

Obstetrical and Gynecological Care in Iowa:
A Report on Health Care Access
To Iowa 2009 Legislature

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Obstetrical and Gynecological Care in Iowa: A Report on Health Care Access, To Iowa Legislature – Report Year 2008

Introduction

This report has been prepared annually in response to a 1997 legislative mandate detailed in the *Iowa Acts 1997 General Assembly*, Chapter 197, Section 1, Sub-section 18A.

The legislative reference for this report is outlined below.

NEW-SUBSECTION 18A. Consult with the Office of Statewide Clinical Education Programs at the University of Iowa, Carver College of Medicine and annually submit a report to the general assembly by January 15 verifying the number of physicians in active practice in Iowa by county who are engaged in providing obstetrical care. To the extent data are readily available, the report shall include information concerning the number of deliveries per year by specialty and county, the age of physicians performing deliveries, and the number of current year graduates of the University of Iowa College of Medicine and the University of Osteopathic Medicine and Health Sciences entering into residency programs in obstetrics, gynecology, and family practice. The report may include additional data relating to access to obstetrical services that may be available.

The Bureau of Health Care Access, Iowa Department of Public Health, has consulted with the Office of Statewide Clinical Education Programs at the University of Iowa, Carver College of Medicine and has determined that without additional funding and staff to develop and implement a survey that will collect this data, we cannot verify the number of physicians in active practice in Iowa by county who are engaged in providing obstetrical care, nor assess the availability of obstetrical services to the citizens of Iowa by using available data to show the distribution of obstetricians, family medicine providers and other health care professionals who are able to deliver prenatal and obstetrical services. Since the inception of this report, the Iowa Department of Public Health has endeavored to provide accurate and pertinent data, but has encountered several obstacles.

The data currently tracked may provide an overview of issues, but are not sufficient to directly answer the questions posed in the legislation, nor can it comprehensively portray the obstetrical and/or gynecological (OB/GYN) access issues facing the citizens of Iowa - particularly those in rural areas. Some examples of current data limitations include the following factors:

- Unavailable county-specific data on health-care professionals currently practicing obstetrics,
- Limited data on providers age,
- Unavailable or insufficient graduation rate and residency location data, and
- Unavailable specific provider specialty data

Despite the shortcomings in available data, the report does attempt to use existing data to cover some of the prenatal and obstetrical care access issues facing Iowans. This report includes the following information:

- Birth data according to occurrence;
- Location and type of health-care professional delivering the baby;
- Brief description of state demographics;
- General data on health care professionals and institutions; and
- Limited prenatal-care data.

Data sources used for this report include the following:

- U of I, Carver College of Medicine, Office of Statewide Clinical Education Programs (OSCEP)
- Iowa Department of Public Health – Bureau of Vital Records and Health Statistics
- Iowa Board of Nursing (IBON)
- Association of Iowa Hospital and Health Systems
- 2004 Projected Claritas Data of Population

The OMB, Bulletin 03-04, June 2003 revised the definition for Urban Areas as Metropolitan Statistical Areas (MeSAs). The definition was originally published December 27, 2000 by the OMB in the Federal Register (65 FR 82228 – 82238). MeSAs comprise the central county containing the core population of at least 50,000, plus adjacent outlying counties having a high degree of social and economic integration, as measured through commuting. Under this redefined definition Iowa has 20 MeSAs.

NOTE: A ten year cycle was reached for the “Old Method” of reporting 10 Metropolitan Statistical Areas, MSAs in the 2007 reporting year. This will allow for 10 year analysis, if necessary, and has been eliminated from this reporting year of 2008.

This report is compiled using only the method for the 20 county MeSAs.

Demographics

Rural – 79 Counties

• Rural area citizens equal approximately	45%	1,340,064
• Ratio of population to PC providers		1781 :1
• Women of childbearing age, 15-44	17%	230,430
• Ratio of women of childbearing age to PC providers		306 :1

Note: It is unknown how many providers actually see women for prenatal care or deliver babies.

