

*The Critical Role of Ob Hospitalists in Patient Safety
and Reducing Maternal Mortality Disparities*



**SOGH 2018 Hospitalist
Employment & Salary Survey**

SOGH Survey Committee

- Katrice Latrece
- Cate Stika

2016 SOGH Salary & Employment Survey

Survey was emailed to all members of SOGH: 898 (mean, range 856 – 928)

Initial email blast: September 27, 2018

Reminder letters were sent out 5 times

Last email blast: January 10, 2019

380

Responses

42.3% response rate

82% completed survey – 34.4%



What is an Ob/Gyn Hospitalist?

How is our job different than that of a generalist?

In the February 2016 issue of *Obstetrics & Gynecology* (Vol 127(2), February 2016, p 393–397), the SOGH Board of Directors authored a “Current Commentary”, defining the roles of Ob-Gyn hospitalists, as follows:

- A **hospitalist** is a physician who specializes in the practice of hospital medicine.
- An **obstetric hospitalist** is an ob-gyn who specializes in the practice of hospital obstetrics. This may include (but is not limited to) the obstetric triage unit, labor and delivery, the antepartum unit, and the postpartum unit. An obstetric hospitalist has no gynecologic or gynecologic surgery responsibilities.



What is an Ob/Gyn Hospitalist?

How is our job different than an a generalist?

- An **obstetric and gynecologic hospitalist** is an ob-gyn who specializes in the practice of hospital obstetric and gynecologic care. This may include (but is not limited to) the obstetric triage unit, labor and delivery, the antepartum unit, the postpartum unit, the emergency department, emergent gynecologic surgery, inpatient medical and critical care units, and consultative inpatient obstetric and gynecologic services.
- An **obstetric or obstetric and gynecologic hospital medicine practice** is a practice that uses hospitalists to provide patient care and minimizes the use of non-hospitalist ob-gyns.



How would you best describe yourself?

Responses: 380



Job Description	Respondent Number
Ob or Ob/Gyn Hospitalist	334
General Ob/Gyn who works as a hospitalist some of the time as part of their primary work	29
General Ob/Gyn who sometimes works as an independent hospitalist	6
A general Ob/Gyn in general practice, including private & academic practices	3
None of the above	8

How would you best describe yourself?

Eliminated non-hospitalists and No data

Responses: 380

Job Description		Respondent Number		%
→	Ob or Ob/Gyn Hospitalist	334	326	90.6
→	General Ob/Gyn who works as a hospitalist some of the time as part of their primary work	29	28	7.8
→	General Ob/Gyn who sometimes works as an independent hospitalist	6	6	1.6
	A general Ob/Gyn in general practice, including private & academic practices	3		
	None of the above	8		

360

Which best describes us?

Answered: 319

Employment Type	Number	%
Employee of a staffing group	176	55.2
Hospital employee	88	27.6
Fulltime academic faculty	21	6.6
Independent contractor	17	5.3
Large multispecialty group, <i>e.g.</i> Kaiser	8	2.5
Employee or partner of a private Ob/Gyn group	7	2.2
Employee or partner of a private MFM group	2	0.6
Government employed physician	0	0

Which best describes us? Comparisons between 2016 & 2018

Employment Type	2018 Num	2018 %	2016 Num	2016 %
Employee of a staffing group	176	55.2	67	27.1
Hospital employee	88	27.6	119	48.2
Fulltime academic faculty	21	6.6	13	5.3
Independent contractor	17	5.3	22	8.9
Large multispecialty group, <i>e.g.</i> Kaiser	8	2.5	8	3.2
Employee or partner of a private Ob/Gyn	7	2.2	11	4.5
Employee or partner of a private MFM	2	0.6	4	1.6
Government employed physician	0	0	3	1.2
Total Number Respondents	319		247	

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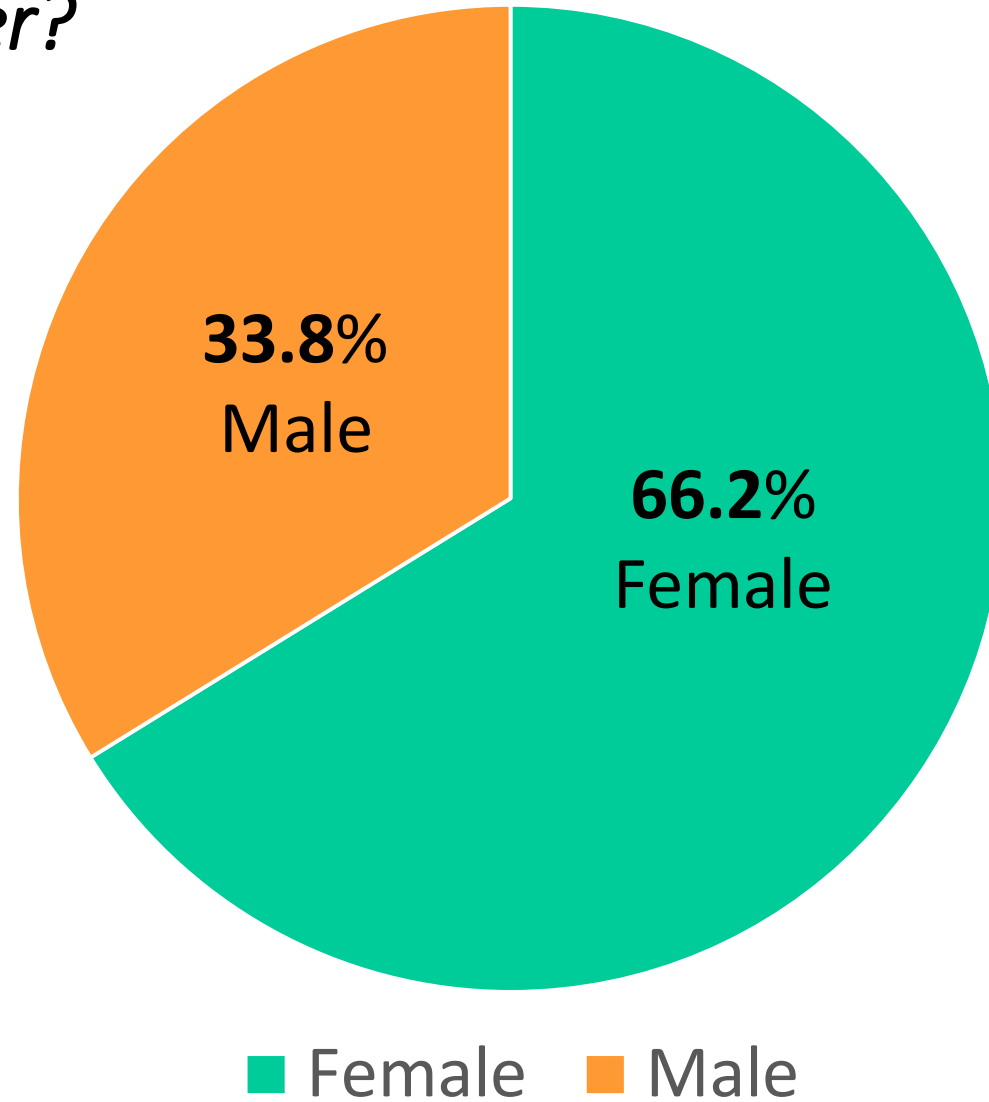
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Basic Demographics

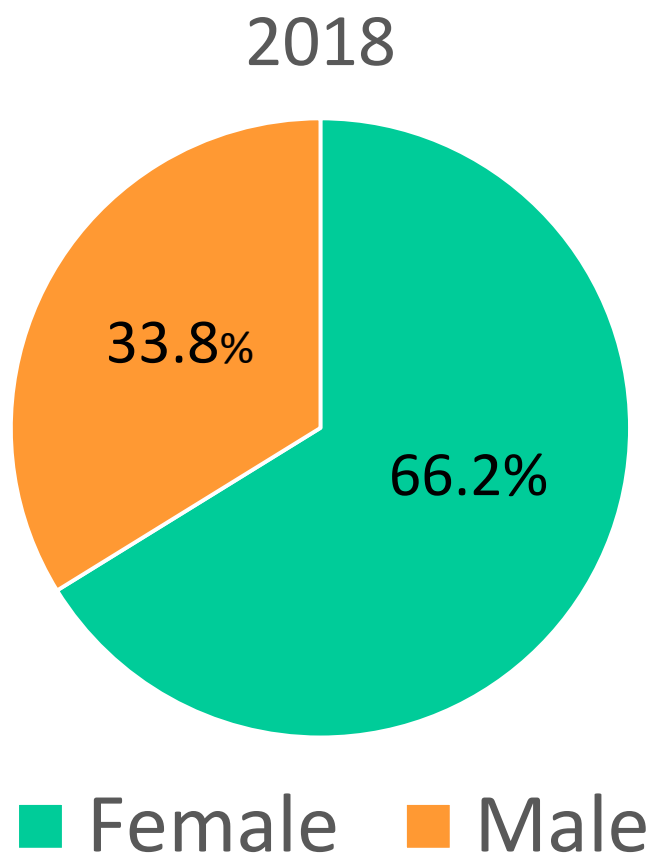
What is our gender?

