# Delivering Rural Obstetric Training for Family Physicians: Precipitators and Arrests

David Evans, Davis Patterson, Erin Fredrickson, Sara Woolcock

RTT Collaborative Annual Meeting

April 29, 2022

RHRC Rural Health Research & Policy Centers
Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

WWAMI • ruralhealth researchcenter
UNIVERSITY of WASHINGTON

# Objectives

1. Describe the national landscape of rural family medicine obstetrics training
2. Compare results of a national survey on rural OB training with participant lived experiences
3. Apply presented data to strengthen rural OB training at participant program

# Acknowledgment and Disclosure

This study was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement #U1CRH03712. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

# Introduction

- Who is in the audience?
- What brought you to this session?

# Background

- Family physicians are the most common OB clinician in rural areas
- More than half of US rural counties had no family physicians who delivered babies in 2019
- Lack of access to OB services results in rural health disparities

# Study Aims

- Describe availability and characteristics of rural FM OB training
  - How much OB training are rural FM residency programs providing?
  - How many FM-OB fellowships offer rural training?
  - What are characteristics of FM residencies and FM-OB fellowships that offer rural OB training?
  - What are barriers and facilitators to robust OB training in rural family medicine programs?
  - What policies and resources are needed to support rural OB training?

# Methods

- Survey:
  - 115 rural FM residency programs
    - 59 responses (51%)
  - 21 rural-centric FM OB fellowships
    - 13 responses (62%)
- Interviews:
  - 10 rural FM residencies
  - 3 OB residencies

*American Academy of Family Physicians fellowship directory and American Board of Physician Specialties list of FM-OB fellowships

"To what extent does your program experience the following challenges in providing robust OB training?"

("major," "minor," "not a challenge," or "NA")

**Economic**
- Malpractice insurance costs
- Hospital service line costs
- Lost clinic revenue for providers called to delivery
- Other, specify: _____

**Personnel**
- Shortage of family medicine faculty providing OB care
- Shortage of interested, willing faculty
- Lack of resident interest in OB
- Lack of OB-trained hospital nurses
- Nursing discomfort with resident involvement
- Lack of surgical/OB backup
- Lack of other provider support (e.g., anesthesia, neonatal)
- Lack of OB-trained clinic staff
- Other/specify: _____

**Administration support or hospital commitment**
- Hospital closure
- OB unit closure
- Lack of DIO/institutional GME support
- Other/specify: _____

**Facilities and equipment**
- Lack of dedicated labor rooms
- Shortage of OR suites
- Availability of equipment in hospital (ultrasound, fetal monitoring, labs, microscope)
- Availability of equipment in clinic (ultrasound, fetal monitoring, labs, microscope)
- Outdated facilities or equipment
- Other/specify: _____

**Community factors**
- Lack of community awareness of family physicians' scope of practice
- Declining OB patient population
- Patient outmigration to larger or more urban facilities
- Competition with other OB clinicians
- Other OB provider changes (taking Medicaid, closing CAH)
- Other/specify: _____

**Accreditation**
- Insufficient hours/volume
- Exceeding resident duty hours
- Lack of qualified faculty
- Insufficiently robust clinical experience
- Other, specify: _____

# Program Characteristics

## Rural FM Residencies

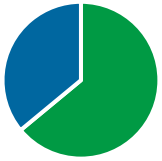
- Median core faculty: 4
  - Median faculty providing OB care: 2
- Median weeks required OB rotations
  - PGY1: 8 weeks
  - PGY2: 4 weeks
  - PGY3: 4 weeks

## Rural FM-OB Fellowships

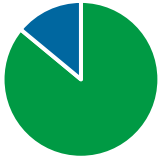
- Median dedicated faculty: 5
- Program length
  - 85% were 12 months
  - 15% were 24 months

