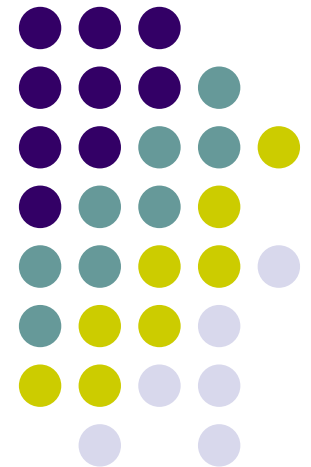
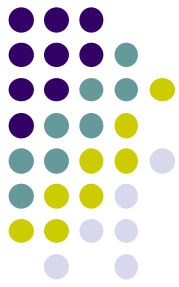


# Who Is Delivering Indiana's Babies?

Caitlin Finnegan Priest, MPH  
Director of Special Projects and Public Policy  
Indiana Perinatal Network  
March 26, 2009



# Please Note...

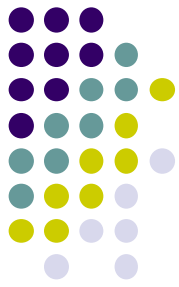


*This presentation has been updated to reflect new information received following the Forum. Original maps and content are still available.*

If you would like to reproduce or use the maps or content, please contact Caitlin Priest first to talk about data sources and potential limitations.

*Thank you!*

Caitlin Finnegan Priest, MPH  
cpriest@indianaperinatal.org  
(317) 924-0825 ext. 4231



# Overview

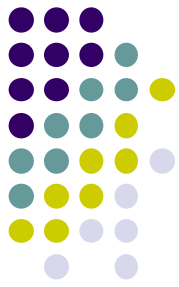
What's going on nationally?

What's going on in Indiana?

- Provider shortage areas
- Hospital closings/delivery closings
- How are the specialties doing?
- *(And how accurate is this information, anyway?)*

What does this mean to you?

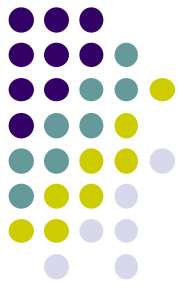
What are the solutions?



# Why is this important?

- You're talking about it!
- We're not doing so well with our perinatal outcomes...
  - We rank 34<sup>th</sup> in 1<sup>st</sup> trimester entry into **prenatal care** (78.8%)
  - We rank 37<sup>th</sup> in **preterm birth** (13.4%)
  - We rank 27<sup>th</sup> in **low birth weight** (8.2%)
  - We rank 39<sup>th</sup> in **infant mortality** (7.7 IMR)

# What's going on nationally?



**Primary care** called “on the verge of collapse”

Projected shortage of ~85,000 physicians in 2020 (AAMC, 2007)

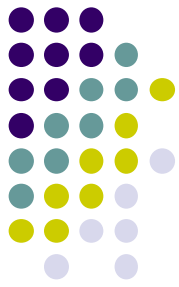
**OB-GYN** particularly vulnerable to shortages (Anderson et al., 2008)

- Aging of workforce
- Provider dissatisfaction
- Fewer entering students
- Earlier retirement and reduced hours
- Rising insurance costs, fears over malpractice suits

**MFM**s: Sharp past declines. Projected future increase...but will be serving a larger population. (Pearse et al., 2000)

Recent drop in **CNM**-attended deliveries—is this the beginning of a downward trend, or just a plateau before they resume increasing? (Declercq, 2007)

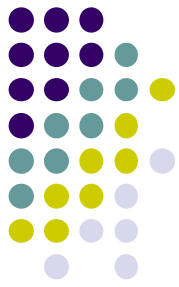
# What's going on nationally?



Percent distribution of active physicians in patient care by specialty, 2005

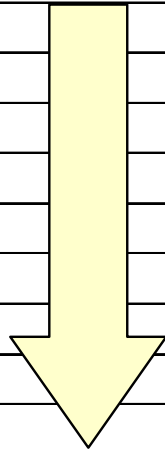
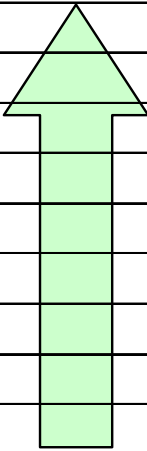
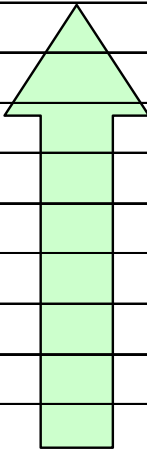
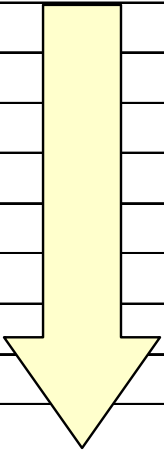
	Percent
<b>Total</b>	100.0
Primary care	40.4
<b>Family medicine and general practice</b>	<b>12.3</b>
Internal medicine	15.0
<b>Obstetrics &amp; gynecology</b>	<b>5.5</b>
Pediatrics	7.5
Specialties	59.6
Anesthesiology	5.2
Psychiatry	5.1
Surgical specialties, selected	10.8
All other specialties	38.5

