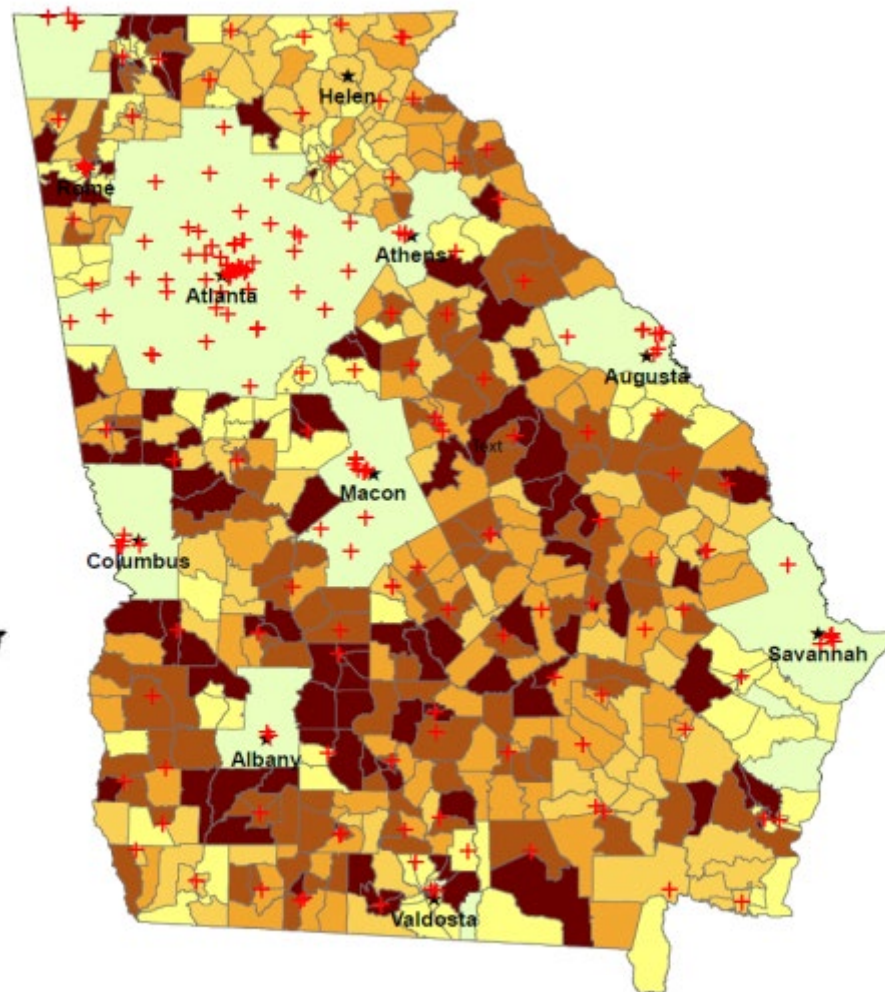
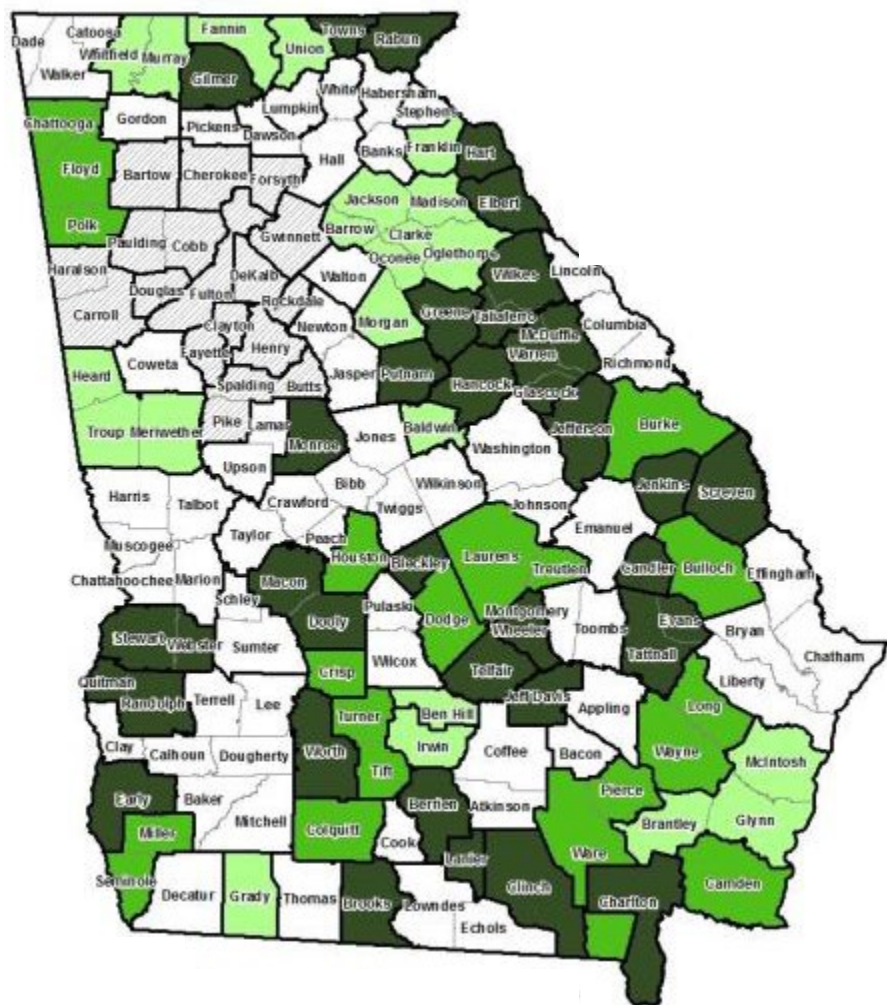
“[From] Preston, it’s 30 miles to Americus. If [patients] have cars, they don’t have much gas, and there’s no public transportation. ***They don’t come to prenatal care.***”