N: 358

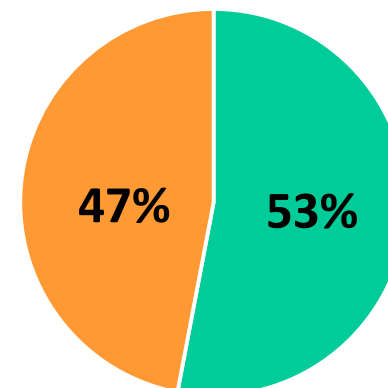


What is our gender?

N: 358

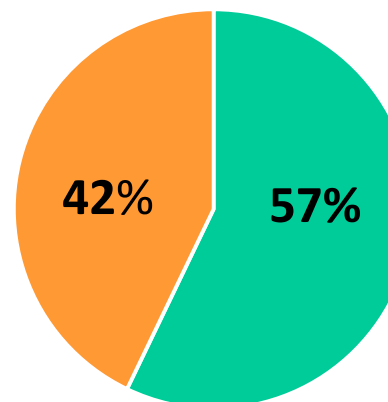


2014



■ Female ■ Male

2016

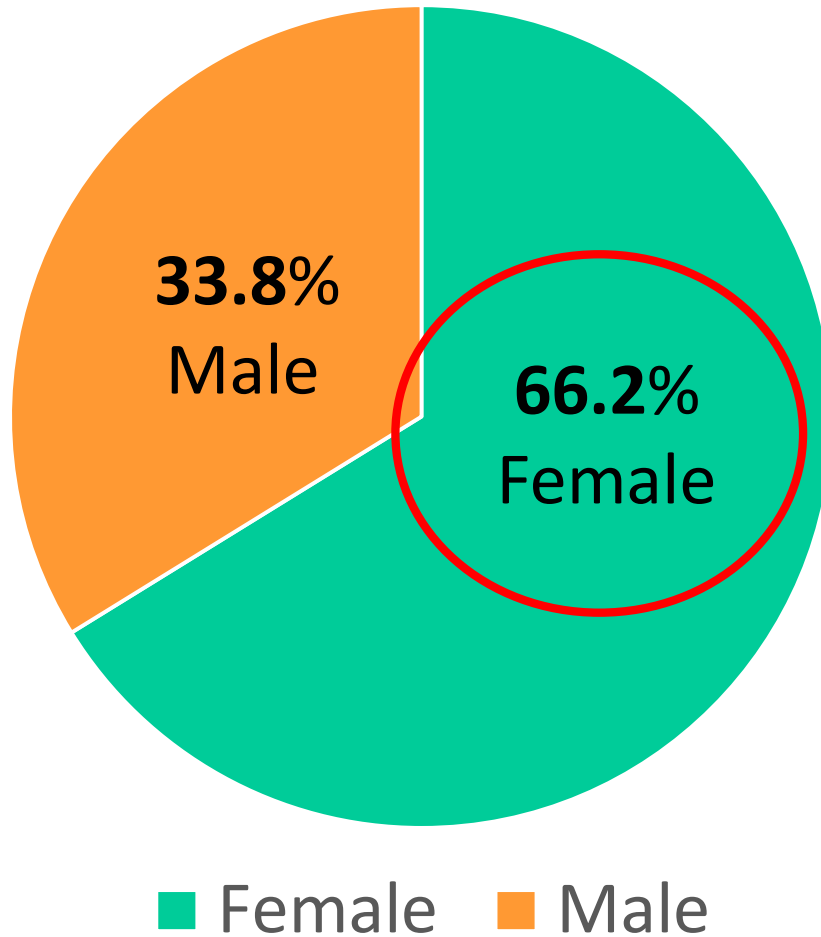


■ Female ■ Male

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What is our gender? Compared to overall ACOG Fellows:

