

2012 ACOG WORKFORCE FACT SHEET: Delaware

Most young women seek an obstetrician-gynecologist (ob-gyn) for their preventive health and routine care. Well-woman check-ups offer excellent opportunities for ob-gyns to provide age-specific preventive screening, evaluation, and counseling either annually or as appropriate. As ACOG Fellows, our goal is to ensure that all women have access to the best health care. However, the ob-gyn workforce is aging, the average number of work hours is declining, and increasing numbers of ob-gyns are retiring from obstetrics early or altogether. With projections of relatively fewer general internists and family physicians, more women in need of health care, and continued high medical liability insurance premiums, the strain on the ob-gyn workforce will likely heighten.

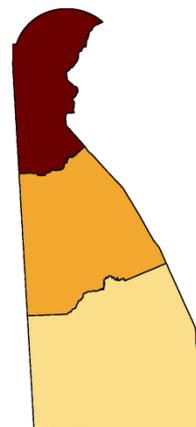
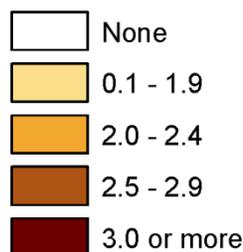
National Practice Demographics and Services

- Obstetrician-gynecologists represent the largest group of active physicians outside the three traditional primary care fields – internal medicine, family medicine, and pediatrics.
- Like pediatricians, ob-gyns represent a group of physicians who provide healthcare for a high proportion of Medicaid patients.
- More than 15,000 of the nearly 40,000 actively practicing ob-gyns will likely retire in 10 years.
- The number of ob-gyns retiring will soon equal the number of resident graduates which is also not expected to increase.

Delaware's Ob-Gyn Workforce

- Delaware has 105 ob-gyn physicians serving a population of 0.4 million women.
- Professional liability premiums in Delaware remain slightly below the national average (2009: \$73,000 vs. \$81,000 per year).
- There are 2.3 ob-gyns per 10,000 women in Delaware, and 5.0 per 10,000 women age 15-45 (national average is 2.61 and 5.24 respectively).
- Delaware's female population is expected to increase slightly below the national rate (15.7% vs. 17.8% by 2030).
- Delaware has one ob-gyn residency program and no medical school.
- None of the three counties in Delaware are without an ACOG Fellow compared with the national average (49%).
- Percentages of reproductive-aged women who live within a 30-minute drive (92.2%) or a 60-minute drive (98.0%) of a maternity center are above the national average (87.5% and 97.3% respectively).
- Caring for the additional Delaware women added to the health care system (Affordable Care Act) will lead to increased problems of access.
- Demand for ob-gyns in Delaware is projected to increase slightly (4%) between 2010 and 2020.

ACOG Fellows per
10,000 Women, 2010



National Workforce Concerns

- There has been essentially no annual increase in the number of ob-gyns trained since 1980, while the population of women in the U.S. increased by 26% and will grow by 36% by 2050.
- Approximately half (49%) of the 3,107 U.S. counties lack an ob-gyn physician, and nearly 9.5 million Americans (3%) live in those predominantly rural counties.
- After medical school, the average physician will work fewer than 40 years.
- During the next 20 years, the number of adult women will increase by 17.8% between 2010 and 2030, and the number of women > 65 years old will double.
- The ob-gyn shortage is difficult to predict but expected to range from 3,000 to 9,000 by 2030.
- Without sufficient Medicare funding for graduate medical education, residency programs will not grow (may decline) and potentially be overwhelmed with service obligations.
- Despite much effort, no meaningful liability reform has been achieved at the federal level.

Health Care Reform Concerns

- The Affordable Care Act (ACA) is projected to add 32 million people to the health care system through Medicaid and State Exchanges, which will contribute to an already strained workforce and undermine patient's access to a health care provider.
- Between 15.9 and 22.8 million adults under the age of 65 with incomes less than 133% of the federal poverty level is expected to be added to Medicaid by 2019.
- While the ACA takes some steps to alleviate workforce concerns through education loan repayment, support for health professions training, and more GME slots, re-allocation is geared towards general internists and family physicians and largely excludes ob-gyns.
- States with an already low ob-gyn workforce also anticipate high rates of Medicaid expansion.ⁱⁱⁱ

The Future: ACOG's Initiatives

- Promote sustainable, collaborative models with certified nurse midwives, certified midwives, certified nurse practitioners, and physician assistants, to establish "teams" led by ob-gyns.
- Improve practice efficiency, reconfigure the way certain services are delivered, and increase the use of health information technology.
- Encourage more medical students to pursue careers in ob-gyn and women's health.
- Recognize and accommodate physician work-lifestyle (i.e. flexible scheduling, part-time work).
- Support loan repayment programs and efforts to attract ob-gyns to provider shortage areas.

The Future: What Congress Can Do

- Support ob-gyns through proper implementation of workforce provisions in the ACA, including direct access to ob-gyn services, ob-gyn participation in workforce policy development by the national Healthcare Workforce Commission, and loan repayment programs.
- Promote federal funding for select increases in ob-gyn residency slots, especially at programs in regions with an underrepresentation or an anticipated increased need.
- Enact medical liability reform to improve patient safety and access to care.
- Improve data collection about the supply of ob-gyns and prepare workforce policies.

ⁱUnless otherwise noted, data from Rayburn, William F., MD, MBA, FACOG. 2011. *The Obstetrician Gynecologist Workforce in the United States*. Washington DC: The American Congress Obstetricians and Gynecologists.

ⁱⁱData from 2007, The Kaiser Institute. 2010. *2010 Maternal and Child Health Update: States Make Progress Towards Improving Systems of Care*, National Governors Association, Table 6. Data information retrieved from <http://www.nga.org/files/live/sites/NGA/files/pdf/MCHUPDATE2010.PDF>

ⁱⁱⁱThe Kaiser Institute. 2010. *Medicaid Coverage and Spending in Health Reform: National and State by State Results for Adults at or Below 133% FPL*, The Urban Institute. Data from <http://www.kff.org/healthreform/upload/Medicaid-Coverage-and-Spending-in-Health-ReformNational-and-State-Results-for-Adults-at-or-Below-133-FPL.pdf>