Preterm Delivery in Georgia

1999-2009





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

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

Strategies for Improvement



“The Four Rs”

- ▶ Recruitment
- ▶ Retention
- ▶ Referral
- ▶ Reform

Recruitment

▶ **Recent Successes**

- Financial incentive programs
- New residency training program
- Full funding for existing residencies

▶ Ongoing Challenges

- Provider trainee applicant selection
- Additional CNM training program

Financial Incentives

► ***Rural Physician Tax Credit¹***

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

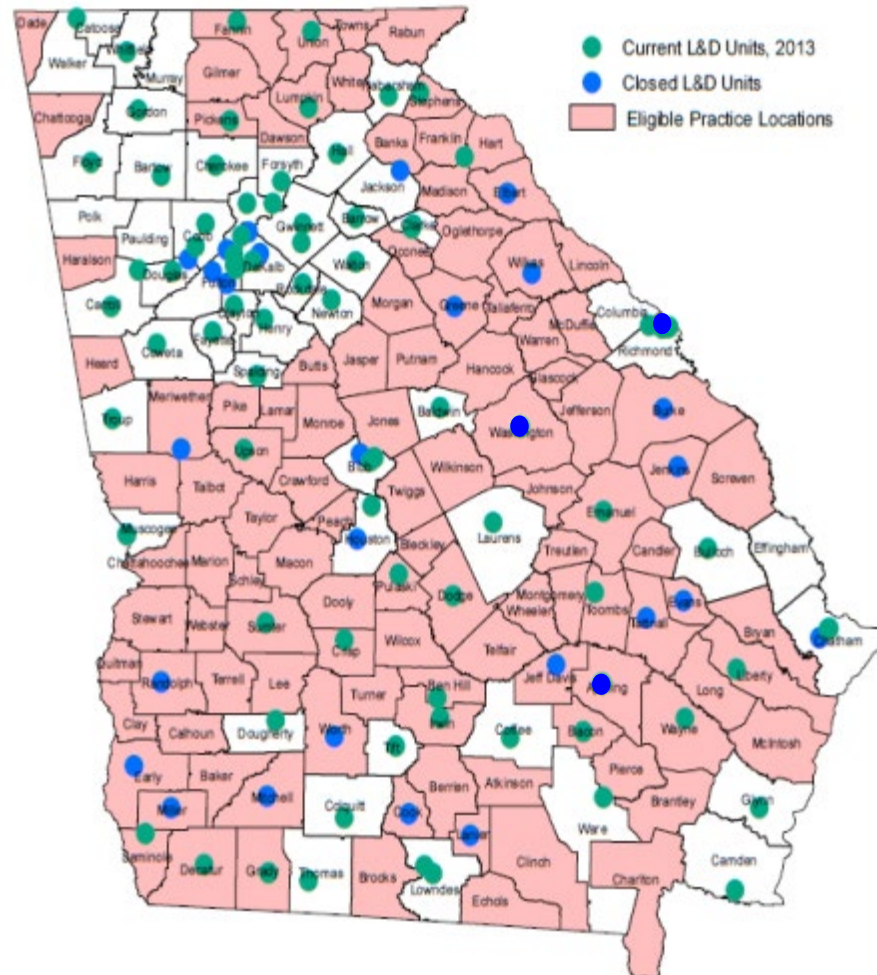
► ***Physicians for Rural Areas Assistance Program²***

