ACOG
THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

2012 ACOG WORKFORCE FACT SHEET: TEXAS

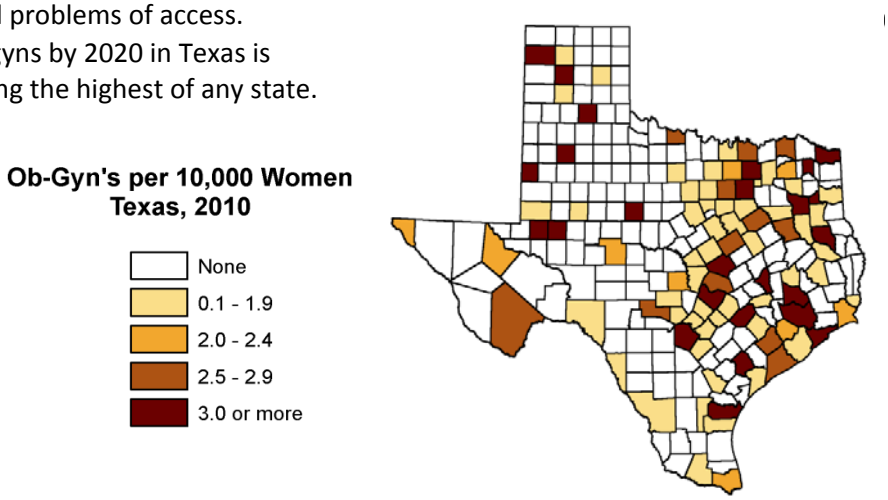
Most young women seek an obstetrician-gynecologist (ob-gyn) for their preventive health and routine care. Well-woman check-ups offer excellent opportunities for ob-gyns to provide age –specific preventive screening, evaluation, and counseling either annually or as appropriate. As ACOG Fellows, our goal 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.

Texas' Ob-Gyn Workforce

- Texas has 2,495 ob-gyn physicians serving a population of 12.4 million women.
- The number of ob-gyns in Texas increased by 269 between 2003 and 2010, presumably from tort reform.
- While Texas' 2003 tort reform and institutional amendment have had a significant positive practice impact, professional liability premiums in Texas were and still remain above the national average ($75,000 vs. $65,000 per year).
- There are 2.58 ob-gyns per 10,000 women in Texas, and 5.53 per 10,000 women age 15-45 (national average is 2.61 and 5.24 respectively).
- Texas is expected to be the state with the largest growth in women.
- Texas' female population is expected to increase two times the national rate (35% vs. 18% by 2030).
- Texas has 17 ob-gyn residency programs graduating 97 new physicians per year, which is essentially no change since 1980.
- Texas has one of the highest rates of births financed by Medicaid (56% versus 41% nationally).[ii]
- More than half of all counties in Texas (159 of 254 counties) have no obstetrician-gynecologists, above the national average (63% versus 49%).
- Caring for the additional Texas women added to the health care system (Affordable Care Act) will lead to increased problems of access.
- The demand for ob-gyns by 2020 in Texas is projected to be among the highest of any state.



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.

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[i]Unless 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.

[ii]Data 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

[iii]The 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