

**Changing Practice Patterns of
Obstetricians/Gynecologists
in New York**

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Prepared by

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PREFACE

This report analyzes changes in the practice patterns of obstetricians/gynecologists in New York between 1995 and 2005. It is designed to provide information to the health industry, health professionals, policy makers, and the public on the nature of these changes and their potential to affect access to obstetrical and gynecological services for women. Funding for this study was provided by the Greater New York Hospital Association.

This report was prepared by the Center for Health Workforce Studies at the University at Albany's School of Public Health. The Center conducts studies of the supply, demand, use, and education of the health workforce, and collects and analyzes data to understand workforce dynamics and trends. This report was prepared by Robert Martiniano, Jean Moore, David Armstrong, Tracey Continelli, Sandra McGinnis, and Gaetano Forte. The views expressed in this report are those of the Center for Health Workforce Studies and do not represent positions or policies of the State University of New York, the University at Albany, the School of Public Health or the Greater New York Hospital Association.

Key Findings

- Between 2000 and 2004, the overall supply of Ob/Gyns in the state declined and the distribution of Ob/Gyns in the state changed, with some upstate regions experiencing a sharp drop in the number of practicing Ob/Gyns.
- Between 1995 and 2003, there was a decline in demand for some Ob/Gyn services, including:
 - A drop in the total number of births and the birth rate per 1,000 women of childbearing age; and
 - A decline in the number of hospital-based obstetric and gynecologic procedures and days.
- Between 1995 and 2003, hospital obstetrical service capacity diminished, including:
 - A reduction in the number of counties with hospitals providing regular obstetrical services; and
 - Fewer hospitals providing regular obstetrical services, with fewer certified obstetrical beds.
- Between 1998 and 2002, demand for newly trained Ob/Gyns steadily weakened, both within the state and nationally.
- A higher percentage of the state's Ob/Gyns reported plans to retire or reduce patient care hours in 2004 and 2005, compared to other physician specialties.

Changing Practice Patterns of Obstetricians/Gynecologists in New York

Overview

Obstetricians/Gynecologists (Ob/Gyns) are physicians who specialize in women's reproductive health, providing medical and surgical care to women, with expertise in pregnancy, childbirth, and disorders of the female reproductive system. Ob/Gyn practice patterns have changed in the past ten years, and it has been suggested that these differences are fueled by changing provider characteristics, high malpractice premium rates, and a lessening demand for obstetrical services. It is important to determine whether practice patterns are changing, and if so, whether these changes are adversely affecting access to Ob/Gyn services in New York.

Discussion of Key Findings

Demographic changes appear to be contributing to a reduction in demand for some obstetrical services in New York. Between 1995 and 2003, the total number of births declined in New York, and at the same time, the number of hospital obstetrical days and hospital obstetrical beds also declined. Several hospitals eliminated their obstetrical services completely, reducing the number of counties in New York where hospital obstetrical services are available.

The supply and distribution of Ob/Gyns in New York is also changing. There were fewer Ob/Gyns in New York in 2004 than there were in 2000, with a number of upstate¹ regions showing a substantial decline in the number of practicing Ob/Gyns. In some upstate regions of New York, declines in the number of practicing Ob/Gyns were far greater than declines in birth rate. While these declines may be attributed, in part, to provider response to changing demand for services, it could result in a reduction in access to Ob/Gyn services in some upstate regions.

Overall, there were more Ob/Gyns per 100,000 women of childbearing age downstate² than there were upstate.

At the same time, newly trained Ob/Gyns reported that both national and regional demand for Ob/Gyns had weakened between 1999 and 2003. Specifically, newly trained Ob/Gyns found fewer available jobs and indicated more difficulty finding satisfactory positions, both nationally and within New York.

In 2004 and 2005, Ob/Gyns in the state reported plans to retire or reduce hours at one of the highest rates for all medical specialties. While physician plans to retire or reduce hours are age-related, Ob/Gyns under the age of 65 were 2 to 3 times more likely to indicate such plans, compared to all other physicians specialties.

¹ Upstate regions include the Capital District, Central New York, Finger Lakes, Mohawk Valley, North Country, Southern Tier, and Western New York regions.

² Downstate regions include the Hudson Valley, Long Island, and New York City regions.