• Ratio of women of childbearing age to OB/GYN providers		5064 :1
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Urban – 20 County MeSAs

• Urban area citizens equal approximately	55%	1,608,918
• Ratio of population to PC providers		1588 :1
• Women of childbearing age, 15-44	22%	352,518
• Ratio of women of childbearing age to PC providers		348 :1

Note: It is unknown how many providers actually see women for prenatal care or deliver babies.

• Ratio of women of childbearing age to OB/GYN providers		2573 :1
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Total Rural & Urban Counties

• According to the 2004 Claritas Projected data, Iowa’s population is		2,948,982
• Total population to the total number of PC providers ratio		1670 :1
• Providers working full time		1,745
• Providers working part time		41
• Providers full-time equivalent (FTE) estimate		1,765.50
• Women of childbearing age, 15-44		582,948
o Women of childbearing age in rural areas	17%	230,430
o Women of childbearing age in urban areas	22%	352,518
• Ratio of women of childbearing age to FP & OB/GYN providers		450 :1
• Ratio of women of childbearing age to the total number of OB/GYN providers		3194 :1

Other related information

• Population living at or below 100 % of the federally set poverty level equals	9%	259,489
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Provider Information

For the purposes of this count, primary care means all family practice, general internal medicine, and general pediatric, non-family practice-doing family practice and OB/GYN providers. The data does not count providers categorized as sub-specialists, federal providers, medical administration, research, state institution, teaching positions or urgent care.

Rural – 79 Counties

- OB/GYN Providers:
 - Number working full-time 45
 - Number working part-time 1
 - Number of full-time equivalent positions 45.5 FTE
 - Average age is 48 Years
- Family Practice Providers:
 - Number working full-time 563
 - Number working part-time 17
 - Number of full-time equivalent positions 571.5 FTE
 - Average age is 49 Years
- Primary Care Providers:
 - Number working full-time 746
 - Number working part-time 13
 - Number of full-time equivalent positions 752.5 FTE
 - Average age is 49 Years

Urban – 20 County MeSAs

- OB/GYN Providers:
 - Number working full-time 137
 - Number working part-time 0
 - Number of full-time equivalent positions 137 FTE
 - Average age is 48 Years
- Family Practice Providers:
 - Number working full-time 534
 - Number working part-time 14
 - Number of full-time equivalent positions 541 FTE
 - Average age is 48 Years
- Primary Care Providers:
 - Number working full-time 999
 - Number working part-time 28
 - Number of full-time equivalent positions 1013 FTE
 - Average age is 48 Years

Total Rural & Urban Counties

- OB/GYN Providers:

○	Number working full-time	182	
○	Number working part-time	1	
○	Number of full-time equivalent positions	182.5	FTE
○	Average age is	48	Years
•	Family Practice Providers:		
○	Number working full-time	1097	
○	Number working part-time	31	
○	Number of full-time equivalent positions	1112.5	FTE
○	Average age is	48	Years
•	Primary Care Providers:		
○	Number working full-time	1745	
○	Number working part-time	41	
○	Number of full-time equivalent positions	1765.5	FTE
○	Average age is	48	Years

Other Provider Information

•	Number of certified nurse midwives (IBON)	75
•	Number of estimated OB/GYN nurse practitioners (IBON)	153

Note: Licenses show ARNPs have OB/GYN training, but do not specify if they are practicing.

The OB/GYN map included at the end of this document denotes the number of OB/GYN full-time equivalent (FTE) positions in each county. It should be noted, however, that The University of Iowa Hospitals and Clinics’ OB/GYN providers are not included in this data set due to their teaching and research roles. Therefore, the numbers for Johnson County may appear low. If it were possible to isolate the FTE position time spent seeing patients, the FTE number would likely increase for that county. However, this information is not available and is excluded to avoid biased reporting in Johnson County.

Total Births by Attendant

2008 Iowa births are by occurrence regardless of residence (includes residents of other states)

- Total Births by all Attendants 40,988 100%
- Physician (MD) 30,324 73.98%
- Physician (DO) 8,150 19.88%
- Certified Nurse Midwife 2,248 5.48%
- Other Midwife 116 0.28%
- Other 147 0.36%
- Not Classifiable 3 0.01%

Data to indicate which specialty degrees were held by the involved providers are unavailable. Additionally, data is not available at this time to determine if the health care professionals provided prenatal and obstetrical care, what age the providers were, and which physicians actually provided each specific service for each individual delivery.