# US vs. Indiana: Occupational Employment Statistics

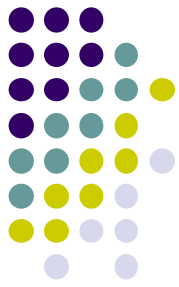


According to the United States Department of Labor, Bureau of Labor Statistics:

	<b>Family &amp; General Practitioners, US</b>	<b>Family &amp; General Practitioners, INDIANA</b>	<b>Obstetricians &amp; Gynecologists, US</b>	<b>Obstetricians &amp; Gynecologists, INDIANA</b>
2007	113,250	2,730	21,340	420
2006	109,400	2,560	22,520	370
2005	112,150	2,460	21,910	300
2004	106,750	2,900	20,850	370
2003	111,990	3,100	19,180	520
2002	115,020	3,000	19,970	530
2001	135,290	2,560	17,230	510
2000	132,620	2,270	18,240	*
1999	134,490	2,100	18,780	760

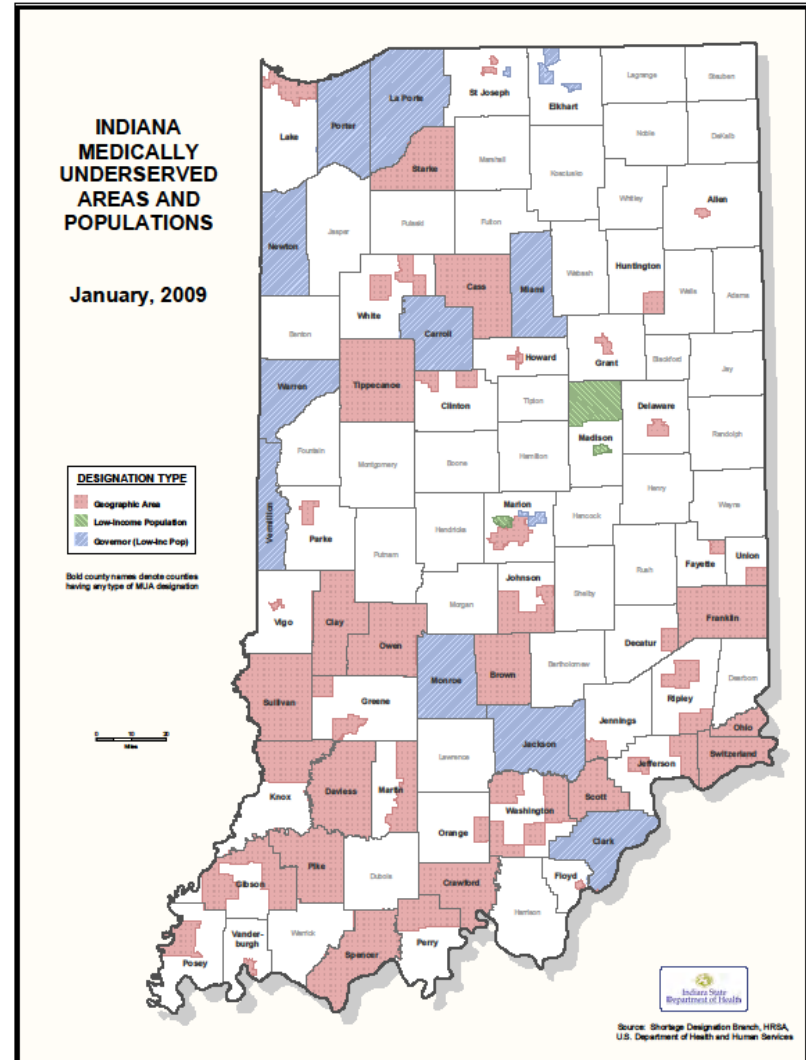
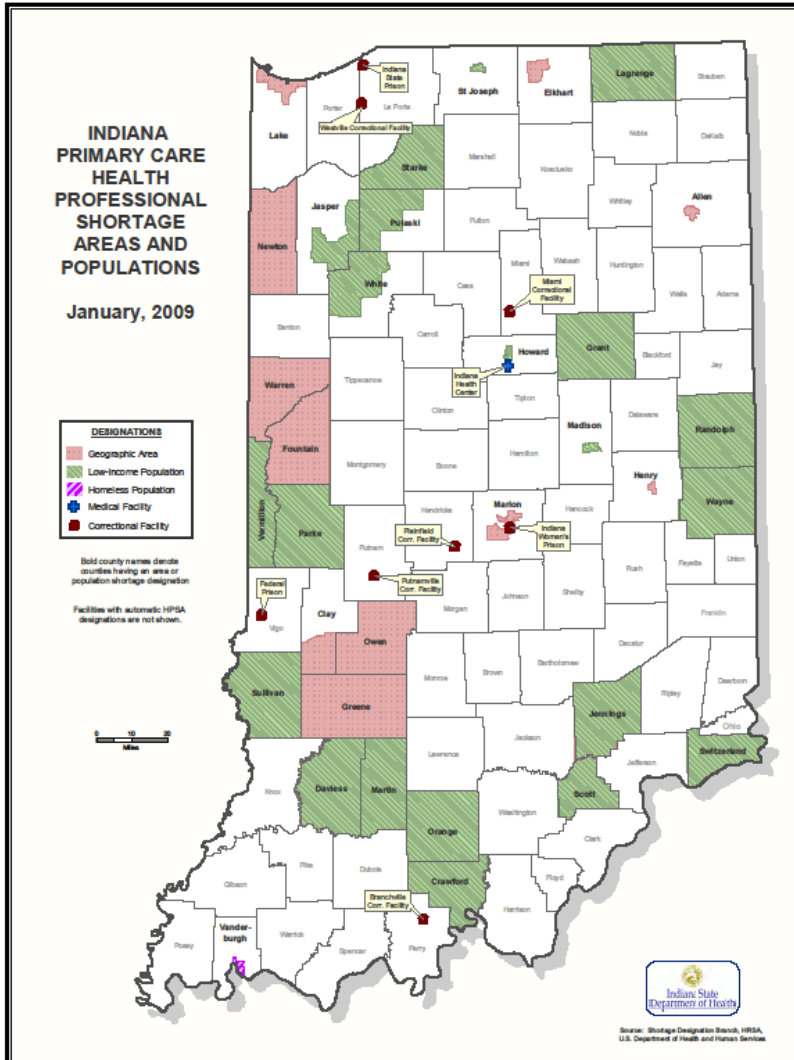
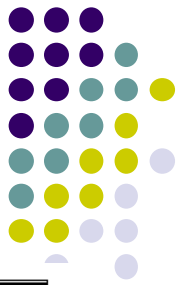


