Maternity Deserts

Joint Labor, Health and Social Services Committee

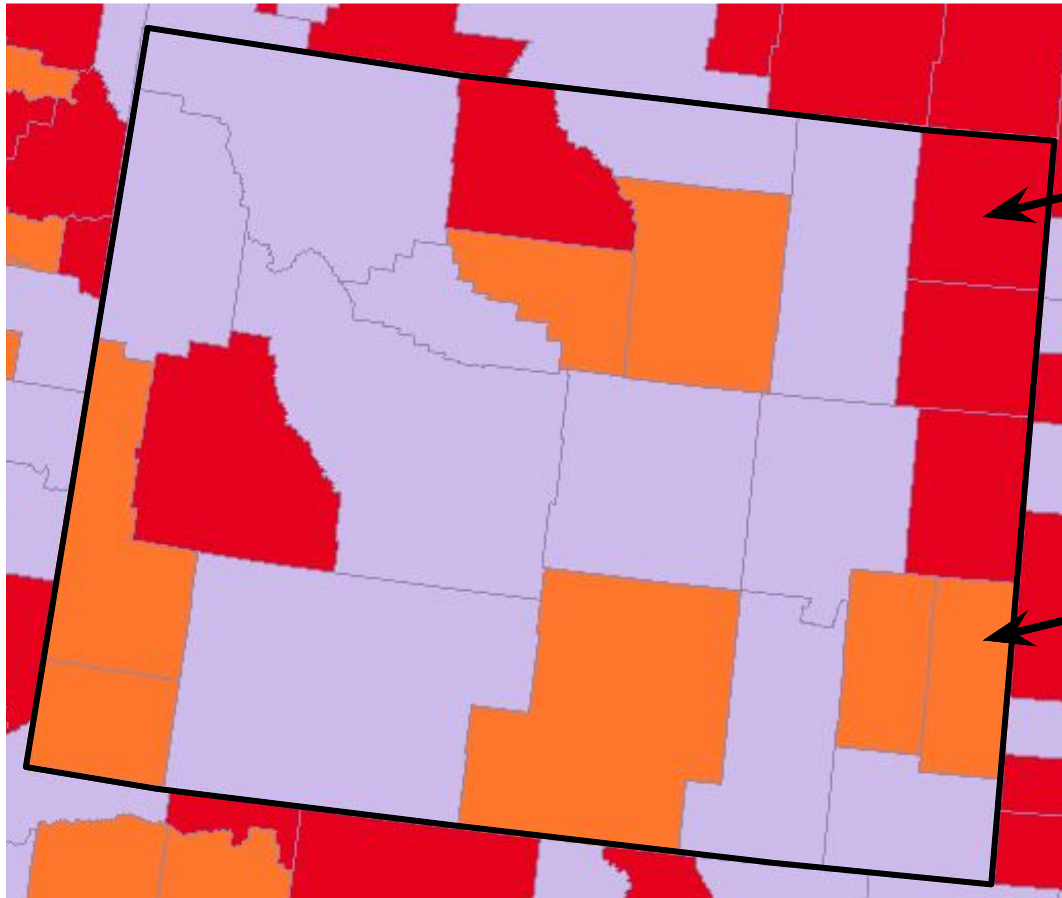
Wyoming Department of Health

April 29th, 2024

Agenda

- ➔ What is a "maternity desert"?
  - ◆ Existing definition from March of Dimes;
  - ◆ Suggested refinements to this definition; and
  - ◆ Rationale based on updated and more granular data.
- ➔ Underlying problem: hospital viability
- ➔ What is the role of the State?
  - ◆ Existing role: Medicaid as a major payer (30% of deliveries)
  - ◆ Expanded role?

