Articles

Factors Influencing Family Physicians to Continue Providing Obstetric Care

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To determine the reasons some family physicians continue to practice obstetrics when most of their colleagues do not, we surveyed family physicians in 26 counties of northern California whose practices include obstetrics and those who have recently discontinued it. In all, 70% of family physicians practicing obstetrics cited enjoying it as a reason for continuing this practice. Over a third of family physicians practicing obstetrics thought that obstetric practice was a responsibility to the community. Only 1 in 6 reported obstetrics to be important in terms of financial implications. Despite this, family physicians practicing obstetrics had a mean gross income derived from obstetric practice of $30,000 above the cost of their total malpractice premium. In contrast, a comparison group of family physicians who had recently discontinued obstetrics cited malpractice insurance costs most frequently as the reason for discontinuing it. Nearly 40% of these physicians indicated that they would be willing to return to obstetrics if circumstances were to change substantially. The most frequently cited change necessary for these physicians to return to obstetrics was a reduction in malpractice insurance rates.

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Family physicians are trained to care for individual patients and families throughout the life cycle. A central element of health care for families involves pregnancy and the birth process. There is much evidence that family physicians provide high-quality perinatal care and have qualities that obstetric patients value highly.[1-3] Despite this evidence, most family physicians no longer provide perinatal services in their practices.[4]

In areas where obstetric services are readily available, family physicians may have less difficulty choosing not to provide such services. In rural areas, where the majority of obstetric providers are family physicians and where there has been an overall loss of 20% of obstetric providers in the past five years, this decision is more difficult.[5] Rural America has disproportionately high rates of infant mortality, and there is evidence that local obstetric care is a critical variable in ensuring optimal birth outcomes.[6,7] In addition, with access to obstetric care in nonrural areas of the United States an issue of increasing concern, we cannot ignore the potential source of care represented in the more than 2,400 family practice residents in the United States each year who graduate with mandatory training in obstetrics.[8] Also, more than 30,000 practicing family physicians who report including perinatal care in their practices at some time in their careers currently do not.[4,9] It is also estimated that about 12% of obstetricians have discontinued offering obstetric care in the past several years.[10] During the past two years in the 26 northern California inland counties, there has been a 13% attrition of the obstetric providers overall.[11] With regard to new family physicians, only 32% of graduates of the six nonmilitary family practice residency programs in this same area were including obstetrics in their practices in 1988, down from 54% in 1980.[12]

Family physicians have traditionally cited malpractice issues as reasons for discontinuing obstetrics; however, life-style and other issues are now also being given as concerns.[13,14] For family practice residents, it appears that the lack of role models and misconceptions about the cost of malpractice insurance contribute to their decisions not to include obstetrics in their practices on graduation.[15,16]

Unfortunately, little has been written concerning the benefits of including obstetrics in family practice, particularly regarding the motivations for family physicians in their attitudes and the economic implications.[17] This study was undertaken to determine the reasons family physicians have chosen to continue including obstetrics in their practices when most of their colleagues have discontinued this service. In addition, we describe notable characteristics of these physicians, comparing them with their counterparts who have recently discontinued obstetrics, and the economic implications of continuing to include it in their practices.

Methods and Study Group

The study area includes the 26 noncoastal northern California counties and represents about 30% of the land mass of California (Figure 1). The economy in this region is primarily agriculture and forest products. There are three communities in the area with a population over 100,000, and the total population is about 3 million. The names and addresses of 748 family physicians practicing in this area were obtained from records from the California Academy of Family Physicians. The list is maintained by the academy, is updated

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annually, and includes members and nonmembers. A postcard survey was sent to the complete group to determine whether the physicians were currently practicing obstetrics, had discontinued obstetrics in the past four years, had provided obstetrics before four years ago, or had never included obstetrics as a part of their practices. The response rate from the postcard survey was 87%. Through telephone inquiries with area hospitals, we identified an additional ten family physicians with current or recent obstetric experience. Four of these physicians were practicing obstetrics; six had recently discontinued. A more detailed survey was sent to physicians currently practicing obstetrics and to those who had recently quit. Those physicians who identified themselves as currently practicing obstetrics but who did not respond to the survey were contacted by phone. Physicians were eliminated from the study if they were still in training, primarily teaching in a residency program, or in military service (Figure 2).

Both groups of physicians were asked about the number of deliveries they had performed during their training, their age, practice type, number of years in practice, malpractice

Figure 1.—The geographic area of the study includes 26 inland northern California counties and excludes western Solano County.

insurance carrier, and the percentage of their practice covered under Medicaid (Medi-Cal in California). Physicians practicing obstetrics were asked how many deliveries they had performed in the previous year and to estimate their gross income generated from the obstetric portion of their practice and the cost of their total professional liability insurance premiums for the previous year.

Using an open-ended format to minimize bias or limit the number of responses, we also asked family physicians currently practicing obstetrics why they were continuing. The responses to this question were reviewed and coded independently by three reviewers and grouped into categories. When more than one response was given, each was included in its appropriate category. Each comment was placed in one category only. If several comments by a physician were considered to apply only to a single category, then those comments were credited as a single response.

