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# Maternal Health Workforce Shortages in Southeast Pennsylvania

## Defining the Problem & Generating Solutions

Jacqueline E. Kohl  
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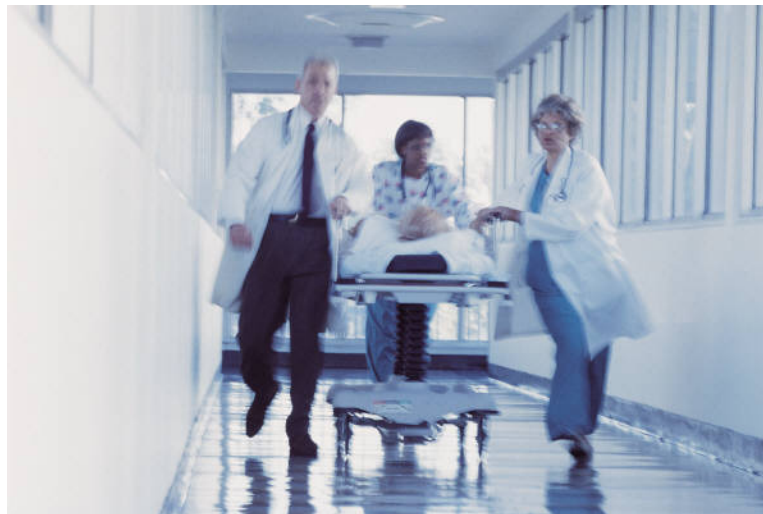


# Introduction

- Over 50, 000 babies born annually in Southeastern Pennsylvania
- Southeastern Pennsylvania has faced closures of many maternity wards (19 since 1997)
- Anecdotal concerns have surfaced that there are resultant workforce shortages in maternal health

# Study Aims

- 1) To define the problem of maternal health workforce shortages in Southeastern Pennsylvania
- 2) To identify potential solutions to address the shortages in maternity health workforce.



# Background

- Infant mortality rates are high in Pennsylvania, especially Philadelphia
- There are many determinants of infant mortality, including inadequate prenatal care
- Southeastern PA is not meeting HP2020 goals for women receiving adequate prenatal care
- Impacts of maternity ward closures
  - Poor geographic distribution
  - Fewer choices for patients
  - Increased volume at remaining hospitals
  - Decreased workforce?

# Maternal Health Workforce Concerns

- Limited data on workforce shortages (OB-GYNs)
  - Loss of ~40 OBs in early 2000s
  - Older OB workforce in Pennsylvania (ranked 41<sup>st</sup>)
  - 21% decrease in OB workforce from 1998-2004
  - Recent ↑ in exit rates & ↓ in entrance rates
- With ↓ workforce , ↑ deliveries/practitioner
  - Hypothesized to result in poorer outcomes for patients
  - Little data available on safety of ↑ patient volume

*References: Guadagnino (2004), Polsky, Marcus, & Werner (2010), PA Department of Health (2009)*

# Determinants of Obstetric Workforce

- Medical malpractice is a major problem in PA
  - “Crisis States” (AMA) & “Red Alert States” (ACOG)
  - New ob-gyn’s less likely to establish practices in high malpractice regions (*Robinson, et al, 2005*)
  - Changes in practice patterns due to malpractice reported (*Mello, et al. 2005*)
- Other potential factors
  - Gender composition of workforce & hours worked
  - Attractiveness of field to students
  - Loss of OB interest in family medicine

# Methods

- Qualitative research study with key informants
- Participants: practitioners and workers in the field of maternal health in Southeast PA
- Structured interview administered by a single researcher including patient access to maternal health care, issues in workforce training, workforce shortages, and solutions to these problems
- Interviews conducted in-person or via phone
- Thematic analysis of data was performed by two researchers



# Results: Background

- 10 participants
  - 6 physicians
    - 4 ob-gyn (3 department chairs)
    - 2 family medicine
  - 2 public sector
    - Department of MCFH & FQHC-associated midwife
  - 2 non-profit organizations serving women

## • Participant professional time

	Participants	Time
Direct Health Services -Patient care	7	55%
Health Education & Training -Student & resident lectures -Resident precept -Workshops	7	26%
Creation & Analysis of Policy -Institutional (6) -State & local (3) -National (4) -Other (5)	10	14.5%

# Results: Major Themes

Section	Theme 1	Theme 2	Theme 3
1. Preconception & Post-partum Care	Women do not get preconception/ postpartum/ preventive care.	Insurance is not much of an issue once pregnant, but is a barrier for preventive PCC/PPC.	The health care system for women is disjointed.
2. Prenatal Care	There are barriers to accessing prenatal care	Prenatal care is not highly enough valued.	Quality of care and patient expectations have declined.
3. Intra-partum Care	There are no low-technology options for birth in Philadelphia	Quality of care has suffered with hospital closures.	There are geographic barriers to ideal care.
4. Workforce Development (6/10 only)	Fewer graduates are choosing to incorporate obstetrics into their practices.	Few graduates choose to practice in Philadelphia	Applications for obstetrics have been increasing, not decreasing nationally.

