The future of obstetrics/gynecology in 2020: a clearer vision. Why is change needed?

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THE PROBLEM: The current practice of obstetrics and gynecology, like health care in general, faces the challenges of rising costs, changing patient demographics, provider dissatisfaction, and poor marks on quality and patient satisfaction. We have reached a strategic inflection point.

A SOLUTION: We must provide women's health care in a redesigned fashion for it to flourish in the new world of medicine.

This article is the first of a 3-part series.

Most experts agree that health care is likely to continue to undergo dramatic changes over the next few years and that these changes will significantly impact the day-to-day practice of obstetrics and gynecology. The overall course of health care reform is being debated from patient's living rooms to physician dining rooms to the halls of Congress and the White House. Behind these calls for change are significant social, economic, and political forces that challenge the status quo and will result in a transformation of the current practice of women's health care. The final result and scope of change is still not delineated, but the end goals and probable paths are fairly well understood. By 2020, as a result of the rollout of the components of the Affordable Care Act and simultaneous market forces, we believe many of the changes outlined in this article will have occurred to one degree or another. To successfully and smoothly adapt to these changes, those who practice obstetrics and gynecology must familiarize themselves with the underlying forces of change, goals of changes, and types of changes that will be occurring.

Albert Einstein is quoted as saying "Insanity is doing the same thing over and over again and expecting different results."[1] We believe that this adage fits the current status of traditional medical practices that have been passed from generation to generation of providers. Former hockey star, Wayne Gretzky is quoted as saying "A good hockey player plays where the puck is. A great hockey player plays where the puck is going to be."[2] Combined, these thoughts describe modern medicine's dilemma and how we should position ourselves in the future. What we are doing currently is not working for patients, providers, or payers; therefore, we cannot continue our current path and expect different results. Furthermore, our specialty can thrive only if we can anticipate successfully what changes are coming and quickly get to the correct path and, in the process, improve women's health care. In this 3-part series of articles on the future of obstetrics and gynecology in 2020, it is our hope to describe the factors that are driving the current changes in health care delivery, outline the ultimate goals of this change, and introduce many of the disruptive innovations that will lead this change.

Why do experts predict that change is coming?

First and foremost—cost

Rapidly risings costs, changing patient demographics, and provider changes form an almost "perfect storm" of factors that will require change from the current model. First and foremost, the cost of our current methods is not sustainable and often unaffordable for patients, providers, and payers. According to the Centers for Medicare and Medicaid Services National Health Expenditure Projections 2012-2022, "Health spending is projected to grow at an average rate of 5.8 percent," which is 1% faster "than expected average growth in the gross domestic product (GDP)."[3] While the slow economic recovery held this increase to 4.0%, "improving economic conditions, Affordable Care Act coverage expansions, and the aging of the population" has already driven an increase in the 2014 rate to >6%. At the current pace, by 2020, US health care cost will reach >20% of gross domestic product, despite the changes in the Affordable Care Act. Given that approximately 40% (16% Medicaid, 14% Medicare, and 8% government employed)[4,5] of Americans are insured by a federal or state government health care plan, this rising burden of health care costs is a significant contributor to unsustainable federal deficits.[6] In fact, Harvard economist and health care policy specialist, David Cutler, has stated that "the United States does not have a deficit problem—it has a health care problem."[7] The Congressional Budget Office projects that, between 2015 and 2024, the annual budget shortfalls will rise substantially from a low of $469 billion (2015) to approximately $1 trillion (2022-2024) based mainly on the aging population, rising health care costs, expansion of federal subsidies for health insurance, and growing interest payments on federal debt.[6] Furthermore,

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US businesses, which already are struggling to remain competitive in a global economy, are further challenged by continued inflation in health care costs. According to the Kaiser Family Foundation, the average annual premium for family coverage has risen from $5845 in 1999 to $16,715 in 2013.