Methodology and Data Sources

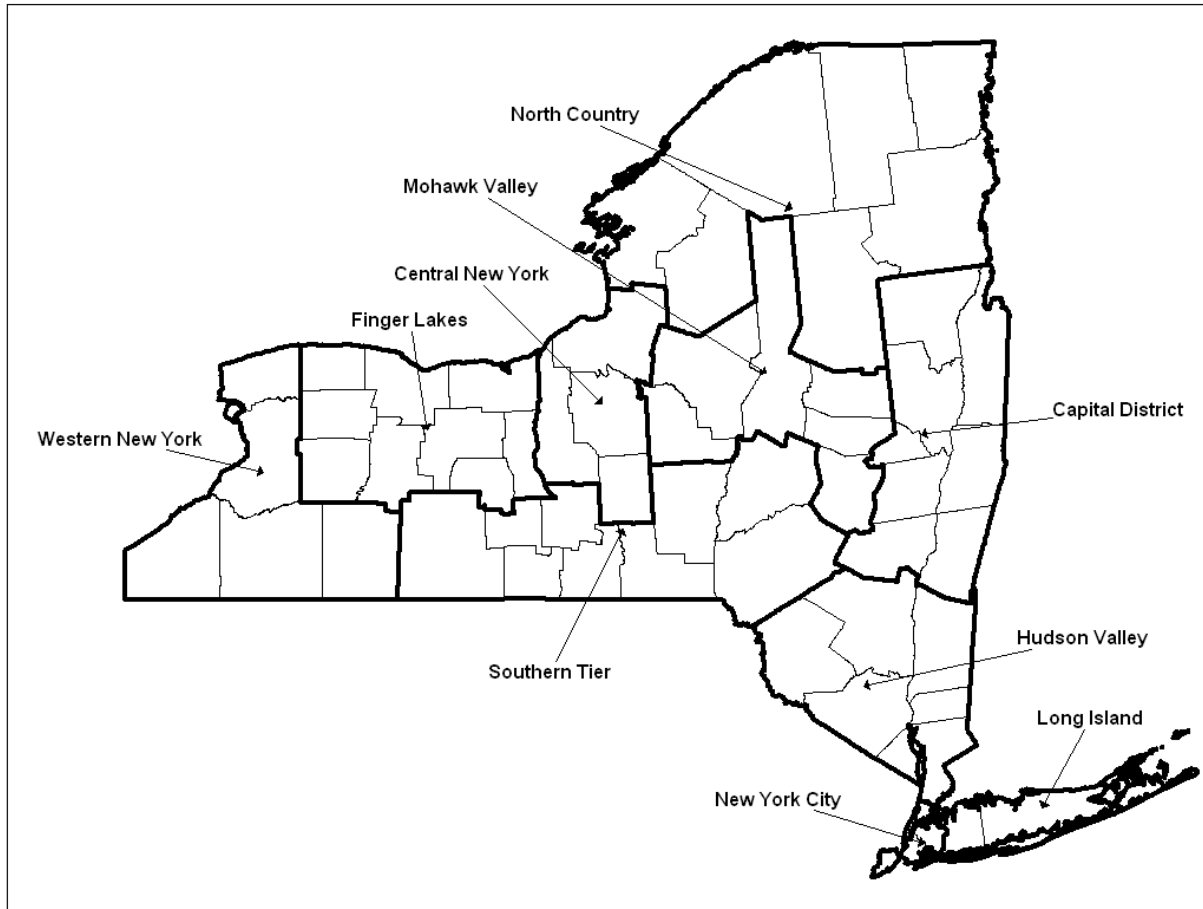
In order to understand changes in the practice patterns of Ob/Gyns in New York, the Center for Health Workforce Studies analyzed data from a number of different sources. Where applicable, New York State or New York City data were compared to national data. The following data sources were used to analyze changing trends in Ob/Gyn practice:

- Natality Detail File (1995 and 1999);
- New York City Department of Health and Mental Hygiene Birth Master Public Use File (1995, 1999, and 2003);
- New York State Physician Licensure Re-Registration Survey Data (1995 - 2005);
- New York State Hospital-based Certified Obstetrical Beds³ (1994 – 2004);
- New York State Live Births Data Query System;
- New York State Resident Exit Survey (1998/99, 2000/01, 2002/03);
- SPARCS data, focusing on NYS DRGS 370 – 375 for births and 354 – 369 and 376 – 384 for other obstetrical/gynecological discharges (1995, 1999, and 2003); and
- U.S. Census for New York State population estimates by county for women age 15 and older (1995, 1999, 2003, and 2004).

