

Key Findings From a 2005 Survey of Gynecologic Oncologists in New York

New York State Ovarian Cancer Symposium: Opportunities and Challenges

**New York State Department of Health
Bureau of Chronic Disease Services
Ovarian Cancer Information Program**

June 20, 2006

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Overview of Presentation

- Background
- Key Findings
- Limitations
- Issues
- Next steps



The Center for Health Workforce Studies at the University at Albany

- Conducts studies of the supply, demand, use and education of the health workforce
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- One of six regional centers with a cooperative agreement with HRSA/Bureau of Health Professions



A Statewide Survey of Gynecologic Oncologists in 2005

- Collaborators:

- Center for Health Workforce Studies
- NYS DOH Bureau of Chronic Disease
- NYS Ovarian Cancer Advisory Council

- Goals:

- To better understand the practice of gyn-oncology in the state
- To guide DOH efforts to reduce disparities in access and outcomes for women with ovarian cancer



The Focus of the Survey

- Demographics/education
- Practice characteristics
- Ovarian cancer caseload and capacity to expand
- Future plans
- Access barriers to gyn-oncology services for ovarian cancer patients
- Barriers/facilitators of gyn-oncology practice in NY

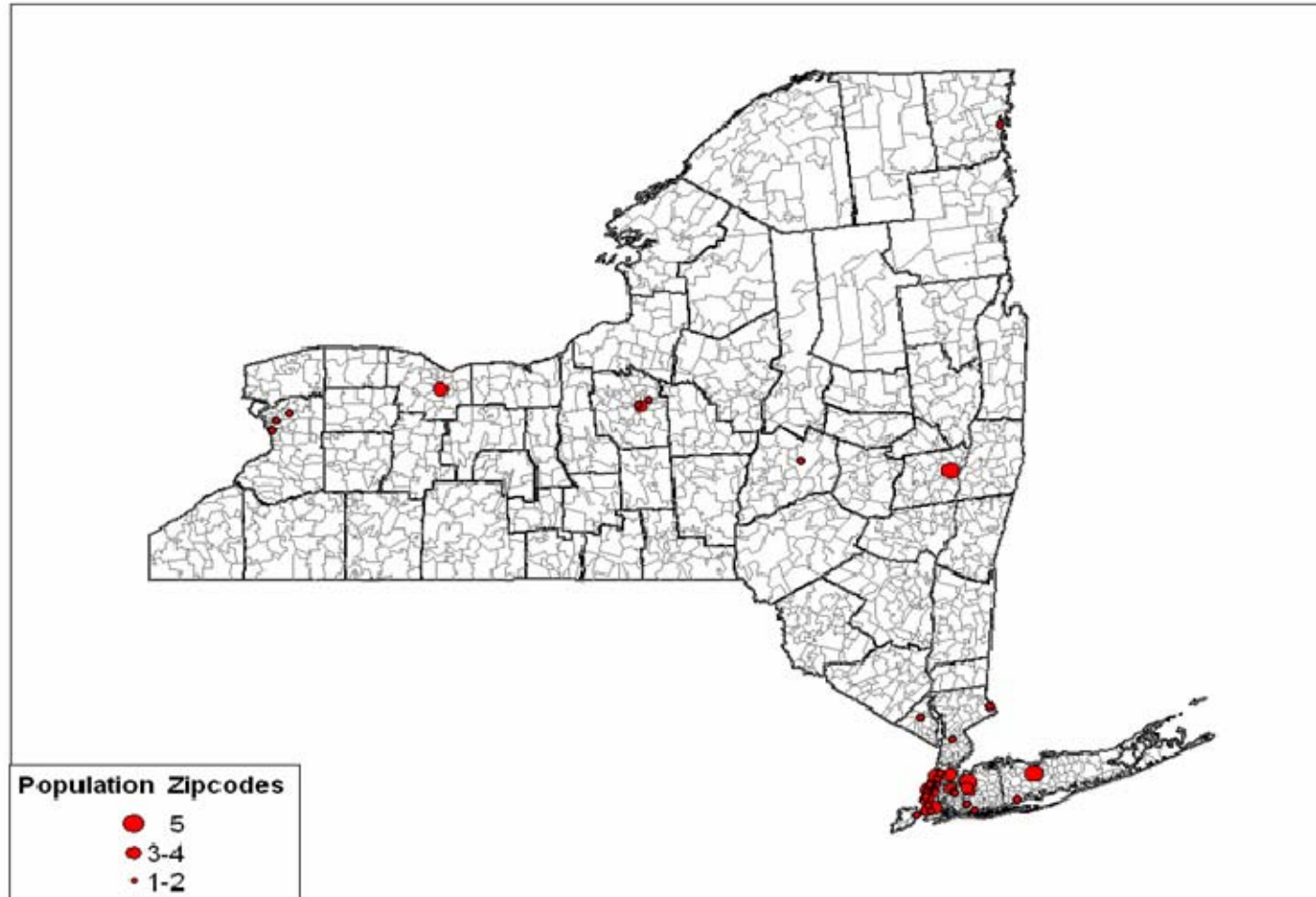


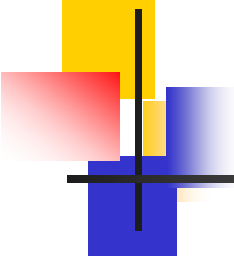
Survey Distribution

- Bureau of Chronic Disease Services compiled a comprehensive list of gynecologic-oncologists practicing in the state (89)
- Mailed to respondents in October 2005
- Follow up by phone, fax, email, mail
- Two options: on-line or paper survey
- Responses: 56 (63%)
- Low response rate from Buffalo/Rochester area



Gynecologic-Oncologists Are Not Equitably Distributed Across the State

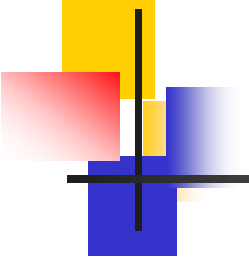




Demographically, Gynecologic Oncologists Look Very Different Than Obstetricians/Gynecologists in NY

	Gyn-Oncs	Ob/Gyns
% Female	23%	40%
% Over Age 60	16%	25%
Average Age	48 years	51 years
% URM	8%	15%
% In-state Med School	38%	39%
% IMG	14%	31%

Ob/Gyn data source: NY Physician Licensure Re-registration Database, 2004/06; Center for Health Workforce Studies



New York's Gynecologic Oncologists Resemble Gynecologic Oncologists Nationally

	NY Gyn-Oncs	National Gyn-Oncs
% Female	23%	20%
% Over Age 60	16%	20%
Average Age	48 years	51 years
% URM	8%	5%

National gyn-oncologist data source: 2005 Practice Survey Report, Society of Gynecologic Oncologists