Total Births by Birth Settings Iowa, 2008

- Total 40,988
- Hospital setting 40,671
- In-home setting 294
- Birthing Center 22
- Clinic/Doc Office 0
- Other 1
- Rural hospitals 12,164 30%
- Urban hospitals 28,824 71%

Hospital and Health Facility Information Iowa, 2008

Number of all Iowa hospitals excluding Veterans Administration, December 31, 2008	118
• Hospitals in rural (non-metropolitan statistical area) areas	*97
o Number of rural referral hospitals	6
o Number of Critical Access Hospitals, CAHs	82
o Number that reported at least one delivery in 2008	*66
• Hospitals in urban areas	21
o Number that reported at least one delivery in 2008	19

*Hospitals that are recognized as Critical Access Hospitals must be located in rural areas. State regulations recognize twelve Critical Access Hospitals located in metropolitan Statistical Areas as rural based on designations and criteria prior to the new designation process. These hospitals are included in the rural hospital total.

Obstetrical Health Care Provider Trends, Iowa – 2004-2008

	2008	2007	2006	2005	2004
• OB / OB/GYN FTEs	182.5	181	176.5	172.5	172.5
• Family Practice FTEs	1112.5	1081	1,085.5	1080	1078.5
• Certified Nurse Midwives FTEs	80	80	75	73	70
• Ratio of WCBA to PC providers	330:1	339:1	345:1	349:1	352:1

Conclusions:

There continues to be insufficient data to respond completely to the information requested by the Iowa Legislature. After continued consulting with existing agencies providing provider data, it was determined that an annual health care professional survey is needed to determine such factors as:

- Scope of practice of health care providers,
- Area covered geographically by each practice,
- Number of hospital facilities used for deliveries, and
- Information on prenatal and obstetrical health-care access that is more detailed.

The issue of access to prenatal and obstetrical health care has become difficult to deal with beyond the need to report on the impact of tort reform on the availability of these services. This is due, in part, to lack of data and to the growing use of physician assistants and nurse practitioners for provision of basic obstetrical care. A survey would provide both the basic information needed to track the impact of tort reform as well as information on such additional issues as:

- Coverage under Medicaid for non-insured patients,
- Issues related to the financial viability of obstetrical practice in rural areas,
- Issues of concern to providers; such as being on-call,
- Analysis of liability insurance coverage costs, and
- Information on birthing facilities in rural hospitals.

Currently, data must be compiled from many data sets, making it difficult to control consistency across variables. Existing agencies that could provide this data do not currently have either the capacity or the intention to develop services in this area.

The Iowa Department of Public Health met with agencies to determine how their problems could be remedied. It was determined in the 2000 annual report to the General Assembly on access to obstetrical care that if more accurate data were wanted, additional funds would need to be secured annually to pay for a survey by the University of Iowa, Carver College of Medicine, Office of State Wide Clinical Education Programs. In 2000 it was estimated that the lead-time needed to implement a survey in 2001 would mean the earliest available report would be for the calendar year 2002. Since this office did not receive any response or direction from the previous year's report, no new action has been taken and OSCEP continues to be informed of this report.

The Bureau of Health Care Access, Iowa Department of Public Health, requests once again that the members of the Legislature review this mandated report and determine one of the following actions:

- Continue the report as submitted,
- Allocate funding to generate the additional data needed to complete the report as mandated, or
- Remove the report from the current legislation if it is deemed unnecessary.

The Iowa Department of Public Health is not authorized to discontinue this report or undertake a new survey without further direction or funding. Additional information may be covered or questions asked by contacting: Doreen Chamberlin, Bureau Chief, Bureau of Health Care Access, Iowa Department of Public Health, 321 East 12th Street, Lucas State Office Building, 4th Floor SW, Des Moines, Iowa 50319 or call 515-242-6383.