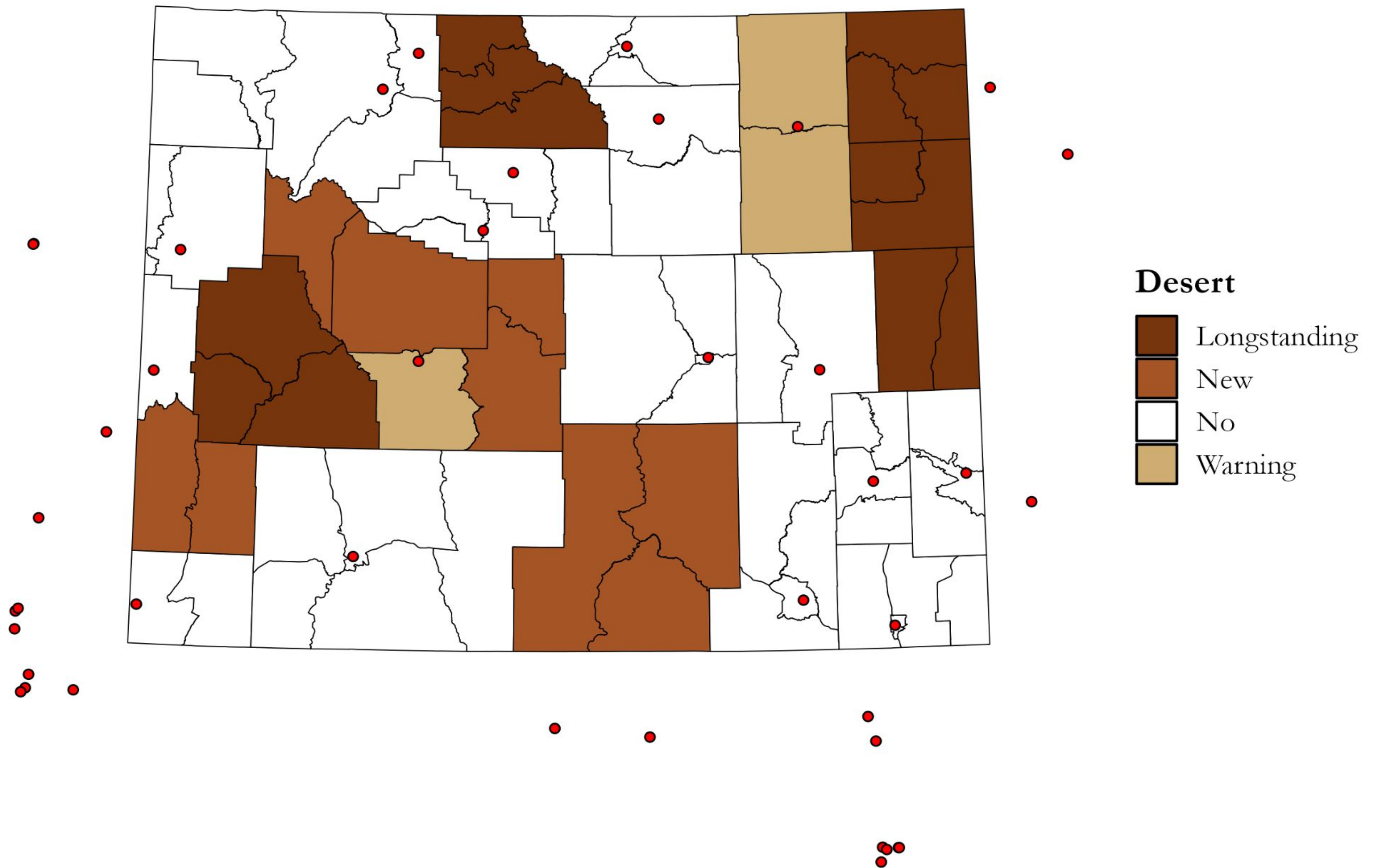
March of Dimes (2022) Classification



Maternity desert

Low access to maternity care

Suggested refinements to definition



Why are maternity deserts a problem?

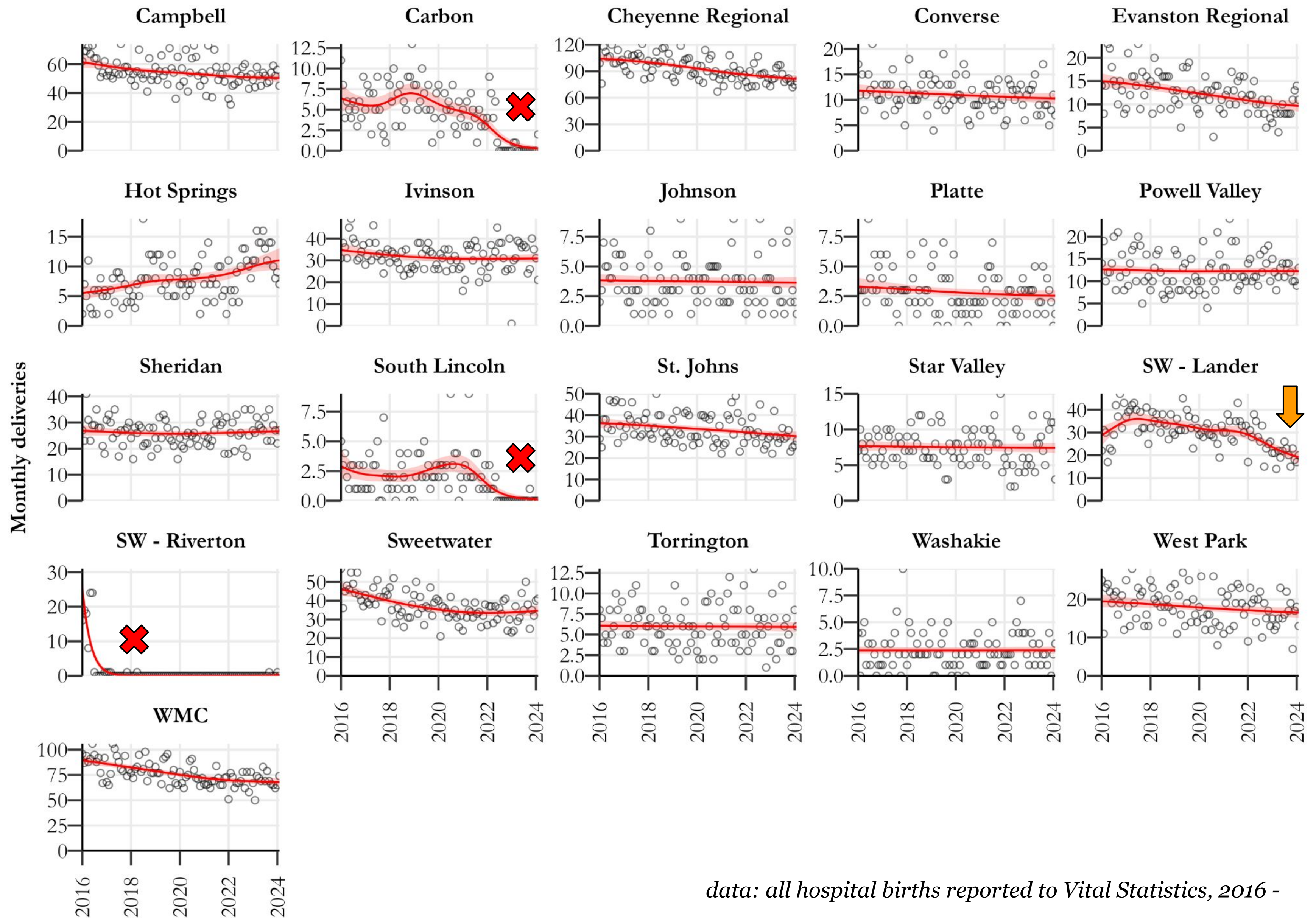
- ➔ Increased distance from delivery centers associated with increased severe maternal morbidity (SMM)
  - ◆ SMM: "unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health."
  - ◆ Increased cost due to required ambulance transport, speciality care.
- ➔ General economic viability; ability of businesses to recruit workers can depend on available healthcare options.

