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Title

Labor of Love: Could different compensation models help to maintain the family medicine obstetrics workforce?

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: The number of family physicians (FPs) providing obstetric care has progressively decreased over time. The FPs who provide this care often do so for rural and underserved patients filling access to care gaps. Finding ways to retain FPs in the obstetric workforce is critical especially for the health of underserved communities. Objective: To identify modifiable differences between FPs who stay in the obstetric workforce and those who stop providing obstetric care. Study Design and Analysis: Survey. Descriptive statistics and logistic regression. Setting: Online survey. Population Studied: Mid to late career FPs who reported that they attend deliveries as part of their practice during their American Board of Family Medicine Continuing Certification exam registration questionnaire. Outcome Measures: Dichotomous response to question if the FP continues to attend deliveries as part of their practice. Descriptive data on individual and practice characteristics. Results: 1,505 FPs were included in this study; 450 of those FPs had stopped attending deliveries as part of their practice after doing so for an average of 20.53 years. Of those, 162 (36%) continue to provide prenatal care and 172 (38.22%) continue to provide postpartum care. We found no differences between FPs who stopped attending deliveries and those who continued based on individual factors including age, gender, race, rurality, or practice setting. However, compensation per delivery or through a fee-for-service model was associated with a decreased likelihood of continuing to attend deliveries compared to FPs paid a salary that included attending deliveries (OR 0.71 95% CI 0.51 to 0.97). Receiving extra compensation in addition to their salary (through a stipend, pay per call, or per hour) compared to being paid a salary that includes attending deliveries (i.e., no additional payment for deliveries) was associated with an increased likelihood of continuing to attend deliveries (OR 2.53, 95% CI 1.10 to 5.85). Conclusions: Experienced FPs who stop delivering babies do not seem to be systematically doing so because of individual or practice setting characteristics. Differences in compensation models between those who have stopped and those who continue to attend deliveries suggest that shifting to a compensation model that provides additional time-based compensation to a salary could help to maintain the workforce of experienced FPs and continue to fill gaps in access to obstetric care.