N: 358



Percentage of ACOG Fellows: Female

2012: 47%*

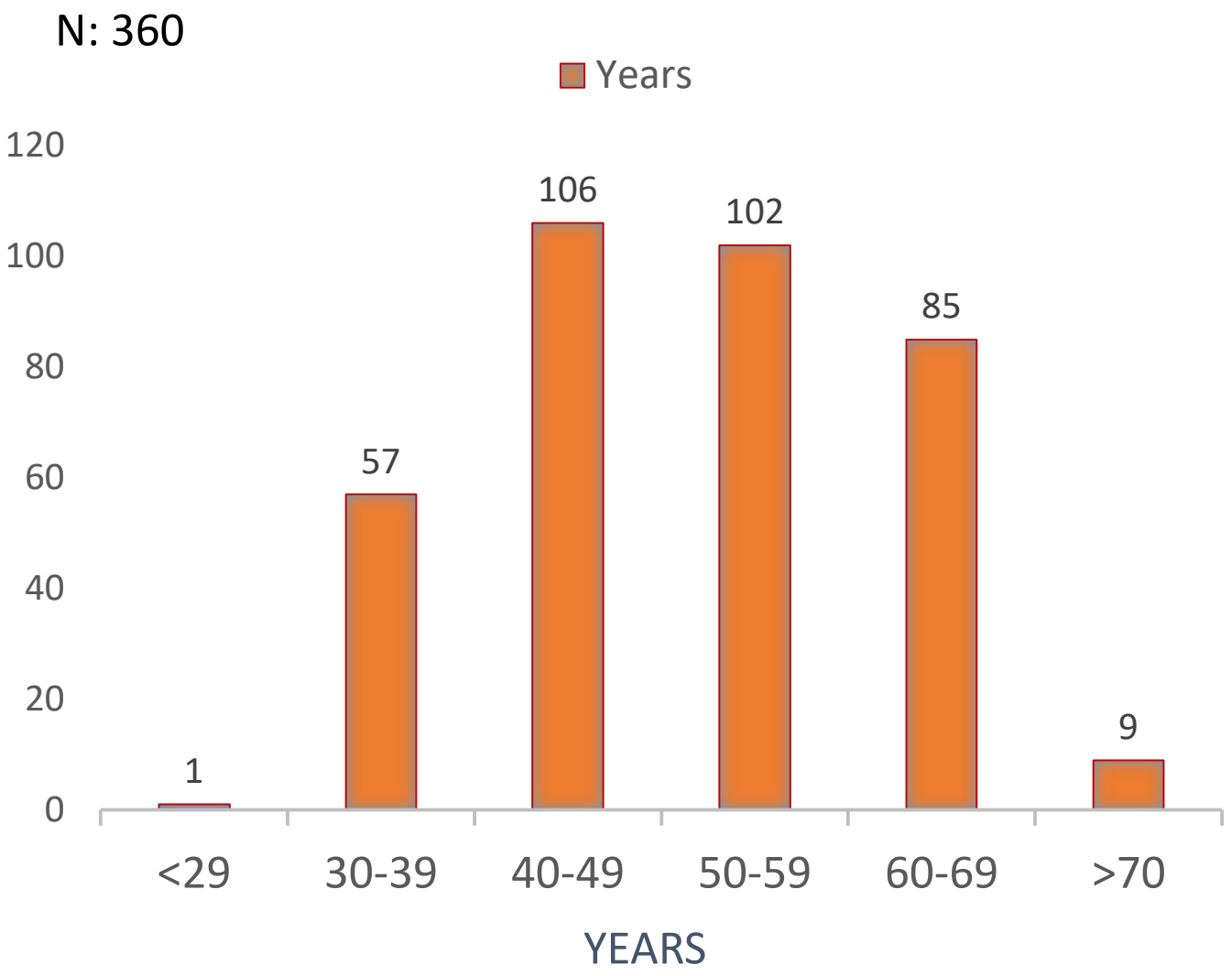
2017: 58.7%**

* AAMC Physician Specialty Data Book

**ACOG: The Obstetrician-Gynecologist Workforce 2017

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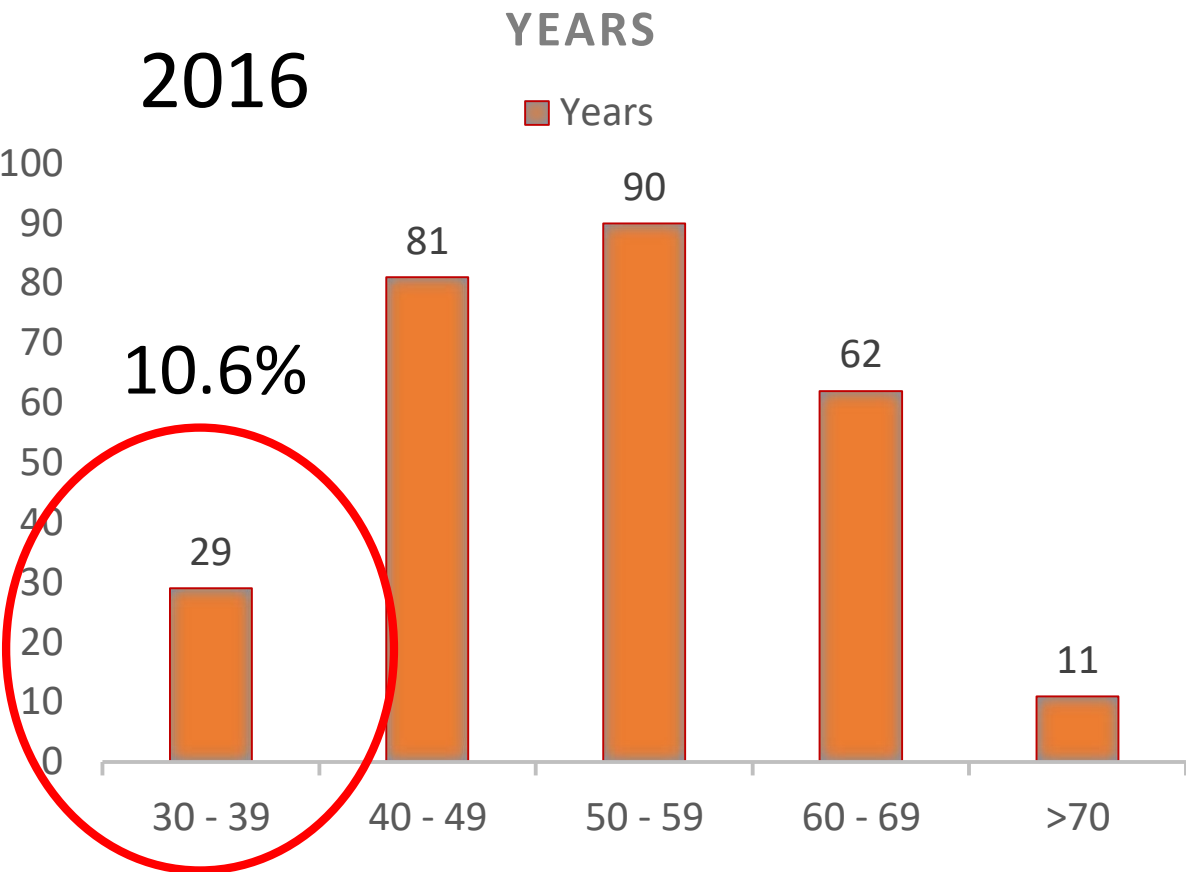
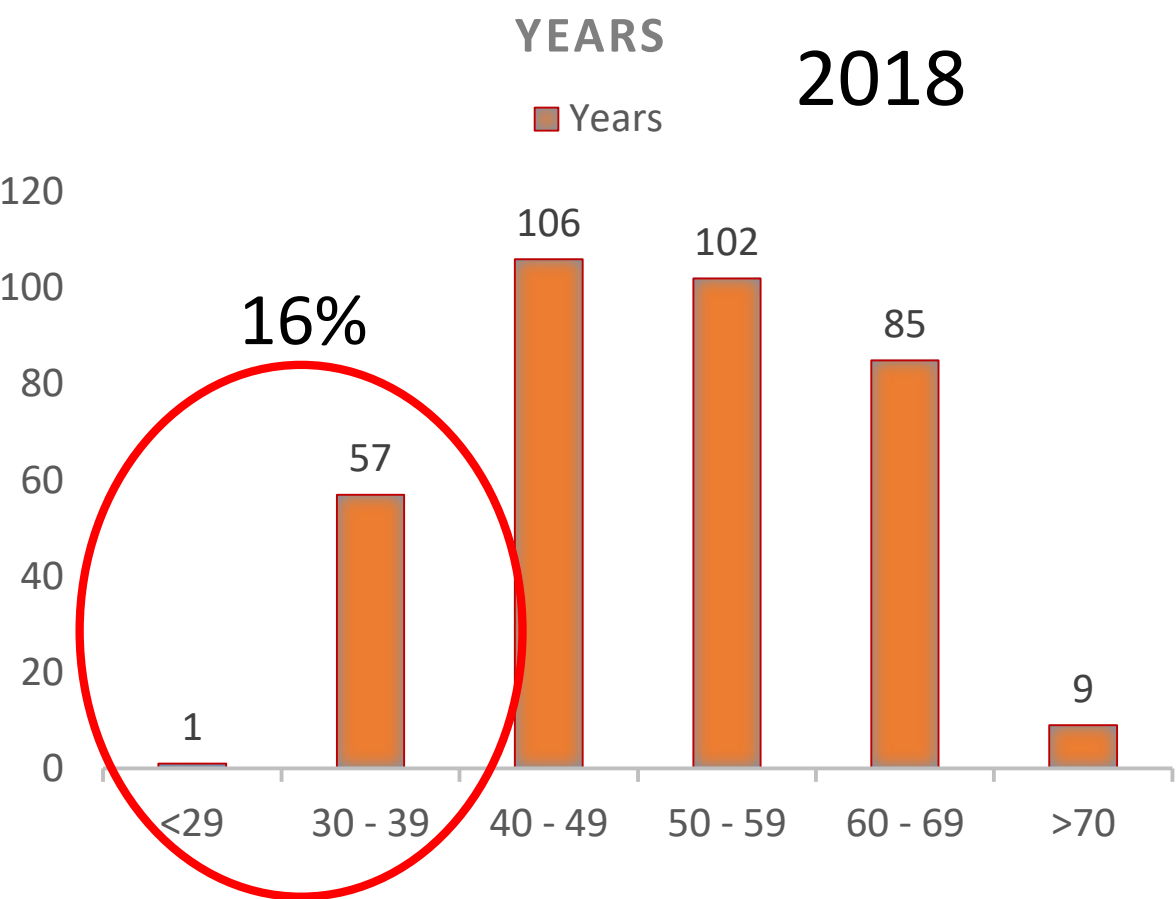
How old are we?



Age (y)	Number	%
< 29	1	0.28
30 – 39	57	15.8
40 – 49	106	29.4
50 – 59	102	28.3
60 – 69	85	23.6
> 70	9	2.5
Total	360	

How old are we?

Answered: 360



How many years after completion of our residency did we begin our work as a hospitalist? 2018 compared to 2014 & 2016

Years post-residency	2018 Number	2018 N=354 %	2016 N=269 %	2014 N=306 %
0 – 1	12	3.39	3.72	0
1 – 5	64	18.08	12.27	8
6 – 10	61	17.23	16.36	16
11 – 20	99	27.97	30.86	28.4
21 - 30	91	25.71	28.62	30.7
31 - 40	26	7.34	6.69	15
≥ 41	1	0.28	1.49	1
Total Number	354			

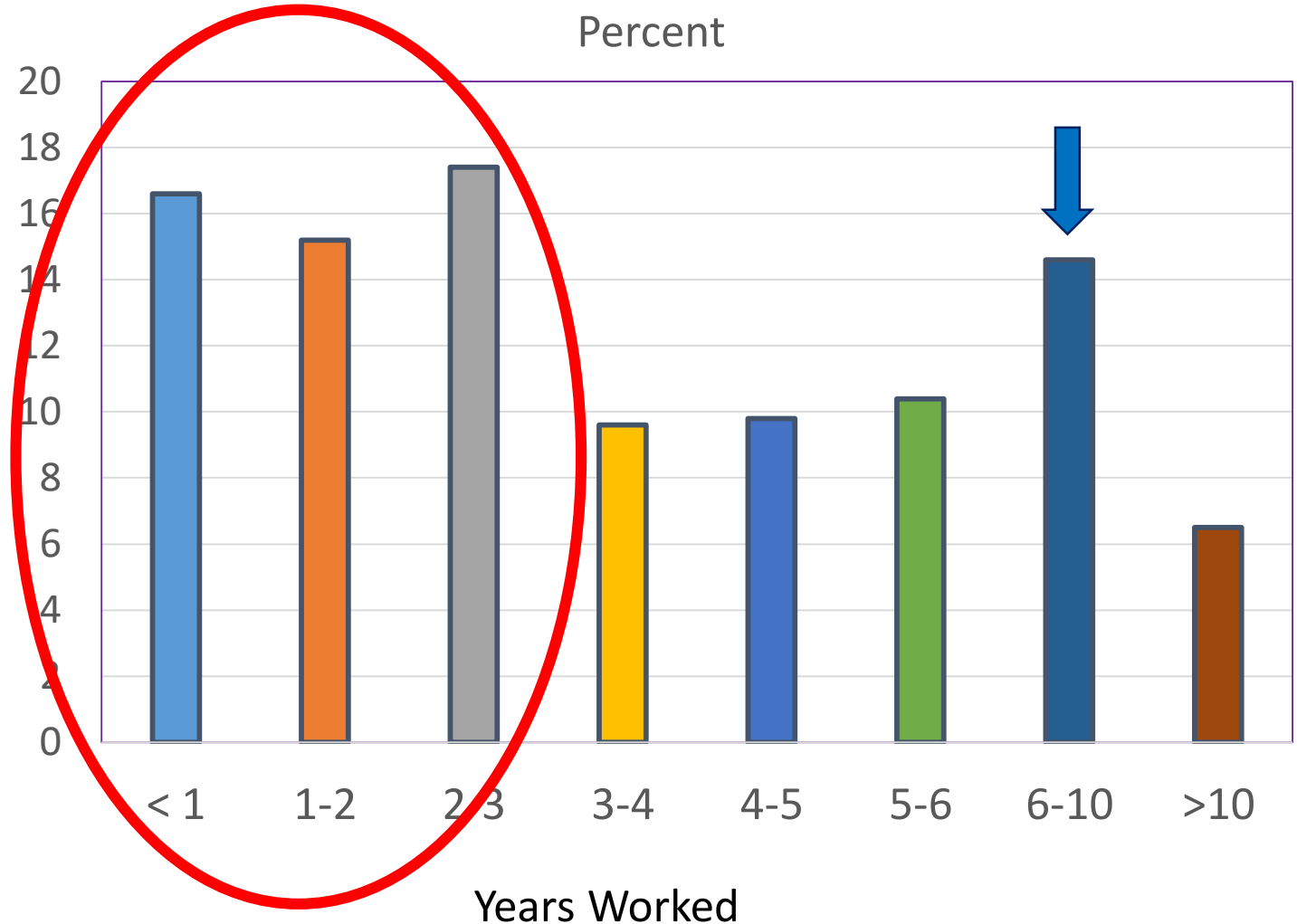
More of us are becoming hospitalists earlier in our careers.