# Program Characteristics

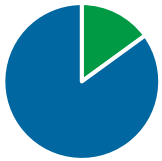
## Rural FM Residencies



64% included training rural FM OB clinicians as part of mission

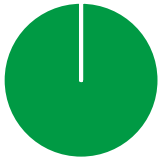


86% offered additional optional OB training

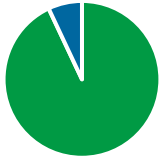


15% reported at least half of residents participated in optional OB training

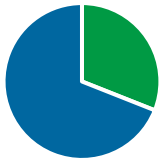
## Rural FM-OB Fellowships



100% included training rural FM OB clinicians as part of mission

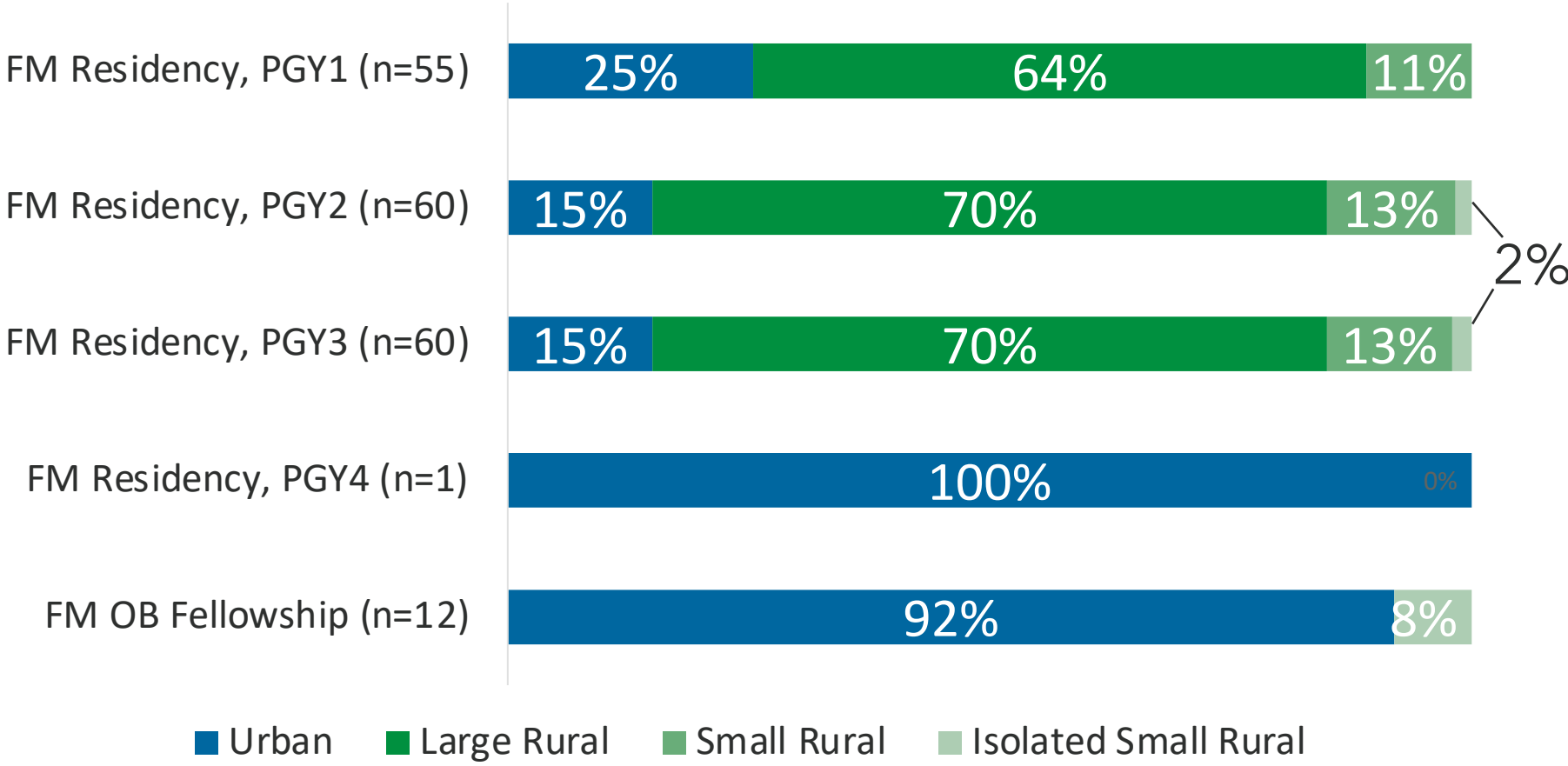


93% actively recruited fellows interested in rural practice