³ Certified obstetrical beds were compared to staffed obstetrical beds as reported on Institutional Costs Reports, Exhibit 3. While there were some inconsistencies between these two data sets, both showed declining use of hospital beds for obstetrical services.

Analyses were conducted for New York as a whole and for the ten New York State Department of Labor (NYSDOL) regions within the state when applicable (Figure 1).

Figure 1
New York State Counties by Labor Department Region



Terminology

Throughout this report, different regions of the state will be referenced based on Figure 1. Upstate regions include the Capital District, Central New York, Finger Lakes, Mohawk Valley, North Country, Southern Tier, and Western New York regions. Downstate regions include the Hudson Valley, Long Island, and New York City regions.

Births and birth rates were analyzed and presented for two different areas: New York City (aggregated for all five boroughs) and non-NYC counties (aggregated for all other counties within the state). Birth rates are calculated per 1,000 women of childbearing age, representing females between 15 and 44. Counts of Ob/Gyns excluded physicians who reported a practice limited to gynecological services only. Ratios of Ob/Gyns per capita are calculated per 100,000 women of childbearing age. Rates of obstetrical/gynecological hospital days and hospital procedures are calculated per 1,000 women (ages 15 and older).

Supply and Distribution of Ob/Gyns

- **The overall supply of Ob/Gyns in the state declined between 2000 and 2004. In addition, the distribution of Ob/Gyns in the state changed, with some regions experiencing a sharp drop in the number of practicing Ob/Gyns.**

Between 2000 and 2004, the overall number of Ob/Gyns⁴ in New York declined by 4%. The number of Ob/Gyns declined in six of ten regions during the same period, with the Mohawk Valley experiencing the largest drop at 43%, followed by the Southern Tier at 33%, and Western New York at 20%. In contrast, the North Country showed the largest increase in the number of Ob/Gyns at 22%, followed by the Capital District at 21% (Figure 2).

Figure 2
Number of Ob/Gyns and Percent Change by Region, 2000 and 2004

Region	2000	2004	Percent Change
Capital District	81	98	21%
Central New York	67	72	8%
Finger Lakes	132	122	-8%
Hudson Valley	298	292	-2%
Long Island	339	367	8%
Mohawk Valley	34	19	-43%
New York City	1,165	1,100	-6%
North Country	32	38	22%
Southern Tier	79	53	-33%
Western New York	142	114	-20%
Statewide	2,368	2,275	-4%

Source: Center for Health Workforce Studies

- **In 2004, there were fewer Ob/Gyns per capita upstate than downstate.**

While New York as a whole had more than 55 Ob/Gyns per 100,000 women of childbearing age in 2004, only three regions were above the state rate: Long Island (65.4), Hudson Valley (63.8), and New York City (59.4). The remaining regions fell below the state rate, with the Mohawk Valley having the fewest Ob/Gyns per capita at 19 (Figure 3).

⁴ Physicians who limited their practice to gynecological services only were excluded from this analysis.

Figure 3
Number of Ob/Gyns and Number of Ob/Gyns Per Capita⁵
By Region, 2004

DOL Region	# of Ob/Gyns	Ob/Gyns Per Capita
Capital District	98	44.8
Central New York	72	47.2
Finger Lakes	122	48.9
Hudson Valley	292	63.8
Long Island	367	65.4
Mohawk Valley	19	19.0
New York City	1,100	59.4
North Country	38	43.7
Southern Tier	53	34.8
Western NY	114	39.7
Statewide	2,275	55.2

Source: Center for Health Workforce Studies

Demand for Obstetrical Services and Hospital Obstetrical Service Capacity

- **The total number of births and the birth rates declined in New York between 1995 and 2003.**
 - **However, the proportion of Caesarian-sections to total births increased between 1995 and 2003.**
 - **In addition, the number of multiple births and multiple births delivered by Caesarian-section increased between 1995 and 1999.**

Between 1995 and 2003, the number of births in New York declined by more than 7%, and the birth rate per 1,000 women of childbearing age dropped by more than 5 per 1,000. During the same period, the number of births in New York City declined more than 5%, and the birth rate per 1,000 women of childbearing age decreased more than 8 per 1,000. In counties outside of New York City, the number of births fell by nearly 9% and the birth rate dropped by more than 3 births per 1,000 between 1995 and 2003 (Figure 4).

⁵ Ratios of Ob/Gyns per 100,000 women of childbearing age.

