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FAMILY MEDICINE **RESIDENTS** + MEDICAL **STUDENTS**

Maternal Care and Childbirth in Family Medicine

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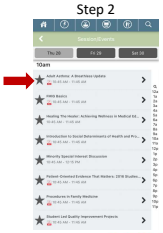
Family Medicine Residents + Medical Students

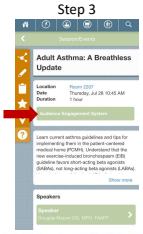
Audience Engagement System

Step 1

Step 2



Step 3



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Poll Question #1

What stage of career are you in right now along your educational trajectory?

A. MS1
B. MS2
C. MS3
D. MS4
E. R1
F. R2
G. R3
H. Faculty
I. other

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Cnf31

Poll: What is your stage of career right now in your educational trajectory?

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Poll Question #2

What is your current geographic location?

A. North Central
B. Midwest
C. South Central
D. East
E. Southeast
F. South Central
G. Southwest
H. West
I. Northwest
J. Outside of United States

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Slide 5

Cnf31 Poll: What is your stage of career right now in your educational trajectory?
Cnf, 7/19/2016

Cnf32

Poll: What is your current geographic location?

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Poll Question #3

What is your desired trajectory for eventual practice?

A. Traditional suburban
B. Hospitalist
C. Rural
D. Urban-underserved
E. Academic or
F. International

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Cnf33

Poll: What is your planned/desired trajectory for eventual practice?

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The Most Important Question

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**"For those who believe,
no explanation is necessary.
For those who do not believe,
no explanation is sufficient."**

Wm. MacMillan Rodney, MD

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Poll Question #4

Have you been actively discouraged by being told that FM doctors cannot do maternal care and are just outpatient-only doctors?

A. Yes

B. No

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Slide 7

Cnf32 Poll: What is your current geographic location?
Cnf, 7/19/2016

Slide 9

Cnf33 Poll: What is your planned/desired trajectory for eventual practice?
Cnf, 7/19/2016

Cnf34

Poll: Have been discouraged or actively told that FM doctors cannot do maternal care in Family Medicine and are just outpatient-only doctors?

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Poll Question #5

Why do you think specialists do not embrace the idea of well-trained Family doctors providing advanced maternal care?

A. Misunderstanding
B. Bias
C. Protection of revenue potential
D. Patient harm
E. Never seen it

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Cnf35

Poll: Why do you think specialists do not embrace the idea of well-trained Family doctors providing advanced maternal care?

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Why is FM participation dropping?

1. **Misconceptions among medical students.**
2. **Inadequate training of residents.**
3. **Low expectations during residency.**
4. **Weak faculty role models.**
5. **Malpractice insurance concerns.**
6. **Obstruction, denial, or lack of support.**
7. **Weary for the workload.**
8. **Has the need for this care really diminished?**

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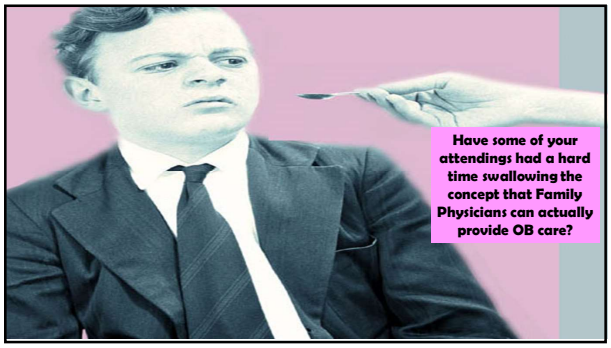

Have you been discouraged?

- ***Demoralizing academic center experiences.***
- ***"Reality Gap"* in the culture of academic centers vs. community hospitals.[1]**
- **OB physician/nurse bias against FM**
  - **Has been documented and contributes to negative educational experiences.[2]**

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Slide 13

Cnf34 Poll: Have been discouraged or actively told that FM doctors cannot do maternal care in Family Medicine and are just outpatient-only doctors?
Cnf, 7/19/2016

Slide 15

Cnf35 Poll: Why do you think specialists do not embrace the idea of well-trained Family doctors providing advanced maternal care?
Cnf, 7/19/2016

Myths & Misconceptions

- *"FM doc's not as good as OB's." (false)*
- *"FM doc's not doing OB anymore." (false)*
- *"FM doc's are giving up OB." (false)*
- *"Can't get enough C-sections." (challenging)*
- *"Can't get privileges for OB" (false)*
- *"Can't get privileges for C-sections." (false)*
- *"Work too hard and not enough sleep." (depends)*

