

# Is There a Shortage of Obstetrician-Gynecologists?



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## KEYWORDS

• Demand • Obstetrician-gynecologist • Supply • Workforce

## KEY POINTS

- Projections of supply and demand for obstetrician-gynecologists suggest a current minimal or modest shortage that will worsen in the future.
- A modest growth in demand for women's health care will relate to states with population growth (Florida, Texas), where supply is currently less than adequate (rural regions, western United States), and the growing Hispanic population.
- The annual number of ob-gyn residency graduates has increased negligibly, whereas the proportion accepted into fellowships increased steadily, reducing those in general practice.
- The gradual increase in proportion of ob-gyns who are women coincides with desires for more work-life balance and earlier retirement from clinical practice.
- As the supply of advanced practice providers of women's health services grows, the need for more ob-gyns could be less to meet the projected demand.

## INTRODUCTION

Training the right number and mix of obstetrician-gynecologists (ob-gyns) is vital to ensuring the nation's goals of access for women to high-quality, affordable health care services. Adult women constitute two-fifths of the US population, and reproductive-age women equal the number of children through early adolescence.<sup>1</sup> Use of women's health care services, the available supply of services, and how care is delivered are determined by several factors: choices made by consumers, practicing women's health care professionals, health care facilities, payers, employers, and federal and state regulatory and payment policies.<sup>1</sup>

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In their capacity of addressing women's health care, ob-gyns play a vital role in achieving these national goals. Having accurate pictures are essential about the current and projected future demand for women's health services and the supply, specialty mix, and characteristics of the ob-gyn workforce. This information is critical for guiding policy and planning initiatives, medical school and residency training priorities, and access to high-quality and affordable care for all women.

### COMPLEXITIES OF PHYSICIAN SUPPLY AND DEMAND

Perhaps the best summary of the current and future physician workforce is provided by the Association of American Medical Colleges (AAMC) Center for Workforce Studies.<sup>2</sup> The AAMC engaged IHS Inc ([www.ihs.com](http://www.ihs.com)) to conduct periodic studies that incorporate the latest modeling methods and available data on trends and factors affecting the physician workforce.

Obstetrics and gynecology was viewed as a surgical subspecialty. Although results from the 2016 AAMC update do not focus on ob-gyn specifically, the following were key findings<sup>3</sup>:

- Demand continues to grow faster than supply, leading to a projected total shortfall of between 61,700 and 94,700 physicians by 2025. Projected shortfalls by 2025 range between 14,900 and 35,600 physicians in primary care and between 37,300 and 60,300 in nonprimary care.
- Under virtually all scenarios, the supply of surgical specialists is projected to decline by 2025. The supply of primary care physicians, medical specialists, and other specialists is projected to grow over this period in nearly all supply scenarios.
- For all specialty categories, physician retirement decisions are projected to have the greatest impact on supply, and more than one-third of all currently active physicians will be 65 or older within the next decade.
- Population growth and aging continue to be the primary drivers of increasing demand, with the elderly being expected to experience the greatest growth in demand.
- Expansions in medical insurance coverage due to the Patient Protection and Affordable Care Act (ACA) and the economic recovery have reduced the number of uninsured. This expanded coverage is only projected to increase demand by another 10,000 to 11,000 physicians (1.2%), however.

### DEMAND FOR WOMEN'S HEALTH CARE

The demand for women's health care is anticipated to increase with institution of the ACA in 2014. Because of the length of time and expense required to train new physicians, imbalances between the supply and demand for the current women's health care providers is inevitable. Demand determinants involve characteristics of the female population to be served. Economic, cultural, and health risk factors are examples of endpoints to measure in assessing the use and delivery of health care services. One means for quantifying health care demand unique to women is by examining the use of services delivered most often by ob-gyns.

#### ***Growth in the US Adult Female Population***

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Changes in the nation's adult (18 years or older) female population will change over the next 30 years (2015–2045), a period that encompasses the usual professional lifespan

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