How many years have we been working exclusively as an Ob/Gyn hospitalist?

Answered: 356

Although you can still see a spike corresponding to the first wave of Hospitalist pioneers, there has been a striking increase in the numbers of us becoming hospitalists within the past 3 years.

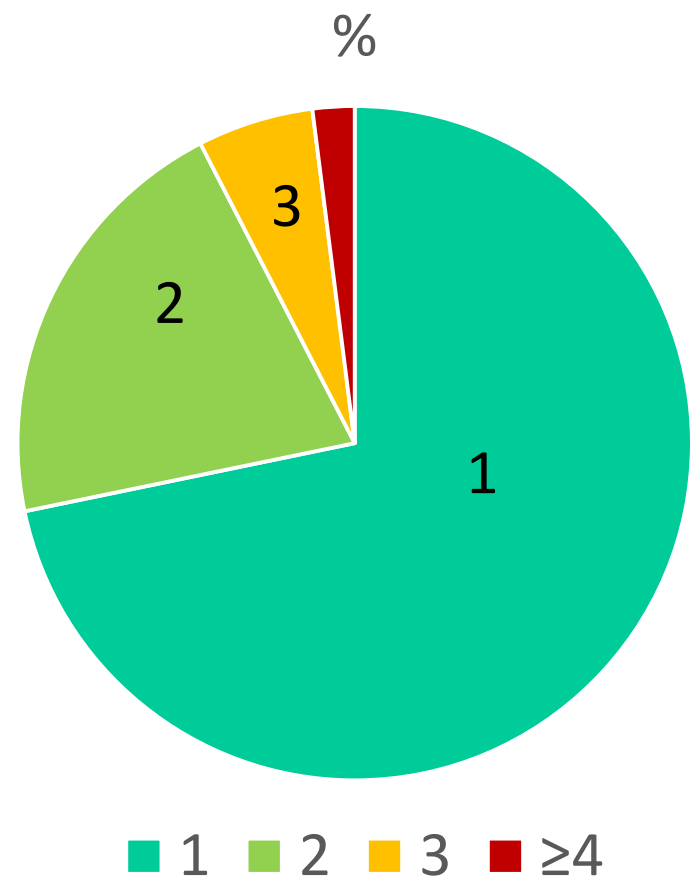
Our numbers are growing!



Our Hospitals

At how many hospitals do each of us work?

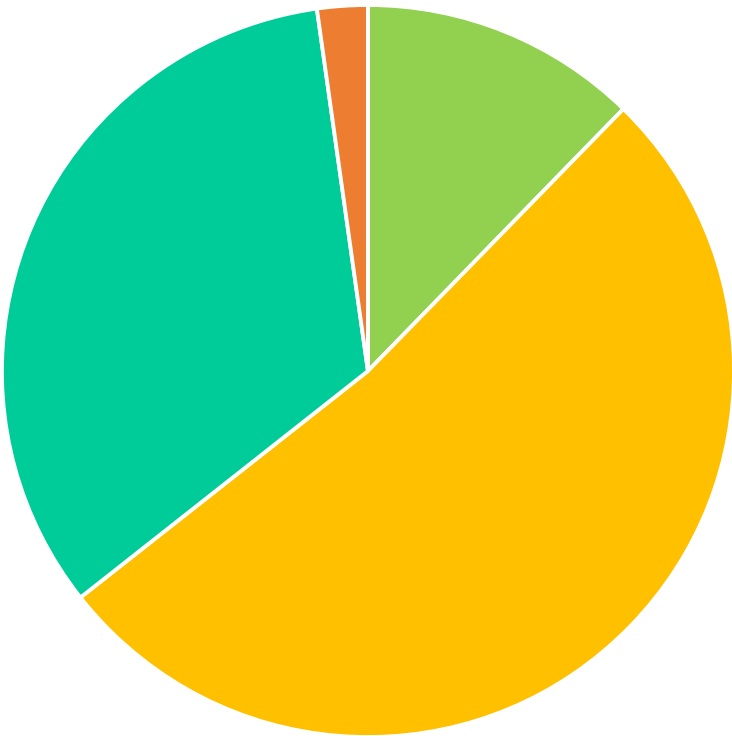
N: 352



Number of Hospitals	Number of Respondents	%
1	250	71.01
2	72	20.45
3	23	5.53
≥ 4	7	1.99

Which of the following best describes our hospitalist practice locations and patient composition?

N: 359 %

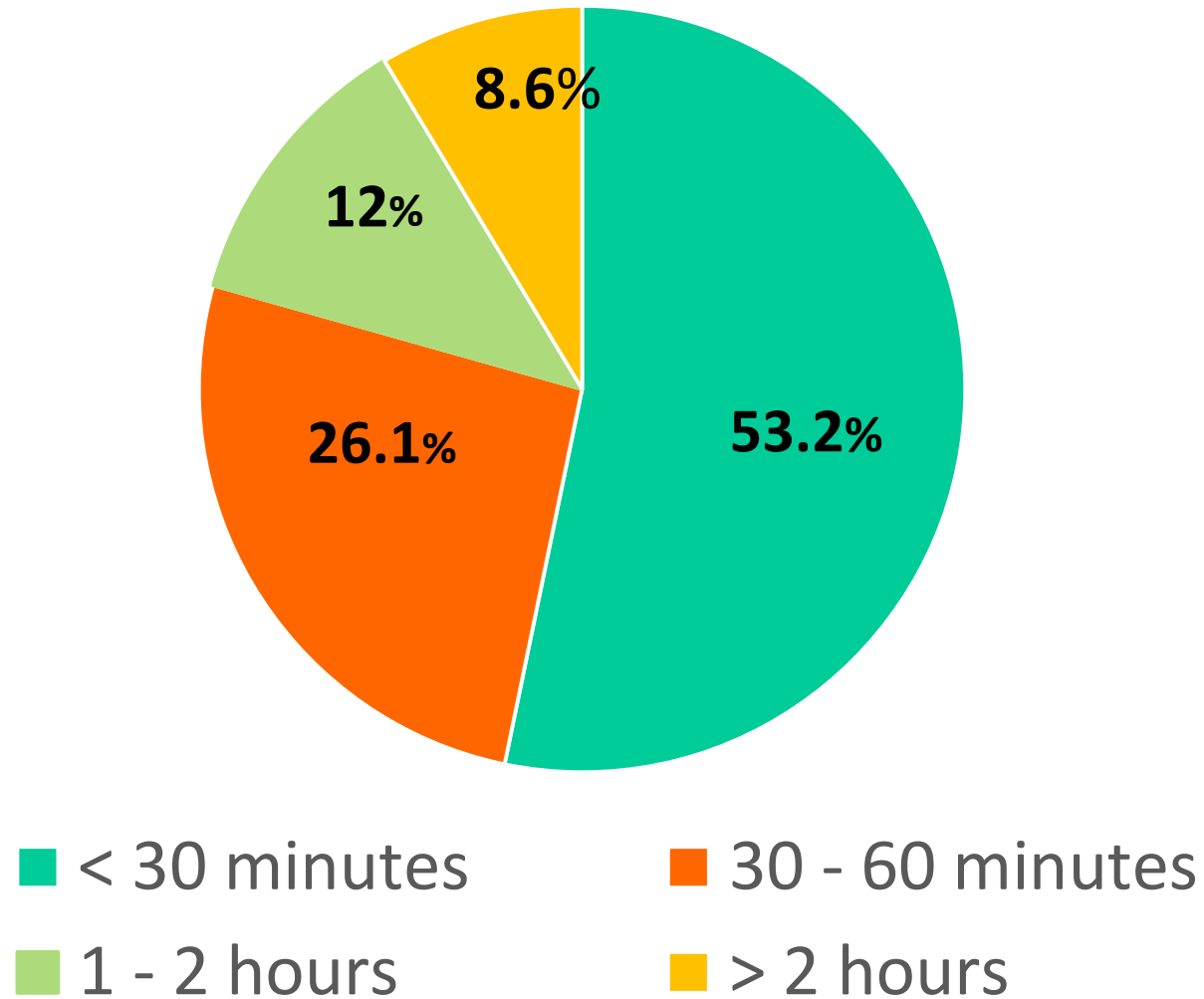


Hospital	Number	%
Urban, Inner City, Indigent	44	12.3
Urban, mixed composition	187	52.1
Suburban	120	33.4
Rural	8	2.23