# The Indiana Landscape



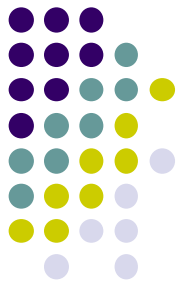
- We currently need 5,000 more physicians -- 1,000 of whom need to be primary care physicians, and 510 OBs
- 54% of Indiana counties are designated Medically Underserved Areas in whole or in part
- 30% are Primary Care Health Professional Shortage Areas
- **By 2020, we will need 1,030 more Family Medicine physicians, 182 more OB-GYNs, and 20,000 more nurses** (McKeag et al., 2007)

# The Indiana Landscape: Shortage areas



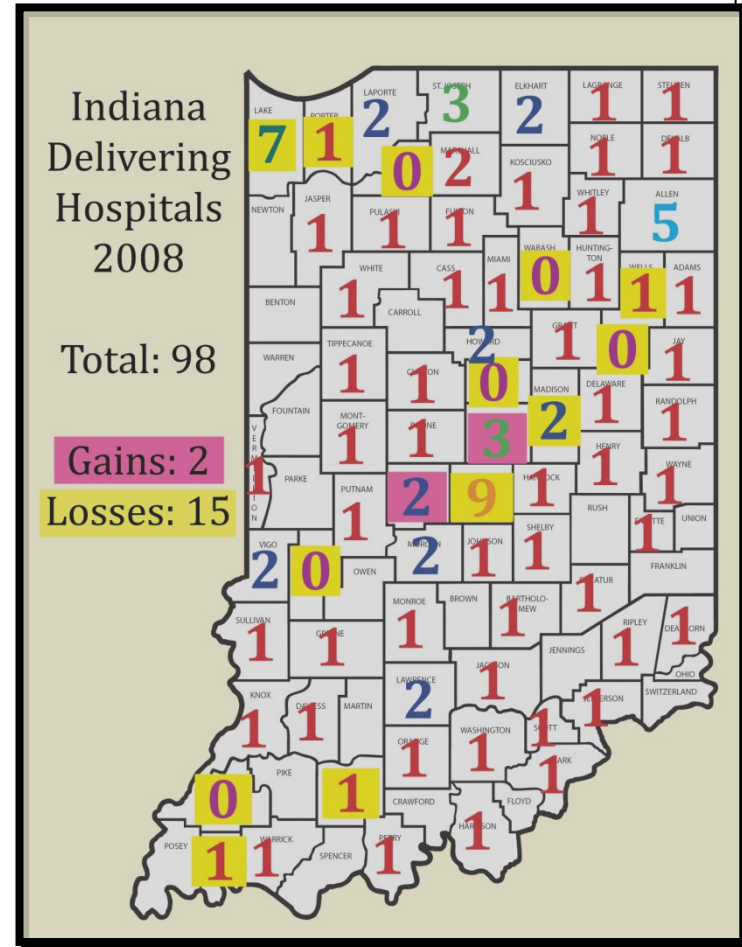
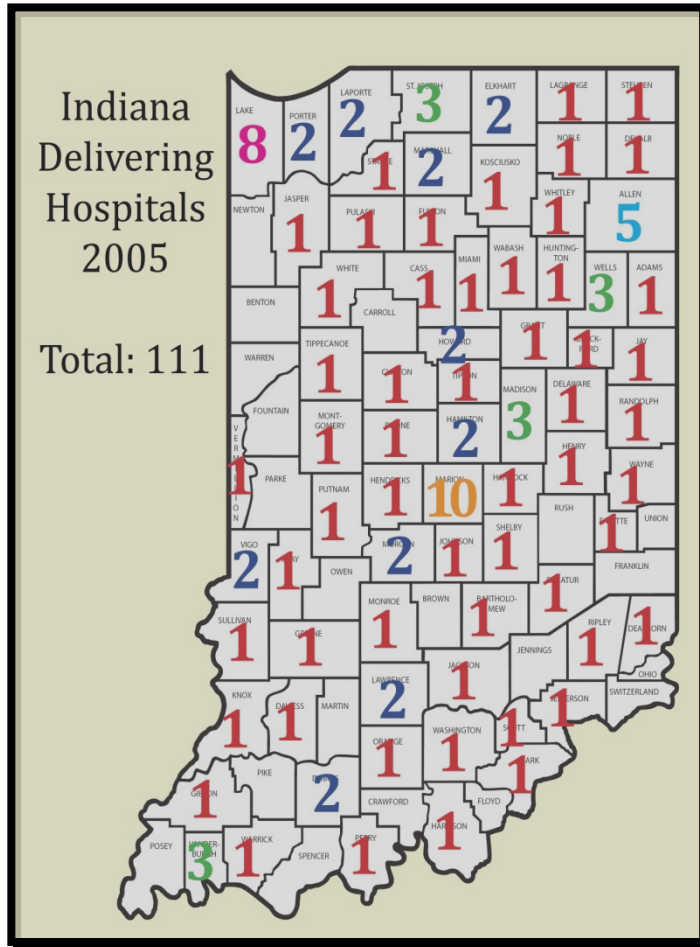
