Obstetric Residencies Ranked by Grads' Skills

BY MARY ANN MOON

Obstetric residency programs can be ranked according to the complication rates among patients delivered at the program’s hospitals, according to a report in JAMA.

The investigators evaluated risk-adjusted rates of maternal complications in 4,906,169 births in New York and Florida between 1992 and 2002, “as measures of the quality of care provided by 4,124 graduates of 107 U.S. residency programs who attended these births. These residency programs were distributed among 22 states and represented 43% of the 249 currently accredited obstetric residency programs in the United States.”

Six categories of complications were assessed individually and in three composites, for a total of nine measures. For vaginal births, lacerations, hemorrhage, and all other maternal complications such as infections and thrombotic events were assessed; for cesarean deliveries, hemorrhage, infection, and all other complications such as operative and thrombotic events were assessed.

The rate of each outcome for each residency program was estimated after the data were adjusted to account for numerous patient, hospital, and physician characteristics.

The complication rates of physicians trained in residency programs in the top quintile were substantially lower (about 33% lower) than those of physicians trained in residency programs in the bottom quintile. “In general, the bottom-quintile programs had complication rates approximately one-third higher than those of the top-quintile programs,” Dr. Asch and his colleagues wrote. (JAMA 2009;302:1277-83.)

The rankings remained consistent when the data were broken down by the nine individual complication measures, suggesting that “these rates may reflect good measures of overall quality” in residency programs, they wrote.

A separate analysis was performed to examine “whether the estimated program rankings result from differences in a residency program’s ability to attract talented residents,” as opposed to its ability to improve residents’ skills. Medical licensure test scores were available for a subset of 74% of the obstetricians in this study. Analysis showed that “physicians with the most experience had lower complication rates approximately one-third lower (about 33%) than those of their mentors,” they wrote. (JAMA 2009;302:1277-83.)

Women’s Health Is Up for Debate

Women’s issues made their way to the forefront of the health reform debate in Washington. House Speaker Nancy Pelosi (D-Calif.) asserted last month that women have the most to gain under health reform. On her Web site, the speaker said, for instance, that women are charged up to 48% more than men for individual health insurance. The version of health care reform that Rep. Pelosi favored would for- bid insurance companies from using “gender rating” to charge women more for the same coverage. It also would make maternity care an essential service required in all insurance plans that participate in the health insurance market as changes that are proposed in some bills in Congress. Currently, only 14 states require maternity coverage in policies available on the individual market, and most policies available to individuals do not include it, according to the agency’s Healthcare Cost and Utilization Project.

Sister Study Enrolls 50,000th

The National Institutes of Health has enrolled 50,884 women to participate in its study of those with sisters who had breast cancer. The Sister Study was launched in 2004, and this year reached a milestone when it enrolled more than 50,000 women. The 10-year study of environmental and genetic factors that influence breast cancer risk examines why some women who appear to be at increased risk don’t develop the disease. Participants are asked to complete brief yearly updates on their health and to share more detailed information on changes in health, jobs, and lifestyle every 2 or 3 years. Approximately 900 participants have reported being diagnosed with breast cancer since 2004. For those women, the researchers are collecting additional information about diagnoses and treatments. For more information, visit the Web site www.sisterstudy.org.

State Bans Insurance Gender Bias

It will soon be illegal for health insurance companies in California to charge higher premiums to women based solely on their gender, thanks to a new law signed by California Gov. Arnold Schwarzenegger (R) last month. The law closes a loophole that allowed insurers to charge women more than men for insurance. Under the new bill, women could point to specific actuarial data. The law eliminates the exception for all insurance contracts issued, amended, or renewed on or after Jan. 1, 2011. Only 10 other states ban this practice, called gender rating, in the individual insurance market, according to the National Women’s Law Center.