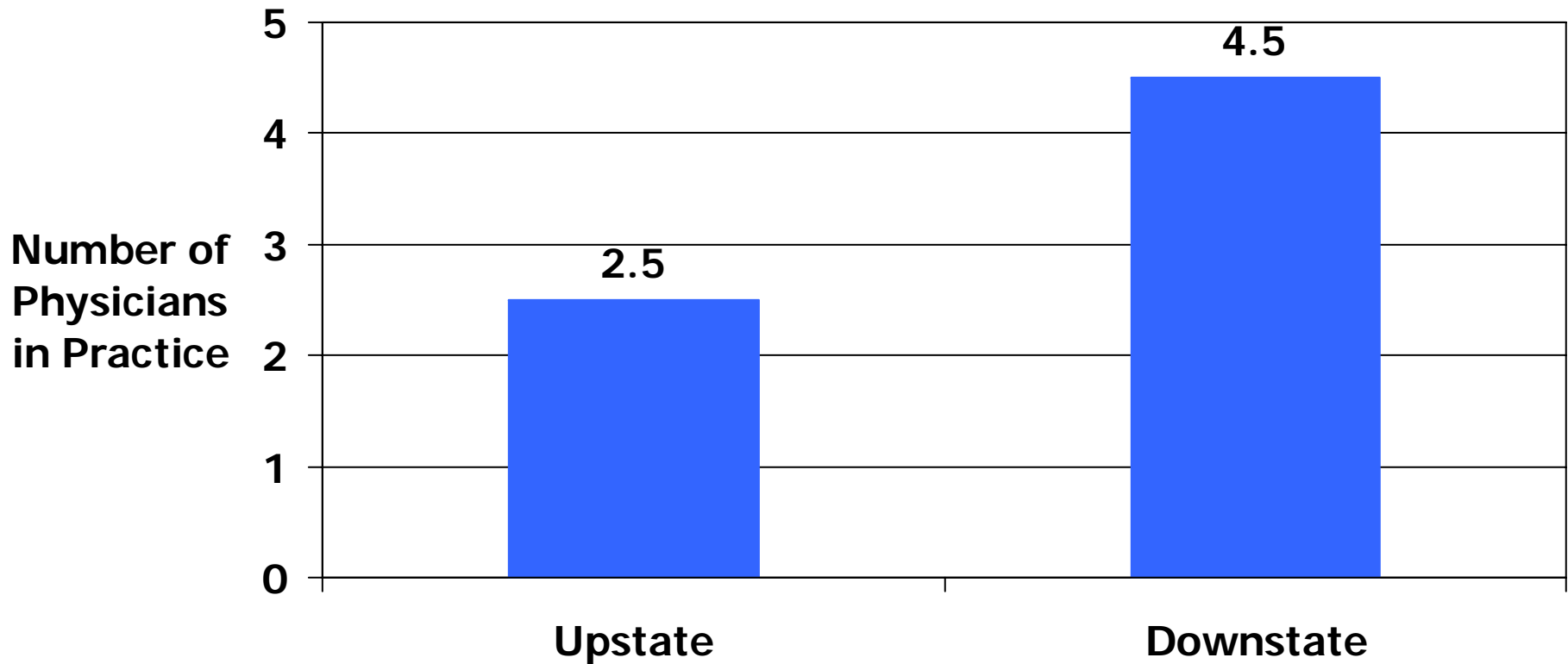


Practice Varies Between Upstate and Downstate Gynecologic Oncologists

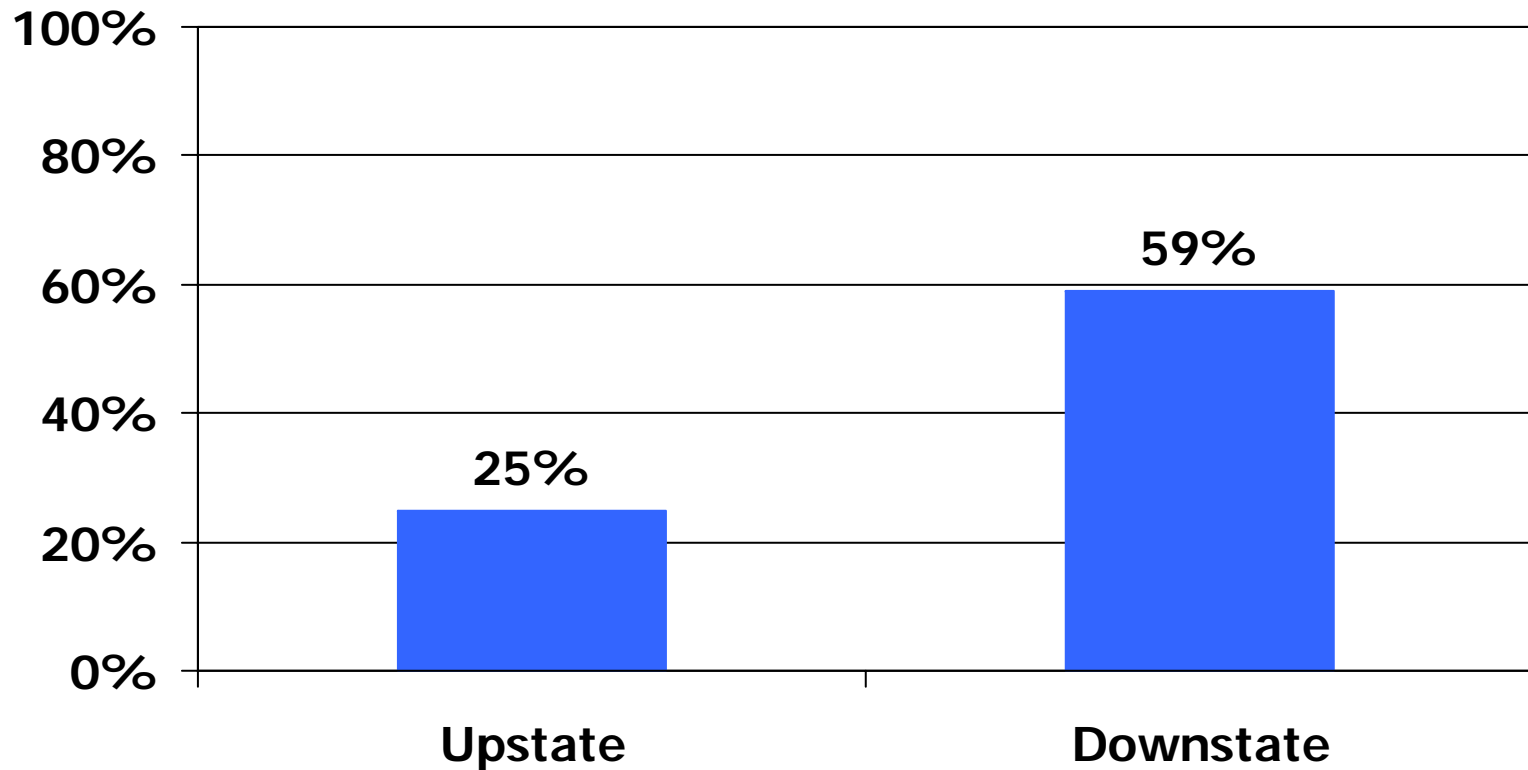
- Comparisons between upstate and downstate practice characteristics of Gynecologic Oncologists:
 - Practice size
 - Practice setting
 - Colleagues
 - Caseload
 - Patient travel