Figure 4
Total Population, Number of Women between 15 and 44,
and Total Births for 1995, 1999, and 2003

	1995		1999		2003	
	New York City	Non-NYC Counties	New York City	Non-NYC Counties	New York City	Non-NYC Counties
Total Population	7,329,079	10,811,815	7,322,564	10,668,214	8,109,626	11,102,799
Women 15-44	1,754,004	2,368,112	1,730,087	2,291,872	1,877,656	2,283,620
Total Births	126,163	146,133	119,179	137,959	119,466	133,388
Births per 1,000 Women 15-44	71.9	61.7	68.9	60.2	63.6	58.4

Sources: Natality Detail File, 1995 & 1999; NYS Department of Health; U.S. Census

The percent of births that were Caesarian-sections increased in New York City by nearly 4% between 1995 and 2003 but declined in counties outside of New York City by almost 2%. Overall, the proportion of Caesarian-sections to total births in New York increased from 22.6% in 1995 to 23.5% in 2003 (Figure 5).

Figure 5
Number of Caesarian-sections and Total Births, 1995 - 2003

	1995		1999		2003	
	New York City	Non-NYC Counties	New York City	Non-NYC Counties	New York City	Non-NYC Counties
Total Number of Births	126,163	146,133	119,179	137,959	119,466	133,388
Total Caesarian-sections	24,145	37,460	23,802	36,901	27,488	31,854
Percent of Total Births	19.1%	25.6%	20.0%	26.7%	23.0%	23.9%

Sources: Natality Detail File, 1995 & 1999; NYS Department of Health

Between 1995 and 1999, the number of multiple births increased in New York by more than 17%, compared to a 20% increase for the nation as a whole. The percent of Caesarian-sections that were multiple births increased by 2.4% for New York between 1995 and 1999, compared to a 1.5% increase for the nation as a whole⁶.

⁶ Sources: Natality Detail File, 1995 & 1999

- **Between 1995 and 2003, the number of New York counties with hospitals providing regular obstetrical services declined.**

In 2003, there were eight counties in New York without any hospitals providing regular obstetrical services⁷, up from six in 1995. In five of the eight counties, there were no hospitals at all, and the other three had small or specialty hospitals.

These eight counties accounted for 1.2% of the total births in New York in 1995, 1999, and 2003. All eight had annual birth rates lower than the statewide rate. Three of the eight counties experienced sharper declines in the birth rate than the state as a whole or upstate New York. Four of the remaining five counties showed very small increases in birth rates between 1995 and 2003, but remained below the statewide birth rate (Figure 6).

Figure 6
Average Number of Births and Birth Rates
For Selected New York Counties, 1995, 1999, and 2003

County of Residence	Average Number of Births 1995, 1999 & 2003	Birth Rate per 1,000 Women Ages 15 – 44			
		1995	1999	2003	Change in Birth Rate 95 - 03
New York State	260,763	66.1	63.9	60.8	-5.3
New York City	121,603	71.9	68.9	63.6	-8.3
Non-NYC Counties	139,160	61.7	60.2	58.4	-3.3
Essex County	391	59.3	56.3	49.5	-9.8
Greene County	464	57.0	48.6	49.6	-7.3
Hamilton County	44	54.5	32.3	55.6	1.1
Schoharie County	311	44.8	41.6	45.4	0.5
Seneca County	377	55.2	52.5	55.8	0.6
Tioga County	617	55.5	57.4	56.8	1.3
Washington County	663	59.7	54.4	52.0	-7.7
Yates County	310	62.9	64.5	60.7	-2.2

Source: Natality Detail File, 1995 & 1999; New York State Department of Health; U.S. Census

⁷ Hospitals without certified obstetrical beds that may provide emergency deliveries were not included in the count of counties without hospitals with regular obstetrical services.

- **The number of hospitals providing regular obstetrical services declined between 1995 and 2003.**

The number of hospitals providing regular obstetrical services⁸ declined between 1995 and 2003. Fourteen hospitals in the state discontinued regular obstetrical services between 1995 and 2003, while three hospitals added regular obstetrical services. Thirteen of the fourteen hospitals that stopped providing regular obstetrical services were in counties outside of New York City (Figure 7).