# The Indiana Landscape:

## Shortage areas: *What are we seeing?*

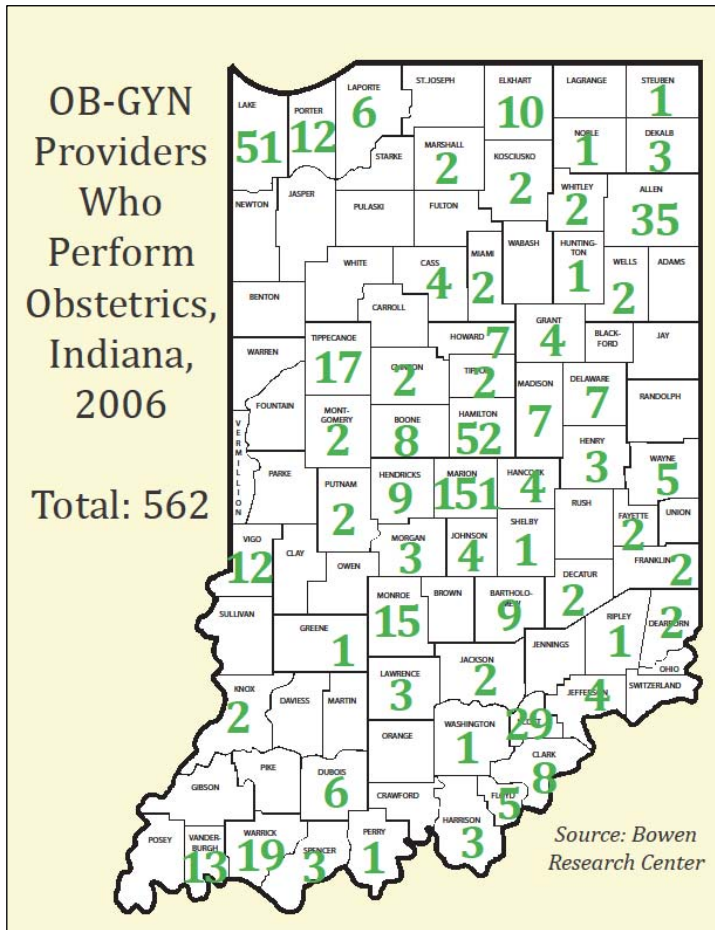
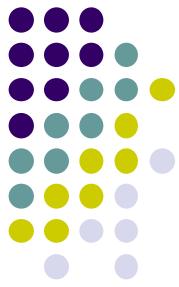


- Many of the areas with the most serious shortages also experience the most poverty and the poorest health status
- Shortages pose a major barrier to accessing timely and appropriate care
- Low growth of health professions training programs, fewer Family Medicine residency slots
- IUSM's medical school class expansion will likely only add about 16 new primary care residents...starting in 2019. (McKeag et al., 2007)

