Education, Regulation and Management of Health Care Professionals in Birth Settings

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http://futurehealth.ucsf.edu
Outline

• Workforce Supply and Demand
  – Headcounts and trends
  – Challenges
• Education
• Regulation
• Management
  – Defining, expanding and supporting the team
• What we don’t know
US Workforce: Selected Health Care Professionals in Birth Settings

• Physicians
  • Obstetricians: 40,400

• Midwives
  • CNMs: 11,400
  • CPMs: 1500
  • LMs: 750
  • CMs: 78

Sources: AAMC; AMCB; NARM
US Workforce: Additional Health Care Professionals in Birth Settings

- DOs
- Family Practice MDs
- Anesthesiologists
- Nurses
- Doulas
- Hospital staff
- Interpreters
Supply Trends

• Variable by profession
• Increases overall
  – Incremental to significant
• Share of attended births shifting
  – Midwives: 2009: 8-12%
    (up from 6% over 10-yr period)
• Challenges
Finding the Workforce Data
Need and Demand Trends

- Steady, predictable need
- Unknown demand due to impacts of
  - ACA
  - Economy
  - Technology
  - Market
  - Consumers
  - Public Health
## Education

<table>
<thead>
<tr>
<th></th>
<th>MDs</th>
<th>CNMs</th>
<th>CPMs</th>
<th>CMs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education &amp; Training</strong></td>
<td>Bachelors degree</td>
<td>Bachelors/RN program</td>
<td>• Apprenticeship OR</td>
<td>Bachelor’s plus science</td>
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<td></td>
<td>• Accredited educ program</td>
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<tr>
<td></td>
<td>Medical School + Residency</td>
<td>Master’s or Doctoral prgm</td>
<td>• No rqmt for apprenticeship</td>
<td>Master’s</td>
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<td></td>
<td></td>
<td></td>
<td>• Educ prms range: certificate to</td>
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<td>doctoral options</td>
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<td><strong>Certification</strong></td>
<td>ABOG</td>
<td>AMCB</td>
<td>NARM</td>
<td>AMCB</td>
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<tr>
<td><strong>Model</strong></td>
<td>Medicine</td>
<td>Midwifery</td>
<td>Midwifery</td>
<td>Midwifery</td>
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<tr>
<td><strong>Primary location</strong></td>
<td>Hospital</td>
<td>Hospital</td>
<td>Home or birth center</td>
<td>Hospital</td>
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<td><strong>Issues</strong></td>
<td>• Sites for clinical training</td>
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<td></td>
<td>• Interprofessional education</td>
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<td>• Evidence-based preparation</td>
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<td>• Training to work in a changing health care environment</td>
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</tbody>
</table>
Regulation

• Medical Doctors (MD), Doctors of Osteopathy (DO)
  – Full, standardized scope for all medical care, including obstetrics in all 50 states + DC

• Midwives
  – Certified Nurse Midwives (CNM) 50 states recognize
    • ~20 states indep. practice
  – Certified Professional Midwives (CPM) ~ ½ states recognize
  – Licensed Midwives (LM) ~ ½ states license
  – Certified Midwives (CM) ~ 5 states authorize practice
Scope of practice laws are state-based and politically driven...
... resulting in state variability and some disconnects between competence and authority.
Exclusive scopes of practice exacerbate inter-professional tensions.
Management

• Defining the team
  – Clinician + doula, CHW, MA, RN,
  – Role of primary care provider

• Training and working as team

• Impact of teams on
  – Workforce calculations
  – Provision of care & Patient outcomes
  – Educational programs
  – Costs
Still to Learn

- Accurate, comparable supply numbers
- How to measure demand
- Costs of various workforce & staffing models

Impacts of:
- Technology
- Policy changes
- Consumer choice
- Innovative financing

On:
- Workforce needs
- Education
- Regulation
- Management
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