Figure 7
Number of Hospitals Providing Regular Obstetrical Services, 1995 and 2003

	New York City			Non-NYC Counties		
	Total Number of Hospitals	Number of Additions	Number of Subtractions	Total Number of Hospitals	Number of Additions	Number of Subtractions
1995	46	N/A	N/A	121	N/A	N/A
2003	46	1	1	110	2	13

Source: New York State Department of Health

- **The number of certified hospital-based obstetrical beds declined between 1995 and 2003.**

The number of certified hospital-based obstetrical beds in New York declined nearly 10% between 1995 and 2003. In New York City, the number of these beds decreased more than 14% between 1995 and 2003, while the number of births per obstetrical bed increased more than 9%. In counties outside of New York City, the number of certified obstetrical beds fell nearly 7% between 1995 and 2003, and the number of births per obstetrical bed decreased almost 2% (Figure 8).

Figure 8
The Number of Obstetrical Beds for 1995, 1999, and 2003

Number of	1995		1999		2003	
	New York City	Non-NYC Counties	New York City	Non-NYC Counties	New York City	Non-NYC Counties
Obstetrical Bed	1,838	2,343	1,596	2,320	1,592	2,179
Births	126,163	146,133	119,179	137,959	119,466	133,388
Births per Bed	68.6	62.4	74.7	59.5	75.0	61.2

Sources: Natality Detail File, 1995 & 1999; NYS Department of Health; U.S. Census

⁸ Hospitals that may provide emergency deliveries, but with no certified obstetrical beds, were not included in the count of hospitals with regular obstetrical services.

- **The number of hospital-based obstetric and gynecologic days declined between 1995 and 2003.**

Between 1995 and 2003, the total number of Ob/Gyn hospital days in New York declined almost 14%, while the rate of Ob/Gyn hospital days per 1,000 women ages 15 and older declined nearly 13%. In New York City, the total number of Ob/Gyn hospital days declined more than 15% between 1995 and 2003, while the rate of Ob/Gyn hospital days per 1,000 women ages 15 and older declined more than 17%. For counties outside of New York City, the total number of Ob/Gyn hospital days declined more than 12%, while the rate of Ob/Gyn hospital days per 1,000 women ages 15 and older declined more than 8% over the same time period (Figure 9).

Figure 9
Total Ob/Gyn Hospital Days and Days per 1,000 Women, Ages 15 and Older
1995, 1999, and 2003

	1995		1999		2003	
	Total Ob/ Gyn Days	Days per 1,000 Women Ages 15 & Older	Total Ob/ Gyn Days	Days per 1,000 Women Ages 15 & Older	Total Ob/ Gyn Days	Days per 1,000 Women Ages 15 & Older
New York City	534,529	169.9	470,218	147.6	452,929	140.6
Non-NYC Counties	521,006	118.2	479,159	108.6	456,369	108.1

Sources: NYS Department of Health; U.S. Census

- **Between 1995 and 2003, the number of hospital-based obstetric and gynecologic procedures declined.**

Between 1995 and 2003, the total number of multiple-day hospital-based obstetrical and gynecologic procedures⁹ decreased in New York City nearly 35% and in counties outside of New York City almost 23%. The rate of multiple-day procedures per 1,000 women ages 15 and older declined in New York City almost 37% and in counties outside of New York City nearly 20% during the same period (Figure 10).

The total number of same-day procedures between 1995 and 2003 decreased in New York City almost 16% and in counties outside of New York City more than 12%. The rate of same-day procedures per 1,000 women ages 15 and older declined in New York City nearly 18% and in counties outside of New York City almost 9% during the same period (Figure 11).

⁹ Excludes deliveries.

While fewer procedures indicate less demand for in-hospital obstetric and gynecologic procedures, some of these procedures may now be provided on an outpatient basis. There is no evidence suggesting that demand for these obstetric and gynecologic procedures has diminished overall, but rather the setting for these procedures may have changed. Declines in the number of hospital-based procedures, however, may explain reductions in beds and in the number of hospitals providing obstetrical and gynecological services as described previously in this report.