# The Indiana Landscape: Delivering Hospitals



# Focus on Indiana's Providers: OB-GYNs

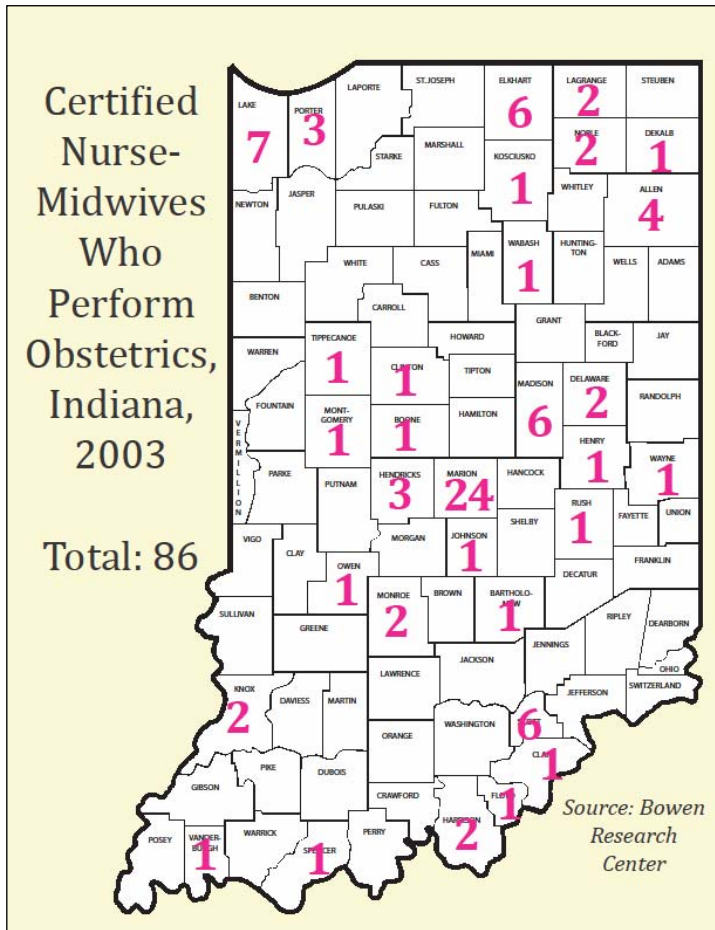
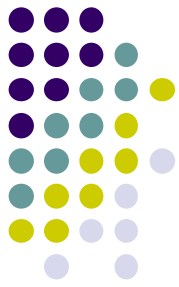


## Facts about Indiana's OBs

By 2020:

- Total Supply will be 11.6/100,000
- Demand will be 14.3/100,000
- Difference: 2.7
- Number needed: 182

# Focus on Indiana's Providers: Certified Nurse-Midwives

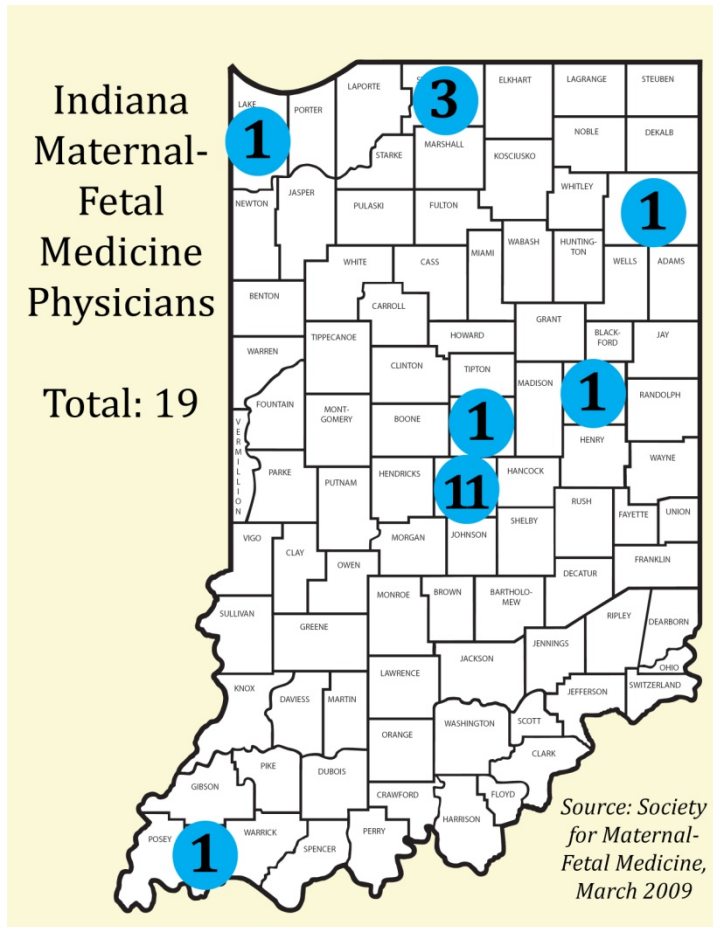
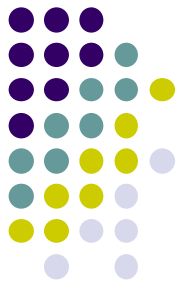