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2813518

Maternity care - Hospitals

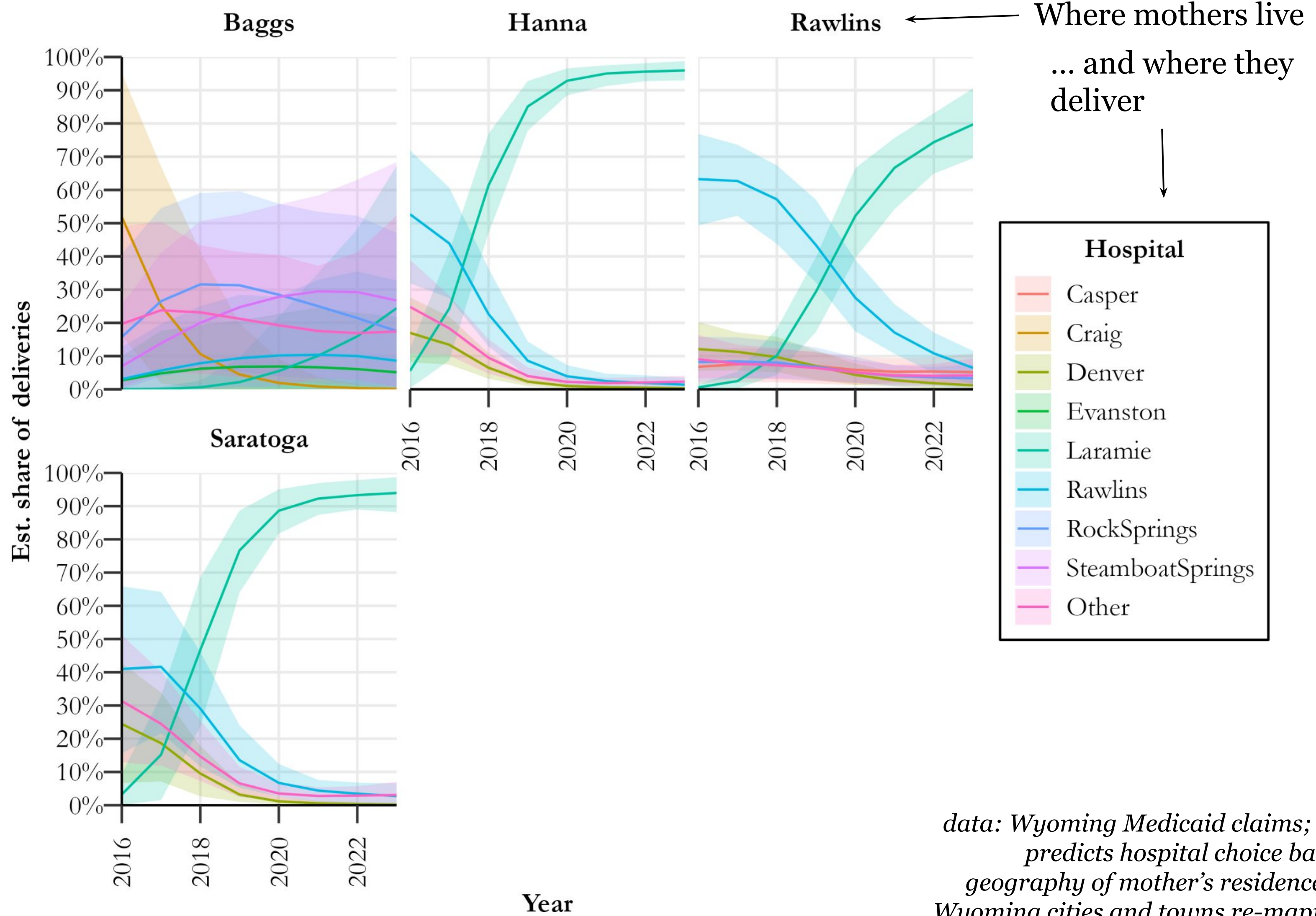
- Three (3) hospital labor & delivery units have closed since 2018 (Kemmerer, Rawlins, Riverton)
- Closures reflect financial distress and/or low volume
  - L&D units require significant nursing staff, having sufficient physicians or locum tenens on call. Usually fixed costs, regardless of volume.
  - Maternity care likely has lower margins than service lines like elective surgeries or swing bed rehabilitation (Medicaid pays for ~30% of births).
- Wyoming has four (4) Level II neonatal intensive care units (NICUs)
- We have no (0) Level III NICUs.