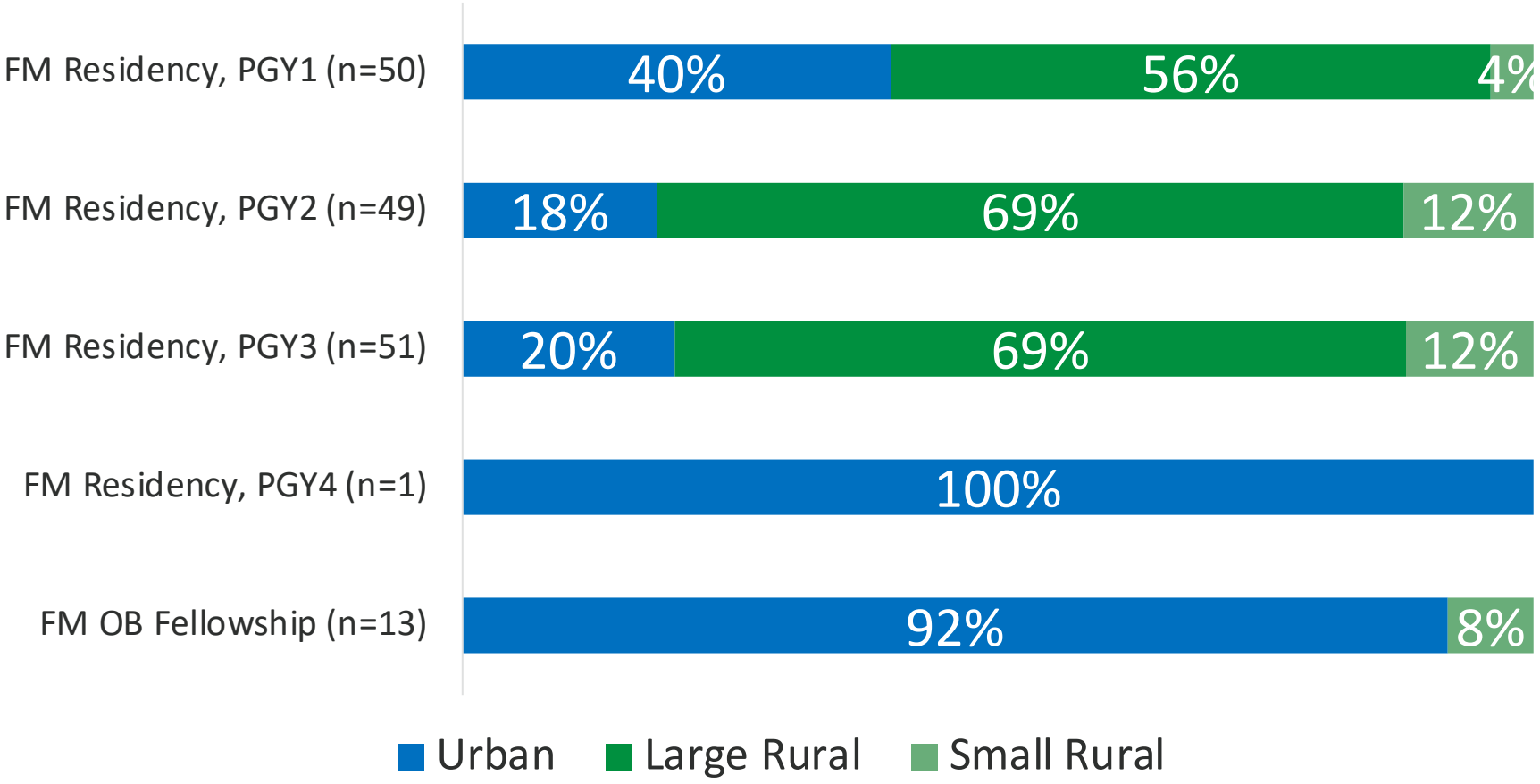
31% required fellows to train rurally

# Residencies: Rural Continuity Clinic Location* Fellowships: Outpatient Clinic Locations



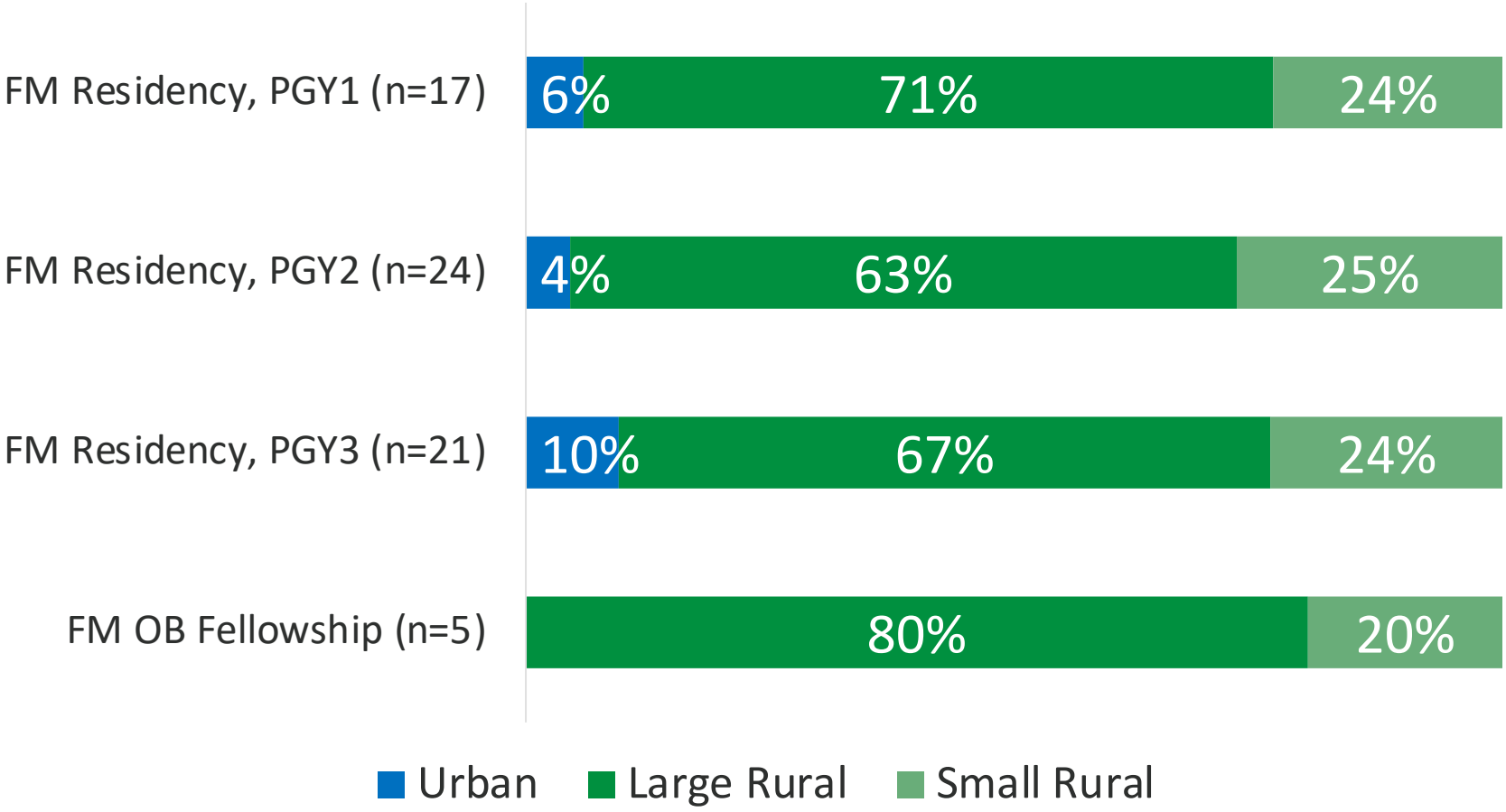

*52 (88%) FM residencies and 12 (92%) FM-OB fellowships reported locations.