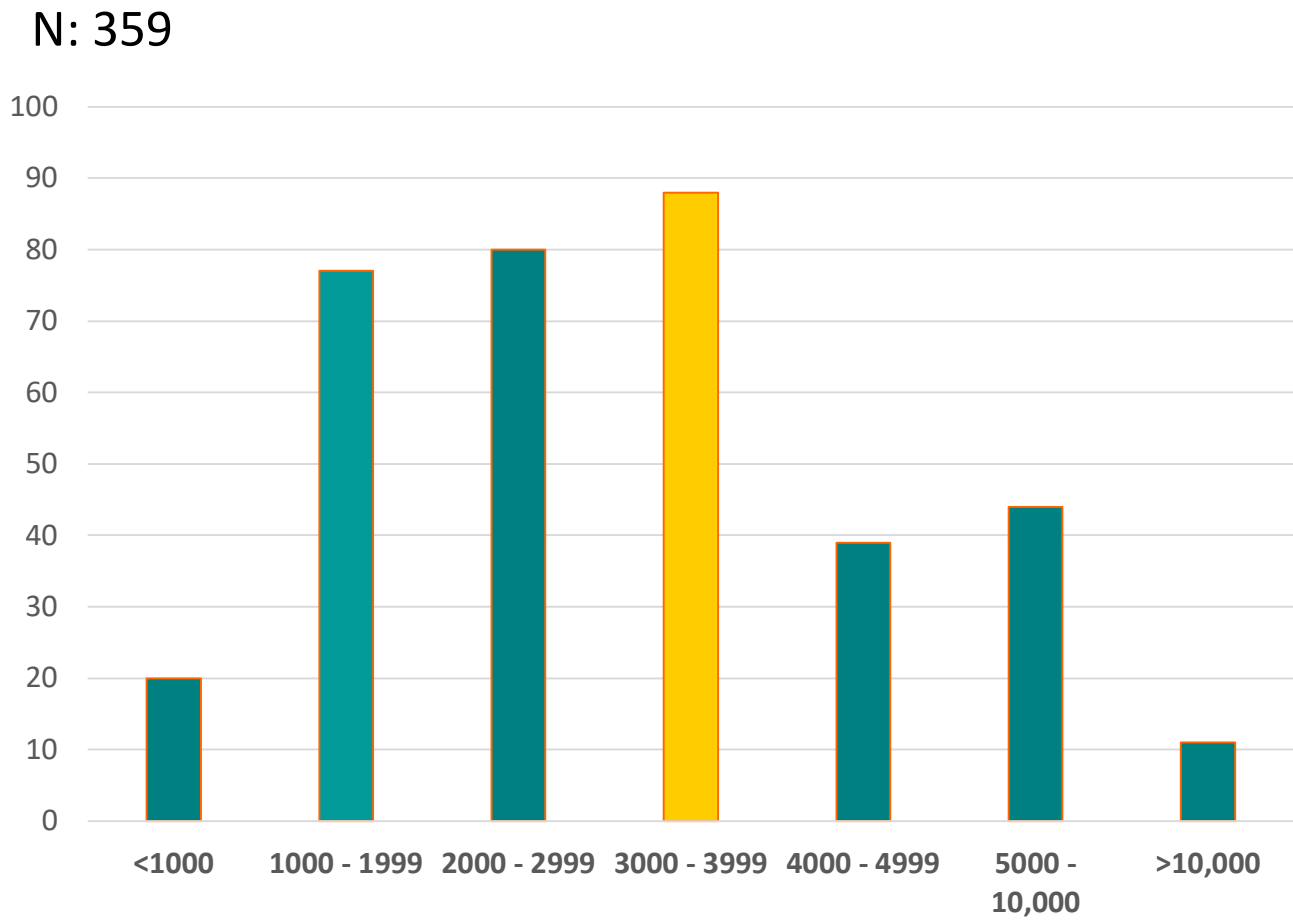
■ Urban, Inner City ■ Urban, Mixed ■ Suburban ■ Rural

How long is our commute from home to our primary hospital?

Answered: 325

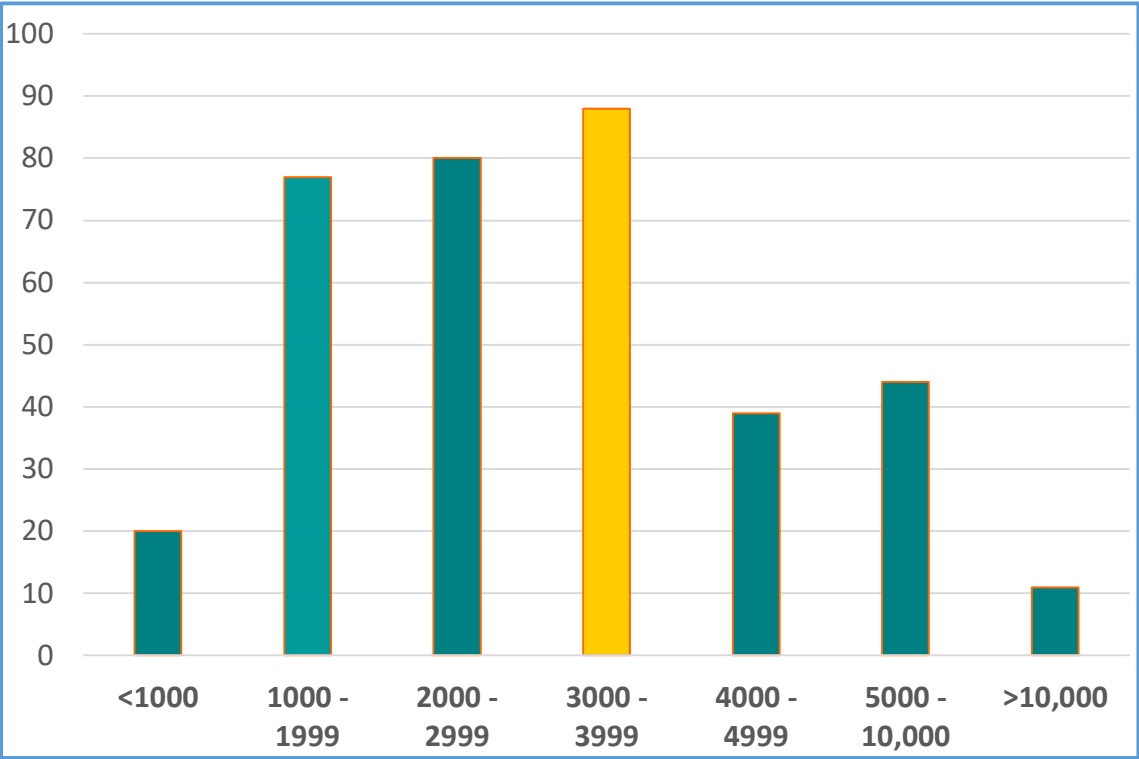


On average, how many deliveries are performed at our PRIMARY hospital each year?

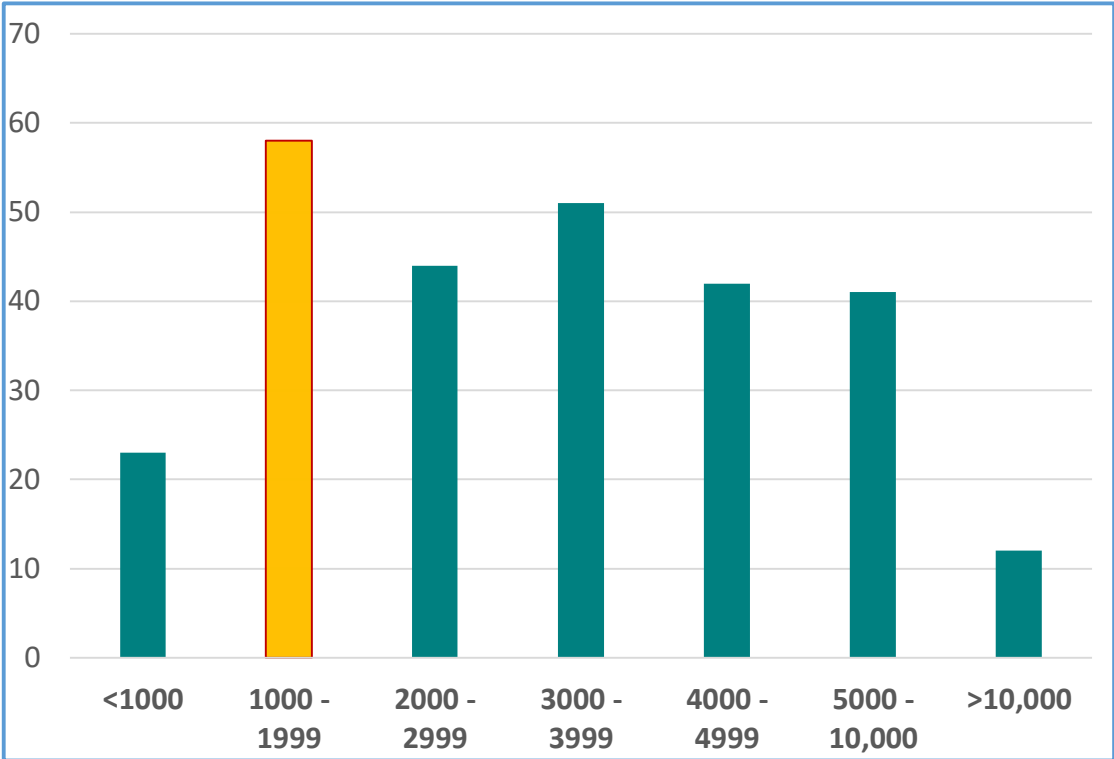


Annual Deliveries	Number	%
< 1000	20	5.6
1000 - 1999	77	21.5
2000 – 2999	80	22.8
3000 - 3999	88	24.5
4000 – 4999	39	10.9
5000 – 10,000	44	12.3
> 10,000	11	3.1

On average, how many deliveries are performed at our PRIMARY hospital each year?