Wyoming hospital delivery trends



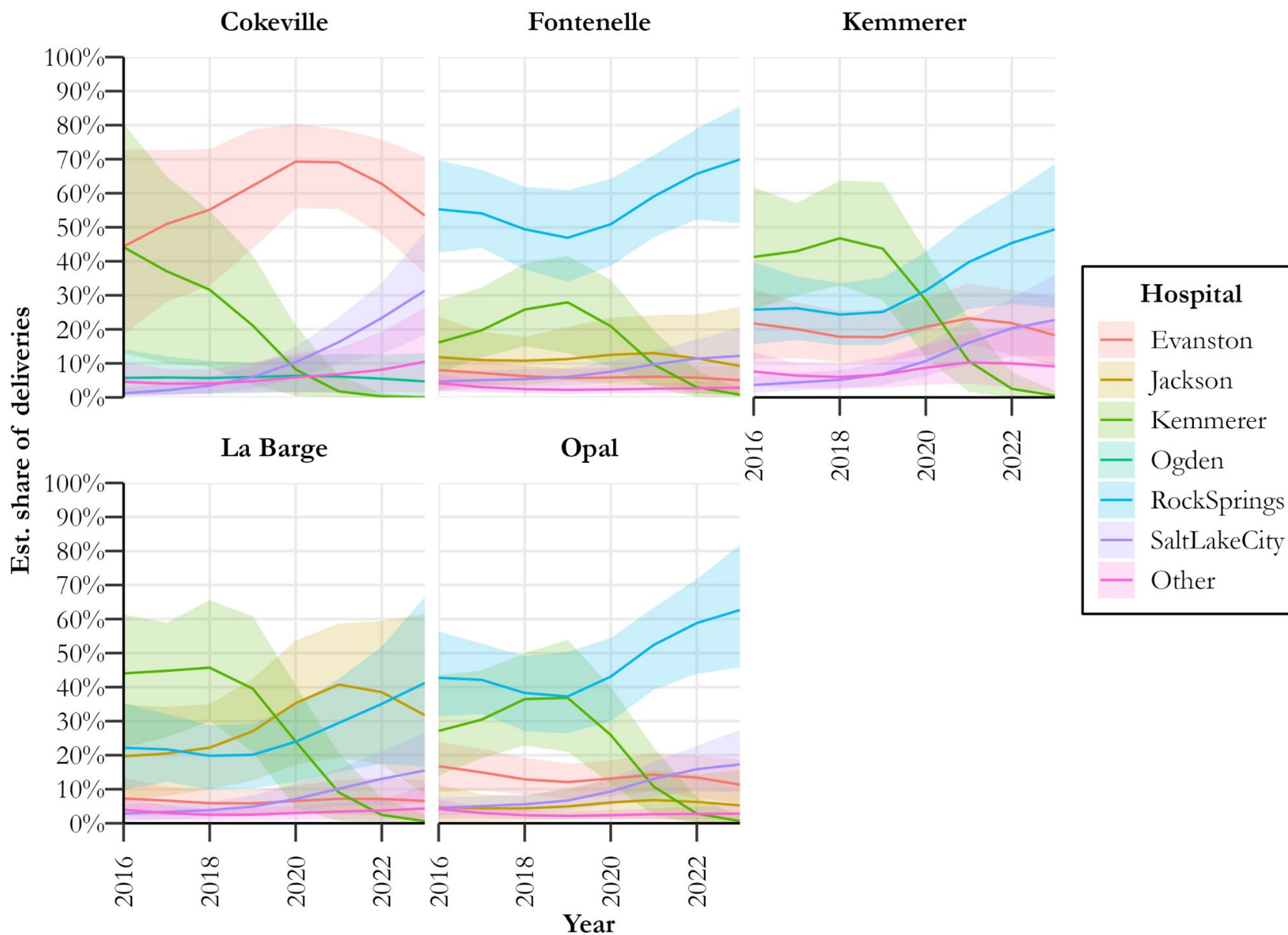
data: all hospital births reported to Vital Statistics, 2016 -