Upstate Gynecologic Oncology Practices Have Fewer Physicians



Downstate Gyn-Oncologists Are More Likely to Have their Primary Practice Setting in Hospitals/Cancer Centers

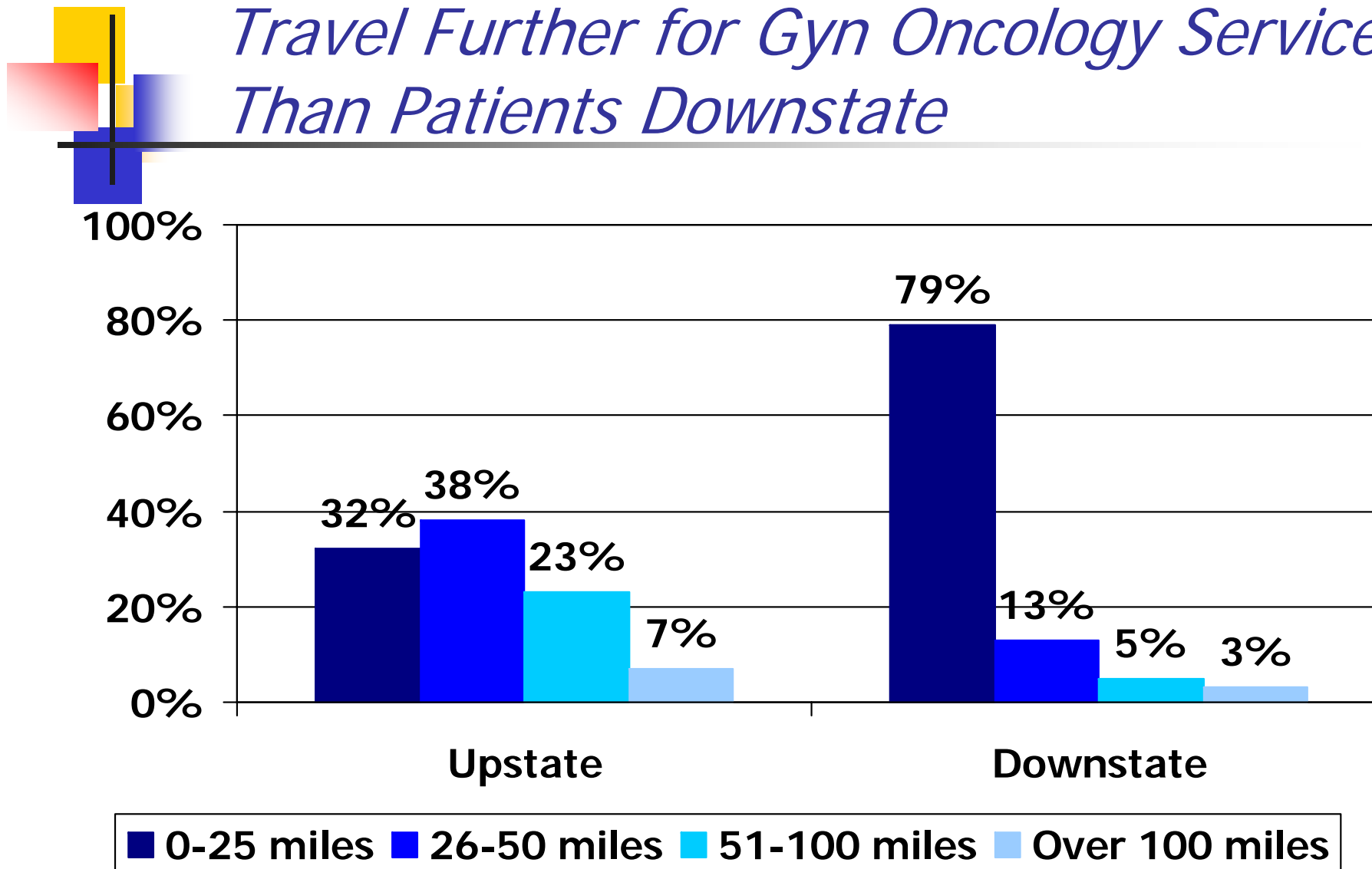




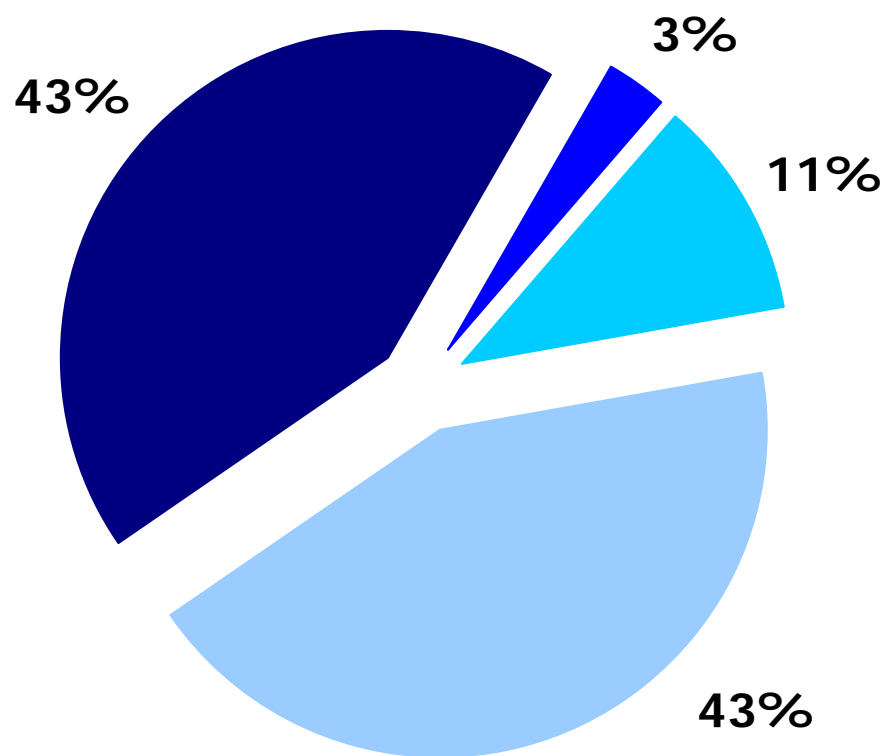
Upstate Gynecologic Oncologists Have Larger Ovarian Cancer Caseloads Than Their Downstate Counterparts

	Upstate Gyn-Oncs	Downstate Gyn-Oncs
Ovarian Cancer Caseload	167 cases	58 cases
New Ovarian Cancer Cases Treated Annually	38 new cases	26 new cases

Ovarian Cancer Patients in Upstate NY Travel Further for Gyn Oncology Services Than Patients Downstate