Although the rate of increase has slowed somewhat, the costs still have risen 29% since 2008. The cost of high deductible plans are approximately $1000 less for a family plan, but the average worker still paid $999 for single coverage and $4565 for a family plan.[8]

This competitive disadvantage is magnified by the fact that other developed countries have either contained costs to levels <50% of American standards or transferred the cost of health coverage to government-run systems. According to the Organization for Economic Cooperation and Development (OECD), in 2012, the United States spent 2.5 times the average OECD country for health care. In dollar terms, the United States spends $8233/person compared with $3268/person in the OECD countries.[9]

Several market forces already may have begun the process of reducing the steady rise of health care costs such as the overall downturn in consumer spending, the increase of high deductible plans, increased transparency in quality and costs, and health care exchanges. First, the great recession of 2008 reduced family income for elective procedures/care that resulted in reduced usage. Companies and insurers responded to the increased costs by introducing more high deductible plans, which transfer a greater proportion of costs to patients.[8] With consumers being more directly exposed to the out of pocket costs, the public has demanded increased transparency, and patients want to be empowered with improved cost data when making their health care decisions.[9]

The US public has always believed that they enjoyed some of the finest health care in the world, and in many areas they have. The United States leads the world in health care research and in cancer care and survival. The United States has the highest survival rates for colorectal and breast cancer.[8] Despite these successes, the US health care system consistently scores poorly on measures of "quality, efficiency, access to care, equity, and the ability to lead long, healthy and productive lives."[10] The Commonwealth Fund ranked the US health care system last among 7 industrialized countries for the measures.[11] As a result of these poor rankings, many patients and their politicians are questioning whether they are getting a good value for their investment in health care. As a result of these increasing costs, questionable value for the population, and demographic changes that predict increased usage, both government and business leaders are demanding changes to the health care delivery system and the removal of an estimated $750 billion in medical care waste.[12,13]

Demographic changes

Several demographic factors (such as aging, obesity, and increased population diversity) are likely to increase the demand for health care services. The most significant demographic change to affect health care is the aging of the population. According to the US Census, in 1970, there were 20,065,502 (9.8%) individuals >65 years of age in the United States. This number had risen to 40,228,712 (16.1%) by 2010 and is projected to grow to 54,804,470 by 2020. This increased older population is due to an increased life expectancy and due to the maturing of the baby-boomer population.[14] As baby-boomers reach Medicare ages, the rates of gynecologic conditions such as menopausal issues, pelvic organ prolapse, urinary and fecal incontinence, and cancer will increase.[13]

Actuarial data show that elderly patients require several times the amount of health care resources compared with their younger counterparts.[13] By age 80 years, they require nearly 12 times the inpatient charges as 40-year-old patients. This will lead to increased inpatient use at an increasing rate until 2020-2022, when the yearly increase will plateau at 0.89%. In addition, outpatient services will also likely increase.[13]

The aging of the population is not related just to a Medicare population. Societal changes have led to an increasing number of obstetrics patients with advance maternal age. The average age of first birth in the United States increased from 21.4 years in 1970 to 25.0 years in 2006. Although women in their 20s continue to make up the largest number of deliveries, the rate of birth is falling in this age group. Over the same time period, deliveries in women >35 years old have increased 8-fold, which makes them the most rapidly increasing proportion of delivers by age group.[15,16] In gynecologic care and all of medicine, our own success at preventing and treating infections, cancers, and long-term medical disorders in younger ages has increased the life expectancy for US women from 75.6 years in 1970 to 80.8 years in 2007 and produced the rise of "the age of chronic conditions" such as congestive heart failure, diabetes mellitus, hypertension, and hyperlipidemia in proportions never seen in human existence.[17]

Furthermore, the women we treat have different and more complex disorders. Dietary and activity changes have led to skyrocketing rates of obesity, which impacts rates of women's medical issues like abnormal uterine bleeding, stress urinary incontinence, or complications that arise from more difficult operative procedures.[18] Our current practices will influence future care. For example, the effects of an increased cesarean rate have led to a tremendous increase in placental complications and more difficult gynecologic surgeries.[19] On the positive side, we may see less cervical dysplasia from beneficial therapies such as human papillomavirus vaccination.[20] Unfortunately, we will be facing an increasingly higher risk and more complex population at a time when cost containment is most critical. In addition, we cannot expect relief from medical legal pressures or patient demand for services.

The United States has become more diverse over the last 30 years, and there is no evidence that this trend is slowing. Kotkin[21] wrote that "the United States of 2050 will look different from that of

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