For family physicians who had recently discontinued obstetrics, a closed format based on previous studies was used to survey reasons for discontinuing this service.[9,13,14] There was also space provided in the question for an open-ended response. These physicians were also asked whether they would return to obstetrics under certain conditions. Those responding positively to this question were asked about what specifically would need to change for them to reenter obstetrics.

A variety of statistical methods were used in the analysis of the data. For continuous data where the distribution was

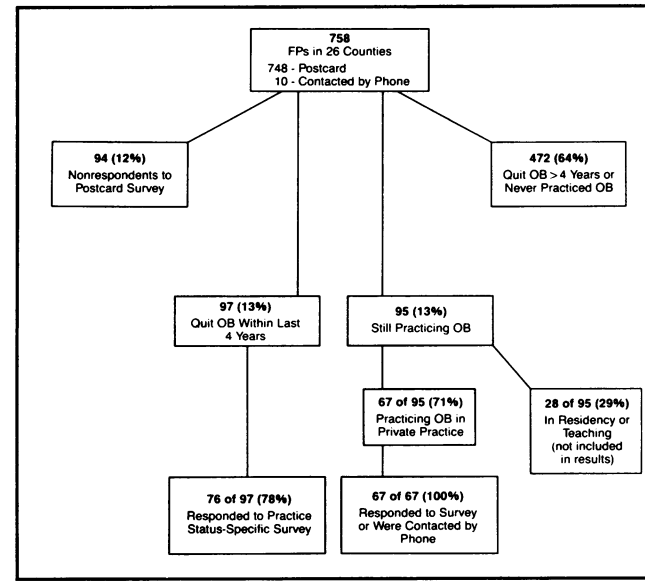

Figure 2.—The breakdown of family physicians (FPs) is shown for the study area by obstetric (OB) practice status.

normal, Student's *t* test was used. For nonparametric data (number of deliveries during training), a Mann-Whitney test was used to assess significance. In the analysis of the number of physicians from each group practicing in cities with a populace of more than 50,000, an odds ratio was calculated with a 95% confidence interval (CI).

Results

We found 95 family physicians were currently practicing obstetrics in the 26 inland counties of northern California. Of these, 28 physicians who were practicing within a residency program or in the military were excluded, leaving 67 obstetrically active family physicians. We identified by the postcard mailing that 97 family physicians from the same geographic area had stopped the obstetric portion of their practice within the previous four years. Of the 97, 76 (78%) responded to the questionnaire and constituted the comparison group for the study.

Although statistically significant, there was little difference in the mean age or years in practice between the two groups of physicians (Table 1). They were also remarkably similar in their carriers of malpractice insurance. There were minor differences in the type of practice. Many more physicians continuing obstetrics were in partnerships; a greater number of those who discontinued were in group practices,

health maintenance organizations, or other practice situations such as urgent care clinics or emergency medicine. Also, those who had discontinued obstetrics were much more likely to practice in a community of 50,000 or more (odds ratio 2.56 [95% CI 1.26 to 5.25]). In addition, for those still practicing obstetrics, the mean estimated portion of their practice that was on Medicaid was 27% overall and 49% in their obstetric practices. This compares with 17% currently for the overall practice for those who have discontinued obstetrics. These physicians estimated the Medicaid portion of their previous obstetric practice was 29%. There was no significance in the number of deliveries done in training between the group that continued (218 ± 157) and the group that stopped (180 ± 191) delivering babies. The group that continued obstetrics delivered an average of 53 (±48) babies in the previous year.

TABLE 1.—*Demographic Data of Family Practice Physicians in Northern California in Our Survey*

Physician Data	*Continuing Obstetrics n=67*	*Discontinued Obstetrics n=76*	*P Value**
Age, yr	41±10	44±15	<.05
Years in practice, No.	10±7	13±11	<.05
Insurer, %			
Norcal	52	56	
Doctors	27	17	
Other	6	2	
None	14	6	
Practice type, %			
Group	40	32	
Partnership	24	9	
Solo	23	23	
Multispecialty	10	17	
Health maintenance organization	0	4	
Other	3	14	

*Student's *t* test.

A major focus of this study was to determine why these family physicians continue to practice obstetrics despite all the obstacles noted throughout the literature. Physicians were asked why they plan to continue obstetrics in their practices; 63 physicians answered this question, and there was an average of two different reasons given per physician. The most common answer related to personal satisfaction, with 45 physicians (more than 70%) stating that they enjoyed the practice of obstetrics (Table 2). Over a third of the physicians felt that obstetrics was their responsibility to the community. Approximately a quarter of the physicians saw obstetrics as a practice enhancer in that they thought it helped build the practice or keep certain characteristics that are desired in their practice. About a fourth considered obstetrics an important part of their specialty. About one in six physicians reported that it was important in terms of income.