# Hospital Locations for OB Rotations*



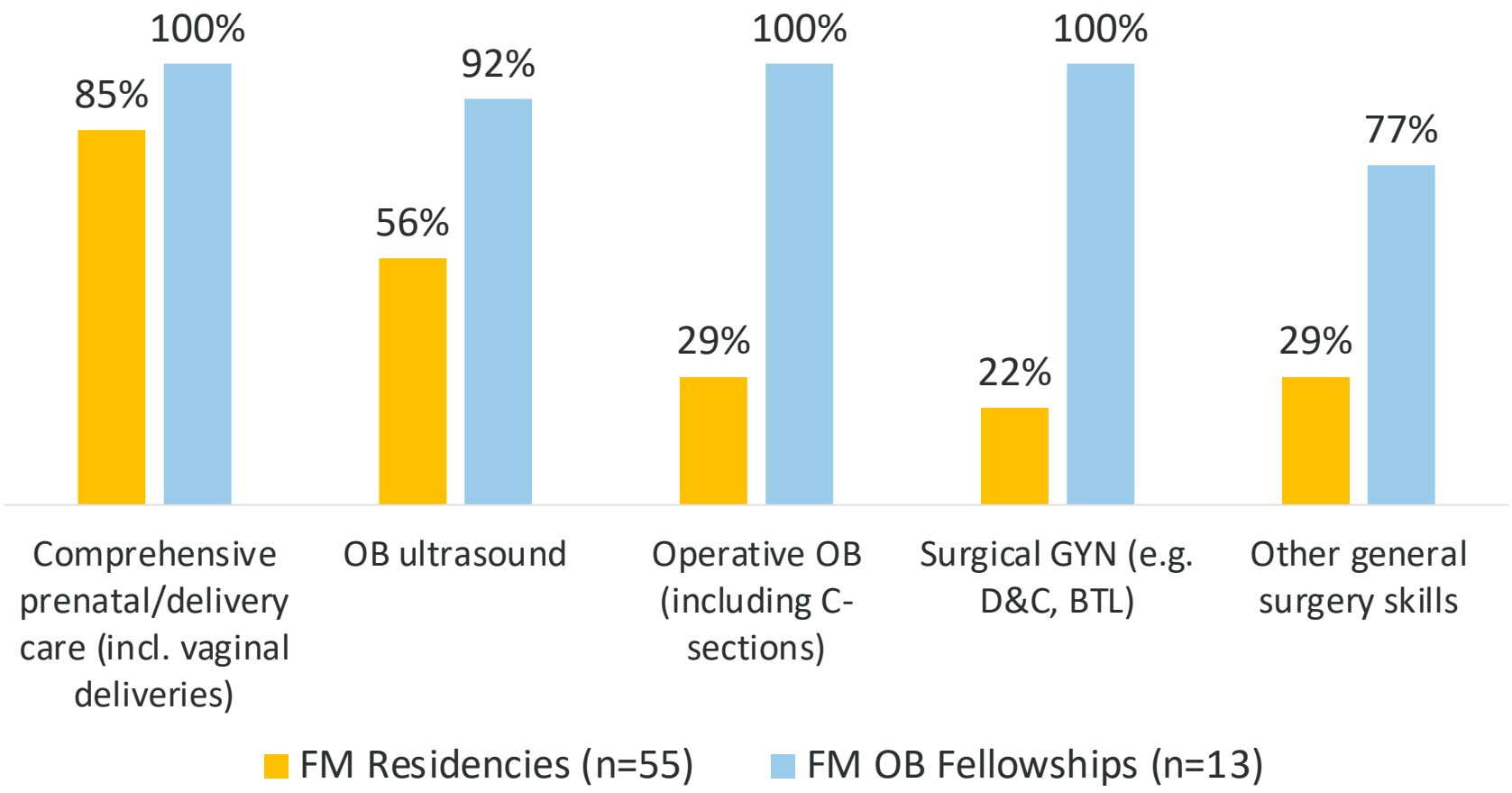

*51 (86%) FM residencies and 13 (100%) FM-OB fellowships reported locations.