Most Carbon county moms on Medicaid now going to Laramie



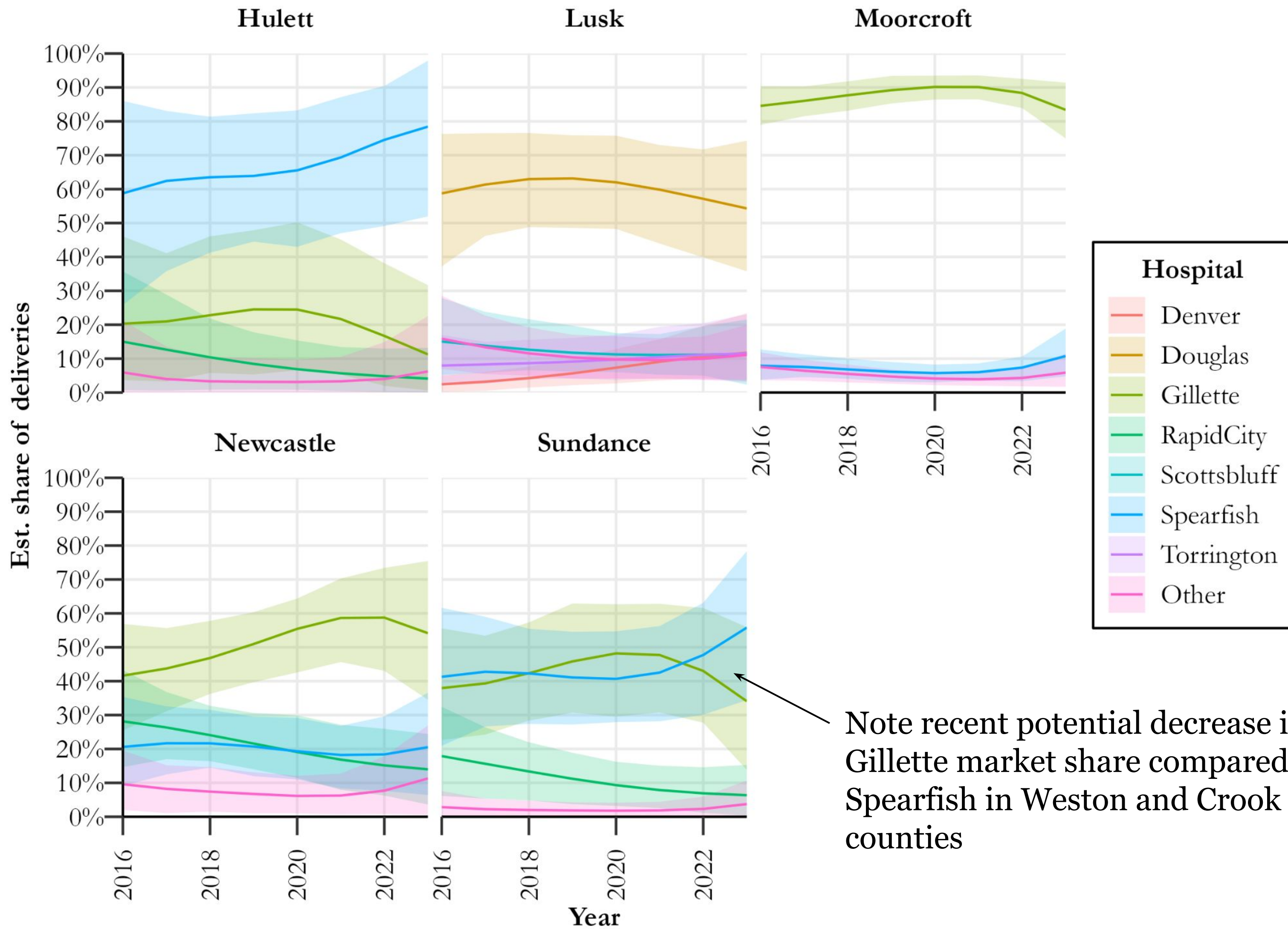
data: Wyoming Medicaid claims; model predicts hospital choice based on geography of mother's residence, with Wyoming cities and towns re-mapped by driving distance