## *Facts about Indiana's CNMs*

- In 2004, CNMs attended 3,712 births—5.9% of all births in Indiana that year
- There are 70 nurse-midwifery service sites throughout Indiana
- The University of Indianapolis offers the state's sole graduate program in nurse-midwifery

Source: ACNM

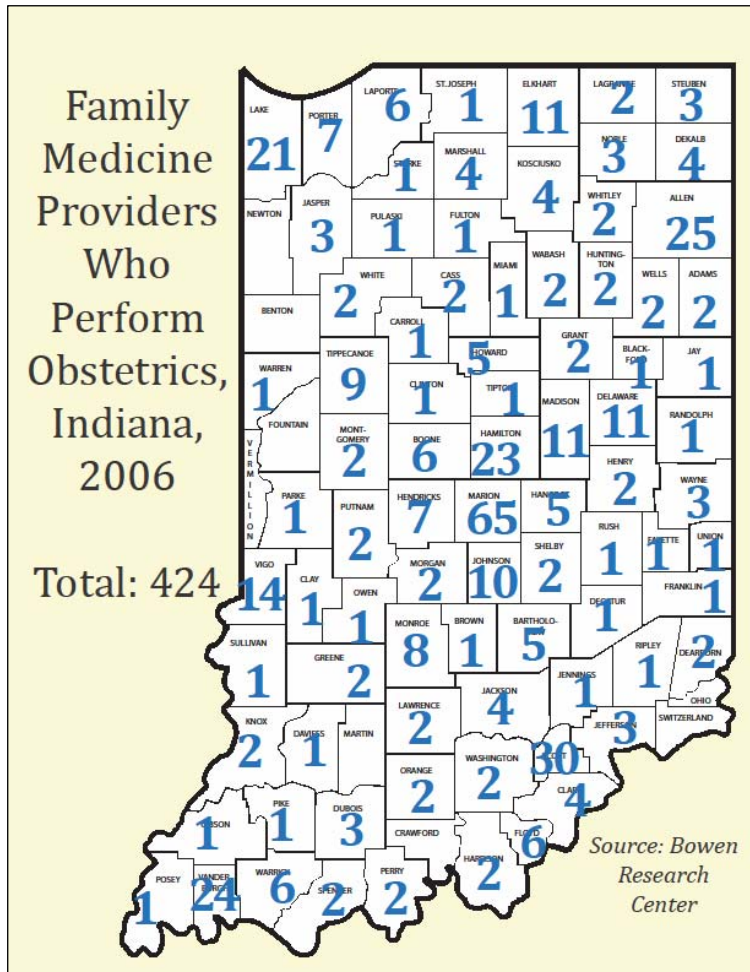
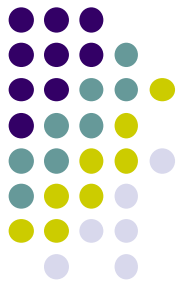
# Focus on Indiana's Providers: Maternal-Fetal Medicine