# Required Rural OB Rotation Locations (if applicable)*




*15 (25%) FM residencies and 3 (23%) FM-OB fellowships reported locations.

# OB Curriculum



# "Major" Challenges

| | Residencies | Fellowships |
|---|---|---|
| Competition with other OB clinicians | 49% | 31% |
| Shortage of FM faculty providing OB care | 47% | -- |
| Shortage of interested/willing faculty | 43% | -- |
| Lack of community awareness of FP scope | 36% | 23% |
| Lack of resident interest in OB | 33% | -- |
| Nursing discomfort with resident/fellow involvement | 25% | -- |
| Insufficient hours or volume | 27% | 8% |
| Lack of qualified faculty | 27% | -- |
| Declining OB patient population | 21% | 31% |
| Patient outmigration to larger/more urban facilities | 20% | 15% |

# Factors not listed as a major challenge

**Economic**

- Malpractice insurance costs
- Hospital service line costs
- Lost clinic revenue for providers called to delivery

**Administration support or hospital commitment**

- Hospital closure
- OB unit closure

**Facilities and equipment**

- Availability of equipment in hospital (ultrasound, fetal monitoring, labs, microscope)
- Outdated facilities or equipment

# Qualitative Themes

- Culture & Relationships
- Volume
- Institutional Support
- Accreditation
- Faculty Interest & Skill
- Community Context

# Qualitative Themes: Culture & Relationships

We do have a long history of providing OB care. Our hospital is supportive of residents learning OB. Some of our community OB/gyns are very supportive of the residents getting OB training including C section training. They understand the areas that our residents will be going and therefore are willing to provide that oversight and teaching.

What is key is having family medicine role models [for residents].

# Qualitative Themes: Volume

Our program is not successful in providing robust OB training to our learners. We need a reliable source for high-volume delivery care, so that residents can actively participate in the laboring process without investing large amounts of low-yield time

Strong PGY1 experience in more urban setting prepares residents to impress the somewhat reluctant smaller community OB physicians

# Qualitative Themes: Institutional Support

We worry all the time something will happen, and it will go away – because of loss of personnel or admin saying they do not support that effort.

[Community board] has been a bit of a barrier because there tends to be a preference for specialty care and the worry about how many deliveries and making sure there is enough for everybody.

# Qualitative Themes: Accreditation

Granular statements are helpful – otherwise people can question whether what is being asked for is necessary (to use as leverage).

Having numbers might make volume more attainable, new program requirements.

Huge – probably the only reason we will be able to hire someone.

# Qualitative Themes: Faculty

FP OB faculty who are skilled at teaching, critical mass of OB care being provided by FP OBs (culture, ability to recruit residents w/ interest, perspective), being able to handle things and being full spectrum.

# Qualitative Themes: Community Context

"Community members and the hospital board driven by community voices demanded that women's health would be in the hospital"

"If they don't know we're here, they won't choose us"

# Discussion

- Challenges appeared in clusters
- Hospital/OB unit closures were "not a challenge" for most programs
- Not everyone can/wants to do OB
- Delicate balance between volume, complexity, and personnel

# Questions & Discussion

- What is surprising to you about these findings?
- What are your challenges or facilitators to makes OB training at your program?
- How can rural FM training adjust to meet the needs of communities? Or, what needs to change to promote rural FM OB training?
- What can we in the RTT Collaborative do to strengthen rural OB training?

For more than 30 years, the Rural Health Research Centers have been conducting policy-relevant research on healthcare in rural areas and *providing a voice for rural communities in the policy process.*

Rural Health Research Gateway

The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.

**ruralhealthresearch.org**

**Connect with us**

info@ruralhealthresearch.org
facebook.com/RHRGateway
twitter.com/rhrgateway

Funded by the Federal Office of Rural Health Policy, Health Resources & Services Administration.