Most S. Lincoln moms now going to Evanston or Rock Springs



data: Wyoming Medicaid

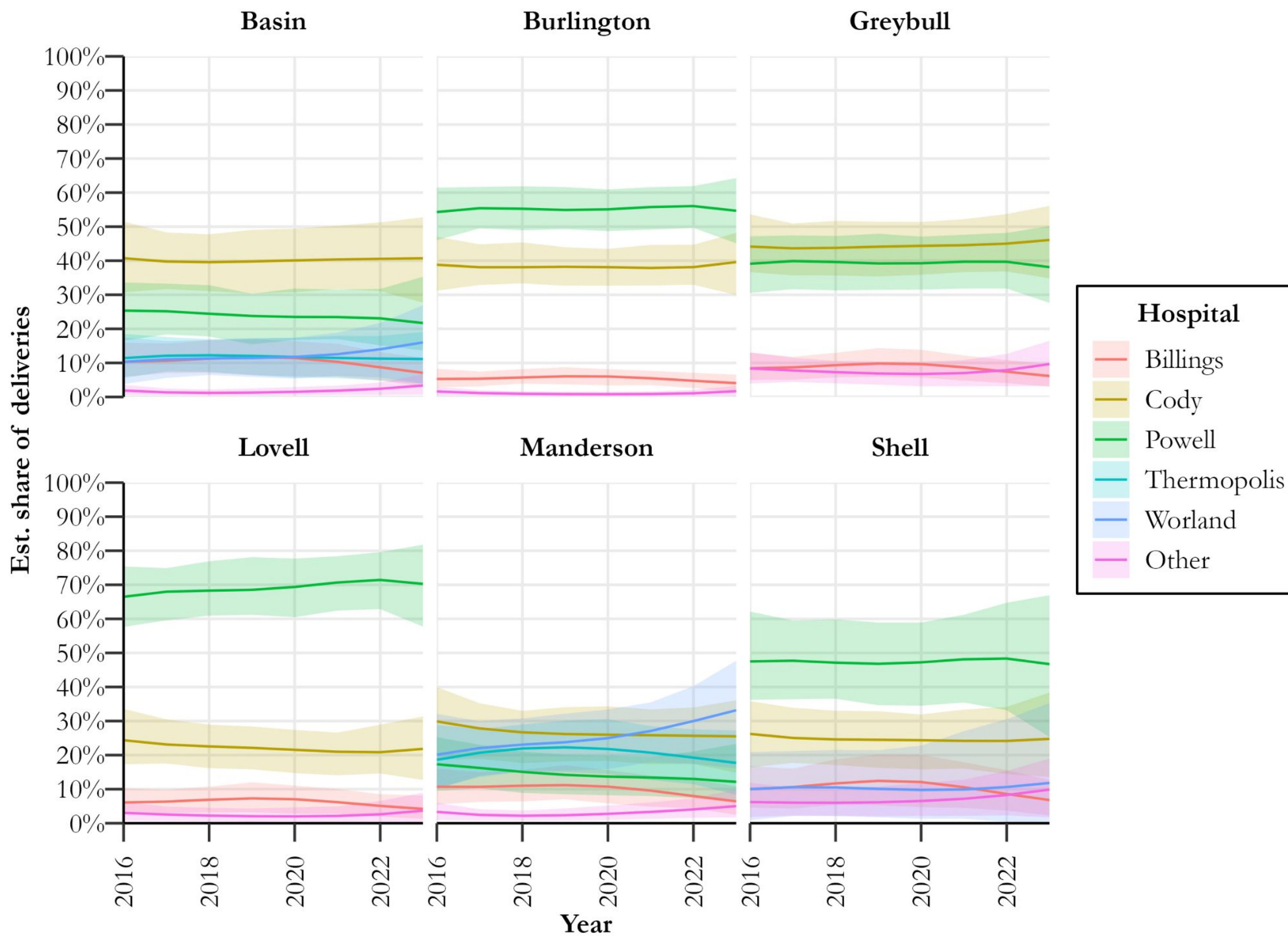
Gillette, Spearfish and Douglas serve northeast



Note recent potential decrease in Gillette market share compared with Spearfish in Weston and Crook counties