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Early Course in OB Increases Likelihood of Practice Including OB

Fam Med 2016;48(9):720-4

- Duluth, Minn. Dept. of FM has offered Ob Longitudinal Course (OBLC) as an elective for 1st-year medical students since 1999.
- Participation in OBLC was successful in increasing exposure, awareness, and comfort in caring for OB patients and better preparation for OB clerkship.
- *51% of participants are FM with OB or OB/GYN doctors (65% of FM made decision during medical school).
- *Odds ratio shows likelihood of practicing OB is higher when participating in OBLC and also are practicing in rural community.
- This course may be a tool to help create a pipeline for future rural FM docs providing OB care.

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History of Maternal Care in FM

- Family Medicine began as a specialty in 1969.
  - Always had in mind a full scope of practice
  - Always had maternal care in mind.
- By 1989, 30% of program directors felt it should be optional.
- By 1995, AAFP OB Task Force observed that some ..."*questioned persistence of OB care.*"

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Providing OB care is at our CORE

- Complete life-cycle care always been integral.
- OB is an essential component.
- The *"original"* patient-centered medical home.
- *"The rapid decline in the percentage of family physicians participating in obstetrics has threatened the core mission of the specialty and put patients at risk."*

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Rural Maternity Care Provision

- Sampled 15 geographically states
- Mean of 271 babies/year with 27% by CS.
- 48% of Rural FM docs provided OB care
- 66% of those perform CS
- Rural FM docs from western states more likely to do OB than those in eastern states
- Highest overall provision of OB in Kansas (88%), with Minnesota (87%) and Tennessee (83%) close behind.
- Conclusion: **"Whatever the best training approach, it is clear that some family medicine residencies must continue to train young family medicine physicians to deliver babies and perform cesarean deliveries."**

JABFM 2017;30:71-77

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"Surgical delivery within (our) scope"

- 4.3% (4000) of FM docs perform CS.
- 63% of rural docs do OB and 48% of those docs perform CS.
- 55% residencies "attempt" to provide CS training.
- 3 FM OB fellowships specifically train to provide CS independently.
- AAFP/ACOG Core Educational Guidelines affirms.

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Poll Question #6

How many of you love obstetrics but because of discouragement, have thought of doing an OB residency as the only way you can find your "sweet spot" in practice?

A. Yes

B. No

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Poll: How many of you love obstetrics but because of discouragement, have thought of doing an OB residency as the only way you can find your "sweet spot" in practice?

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Maternal Care Advantages

- Enjoyment
- Practice builder
- Keeps practice young
- Enhanced procedural skills
- Increased revenue
- Best care for your families
- Convenient, continuous, and comprehensive care

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Enjoying Maternal Care

- Delivering babies is an amazing experience.
- *"A two-edged sword"*
- FM OB more satisfied (would choose again).
- Establishes close bond of trust.

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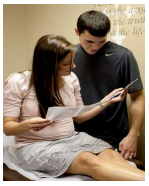
Building Your Practice

- People want comprehensive care.
- Every delivery brings <u>at least two patients</u> into your practice. (plus extended families also)
- Larger practice (if wanted).
- Rapid way to grow practice.



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Young and Varied Practice

- More Pediatrics (15% vs. 5% under 6).
- More young adults (19% vs. 33% < 65).
- Less complexity and easier overall.
- More gynecology (obviously).
- Greater variety (if desired).
- More satisfaction and enjoyment.

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Slide 26

Cnf36 Poll: How many of you love obstetrics but because of discouragement, have thought of doing an OB residency as the only way you can find your “sweet spot” in practice?
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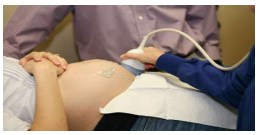
Enhanced Procedural Skills

- OB ultrasound (leads to other US applications)
- Improved GYN skills (one-stop woman's health care)
- Improved surgical skills:
  - Surgical anatomy
  - Scalpel skills
  - Post-operative care
  - Wound care



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Increased Revenue

- Very limited FM Maternal care data/studies.
- Depends upon your priorities and time investment (time vs. revenue needs/wants)
- 1995 – 37% more earning because of OB
- 2005 – 38% more earning because of OB
- 2006 –$1,349 net gain in revenue/delivery vs. lost clinic revenue ($651,000 for 1 private practice)
- 2008 – 13-30% difference in earnings because of OB
- 2014 – maternity care provision by FM added $489,000 additional economic benefit to the community/FM doc.