Figure 10
Multiple-Day Hospital-Based Ob/Gyn Procedures and Rates Per 1,000 Women,
Ages 15 and Older, 1995, 1999, and 2003

	1995		1999		2003	
	Multiple - Day Procedures	Days per 1,000 Women Ages 15 & Older	Multiple - Day Procedures	Days per 1,000 Women Ages 15 & Older	Multiple - Day Procedures	Days per 1,000 Women Ages 15 & Older
New York City	29,355	9.3	21,354	6.7	19,146	5.9
Non-NYC Counties	20,221	4.6	16,577	3.8	15,602	3.7

Sources: NYS Department of Health; U.S. Census

Figure 11
Same-Day Hospital-Based Ob/Gyn Procedures and Rates Per 1,000 Women,
Ages 15 and Older, 1995, 1999, and 2003

	1995		1999		2003	
	Number of Same-Day Procedures	Days per 1,000 Women Ages 15 & Older	Number of Same-Day Procedures	Days per 1,000 Women Ages 15 & Older	Number of Same-Day Procedures	Days per 1,000 Women Ages 15 & Older
New York City	28,204	9.0	25,427	8.0	23,782	7.4
Non-NYC Counties	35,721	8.1	32,719	7.4	31,342	7.4

Source: New York State Department of Health, U.S. Census

Entrants and Exits from the Profession

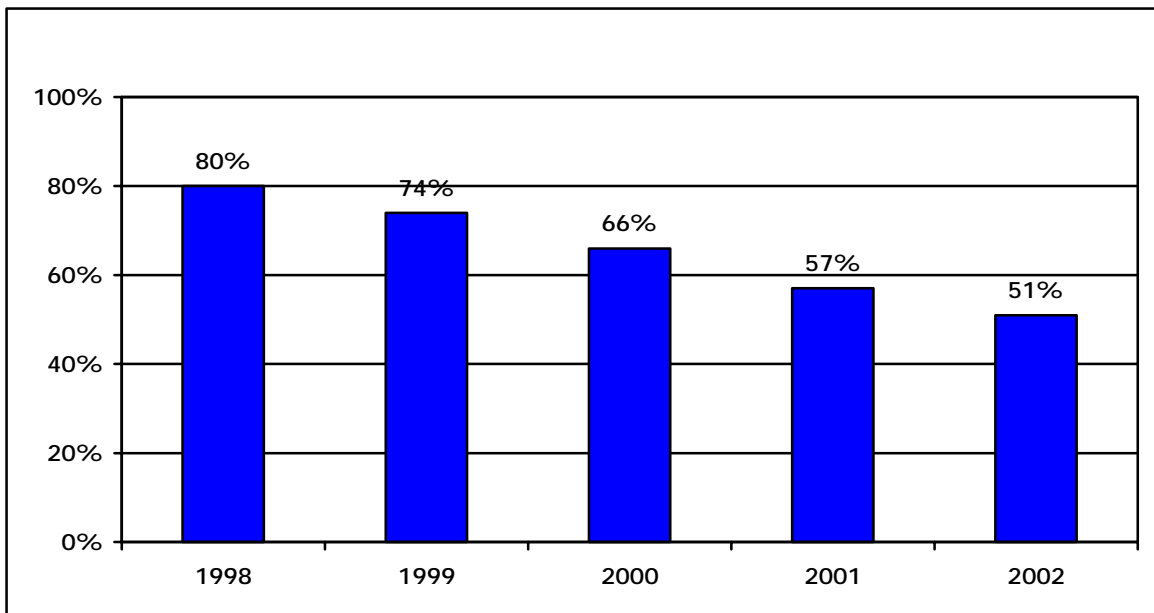
- **Between 1999 and 2003, newly trained Ob/Gyns reported increasing difficulty finding satisfactory positions**

In an analysis of responses from the Center's 1999 and 2003 Resident Exit Surveys, newly trained Ob/Gyns reported having more difficulty finding satisfactory jobs in 2003 than in 1999. Additionally, newly trained Ob/Gyns reported receiving fewer job offers both regionally and nationally than did newly trained physicians in other specialties

- **The demand for obstetricians/gynecologists steadily declined between 1998 and 2002.**

Further analysis of 1998-2002 Resident Exit Survey data found that both state and national demand for Ob/Gyns went from moderately strong in 1999 to moderately weak in 2003¹⁰. (Figure 12).