- 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

Residency Training

- ▶ Opening of new program



- ▶ Marietta, GA
- ▶ First intern class began July 2016



- ▶ FULL funding for all programs (2019)

- ▶ \$828,042 for 54 ob/gyn residency slots

Recruitment

▶ Recent Successes

- Financial incentive programs
- New residency training program
- Full funding for existing residencies

▶ Ongoing Challenges

- Provider trainee applicant selection
- Additional CNM training program

South Georgia CNM Program

VALDOSTA STATE UNIVERSITY

ABOUT ADMISSIONS ACADEMICS

VALDOSTA STATE UNIVERSITY

CAMPUS LIFE ATHLETICS

COLLEGE OF NURSING AND HEALTH SCIENCES

Prospective M.S.N. Students

Program Admission

Degree Worksheets

Home » Colleges » College of Nursing & Health Sciences » Programs » Masters of Science in Nursing-M.S.N. » Prospective Students » Post Graduate Certificates

Post Graduate Certificates

Post Graduate Certificate in Nursing - Midwifery

EMORY | news center

NURSING >>

Emory partners with Valdosta State to train nurse-midwives in rural Georgia

By Sylvia Wrobel | Emory Nursing | May 26, 2016



“The Four Rs”

- ▶ Recruitment
- ▶ Retention
- ▶ Referral
- ▶ Reform

Retention

▶ **Recent Successes**

- Ob/gyn reentry program
- Increased Medicaid reimbursement

▶ Ongoing Challenges

- Malpractice insurance rate negotiations
- Medical liability reform
- Abortion legislation

Ob/Gyn Reentry Program



AUGUSTA
UNIVERSITY

| Medical College of Georgia

Georgia  CORP

Georgia Center for Obstetrics Re-entry Program

Medicaid Reimbursement (2015)

- ▶ First increase for obstetricians in 14 years
- ▶ Targeted prenatal and peripartum care

Procedure Code	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

Medicaid Reimbursement (2016)

- ▶ Increase for both obstetricians and PCPs
- ▶ Primary care and “sick visit” E&M codes
 - Codes included: 99212, 99213, 99214, 99215
 - Reimbursed at 65% → 100% of Medicare rates
- ▶ Rural deliveries
 - Stipend of \$250 if county population <35,000

Medicaid Reimbursement (2017)

Procedure Code	Additional Fee Increase
59400 – Obstetric Care	\$ 532
59510 – Cesarean Delivery	\$ 765
59610 – VBAC Delivery	\$ 593
59618 – Attempted VBAC Delivery	\$ 569

► Rural deliveries

- Stipend of \$500 if county population <35,000

Retention

▶ Recent Successes

- Ob/gyn reentry program
- Increased Medicaid reimbursement

▶ Ongoing Challenges

- Malpractice insurance rate negotiations
- Medical liability reform
- Abortion legislation