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"Whole Family" Care

- Patients want comprehensive care :
  - Pre-conception planning
  - Pre-natal care
  - Delivery services
  - Post-partum care
  - Newborn care

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The Best Care for Patients!

- Broader and more comprehensive
  - (way beyond just maternal care).
- Medical/surgical issues can be addressed.
- *"Family-Centered Medical Home"*
- From *"womb to tomb."*

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Meeting the Need (2012-2014)

- Has the need for OB provision decreased? ----> NO
- 49% of U.S. counties lack an ob-gyn.
- 10 million women (8.2% of all women) lived in those predominantly rural counties.
- CONCLUSION:
  - *"An uneven distribution … exists throughout the United States and may worsen if resident graduates continue to cluster in metropolitan areas.*
  - *Meeting the needs of women in underserved areas requires creative innovations in enhancing a more uniform geographic distribution of providers."*

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"Creative Innovations"

- Well-trained family physicians who can perform high-level OB including CS (2013).
- ACOG - (*There is a need to) "partner with family physicians to ensure that appropriate consultation and training are available for practitioners in rural areas." (2014)*

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What's At Stake?

- When maternity care falls in a community... [1]
  - Delayed prenatal care rises
  - Delivery complications rise
  - Economic costs rise as a result of bad outcomes
- Rural areas lacking local OB services [2]
  - Limited or no prenatal care
  - Higher preterm delivery rates
  - Higher infant mortality
- Overall, there is higher morbidity, mortality, and much higher health care costs for everyone.

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Reasons For Not Doing OB

1. Greater liability
2. Possible decreased revenue (if OB volume is low and malpractice insurance costs are high)
3. Time & schedule disruption
4. Sleep loss & time away
5. Increased obligations (call, coverage of patients, surgical back-up, infant resuscitation)
6. Keeping up
7. Lack of supportive system
8. Lack of good role models
9. Privilege challenge (in some areas)
10. Lack of supportive OB's (passive or active opposition)

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Family Medicine and Liability

- *AMA survey showed 50% of medical students said medical liability was factor in specialty choice (2008).
- Cost may be higher but liability is actually lower in most states!
- Some companies treat FM & OB the same.

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Analysis of the Actual Costs

- Increased revenue vs. Increased overhead from insurance.
- Annual liability cost in Tennessee:
  - No OB = $8,500
  - OB without CS = $15,000
  - OB with CS = $17,300 ($2,300 more but fee for OB is $1,500 – $2,000)
- Annual liability cost in Kansas:
  - No OB = $6,900
  - OB without CS = $11,700
  - OB with CS = $13,200 ($2,500 more but fee for OB is $1,300 - $1,700)
- Only 2 more OB patients!

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Liability - All About Location

Highest premiums (average)
- Florida ($201,000) (recent 22% drop but still leads the nation)
- New York ($194,000)
- Illinois ($178,000)
- Nevada ($168,000)
- New Jersey ($159,000)
- Michigan and Ohio (Dishonorable mention)

Lowest premiums (average)
- Wisconsin ($18,000)
- South Dakota ($20,000)
- Minnesota ($20,600)
- Iowa ($27,000)
- North Dakota ($27,500)
- Idaho and Oregon (Honorable mention)

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Strange But True

- Increased liability is presumed to be higher due to...
  - Greater exposure.
  - Potentially greater risk for your patients.
- But... FM docs providing OB actually have fewer OB malpractice claims!
  - Larimore showed FP's doing OB had 30% fewer non-ob malpractice claims even though they paid more for malpractice insurance ($22,000 vs. $11,000).
- BOTTOM LINE: 50% higher malpractice costs, but 30% fewer malpractice claims and lawsuits.
- Why do you think that is?

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Economics and Malpractice

Maternal Care providing family docs have…

1. Increased income for the same hours worked (63% more)
2. Increased satisfaction with medicine and family medicine
3. More frequent performance of a wider array of procedures
4. Younger practices serving more complete families and less Medicare patients
5. More diverse and comprehensive hospital and office practice
6. Higher malpractice insurance premiums but…
7. Fewer malpractice claims and lawsuits and…
8. Fewer non-obstetrical malpractice claims and lawsuits
9. Increased psychological satisfaction

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Poll Question #7

Were you surprised by the liability slides and their conclusion that providing OB in family medicine is a very viable option for some?

