Access to Obstetrical Care Workgroup: Meeting One

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DHMH Chief Medical Officer

July 22, 2014
Meeting Overview

- Introductions
- Review Workgroup Mission and Work Plan
- Review Data on Access to Obstetrical Care in Maryland
- Facilitated Discussion
Workgroup Mission

• Evaluate the factors contributing to access to obstetrical care in both urban and rural areas of the State;
• Evaluate if this issue exists in other states, and any policies that those states engage in to reduce barriers to obstetrical care in urban and/or rural areas;
• Review recent proposals intended to ensure access to obstetrical care in urban and rural areas including through the creation of a birth injury fund and analyze the costs and benefits of these proposals; and
• Make recommendations on ways to address any identified barriers to obstetrical care.
## Work Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
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<tbody>
<tr>
<td>July 22, 2014</td>
<td>• Review data on access to obstetrical care</td>
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<td>• Provide anecdotal information</td>
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<td>• Facilitated conversation: potential policy solutions</td>
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<tr>
<td>August 12, 2014</td>
<td>• Present on policies in other states</td>
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<td></td>
<td>• Facilitated conversation: would these policies work in Maryland?</td>
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<tr>
<td></td>
<td>Why or why not?</td>
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<tr>
<td>August 26, 2014</td>
<td>• Review policies discussed</td>
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<td>• Analyze cost/benefit of proposals</td>
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<td>• Develop list of potential recommendations</td>
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<tr>
<td>September 10, 2014</td>
<td>Achieve consensus on recommendations</td>
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<tr>
<td>September 23, 2014</td>
<td>Finalize consensus and report outline</td>
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<tr>
<td>November 1, 2014</td>
<td>Submit recommendations to General Assembly</td>
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</table>
Definitions: Barriers to Care

- **OB care consists of:** preconception care, prenatal care, intrapartum care, and post-partum care.

- **Patient-related barriers to care:**
  - Access to providers limited by geography, finances (transportation)
  - Maternal substance use
  - Maternal age/teen pregnancy
  - Ambiguity about pregnancy/unplanned
  - Perception of the healthcare system/importance of medical care

- **Provider-related barriers to care:**
  - Not enough providers in certain areas (e.g. can’t take new patients, long waits for appts)
  - Not all providers accept Medicaid
  - Providers/hospitals limiting scope of OB practice
Barriers to Care

Reasons Given for Not Beginning Prenatal Care As Early in Pregnancy As Desired

- Didn't know she was pregnant: 43%
- Couldn't get appointment: 42%
- Didn't have insurance or enough money: 31%
- Doctor/health plan would not start care earlier: 26%
- Didn't have Medicaid card: 24%
- Too busy: 19%
- No transportation: 12%
- No leave: 8%
- No child care: 8%
- Keeping pregnancy secret: 7%
- Didn't want prenatal care: <1%

Began early enough: 82%
Did not begin early enough: 18%

Source: Maryland PRAMS Report, 2011 Births
Access to Obstetrical Care: Workforce

- 747 OB-GYNs serving 2.98 million women in Maryland:
  - 2.51 OB-GYNs per 10,000 women in Maryland vs. 2.65 nationally
  - 6.26 OB-GYNs per 10,000 women ages 15-44 in Maryland vs. 5.42 nationally

- Three counties with no OB-GYNs (Caroline, Queen Anne’s, and Somerset).

- 240 CNMs licensed to practice in Maryland (as of June 30, 2014).
Access to Obstetrical Care: Workforce

Number of OB and OB-GYN Physicians by County, 2009-2010

Legend
- 0 - 5
- 6 - 14
- 15 - 71
- 72 - 193

Source: 2009-2010 Maryland Board of Physician Licensing File and 2010 U.S. Census Summary File 1
Access to Obstetrical Care: Workforce

Rate of OB and OB-GYN Physicians per Women (15-44 yrs old) by County, 2009-2010

Legend
Rate per 10,000
0.0 - 3.9
4.0 - 7.8
7.9 - 11.5
11.7 - 15.5

Source: 2009-2010 Maryland Board of Physician Licensing File and 2010 U.S. Census Summary File 1
Access to Obstetrical Care: Workforce

Drive Times to Hospitals with Maternity Centers

Access to Obstetrical Care: Beds

- Thirty-two of the 46 acute care hospitals in Maryland provide obstetric and perinatal services.