Fetal Pain Legislation (2012)

▶ **House Bill 954**

- Bans pregnancy terminations after 20 weeks “embryonic age” (sic)
- Georgia Ob/Gyn Society advocated at the Capitol
- Medically futile pregnancy amendment nearly stalled the bill

▶ Passed April 2012 (final congressional hour)

▶ Enjoined December 2012

▶ Enforced October 2015 (without notification)

Fetal Heartbeat Bill (2019)

▶ **House Bill 481**

- Bans pregnancy terminations after fetal “heartbeat” detected

▶ Passed April 2019

▶ Enjoined October 2019

▶ Stay tuned ...

“The Four Rs”

- ▶ Recruitment
- ▶ Retention
- ▶ Referral
- ▶ Reform

Referral

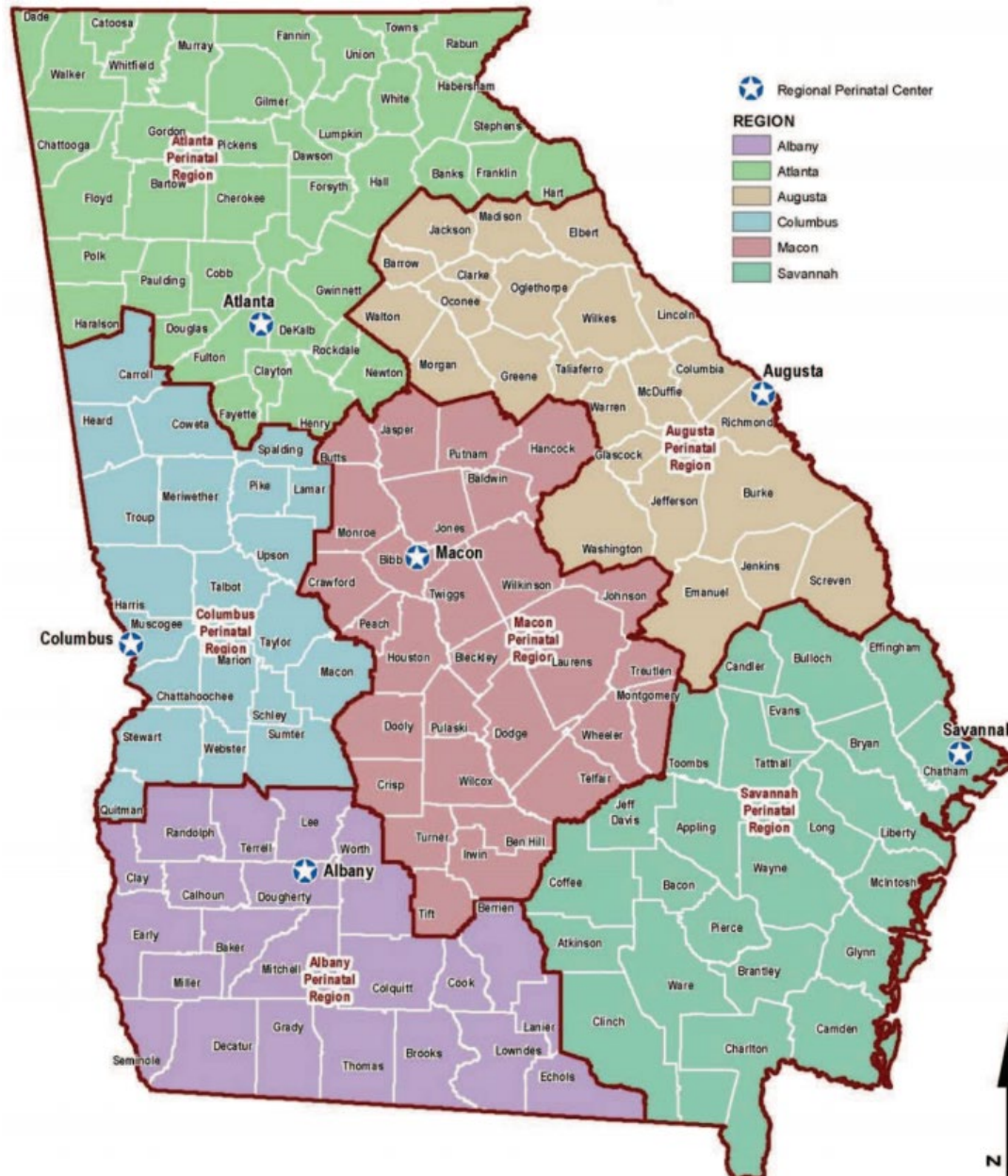
► **Recent Successes**

- Perinatal Regions and Centers
- Levels of Care
- Maternal Mortality Review Committee

