

The OB/GYN shortage: from an OBHG hospitalist's perspective

High demand and a dwindling supply



As a former private-practice OB/GYN, Dr. Michael Green witnessed many of his colleagues trying to maintain their rigorous schedules as they neared retirement age. Seventeen years into his career, he was approached after a 2 a.m. delivery by a nurse who suggested that he look into hospitalist medicine. Although he first thought the idea of an OB hospitalist lifestyle seemed too good to be true, Dr. Green started researching his options. He soon decided to leave private practice behind for a career with [Ob Hospitalist Group](#) (OBHG) and he hasn't looked back yet.

Dr. Green jumped ship and began working for OBHG in September 2016. He was recently promoted to Team Lead at Northridge Hospital Medical Center in Northridge, CA, and works with a team of eight clinicians.

He isn't all that surprised that there is a national shortage of OB/GYNs. Much like the [report Doximity released in late July](#), Dr. Green attributes the lack of physicians to several issues: the absence of younger OB/GYNs in practice; high maternity workloads; and earlier retirement age. In the sections below, we provide insight from Dr. Green on each of these issues affecting the OB/GYN industry today.

Difficulty recruiting OB/GYNs

According to Dr. Green, medical students and OB/GYNs just coming out of residency these days prioritize work-life balance. They don't want an 80-to-100-hour work week, but instead wish to spend more time enjoying life outside of work hours.

In the past, OB/GYNs had a well-deserved reputation for living a very difficult lifestyle and working crazy hours.

"This time last year, 80 hours was a light work week for me, 100 was the norm, and occasionally I would work 120 hours in a week," said Dr. Green. "People don't want to do that. There needs to be time for things outside of medicine."

Supply and demand gap and heavier workloads

The healthcare industry has seen a tremendous amount of change since the advent of Obamacare. Now that millions of once uninsured patients have coverage, the system is stretched, said Dr. Green. The patient volume increased but the number of clinicians did not. Reimbursement payments from insurance companies have also decreased over the years.

“When I started in private practice in 1999, OB/GYNs could do 10 to 15 deliveries per month and make a really nice living,” said Dr. Green. “When I left practice last year, we were doing 30 to 40 deliveries, and we still weren’t making as much money. Every year, I was working harder and harder but making less money.”

Another factor affecting the supply of OB/GYNs is the cost of malpractice coverage. In the past, many family doctors performed deliveries. Now, this is not the case due to increased malpractice coverage fees.

Dr. Green also attributes the dawn of electronic medical records (EMR) to the increased physician workload, especially for older clinicians.

“If I could go back and do one thing over again, I would take a typing class,” he said.

According to Dr. Green, many older physicians are not technically savvy, and it often takes them longer to work on the EMR than with the previous pen and paper method of keeping records.

“Physicians are struggling to get the EMR done each day, and they either can’t take as many patients or they stay after hours or come in on a Saturday to get their charts done.”

Early retirement

Along with the increasing number of medical students choosing shift work such as emergency medicine over obstetrics, a generation of experienced OB/GYNs have recently retired or are planning to soon.

“Anybody who could retire, has retired in the last five years or so,” Dr. Green noted. “The work has gotten too hard and the changes too extreme.”

There are some financial barriers that can keep obstetricians from simply reducing their work hours as they get older.

“If you’re in private practice and you’re paying your own malpractice, they don’t charge you any less if you work part time,” said Dr. Green. “For instance, if you are close to retirement age and want to slow down to working just a couple of shifts per week, you can’t, because the overhead is too high.”

Although many OB/GYNs would like to slow down, they are bound by their overhead.

“There are a lot of people who are 65 or older who would like to get out of the rat race of private practice, but they’re basically handcuffed by their malpractice company.”

How OBHG can help

Dr. Green says the opportunities hospitalist medicine provides open up a whole new world for obstetricians. In addition to fully paid medical malpractice coverage, OBHG offers flexibility, a predictable schedule and ample time off. This allows physicians to continue practicing later in life and extend their careers, while [avoiding burnout](#).

“I’ve got another 7 to 10 years of working hard, and then I’m going to want to slow down, and OBHG allows you to do that. You can work just a few shifts per month if you want.”

The [hospitalist lifestyle](#) frees physicians from the frustrations of excessive paperwork and the many administrative demands that come with running a business. They can focus their energies on the passion that led them to pursue medicine in the first place – caring for patients.

“I’m really happy with OBHG,” says Dr. Green. “This has been an amazing transition for me. It’s probably one of the best decisions I’ve made in my life.”

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