2018 N: 359



2016 N: 271

2014 to 2018 Comparison: Annual Deliveries

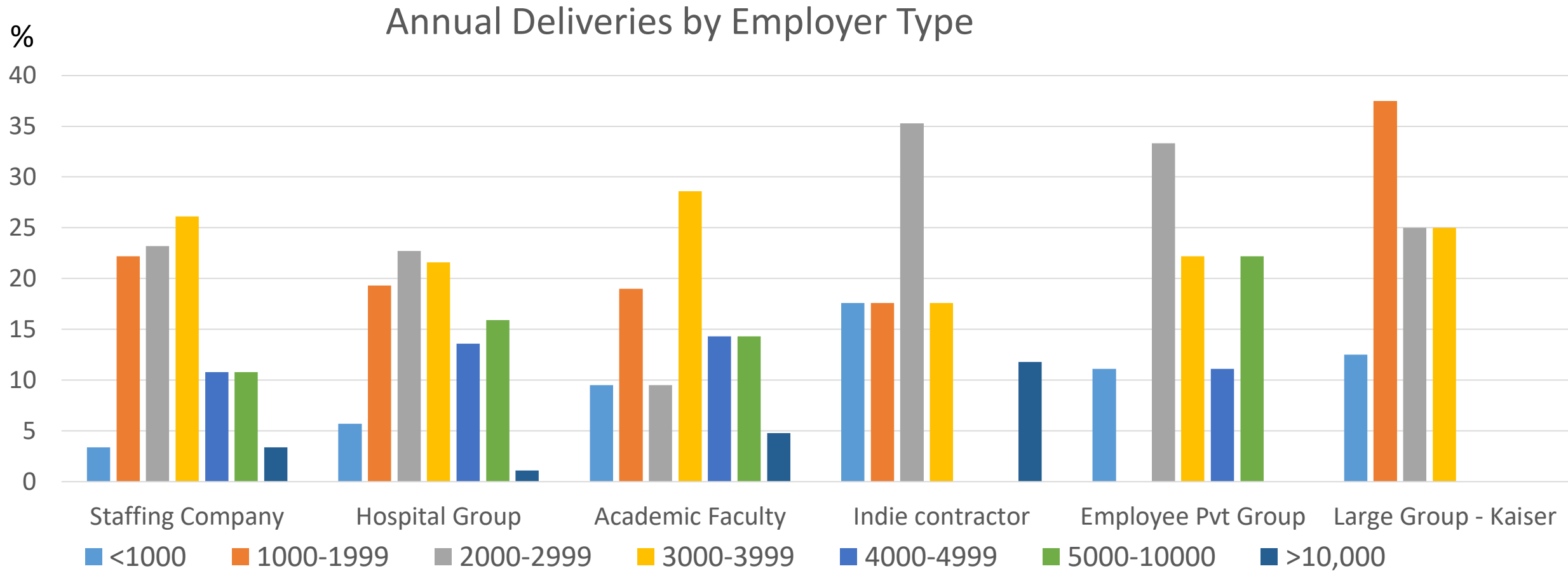
Has the size of the L&D suites which employ hospitalists changed over the past four years?

Annual Deliveries	2018		2016		2014	
	Number	%	Number	%	Number	%
< 1000	20	27.0	23	29.9	41	38.1
1000 – 1999	77		58		70	
2000 – 2999	80	22.3	44	16.2	66	22.6
3000 - 3999	88	24.5	51	19	42	14
> 4000	94	26.1	96	35	68	23
Total Number	359		271		291	

Its no longer just small hospitals that are employing Ob hospitalists.

In 2018, more moderate sized L&D suites are using Ob hospitalists.

Do different employee groups work at different sized L&Ds?



Since you have become a hospitalist, at how many hospitals have you worked ?

N = 356

Number of Hospitals	Number	%
1	168	47.2
2	91	25.6
3	52	14.6
4	24	6.7
5	12	3.37
6	4	1.11
7	5	1.4
8	1	0.3
9	1	0.3
11	1	0.3
20	1	0.3

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9	1	0.3
11	1	0.3
20	1	0.3

7.0%

If you worked at more than one hospital, why did you leave?

Response	Number	Percent
Opportunity at another hospital became available	76	45.0
It was too far from my home	43	25.4
I wanted to move to another city for personal reasons	35	20.7
I work for a staffing company & they moved me to another hospital	32	18.9
I found another hospital with better hours and/or better pay	31	18.3
I work locum tenens & the contract expired	24	14.2
I didn't like the hospital	18	10.6
Too much stress at the job	11	6.5
My old hospital opened up a hospitalist program	8	4.7

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H
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H
ists

Response	Number	Percent
Too few patients – it was boring	7	4.1
Too many patients	6	3.6
Too many sick patients	5	2.9
I wanted a program with more gynecologic surgery opportunities	5	2.9
Too few patients, I wanted more operative OB opportunities	4	2.4
I didn't get along with one of the other hospitalists	4	2.4
I didn't get along with one or more of the non-hospitalist OBs	4	2.4
I wanted to go to a hospital where I could have a practice on the side	3	1.8
I was moved by my staffing company for personal or professional reasons	2	1.2
I was asked to leave by the hospital	2	1.2

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Additional Responses - 48	Number
I work at more than one hospital	12
My company lost the contract for the hospital/program was canceled	8
I wanted to help, went where there was a need	4
I did not feel respected by my hospital administration/other physicians/nursing	3
Wanted a more academic/evidence based practice	3
The unit was unsafe/too many Obs were signing out to me/money dominated	3
I left hospitalist work to volunteer overseas/join a hospital own OBG practice	2
Position was seasonal work/temporary coverage	2
Promotion	2
They doubled my work without increasing my pay	1

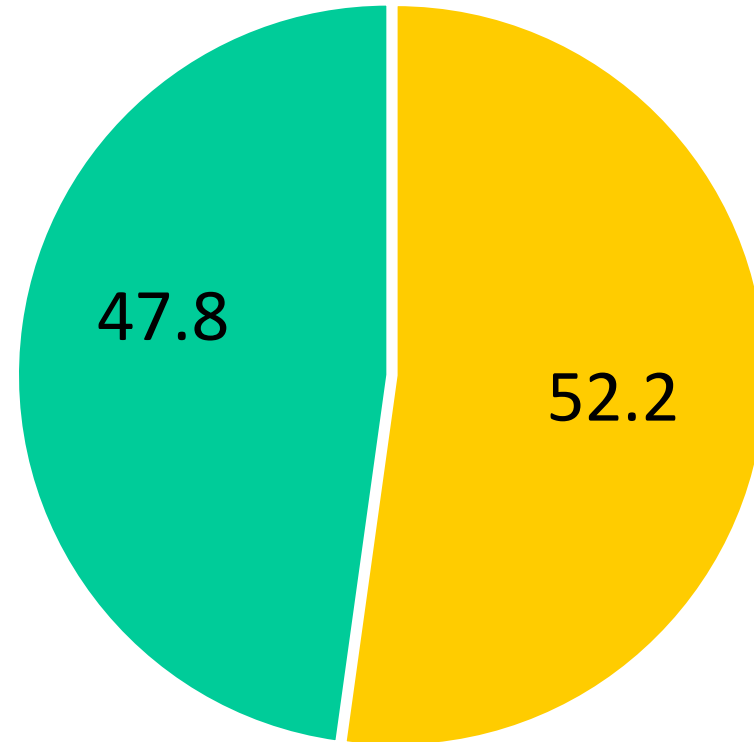
Additional Responses - 48	Number
Started doing administrative work	1
A program opened up in my home town	1
Decided to become a full-time hospitalist	1
Spouse got a job in another state, and I found a hospitalist position	1
Only part-time work available – I needed full-time	1
I changed staffing companies	1
Completed my hospitalist fellowship and moved to another hospital	1
I did not like working at multiple hospitals	1
I added a 2 nd hospital to be closer to my elderly father	1