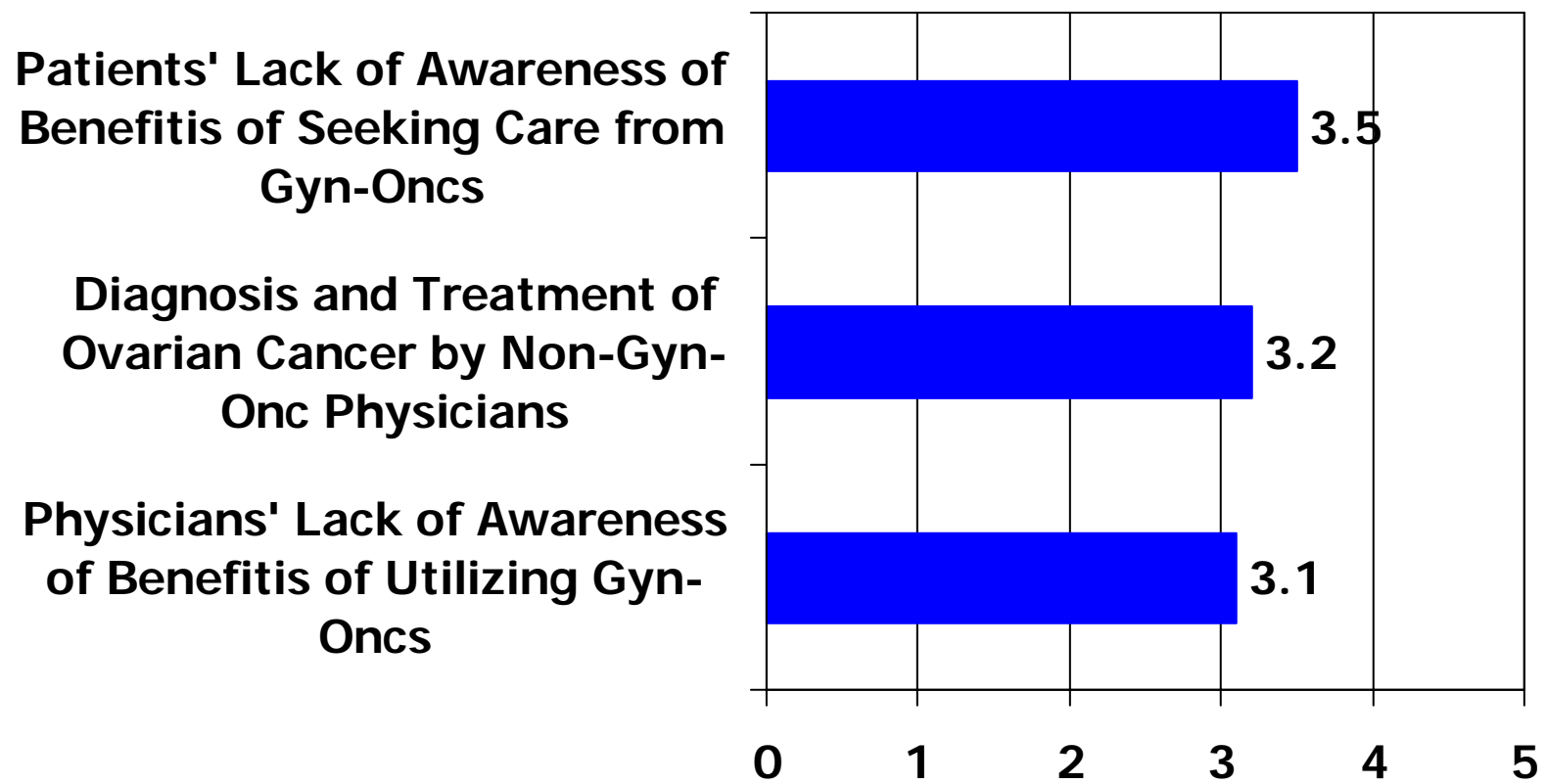
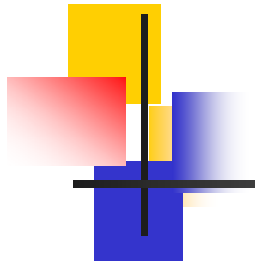


*Most Ovarian Cancer Patients
Seen By Gynecologic Oncologists
Were Covered by Insurance*



■ Uninsured ■ Medicaid ■ Medicare ■ Private insurance

Three Access Barriers for Ovarian Cancer Patients Most Frequently Reported by Gyn-Oncologists





Limitations

- Unclear whether the survey reached 100% of gyn-oncologists in the state
- Access barriers identified represent the perspective of gyn-oncologists only
- Poor response rate from some upstate regions reduces confidence in upstate/downstate comparisons



Issues

- Does the uneven distribution of gyn-oncologists limit access to services?
- Will the changing demographics of ob/gyns reduce the supply of gyn-oncologists if fewer ob/gyns opt to sub-specialize in gyn-oncology?



Issues continued

- Is lack of insurance an access barrier to gyn-oncology services for women with ovarian cancer?
- Given identified access barriers, should efforts to increase awareness of benefits of seeking care from gyn-oncologists be targeted to the general public, physicians and insurers?



Next Steps

- **Better monitor the gyn-oncology workforce in NY**
 - new entrants
 - exits
 - distribution
- **Further explore lack of insurance to be an access barrier to gyn-oncology services**
- **Learn more about what providers, insurers and the general public know about the benefits of ovarian cancer treatment by gyn-oncologists**