Figure 12
Percentile Rank of Demand for Ob/Gyns Compared to Other Specialties
1998 - 2002



Source: Center for Health Workforce Studies

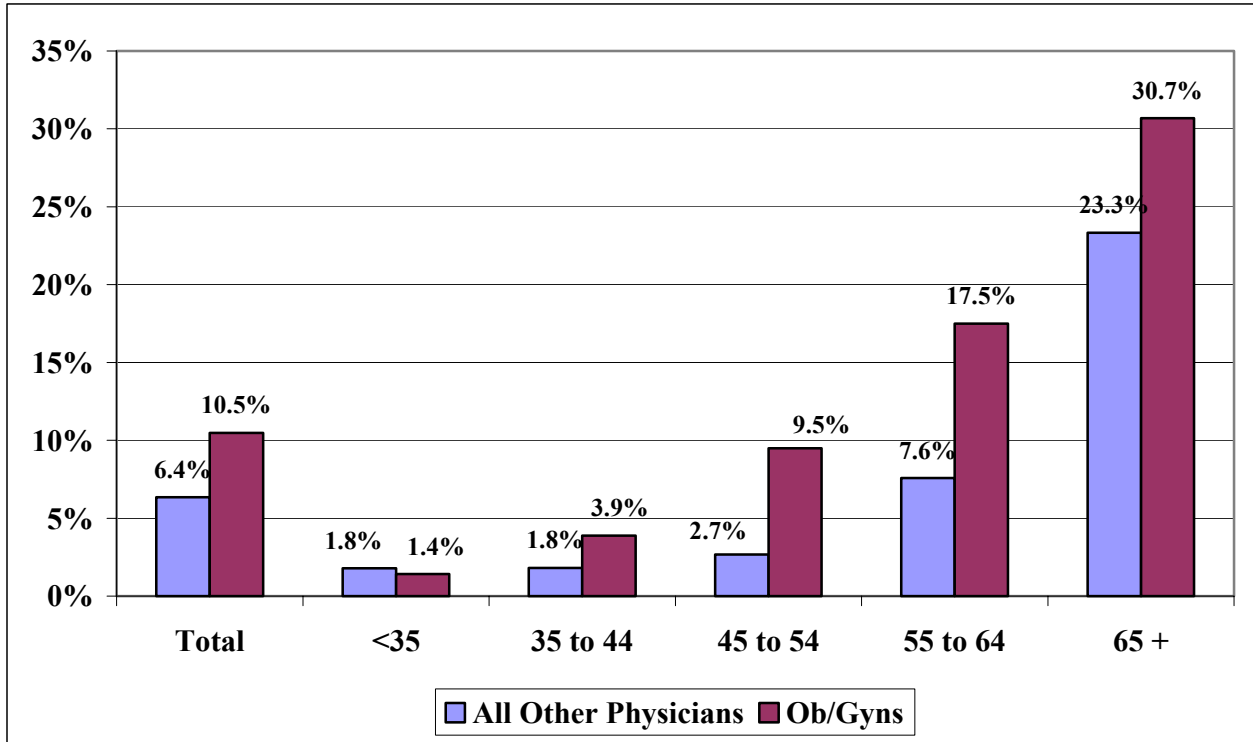
- **In 2004 and 2005, a higher percentage of the state’s Ob/Gyns reported plans to retire or reduce patient care hours, compared to other physician specialties.**

Based on data from the New York State Physician Licensure Re-registration Survey for the years 2004 and 2005, more than 10% of all Ob/Gyns¹¹ reported plans to retire or reduce hours, a rate that was substantially higher than for all other specialties. Although plans to retire or reduce hours are clearly age-related in many medical specialties, Ob/Gyns report such plans at much higher rates in younger age groups. (Figure 13).

¹⁰ The qualitative assessment of relative national demand for OB/Gyns was calculated using the following variables: percent of respondents with difficulty finding a satisfactory practice position; percentage of respondents having to change plans due to limited practice opportunities; mean number of job offers received by respondent; respondent’s views of the regional job market; respondents’ views of the national job market; and trends in median starting income.

¹¹ Physicians who limited their practice to gynecology services only were excluded from this analysis.

Figure 13
Percent of Ob/Gyns Planning to Reduce Hours or Retire by Age



Source: Center for Health Workforce Studies

Conclusion

The supply and distribution of Ob/Gyns in the state is changing. There were fewer active Ob/Gyns in New York in 2004 than there were in 2000, with a number of upstate regions showing substantial declines in the number of practicing Ob/Gyns. Newly trained Ob/Gyns reported a weaker job market in 2002 than they did in 1998. Active Ob/Gyns in the state indicated plans to retire or reduce hours at much higher rates than other medical specialties, particularly at younger ages. Some of the changes described may be attributed, in part, to demographic changes in the state’s population that have resulted in declining demand for some obstetrical and gynecological services. However, declines in the number of active Ob/Gyns, could signal potential shortages of providers that may reduce access to Ob/Gyn services for women residing in many parts of the state.