# Sample Quotes, Sections 1-4

- *I think the big issues are linking these services with life-course care. Why does all of women's health care have to be linked to conception? There is a separate system for delivery of care for women, especially in poverty. The concept of well-women care is vital. A patient may get this from a private ob, but it is more separate from primary care of women than it needs to be. We need to be asking what is the concept of this care?*
- *There is a big educational issue: women see no connection between preconception health and pregnancy outcomes, and obesity, diabetes etc. are major determinants*
- *[Speaking of overbooking to compensate for appointment no-shows] When everyone shows up, providers are rushed, patients have to wait and everyone's "pissed off": doctors, nurses, patients, office administrators. Quality of care suffers as a result.*
- *It's up to patients to take responsibility for PNC, and the community doesn't value it. There are many who don't get early or any PNC. Nothing to do with access to care, more with valuing PNC.*

# Results: Major Themes Continued

Section	Theme 1	Theme 2	Theme 3
5. Shortages & Implications	There are not sufficient resources/ providers for the provision of maternal health care locally.	Providers are facing reduced satisfaction in their professions.	Due to workforce & facility shortages, patients are receiving less personal care/ provider relationships.
6. Understanding Shortages	Financially, practice of obstetrics is not attractive locally.	There is decreased job satisfaction in this field.	State/national issues magnified locally. “Perfect storm”
7. Approaching Solutions	Malpractice in PA needs to be addressed.	Changes in malpractice/ MA reimbursements could help, but not without shift in values.	The current system is fragmented, and needs to be brought together.
8. Stakeholders & Problem-Solvers	Patients/ the public are vital for achieving any change.	The stakeholder/ change agent group is varied, and depends on many groups working together.	Providers have not been involved enough because they have been too busy clinically.

# Sample Quotes, Sections 5-8

- *Midwives at one hospital are delivering 30 babies a day, and there are grumblings of workers feeling stressed. Beginning to worry about provider self-care.*
- *Providers so busy trying to keep their heads above water. When they have to see 30 patients in a day, can't worry about satisfaction, and the soft & fuzzy's; they need to do what's necessary to take care of the patient.*
- *There is an extremely bad perfect storm (in Philadelphia)-terrible liability, low reimbursements, competition among hospitals, flat to decreasing birth rate.*
- *The patients need to be reached and health care needs to be valued, whether through churches, parenting, community*

# Impacts of workforce shortages

- All participants indicated that there are shortages in maternal health workforce with negative implications for patients & providers
  - Patients experience long waits, difficulty getting appointments, less choice of hospital & provider, and decreased quality of care
  - Providers face busier schedules, increased stress, greater burnout, fewer practice options and reduced work satisfaction

# Determinants of shortages

- The causes of workforce shortages in maternal health are multi-factorial, and have roots at the system, provider and patient level.
  - **System** factors: liability in Pennsylvania, low reimbursements from Medicaid providers and a fragmented system of clinics and academic centers
  - **Provider** factors: desire for better salaries and preferences for less impoverished patient populations
  - **Patient** factors: misinformation, lack of knowledge about the importance of ongoing health care, and not valuing care that is provided.

# Recommendations

- Tort reform, particularly instituting caps on noneconomic damages. *References: Colby & Williams (2006), Kessler, Sage, & Becker (2005)*
- Improved collaboration:
  - Among academic centers, community hospitals, district health clinics and FQHCs
  - Among practitioner types: obstetricians, family medicine doctors, nurses, nurse practitioners, midwives, physician's assistants and others
  - Form coalitions that work together toward common goals
  - Create more opportunities for interdisciplinary training
- Address communication barriers/fragmentation with city-wide EMR accessible for inpatient/outpatient information
- Garner community support by assessing and addressing community needs regarding maternal health and health care



# Limitations

- Small study sample, limited by participant willingness to participate and availability
- Participants focused mostly on Philadelphia, not the whole of Southeastern Pennsylvania
  - Results cannot be generalized beyond Philadelphia
- Majority of participants were physicians (6/10)



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Any questions?



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