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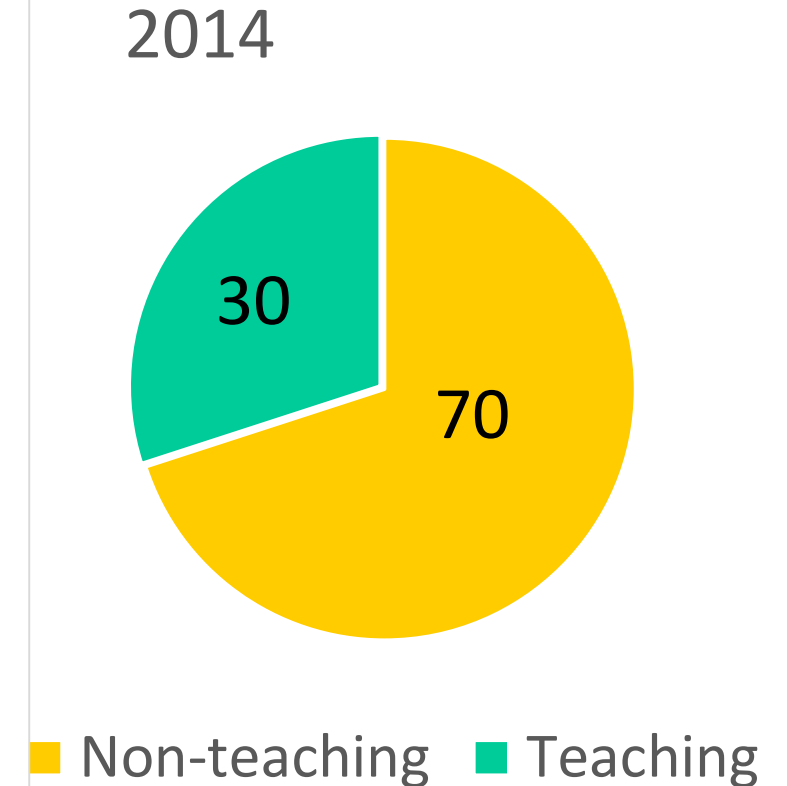
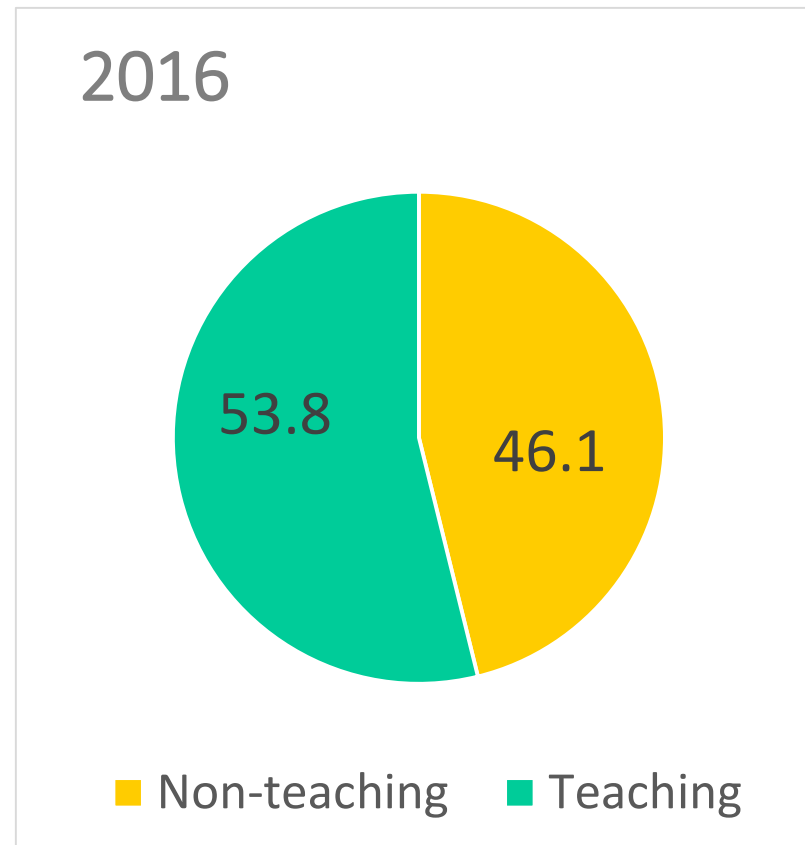
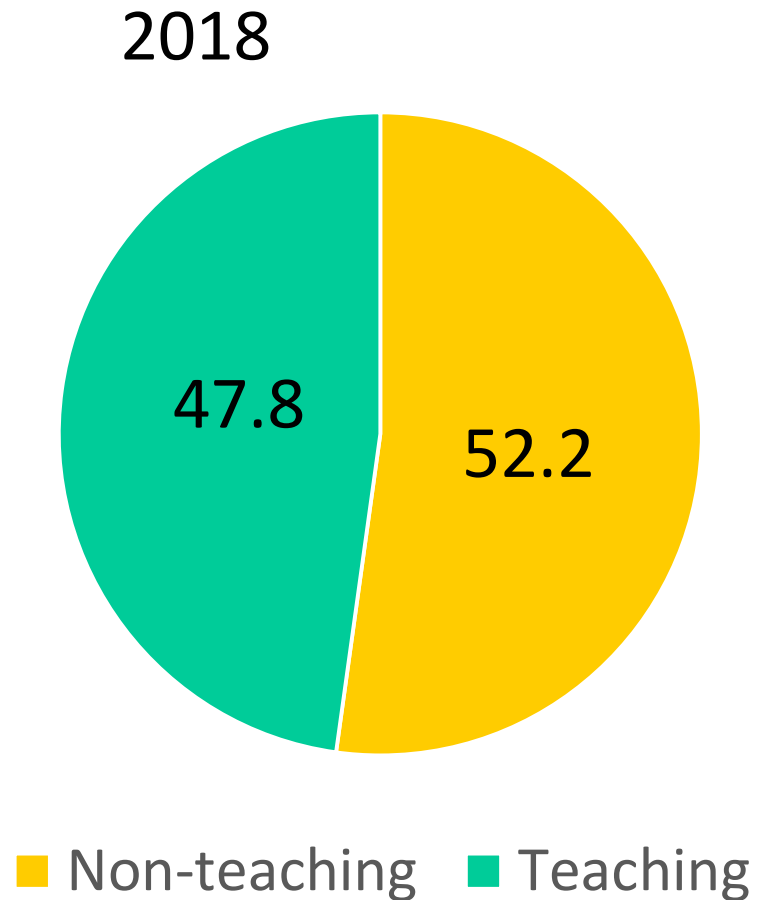
Do we consider our PRIMARY hospital practice to be at an academic or teaching hospital (with medical students, residents or fellows)?

Answered: 360



■ Non-teaching ■ Teaching

Compared to 2014, more of us are working at teaching hospitals but < 2016



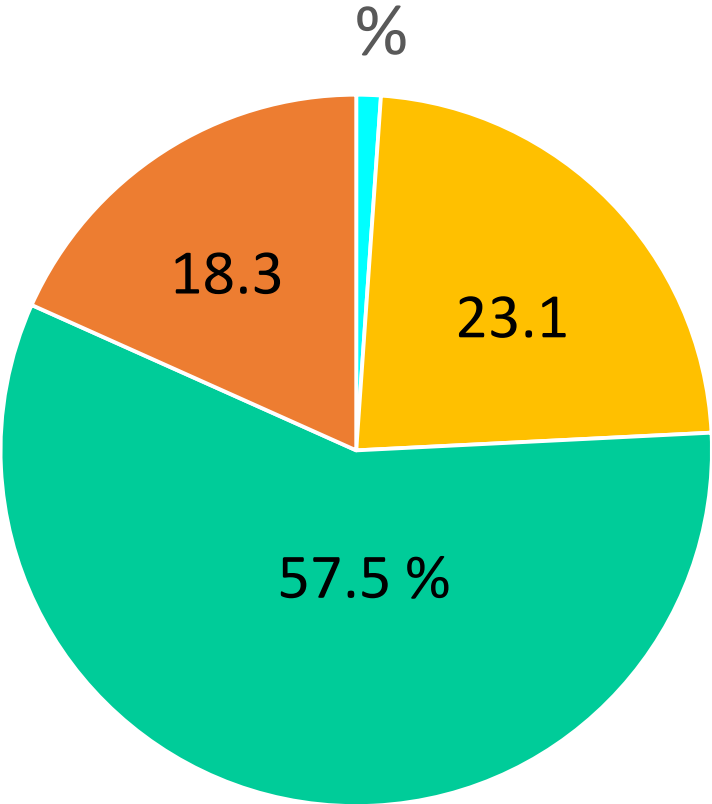
Who do we teach?

Answered: 353

Trainees	Number	%
None	120	33.9
Medical Students	156	44.2
Family Medicine Residents	153	43.3
Ob/Gyn Residents	89	25.2
Nursing Students	50	14.2
ED Residents	40	11.3
CNM/CNM Students	29	8.2
Physician Assistant Students	26	7.4
Ob/Gyn Hospitalists Fellows	7	2.0
Family Medicine Ob Fellows	1	<1
Other APN students	1	<1
Surgical Assistant Students	1	<1

What is the Level of Neonatal Care at your primary hospital?

N: 360



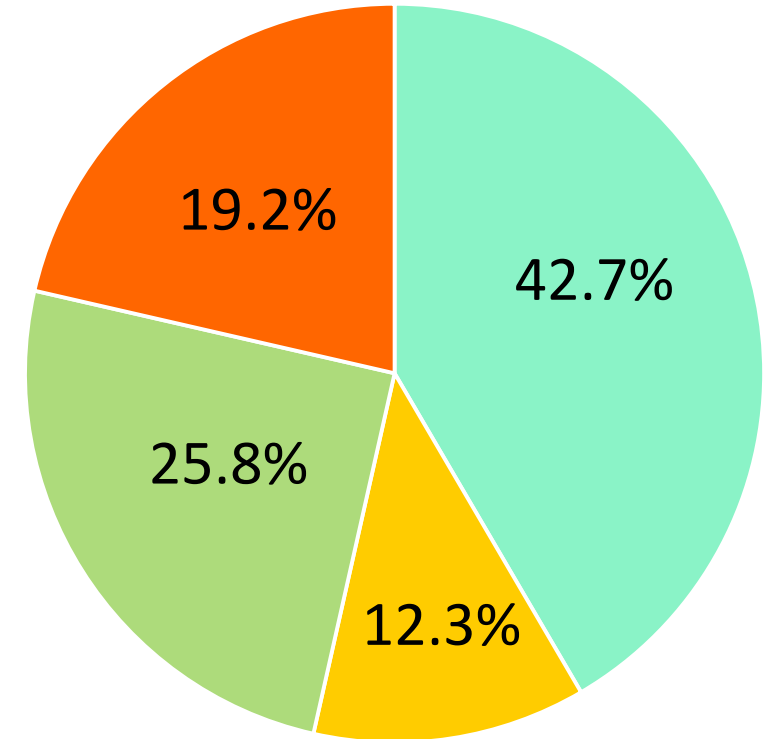
Hospital	Number	%
Level I Well Baby Care	44	1.11
Level II ≥32wk, mod prob w/o full resp support	187	23.1
Level III All infants, full resp support, all problems	120	57.5
Level IV Level II plus surgical repair of complex congenital or acquired conditions	8	18.3

■ Level I ■ Level II ■ Level III ■ Level IV

What is the role of Maternal Fetal Medicine at our primary hospital?