A. Yes

B. No

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Cnf37

Poll: Were you surprised by the liability slides and their conclusion that providing OB in family medicine is a very viable option for some?

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Maternal Care Impact on Lifestyle

- **The mean # of total professional hrs/week:**
  - **Rural FM (4.2 hrs more for OB)**
  - **OB/GYN (14.8 hrs more for OB)**
  - **Urban FM (1.7 hrs more for OB)**
- **CONCLUSIONS: Providing OB is associated with increased workload for family physicians.**

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Giving Up Too Much?

"Some family physicians are giving up too much too soon,…
a full scope and a full life should be compatible.
I think family physicians who
allow themselves to walk completely away
from the hospital or from pregnancy care
are ultimately going to regret it.
I think the reason they will regret it is that they'll find
that their knowledge base shrinks
and then they become incompletely trained internists
or incompletely trained pediatricians."

Richard Roberts, MD, JD, former president of the AAFP.

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Poll Question #8

Do you agree with the former AAFP President's conclusions?

A. Yes

B. No

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Slide 45

Cnf37 Poll: Were you surprised by the liability slides and their conclusion that providing OB in family medicine is a very viable option for some?
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Cnf38

Poll: Do you agree with the former AAFP President's conclusions?

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Competence, Confidence and Comfort

- Studies demonstrate equal quality between OB and FM in the delivery of maternal care.
- AAFP/ACOG Core Educational Guidelines affirm this (http://www.aafp.org/afp/980700ap/corematr.html).
- Exposure to good volume is a must.
- Exposure to a wide variety of OB clinical conditions (OB care is not just about procedures).

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Family Medicine Maternity Care Summit 2014

Fam Med 2017;49(3):210-17

- Three Scopes of Maternity Care Practice Proposed:
  - **Basic Maternity Care** – competent to provide low-risk prenatal care, labor and delivery in a typical hospital (not planning on OB in their practice). [Minimum # 20-40 SVD]
  - **Comprehensive Maternity Care** – competent to provide prenatal care, labor and delivery, care for pregnancy complications, and offer assisted deliveries. [Minimum # 40-80 SVD]
  - **Advanced Maternity Care** – competent to provide prenatal care for higher-risk women, manage complicated labor, perform operative OB procedures (CS, 3rd/4th degree lacerations, operative vaginal deliveries, ultrasound, and BPP), and offer OB consultations. [Minimum # 80 SVD + 70-100 CS]

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OB Educational Training Settings

- ✓ Standard FM residencies.
- ✓ *"Enhanced"* FM residencies with increased OB passion, obligations, and numbers.
- ✓ Advanced Life Support in Obstetrics (ALSO).
- ✓ OB Fellowships (37 listed in 2017).
- ✓ Learning from your partners in practice.
- ✓ Strong Obstetrics comes from 2 primary sources:
  - ✓ Supportive FM/OB relationships in community.
  - ✓ Adequate OB volume to sustain your OB experience.

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Seeking Enhanced OB Skills

- How much training is enough?
  - ACOG requires a minimum of 18 months of OB
  - Corresponds to the typical FM-OB fellowship
    - 6 months of OB in residency (as originally required in FM training) + 12 months OB during the fellowship year
- Numbers don't always translate to skill or judgment.
- Can you get the training that you need? (Yes)
- OB fellowships - 37 listed by the AAFM in 2017 http://www.aafp.org/fellowships/obstet.html

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Role Models in FM Training

- Solid OB training is **important**, but…
- Strong FM faculty providing OB themselves as **primary role models** is **critical**.
- In 1997 FM programs were required to have at least 1 FM faculty providing OB care.
  - At that time, only 50% of FM programs met requirement.
  - Once implemented, 16% increase in residents who provided Maternal Care in first practice. [3]

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Slide 49

Cnf38 Poll: Do you agree with the former AAFP President's conclusions?
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Factors Associated With Increased Maternal Care Provision

- Only FM faculty supervise uncomplicated OB.
- FM faculty do other OB procedures (e.g. CS).
- >4 FM faculty doing OB resulted in even more grads providing OB in practices.
- >10 deliveries/month produced more grads providing OB care. [4]

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OB Training *"with Enthusiasm"*

"Multiple data reflect the ability of residency graduates to perform maternity care at a national standard, but residents must be trained with enthusiasm. Anything less becomes a self-fulfilling prophesy for reduced expectations."