## *Facts about Indiana's MFMs*

- Maldistribution
- Shortages expected to worsen as numbers of OBs decline

# Focus on Indiana's Providers: Family Medicine



## Facts about Indiana's Family Medicine providers

By 2020: Total Supply = 38.6/100,000

Demand = 53.9

Difference = 15.3

Number needed: 1030

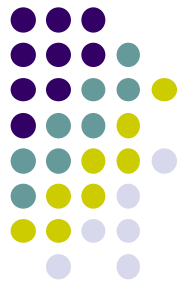
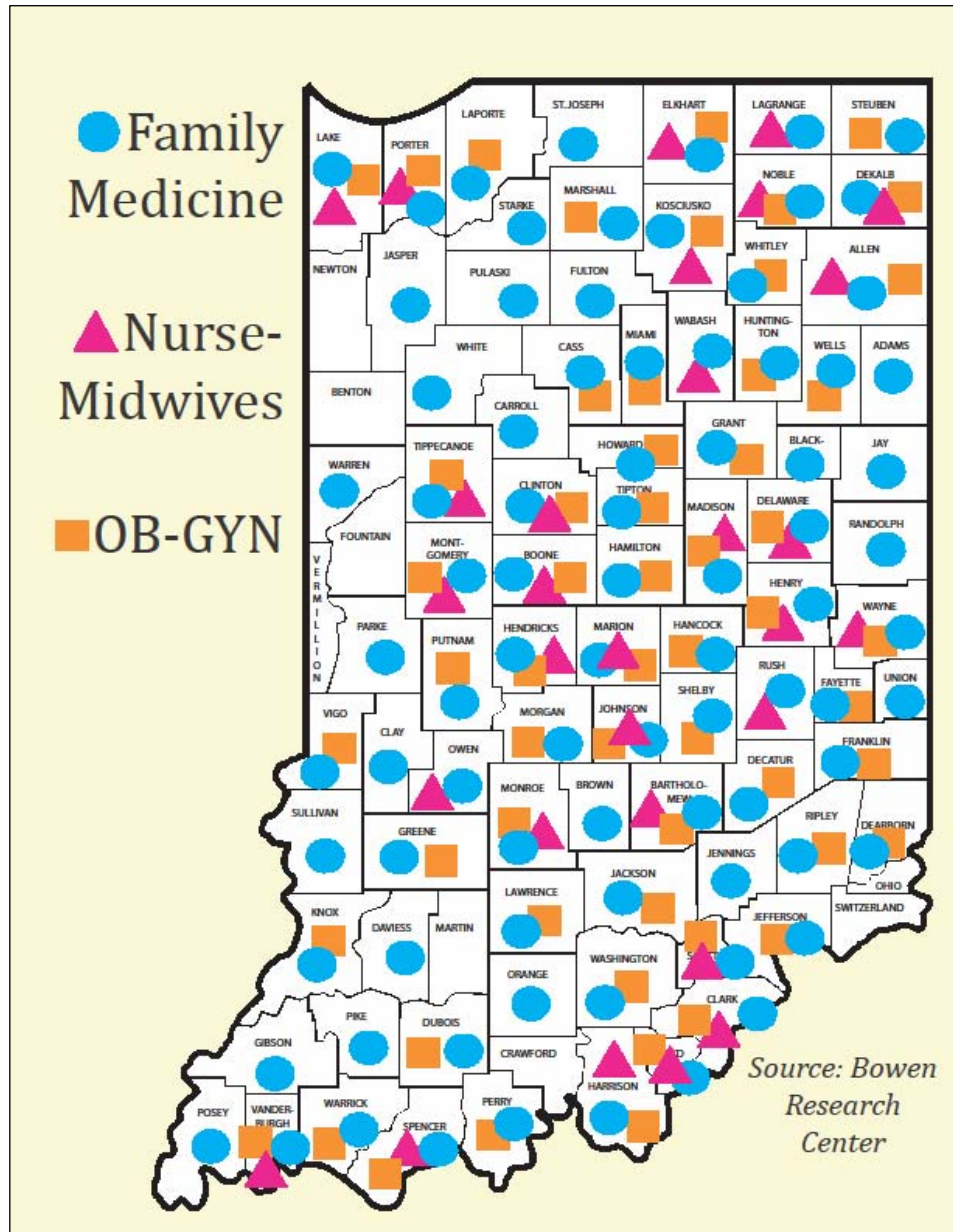
22% of FPs deliver babies...

- 18% in urban Indiana
  - 66% in rural Indiana
- ...of these, 18% perform cesarean sections

Source: Bowen Research Center

# Focus on Indiana's Providers:

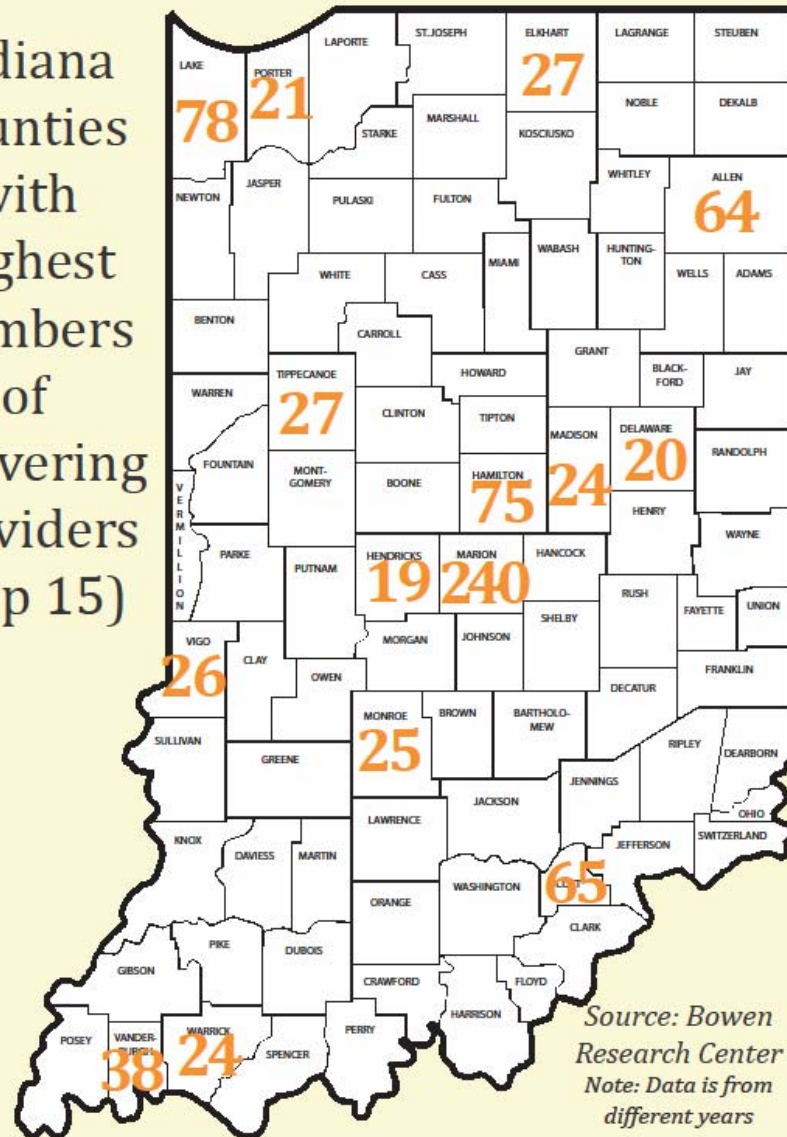
*Looking at the top specialties together*