# Next Steps / Food for Thought

- What would it look like if your program/institution acted on the information presented in this session?
- What actionable steps can we brainstorm?
- What steps can you take to prioritize rural OB?
  - Who can you reach out to? What can you write? Where can you donate time/energy/funds?

# Questions?

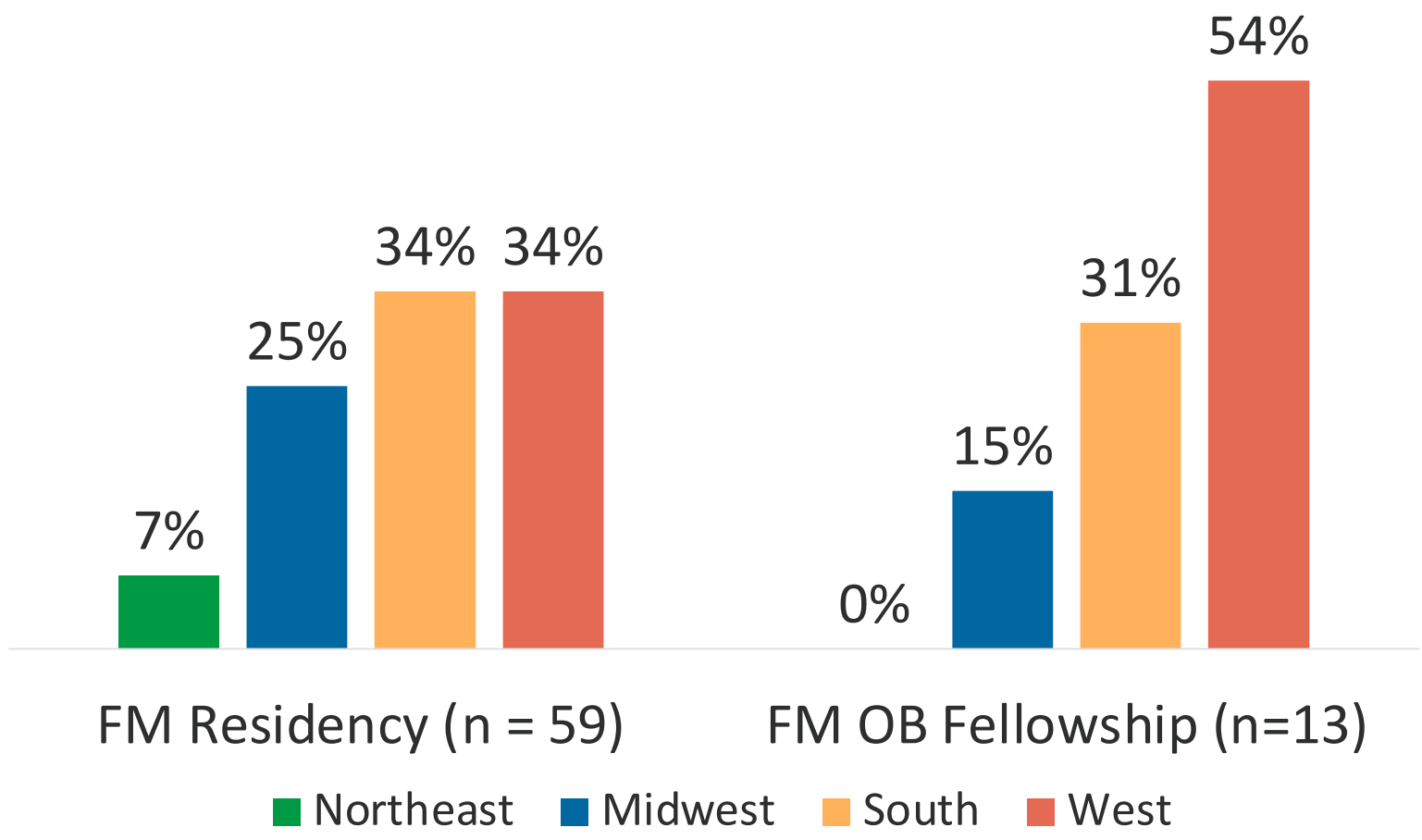
**Contact**

Erin Fredrickson

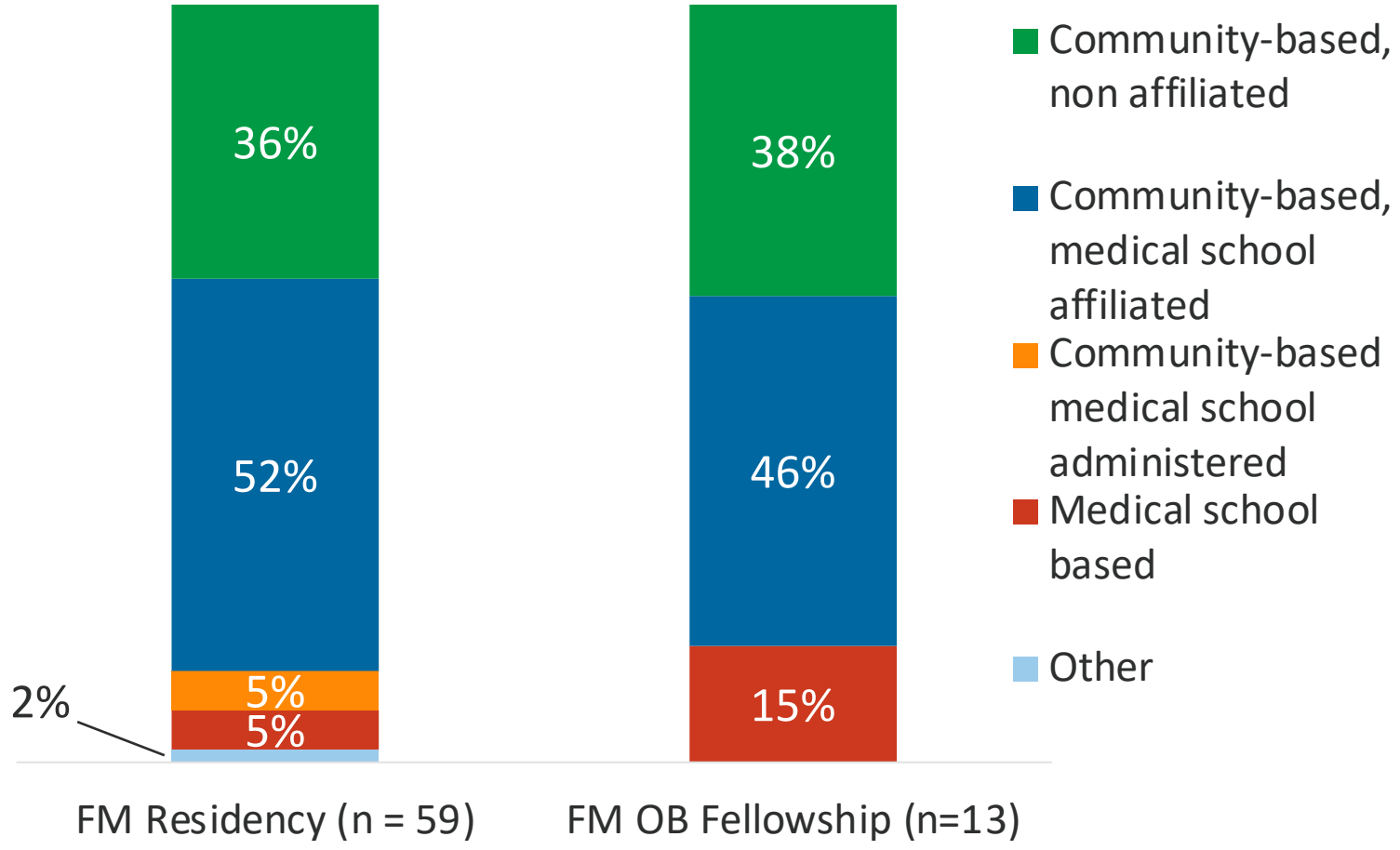
efredric@uw.edu


Social media: @wwamirhrc

# Program Distribution: Census Region



# Sponsoring Institution



# Obstetric Training Sites