data: Wyoming Medicaid

Big Horn County trends stable; Powell, Cody, Billings, Worland

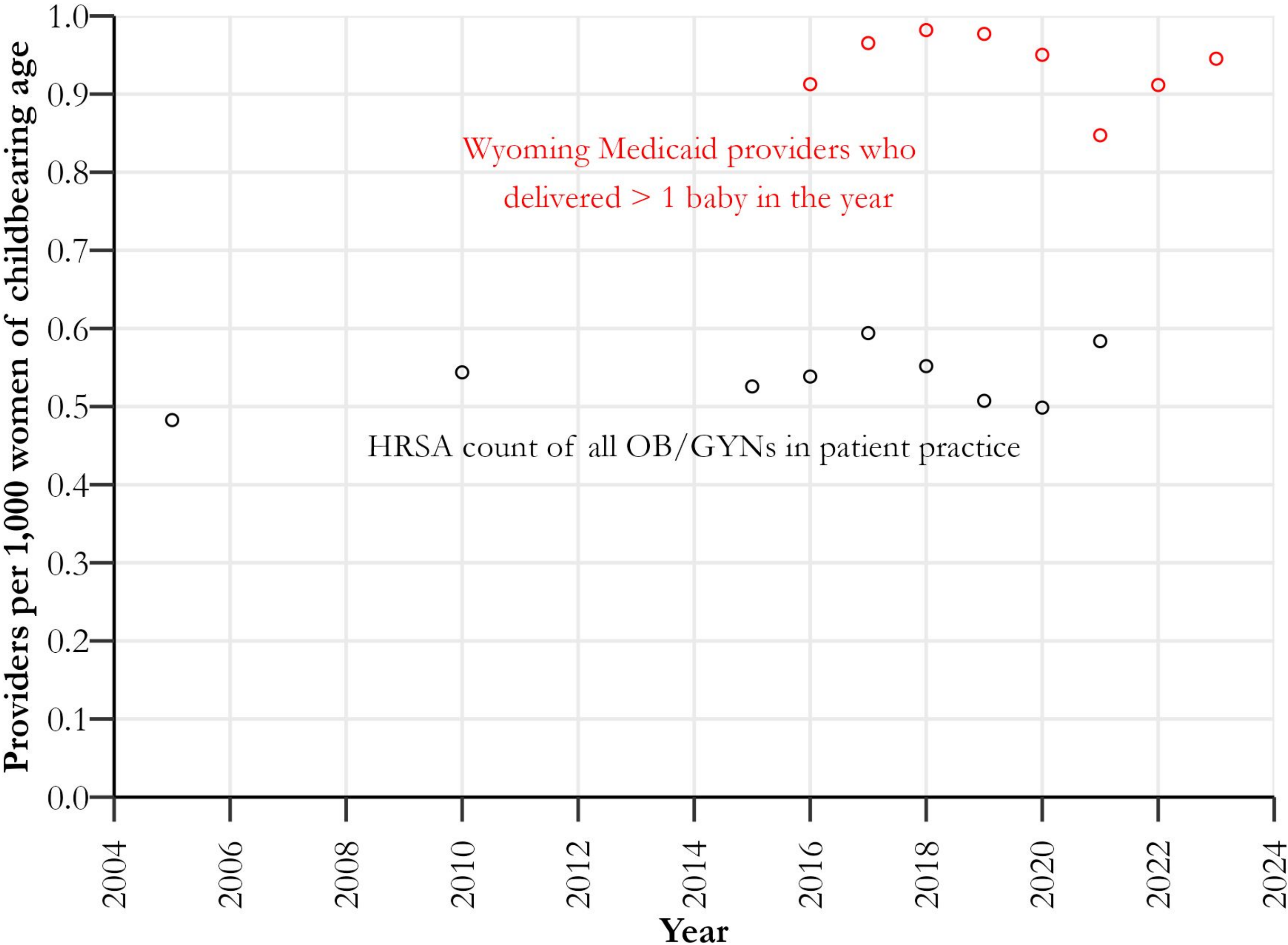


data: Wyoming Medicaid

Maternity care - Providers - Wyoming

- On statewide basis, Wyoming **comparable to national average**.
  - 47 OB/GYNs and midwives per 100,000 women 15+, compared with 46 per 100,000 nationally.
  - Ranked 21/50 states on this measure.
  - Ratio has been stable since 2005.
- **Other providers** also deliver babies (e.g. family medicine physicians).
- **Problem: significant disparities across and even within counties.**