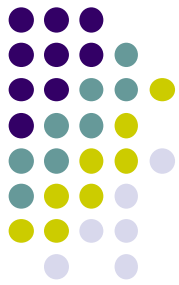
# Focus on Indiana's Providers:

*Counties with the highest numbers of delivering providers*

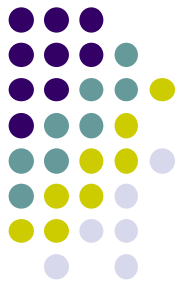
Indiana Counties with Highest Numbers of Delivering Providers (Top 15)



Source: Bowen Research Center  
Note: Data is from different years



# Indiana and its Neighbors



Provider : Patient Ratios	IL	IN	KY	MI	OH
OB-GYN	1:92	1:134	1:114	1:90	1:92
Maternal-Fetal Medicine	1:2029	1:4665	1:2533	1:2125	1:1814
Family Medicine	1:48	1:37	1:45	1:42	1:34
Nurse-Midwives	1:614	1:1055	1:583	1:490	1:502

## Notes on Data

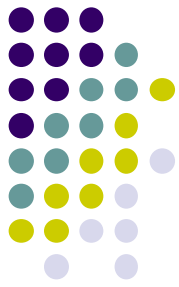
- OB and MFM numbers are based on national ACOG and SMFM membership and may not reflect true total
- FP numbers are based on state AFP membership and may not reflect true total. Several chapters state that medical students are included in their total membership.
- ACNM numbers are reported by ACNM
- Numbers may include providers who do not deliver

# Limitations

- Information silos
- Multiple, inconsistent sources of information do not capture everyone (such as providers who are not members, who live in border states, etc.) or double-capture (MFMs also listed as OBs)
- Discrepancies among data sources: DOL, national practice orgs., state practice groups
- Not all sources consulted track which providers deliver babies
- User error



# What does this mean to you?



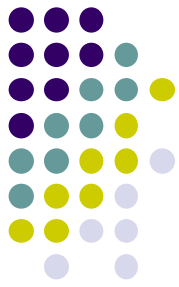
## *What we're seeing...*

- Fewer hospitals
- Provider shortages
- Mal-distribution of providers
- Worsening projections
- Increase in maternal risk factors
- Increased service demand

## *...and what happens then*

- Your job gets harder
- Fewer providers coming to/staying in Indiana
- Later entry into prenatal care
- Higher-risk pregnancies
- Poor birth outcomes
- Additional burden on existing resources

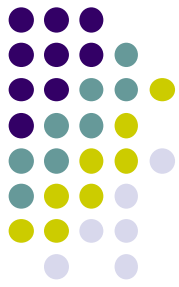




# What Needs to be Done?

- How can we recruit and retain providers... especially those who will serve in underserved areas?
- What educational strategies need to be put in place?
- How can we strengthen the relationships and collaborations among existing systems of care?
- How can we better serve women given the existing constraints on the system?

# Acknowledgments



Britta Anderson, *American College of Obstetricians & Gynecologists*

Monica Greenfield, *American College of Nurse-Midwives*

Tari Hall-McKiever, *American College of Obstetricians & Gynecologists*

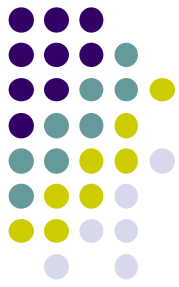
Komal Kochhar, MBBS, MHA, *Indiana University Department of Family Medicine,  
Bowen Research Center*

Beth McIntire, MSN, WHNP, *St. Vincent Health*

Terrell Zollinger, DrPH, *Indiana University Department of Family Medicine, Bowen  
Research Center*

Special thanks to Sarah Hundagen, *Indiana Perinatal Network*

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