► Ongoing Challenges

- Maternal morbidity and mortality
- Telemedicine

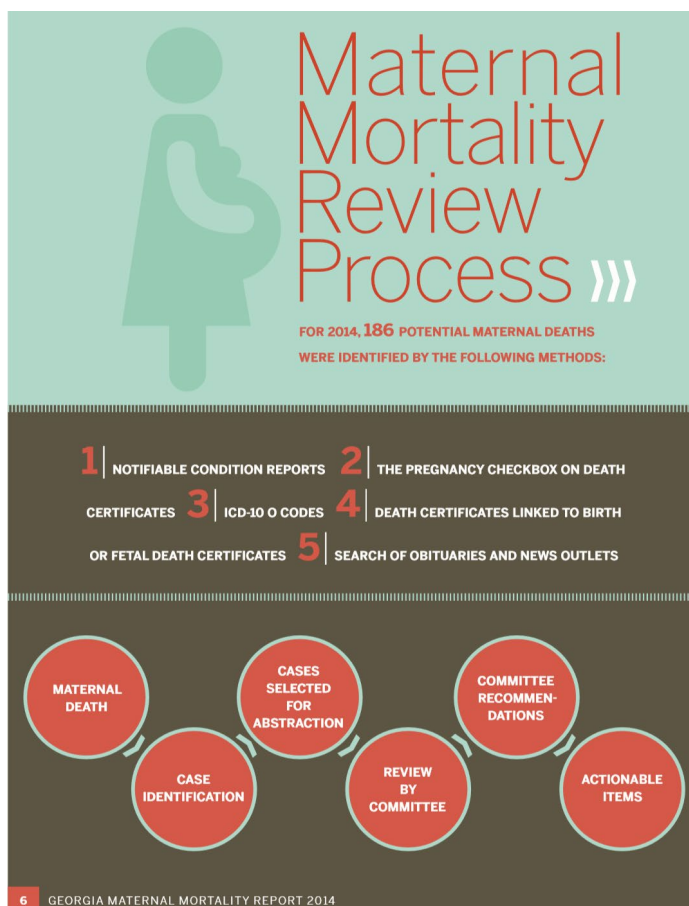
Georgia Perinatal Regions and Centers



Perinatal Regionalization

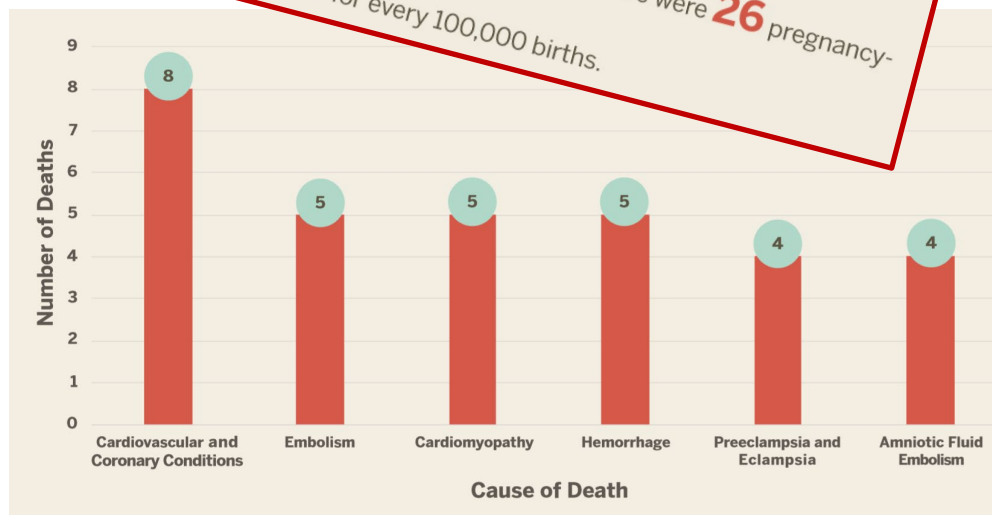
- ▶ **House Bill 909 (2018)**
- ▶ Levels of maternal / neonatal care
 - Assessment and designation of all Georgia birthing facilities
- ▶ Risk-appropriate care and appropriate referral
- ▶ Preservation of geographically critical L&D units

Maternal Mortality Review Committee



There were **64** maternal deaths for every 100,000 live births

>>> Of the **250** maternal deaths reviewed, **101** were determined to be pregnancy-related deaths >>> **60%** of the pregnancy-related deaths were preventable >>> There were **26** pregnancy-related deaths for every 100,000 births.



Referral

► Recent Successes

- Perinatal Regions and Centers
- Levels of Care
- Maternal Mortality Review Committee

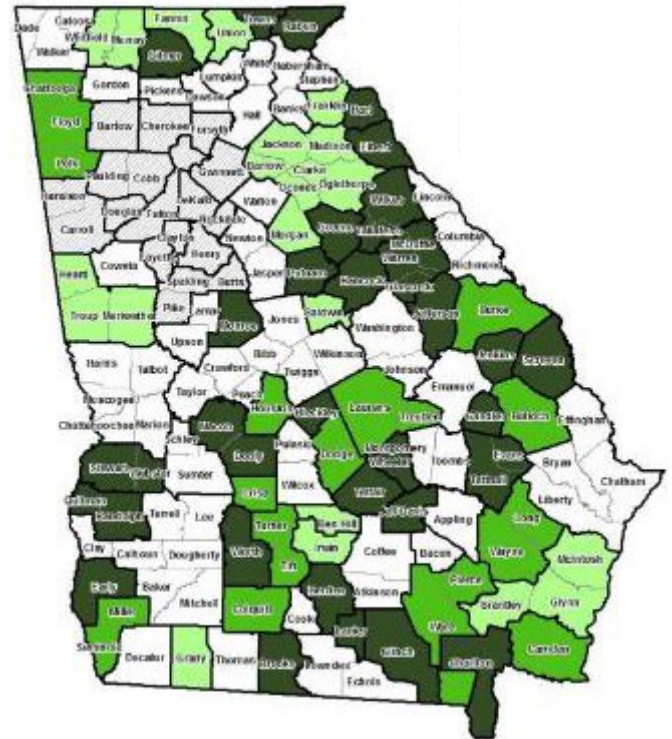
► Ongoing Challenges

- Maternal morbidity and mortality
- Telemedicine

“The Four Rs”

- ▶ Recruitment
- ▶ Retention
- ▶ Referral
- ▶ Reform: major systems overhaul?

GMIHRG



Georgia Maternal & Infant Health Research Group

- ▶ Novel and cost-efficient methodology
- ▶ Translation of research into advocacy

GMIHRG

MATERNAL AND CHILD HEALTH JOURNAL

**Georgia Maternal and Infant Health Research Group
(GMIHRG): Mobilizing Allied Health Students and Community
Partners to Put Data into Action**

Adrienne D. Zertuche^{1,2,3} · Bridget Spelke² · Zoë Julian^{2,3} · Meredith Pinto³ ·
Roger Rochat³

April 2016

Mission

GMIHRG members—with diverse expertise and a common commitment to improving maternal and infant health in Georgia—endeavor to:

- (a) Illustrate the volume and distribution of obstetric care providers in Georgia,
- (b) Understand the reasons for and consequences of Georgia's hypothesized provider maldistribution, and
- (c) Create data-driven reports that motivate statewide support, guide stakeholder decision-making, and outline potential policy and programming solutions to the state's challenges.