<table>
<thead>
<tr>
<th>Region</th>
<th>Beds</th>
<th>Cesarean ORs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Maryland</td>
<td>97</td>
<td>6</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>247</td>
<td>11</td>
</tr>
<tr>
<td>Southern Maryland</td>
<td>160</td>
<td>8</td>
</tr>
<tr>
<td>Central Maryland</td>
<td>577</td>
<td>34</td>
</tr>
<tr>
<td>Eastern Shore</td>
<td>67</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,148</td>
<td>63</td>
</tr>
</tbody>
</table>

Source: Health Care Commission, Annual Report on Selected Maryland Acute Care Hospital Services, Fiscal Year 2014
Access to Obstetrical Care: Beds

- Newborn Nursery Bassinets in the 32 hospitals offering perinatal services.

<table>
<thead>
<tr>
<th>Region</th>
<th>Newborn Nursery</th>
<th>Premature Nursery</th>
<th>NICU</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Maryland</td>
<td>104</td>
<td>0</td>
<td>23</td>
<td>127</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>215</td>
<td>0</td>
<td>77</td>
<td>292</td>
</tr>
<tr>
<td>Southern Maryland</td>
<td>108</td>
<td>8</td>
<td>20</td>
<td>136</td>
</tr>
<tr>
<td>Central Maryland</td>
<td>459</td>
<td>0</td>
<td>307</td>
<td>768</td>
</tr>
<tr>
<td>Eastern Shore</td>
<td>48</td>
<td>0</td>
<td>10</td>
<td>58</td>
</tr>
<tr>
<td>TOTAL</td>
<td>934</td>
<td>8</td>
<td>437</td>
<td>1,381</td>
</tr>
</tbody>
</table>

Source: Health Care Commission, Annual Report on Selected Maryland Acute Care Hospital Services, Fiscal Year 2014
Access to Obstetrical Care: Insurance

• Maryland Medicaid covers women up to 264% of the FPL.

• In FY 2012 Medicaid financed 43.5% of births in MD.
  – 18% of Medicaid births are financed through FFS
  – 82% of Medicaid births are financed through MCO

• MCOs are required to have an OB provider in their network within a 30 mile radius of each insured patient (by zip code).
Access to Obstetrical Care: Factors Affecting Access

• Aging workforce:
  – According to ACOG, nationwide the number of OB-GYNs retiring will soon equal the number of resident graduates.
  – According to ACOG, in Maryland there are five OB-GYN residency programs graduating 23 new physicians per year.

• Average number of work hours for OB-GYNs is declining.

• High workload in rural areas.

• High medical liability insurance premiums (physicians and hospitals).
Access to Obstetrical Care: Liability

- Increasing premiums and litigation have prompted physician retirement, relocation, or change in practice activities.
- A 2012 ACOG survey on Professional Liability found that 58% of OB-GYNs made one or more changes to their practices between 2009-2011 as a direct result of the risk or fear of professional liability claims or litigation:
  - 24% increased the number of cesarean deliveries performed,
  - 27% decreased the number of high risk patients accepted,
  - 12% decreased the total number of obstetric patients in their practices, and
  - 6% stopped practicing obstetrics altogether.
Access to Obstetrical Care: Liability

• Results from 2013 MHA Survey on Medical Liability, specifically on birth injury:
  – 108% increase in total settlement costs for birth injury claims between 2009 and 2013.
  – 25% of respondents indicate that their hospital/system has implemented or considered a reduction in obstetric-related services as a result of the current environment.
Access to Obstetrical Care: Liability

- In June 2012, a Maryland jury awarded a $55 million judgment in a birth injury case against The Johns Hopkins Hospital, among the largest in Maryland history.
- In June 2012, a Maryland jury awarded $20.9 million in a birth injury case related to a physician delivering at Washington Adventist.
- In July 2012, a Maryland jury awarded $21 million to a Glen Burnie couple whose son was born prematurely at Harbor Hospital.
- In May 2013, a Maryland jury awarded $16 million in a birth injury case against Prince George’s Hospital Center.
- In July 2013, a 100-year-old Baltimore City obstetrics program recently shut down as a result of financial pressures.
Next Steps

• Facilitated Conversation
  – Brainstorm how we can solve the problem

• Next Meeting:
  – Examine policy solutions to this problem as it exists in other states