Ratio of providers to childbearing population - Statewide



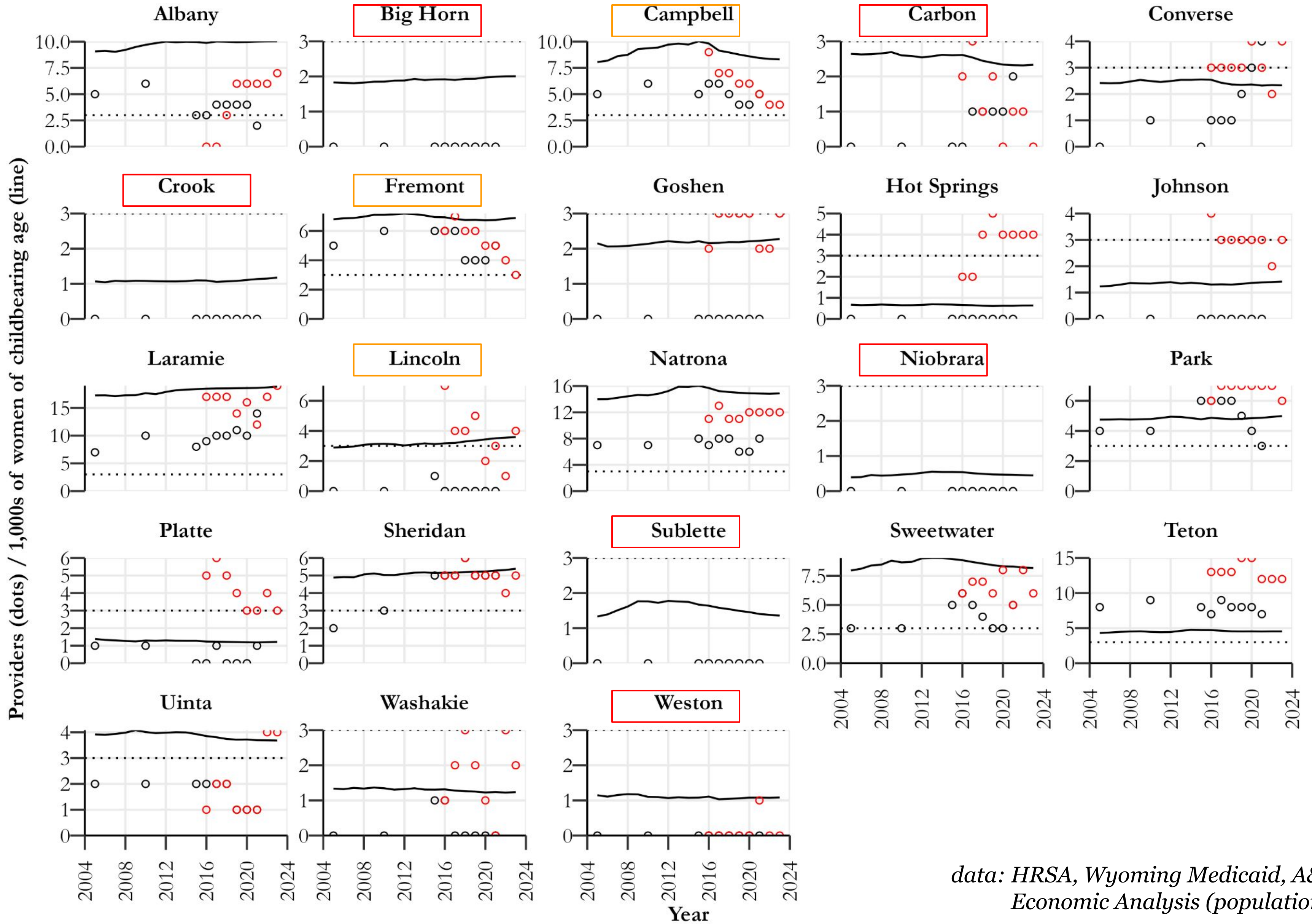
data: HRSA Area Health Resource Files (2016 - 2022) and Wyoming Medicaid claims

Many providers (not just OB/GYNs) deliver babies

A look at ~15,000 Medicaid deliveries by provider type and county from 2016 to 2023

County	Advanced Practice Midwife	Emergency Medicine	Family Medicine	Nurse Practitioner	Obstetrics & Gynecology	Other	Physician Assistant	Surgery
Albany	68	1		1	472	1	4	
Campbell			53		1,451			
Carbon		2	27		49	1		1
Converse			149		176	1		8
Fremont	300	5		1	1,213			
Goshen			161		4			
Hot Springs	14		193		6			6
Johnson			102					2
Laramie	233		309	8	2,086	1	1	
Lincoln	16		204		7			
Natrona	1		795	17	2,007	1	1	
Out-of-State	20		45	19	896	5	3	
Park	116		100		675		3	3
Platte			76		30			2
Sheridan		1		20	783			
Sweetwater	255				886			2
Teton	67		34	24	427		2	
Uinta			10		417			
Washakie		9	65		3			12

data Wyoming Medicaid claims


Ratio of providers to childbearing population - disparities across counties
Albany
Big Horn
Campbell
Carbon
Converse
Crook
Fremont
Goshen
Hot Springs
Johnson
Laramie
Lincoln
Natrona
Niobrara
Park
Platte
Sheridan
Sublette
Sweetwater
Teton
Uinta
Washakie
Weston
Providers (dots) / 1,000s of women of childbearing age (line)
Year
data: HRSA, Wyoming Medicaid, A&I Economic Analysis (population)

Primary problem: hospital viability

- ➔ Maternity deserts are first a **hospital viability problem**.
- ➔ Hospitals are the **community anchor** for labor and delivery.
  - ◆ Delivery infrastructure, nurse staffing and support is critical to successful perinatal care, esp. if things go badly.
  - ◆ Hospitals also recruit and retain OB and other delivering providers.
- ➔ L&D closures are a **symptom** of broader financial distress - load shedding unprofitable cost centers.

Primary problem: hospital viability

→ What are **underlying reasons** behind hospital stress?

- Low and decreasing volume - fewer women of childbearing age, fewer births.
- Comparatively low Medicaid payment rates (30% of births)
  - Average Medicaid paid for birth: ~ $7,500
  - Average private-pay paid: ~ $20,000
- Higher costs from:
  - Nurse labor shortages post-COVID, reliance on agency staffing.
  - Provider recruitment (e.g. locum tenens)
- Hospital administration/management challenges

Role of the State - policy options

- **Current role: options**
  - Increase Medicaid hospital payment rates for deliveries
    - Could tailor increase to smaller (CAH) hospitals
  - Increase global payments to delivering providers
  - Increase funding to provider recruitment programs
- **Expanded role: options**
  - Financial and/or management assistance to distressed hospitals
  - Malpractice risk pooling and quality improvement (Nebraska, Oregon)
  - Increasing regional coordination

Questions?

Wyoming
Department
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