Of the 76 physicians in the group that had discontinued obstetrics, 73 responded to the question as to why they discontinued this service (multiple responses were allowed). Of these physicians, 52 (71%) cited the cost of liability premiums as a reason for discontinuing obstetric practice, 32 (44%) gave the fear of being sued as a reason, 21 (29%) indicated insufficient reimbursement, and 17 (23%) physicians indicated that life-style issues were an important concern. Administrative problems, patient noncompliance, and age or retirement issues were all cited by fewer than 15% of the physicians as significant issues. When these same physicians were asked whether specific circumstances would bring them back into the practice of obstetrics, 38% responded "yes," 53% responded "no," and 9% did not respond. Of the 29 physicians responding "yes" to this question, 21 indicated that lower malpractice premiums would be necessary to bring them back into the practice of obstetrics. Of these same physicians, 20 indicated that an adequate-sized call group would also be necessary and 18 stated that increased reimbursement would be a necessary factor to get them to return to the practice of obstetrics. Nine physicians indicated that fewer administrative details in the practice of obstetrics would be required, and nine responded that access to care in the community would need to be an issue before they would resume this practice. Of the 29 physicians, only 5 stated that they thought the availability of retraining programs would be necessary to enable them to resume practicing obstetric care.

Of the 67 physicians still practicing obstetrics, 53 responded to the question regarding income generated from their obstetric practice, as well as questions regarding their malpractice insurance premium costs. Physicians in this study generated an average of $53,453 (±$45,190) in the previous year from their obstetric practice. The mean annual total malpractice premium was $15,188 (±$9,971). Several physicians in the study practiced without malpractice insurance coverage. Because many California malpractice insurance programs have incremental rates in the first several years of practice, several of the physicians' policies had not

TABLE 2.—*Reasons Why Family Physicians Include Deliveries in Their Practices*

Category	*Examples of Responses*	*Respondents, %*
Personal satisfaction	"I enjoy doing OB" "I love it"	70
Community service	"OB in rural practice meets community needs" "Increases the quality of care" "Decreases community morbidity"	33
Practice enhancement	"It keeps the practice young" "It brings pediatrics" "It brings whole families into the practice"	25
Integral to the specialty	"Good OB is practiced by family physicians" "It's an opportunity if not an obligation to preserve this in the specialty"	25
Income	"OB is an important part of income" "Income benefits"	16

OB = obstetrics

yet reached the mature rate. When the responses of physicians who had practiced for more than four years were analyzed separately, their mean malpractice insurance premium was $17,282.

An additional analysis was done subtracting the individual insurance premium amount from the amount generated only from the obstetric practice for those physicians who provided both estimates. The mean difference was $30,178. Only five of the physicians who responded to questions on income and malpractice premiums identified income from obstetrics as less than their total malpractice premium. Our analysis shows that all respondents are paying at least the portion of malpractice premium for obstetrics through obstetric services. More than 90% (48/53) of physicians who continued obstetric services are more than paying for their total liability premium from their obstetric practices alone.

Discussion

This study suggests that family physicians continuing obstetrics do so largely because they enjoy it and feel a responsibility to their community. The minority of family physicians practicing obstetrics indicated they do so for financial reasons, although the vast majority more than covered the cost of the total malpractice premium, including the nonobstetric portion. In apparent contrast, family physicians who discontinued obstetrics most frequently cited malpractice premium costs as a reason. This is confusing because these physicians practice in the same area of the state and are insured by the same malpractice insurance carriers. Physicians who continued obstetrics also cared for a higher percentage of Medicaid patients in their practice, which would be expected to be economically disadvantageous. Although the mean age and years in practice differed statistically between the groups, the magnitude of these differences was not striking. A difference that probably is important, however, relates to the size of the communities where these physicians practice. The fact that those who have continued obstetrics are more likely to practice in smaller communities possibly indicates that there is more of a need for them to do obstetrics in their community, making the decision to discontinue obstetrics more difficult.

Whether the enjoyment in delivering babies for those continuing obstetrics was greater than for those who recently discontinued this practice is difficult to assess. There is indirect evidence, however, that those who discontinued it feel that they would not enjoy practicing obstetrics at the present time: the majority indicated they would not resume obstetrics even if substantial changes occurred in the practice environment.

Although this study suggests that it is of economic benefit to practice obstetrics for the majority of those who have continued the practice, what is not known from these results is the amount of time these physicians were required to work to generate the income reported. Although previous studies have shown that physicians who include obstetrics in their practices do not work significantly more hours than those who have never included obstetrics, clearly there is a lifestyle difference.[18] Also, the stress of being in smaller call groups cannot be measured, nor can the anxiety associated with the decreased backup of obstetric specialists that some family physicians experience, particularly in rural areas. Finally, the psychological and emotional costs that physicians go through when they are sued, particularly for obstetric cases, cannot be measured. These issues, as well as factors that have resulted in family physicians continuing to practice obstetrics, need to be addressed by further study.

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