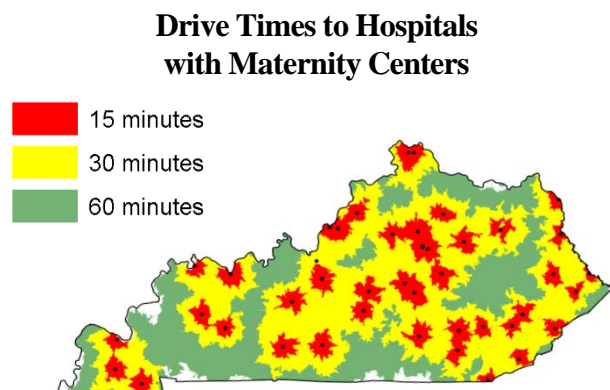
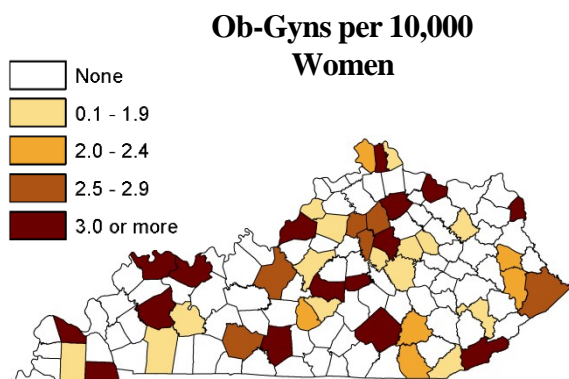


## 2014 ACOG WORKFORCE FACT SHEET: KENTUCKY

Most young women seek an obstetrician-gynecologist (ob-gyn) for their preventive health and routine care. The ob-gyn workforce is aging, the average number of work hours is declining, and a large number of ob-gyns are retiring from obstetrics early or not practicing obstetrics altogether due to high malpractice premiums. With projections showing fewer general internists and family physicians, an increased number of women in need of health care, and high medical liability insurance premiums, the strain to the ob-gyn workforce could be crippling. As obstetrician-gynecologists, our goal is to provide the best health care for women and to partner with Congress to ensure women have access to the health care they need and deserve.

### Kentucky's Ob-Gyn Workforce<sup>i</sup>

- Kentucky has 408 ob-gyn physicians serving a population of 1,804,704 women.
- There are 2.26 ob-gyns per 10,000 women, and 4.77 per 10,000 women age 15-45 (national average is 2.65 and 5.42 respectively).
- Kentucky's female population is expected to increase by 6.22% by 2030, while the total US female population is expected to increase by 17.76%.
- 76 of Kentucky's 120 counties do not have any ob-gyns.
- Kentucky has 2 ob-gyn residency programs graduating 11 new physicians per year.
- 44% of Kentucky's births are financed by Medicaid (45% nationally).<sup>ii</sup>



### Health Care Concerns

- There has been essentially no increase in the number of ob-gyns trained since 1980, while:
  - The population of women in the United States has increased by 26% since that time, and will increase another 36% by 2050.
  - The number of women > 65 years old will double in the next 20 years.
  - The Affordable Care Act gives 30 million women access to new or increased preventive and primary care.<sup>iii</sup>
  - Between 15.9 and 22.8 million adults under the age of 65 with incomes less than 133% of the federal poverty level are expected to be added to Medicaid by 2019.
  - The number of ob-gyns retiring will soon equal the number of resident graduates.
  - The anticipated shortage of ob-gyn physicians will be 18% (9,000) by 2030 and 25% (15,723) by 2050.

- All the above changes will contribute to an already strained workforce and undermine the ability of patients to access a health care provider.
- Federal GME funding must be adequate and stable to ensure residency programs can grow to meet the needs of a growing population and are not at risk of being overwhelmed with service obligations.
- Despite many attempts, no meaningful medical liability reform has been achieved at the federal level, leading to continued high medical liability premiums that discourage many from entering or remaining in the physician workforce, particularly within ob-gyn.

### **The Future: ACOG's Initiatives**

- Promote sustainable collaborative practice models with certified nurse midwives, nurse practitioners, and physician assistants to help alleviate provider shortages.
- Improve practice efficiency, reconfigure the way certain services are delivered, increase the use of health information technology, and work collaboratively with appropriate non-physician clinicians.
- Encourage more medical students to pursue careers in ob-gyn and women's health.
- Recognize and accommodate physician life-style concerns (i.e. more flexible scheduling, part-time work).
- Publicize loan repayment programs and other efforts to attract ob-gyns to health 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, workforce policy development by the National Healthcare Workforce Commission, and loan repayment programs.
- Promote federal funding of increased ob-gyn residency slots, especially at programs in states with an underrepresentation or an increased need.
- Enact meaningful medical liability reform to improve patient safety and access to care.
- Improve data collection about the supply of ob-gyns and prepare workforce policies accordingly.
- Support the Schock-Castor GME Shortage Solution Bill to increase number of federally-funded residency slots and help alleviate physician shortage.
- Support the Improving Access to Maternity Care Act to create a maternity health professional shortage area designation within the National Health Service Corps, helping place maternity care providers in underserved areas.
- Reinstate the ACA Medicaid primary care payment increase and expand it to include ob-gyn.

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<sup>i</sup> Data based on ACOG Fellow and member statistics. ACOG represents about 90% of all board certified obstetricians and gynecologists in the United States.

<sup>ii</sup> <http://kff.org/medicaid/state-indicator/births-financed-by-medicaid/>

<sup>iii</sup> [http://aspe.hhs.gov/health/reports/2014/preventiveservices/ib\\_preventiveservices.pdf](http://aspe.hhs.gov/health/reports/2014/preventiveservices/ib_preventiveservices.pdf)