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Practice Options for Doing OB

- Prenatal care only *("shared-care"* practice)
- Routine (low risk) OB with backup
- Routine OB care with surgical care
  - Primarily rural, semi-rural, or international
- High-risk OB care
  - Primarily rural, semi-rural, urban-underserved, or international
- Maternal care through charity services
  - Health departments, FQHC, CPC, safety net clinics

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Looking for Practice Location

- Will Obstetricians support or obstruct you?
  - Privileges?
  - Transfers for complications?
- Is facility appropriately staffed?
  - Mostly an issue for rural locations.
- Hospital available for inpatient services?
- Appropriate anesthesia services?

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The Ideal Setting for Doing OB

- Community need
- Adequate call coverage and back-up
- Emergency staff (anesthesia and surgery)
- Adequate volume to stay current (docs and nursing)
- Supportive environment
  - Administration
  - *"State of the art"* equipment
  - Community
  - Consultants

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Hospital Privileges

- It depends upon geography.
  - Midwest/Small town – usually easier.
  - East & West coast/Big city – usually more difficult.
- The experience of others who preceded you.
- AAFP and ACOG acknowledge that OB privileges *"should be based on training and competence rather than specialty. "*
- At times it seems that not all the ACOG membership has seen this (or agrees with it) according to student experiences from many medical schools over the years.

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C-Section Training –
The real issue in maternal care provision

- C-sections provided by FM can meet/exceed national standards for maternal and infant outcomes.[19-21]
- Women who receive care from FM have lower CS rates c/w OB/GYN's.[21,22]
- * The AAFP Template for Core Privileges states that a minimum of 30 procedures as primary operator is to be expected.[26]
- * The Family Medicine Obstetrics Board recognizes advanced level of training/experience that some FM gain through recognized fellowship programs or historical equivalent.
- Only published data linking outcomes of CS's performed by FM to documentation of ongoing experience found that *"excellent outcomes were maintained at 5 to 22 procedures per year."*[19]

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Your First Step?

- Is family medicine right for you *("The few, the proud,...")*
- *"Begin with the end in mind"*
- If OB training is important
  - High-volume programs (~ 10-15 OB-heavy programs)
  - "Accommodating" regular FM residencies (unopposed is ideal).
  - 37 OB fellowship after residency (additional year)
- Programs where most faculty provide OB care.

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Your Next Step?

- Look for FM program where OB's work well with FM docs (not just say that they do).
- Wherever you end up – document your experience!
  - Not just OB procedures.
  - Document OB clinical care situations (e.g. PTL, PROM, etc....).
- Take ALSO course and maintain certification.
- *Try to obtain hospital privilege applications where you are considering going and see what is expected for privileges.

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Poll Question #9

Have you found it difficult to sort through the multitude of residency programs to find one that meets your desires and needs (scope, geography, etc. ...)?

A. Yes

B. No

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Cnf39

Poll: Have you found it difficult to sort through the multitude of residency programs to find one that meets your desires and needs (scope, geography, etc...)?

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"The public wants an old fashioned family doctor who can manage a simple fracture, deliver a baby, run an office, and admit to the hospital."

Wm MacMillan Rodney, MD

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Slide 65

Cnf39 Poll: Have you found it difficult to sort through the multitude of residency programs to find one that meets your desires and needs (scope, geography, etc…)?

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Poll Question #10

As a result of this presentation, did you change your trajectory or plans for Family Medicine Training?

A. Yes

B. No

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Cnf40

Poll: As a result of this presentation, did you change your trajectory or plans for Family Medicine Training?

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Poll Question #11

- **As a result of this presentation, are you more or less encouraged to consider Maternal Care in your future practice?**
- **A) yes**
- **B) no**
- **C) Still not sure**

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Q&A

Questions or Comments?

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"Mini-ALSO" Hands-on Workshop

- **Opportunity to "sample" the ALSO course**
- **Hands-on experience with the pelvic models**
- **OB practice situations:**
  - **Forceps-assisted delivery**
  - **Vacuum-assisted delivery**
  - **Shoulder Dystocia**

ALSO
ADVANCED LIFE SUPPORT IN OBSTETRICS

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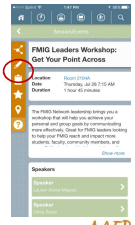
Let your voice be heard!

Evaluate workshops on the NC app

Click here



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Cnf40 Poll: As a result of this presentation, did you change your trajectory or plans for Family Medicine Training?

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