All GMIHRG work is conducted in accordance with prevailing ethical principles and, when appropriate, reviewed by an Institutional Review Board.

Mentorship



A. Dott, MD, MPH



Pat Cota, RN, MS



Roger Rochat, MD

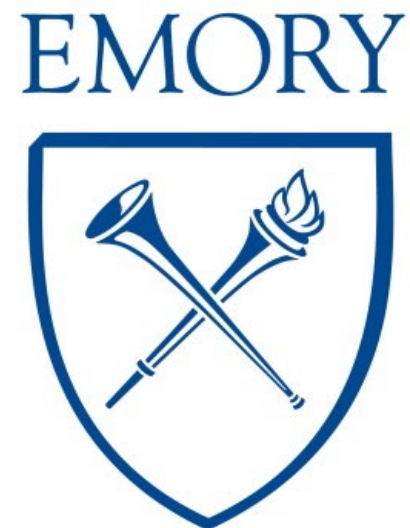
Membership

Since 2010, GMIHRG has attracted 41 research assistants from Emory University's graduate allied health programs; recruitment occurred mainly via school-sponsored activity fairs, reproductive-health-related student interest group meetings, emailed flyers, and word-of-mouth. GMIHRG's student members are passionate about maternal and infant health issues in Georgia and work on a self-motivated basis. Some receive stipends or use GMIHRG's projects to satisfy degree requirements; however, many have participated without remuneration or academic recognition, simply to gain practical experience in applied public health research and data-driven advocacy efforts.



- 21 Master of Public Health (MPH) Candidates
- 6 Doctor of Medicine (MD) Candidates
- 3 Bachelor of Science in Nursing (BSN) Candidates
- 2 Certified Nurse Midwife (CNM) Candidates
- 7 MD/MPH Dual-Degree Candidates
- 2 Master of Science in Nursing (MSN)/MPH Dual-Degree Candidates





Partnership



SPECIAL ISSUE: POLICY

AND PUBLIC HEALTH



LEGISLATIVE REPORT CARD

STUDENT RESEARCH INFLUENCES
AMENDMENT TO STATE ABORTION BILL

BY KAY TORRANCE

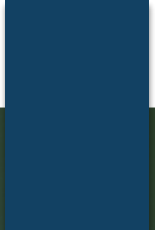
Adrienne DeMarais Zertuche MD/MPH knew with a strong conviction that she wanted to be an obstetrician and gynecologist. She liked the opportunity of having lifelong relationships with her patients and caring for them during the special time of pregnancy and birth. Now, as a medical resident at Emory, she can fully experience the varied work in her specialty. But before she graduated last spring, she learned an early lesson in how politics can affect how she practices medicine.

When DeMarais Zertuche was on her way to earning



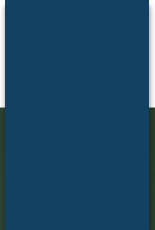
Conclusions

- ▶ Georgia's rural obstetric care crisis is severe and worsening
- ▶ Provision of obstetric services in underserved areas may be improved via the "four Rs": recruitment, retention, referral, and reform
- ▶ GMIHRG has used its findings to inform state organizations, motivate programming initiatives, and champion policy change
- ▶ For states with large rural and/or underserved areas, there may be value in exploring Georgia's cost-efficient translation of research into advocacy



**There is always an easy solution
to every human problem –
neat, plausible, and wrong.**

H.L. Mencken



**I have not failed 10,000 times.
I have not failed once.
I have succeeded in proving that
those 10,000 ways will not work.**

**When I have eliminated
the ways that will not work,
I will find the way that will work.**

Thomas Edison

Comments or Questions?

Adrienne D. Zertuche, MD, MPH, FACOG
ZertucheMD@gmail.com