Answered: 318

MFM are on staff & perform consultations, but they do not have their own patients & with rare exception, do not deliver patients	42.7%
MFM are on staff & perform consultations. They have their own patients; however, our hospitalist group delivers all or most of their patients	25.8%
MFM do not physically come to my hospital but are available by phone for consultations	19.2%
MFM are on staff, perform consultations & cover their own Ob service, including deliveries, either all or most of the time	12.3%



What anesthesia services are available at your hospital?

Answered: 320

Response	%
24-h on site dedicated obstetrical anesthesia	69.1
On-call anesthesia at all times in-house	21.6
Dedicated Ob anesthesia during weekday working hours and on-call anesthesia during non-working hours	5.9
On-call anesthesia at all times, but sometimes from home	3.4

What other services can you call in for assistance in emergencies? (Check all that apply) Answered: 297

Response	%
Gyne-oncology during weekday working hours	69.0
Gyne-oncology during non-working hours	60.9
Urogynecology or urology during weekday working hours	56.2
Urogynecology or urology during non-working hours	51.5
General or trauma surgery during weekday working hours	89.2
General or trauma surgery during non-working hours	92.6
Vascular surgery during weekday working hours	59.9
Vascular surgery during non-working hours	56.6
Invasive radiology during weekday working hours	81.8
Invasive radiology during non-working hours	64.0

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Gyne-oncology during non-working hours	60.9
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Urogynecology or urology during non-working hours	51.5
General or trauma surgery during weekday working hours	89.2
General or trauma surgery during non-working hours	92.6
Vascular surgery during weekday working hours	59.9
Vascular surgery during non-working hours	56.6
Invasive radiology during weekday working hours	81.8
Invasive radiology during non-working hours	64.0

What do we do?

What do we do?

Broadly, our PRIMARY hospitalist practice includes: (Check all that apply)

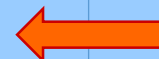
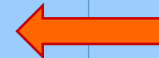
Answered: 334

Practice	Number	%
Obstetrics – Labor & Delivery	329	98.5
Ob Triage – Emergency Care for Pregnant Women	324	97.0
Ob – postpartum, Emergency Care	316	94.6
Ob – postpartum, Routine Care	274	82.0
Main ED – Ob consultations	265	79.3
Main ED – Gynecology consultations	229	68.6
Inpatient Gynecology consultations	205	61.4
Emergency gynecology surgery	205	61.4
Office sessions – Obstetrics and/or postpartum	15	4.49
Office sessions - Gynecology	12	3.6

What do we do?

Comparisons between 2018 and 2016

Practice	2018 %	2016 %
Obstetrics – Labor & Delivery	98.5	97.7
Ob Triage – Emergency Care for Pregnant Women	97.0	94.5
Ob – postpartum, Emergency Care	94.6	91.0
Ob – postpartum, Routine Care	82.0	82.4
Main ED – Ob consultations	79.3	76.5
Main ED – Gynecology consultations	68.6	65.1
Inpatient Gynecology consultations	61.4	61.2
Emergency gynecology surgery	61.4	56.5
Office sessions – Obstetrics and/or postpartum	4.49	12.9
Office sessions - Gynecology	3.6	6.3



Activities included in our work as an Ob hospitalist:

Answered: 320

WHO DO WE SEE?

Response – Part 1	%
See unassigned pregnant women that present to Ob Triage	95.3
Care for & deliver unassigned patients that present to our hospital	92.8
Serve as backup physician for any emergency for any provider in L&D	89.8
See women from other physician's practices who present to Ob Triage	82.2
Deliver and/or care for patients of other Obs when asked to cover for them	80.6
First assist in cesarean deliveries for other Obs in our hospital	71.3

Activities included in our work as an Ob/Gyn hospitalist:

Answered: 320

WHO DO WE SEE?

Response – Part 2	%
Deliver patients for our MFMs as a physician extender	48.4
Consult for & perform operative vaginal deliveries & cesareans for CNMs	49.4
Consult for & perform operative vaginal deliveries & cesareans for Family Practice physicians	43.4
Deliver patients that see other physicians in our practice (I am the hospitalist – they are the office physician)	26.3
Deliver patients that see me or other Obs in our own practice	18.8

Who signs out to us to cover their patients?

(Check all that apply)

Answered: 319

Response	%
Other Obstetricians/Gynecologists	75.2
Maternal Fetal Medicine physicians	36.7
Certified Nurse Midwives	30.1
Family Medicine Physicians	24.1
Lay Midwives	5.3
No one signs out to me	13.5

*We would like our Emergency Department
Ob and/or Gyn responsibilities to: (Check all that apply)*

Answered: 333

Preference	Number	%
I do not perform ED Consultations	24	7.2
Stay the Same	205	61.6
Be Increased	11	5.7
Be decreased or eliminated – Its too difficult to cover both services	72	21.6
Be decreased or eliminated – I am not able to maintain my gynecologic ED expertise	29	8.7
Be decreased or eliminated – I just don't like gynecologic ED care	36	10.8

We would like our Gynecologic Surgery responsibilities to:
(Check all that apply) Answered: 334

Preference	Number	%
I do not have Gyn surgery responsibilities	84	25.2
Stay the Same	95	28.4
Be Increased: I really like Gyn surgery & don't want to lose my skills	88	26.4
Be decreased or eliminated – too difficult to cover both services	55	16.5
Be decreased or eliminated – I don't think I am able to maintain my gynecologic ED surgery skills	42	12.6
Be decreased or eliminated – I just don't like gyne surgery	16	4.8

Does your hospital have an gyne surgery call system that covers emergent gynecologic surgeries that present through the ED?

N= 334

Response	Number	%
No – I cover all gynecologic surgery emergencies (of unassigned patients)	132	39.5
Yes – I do not go to the OR	82	24.6
Yes – but only for true emergencies – if the Gyne cant get to the hospital fast enough	61	18.3
Yes – but only if I am too busy in L&D – they are my backup	59	17.7

Have your gynecological privileges ever been restricted or limited by the hospital because you do not perform sufficient numbers of procedures to maintain those privileges, or have you self-limited your activities? (Check all that apply)

Check all that apply N=334

Response	Number	%
No – I maintain full general Gyn privileges (major & LSC)	152	45.5
No – I maintain full privileges but I don't feel as comfortable or confident in the OR as I used to feel	108	32.3
Yes – I no longer have privileges for major open Gyn surgery	29	8.7
Yes – I no longer have privileges for LSC Gyn surgery	17	5.3
Yes – I no longer have privileges for minor Gyn surgery	8	2.5
I have voluntarily stopped performing major open Gyn surgery	7	2.2
I have voluntarily stopped performing LSC Gyn surgery	2	0.6
I have voluntarily stopped performing minor Gyn surgery	0	0

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Check all that apply N=334

Additional Comments

My job does not require GYN services of the OB hospitalist. So I have not applied for GYN privileges

I work in both the gyn and Ob Hospitalist teams. Those that work only gyn can't get Ob privileges and those that do only Ob can't keep their Gyn privileges so we are trying to have them rotate services to be able to maintain those privileges

I still do D&E procedures and C-hyst for accreta

I only recently joined OB/Gyn hospitalists, so I have done gyn surgeries recently. I expect I will feel less comfortable as time goes on.

Work at 2 hospitals. At one I have full privileges but don't feel as comfortable any longer due to lack of cases. At the other site I am obstetrics only

I have voluntarily stopped major laparoscopic procedures and vaginal hysterectomies

I no longer have privileges to perform major/complicated laparoscopic gyn procedures (I.e. TLH)

I do not feel comfortable performing major GYN surgeries so do not perform them. I DO feel comfortable with emergency laparoscopy for ectopics/torsion and D&C which is what I do perform at my secondary hospital

Check all that apply N=334

Additional Comments

I am still in a 2-year proctoring window to complete 5 gynecologic cases (non-D&C)

I am a full time gynecologist who discontinued Private OB practice and I am a certified robotic surgeon and minimally invasive surgeon

I have not been at the hospital over 2 years yet so the issue has not come up.

I currently have privileges but don't think I will in 2 more years (not doing any cases anymore).

I assist the generalists to maintain my skills

I voluntarily gave up my robotic privileges because I don't do those kinds of cases anymore.

Although I have gynecologic privileges, I do not perform gynecologic procedures in my current position. I would still feel comfortable performing gynecologic procedures at this time.

My employer told me not to apply for robotic privileges so I lost them but I don't have time anyway (OBED is the important part of my job, gyn is a nuisance and the lost time might cause law suits)

SH

Society of OB/GYN Hospitalists
Enhancing the Safety and Quality of OB/GYN Hospital Medicine

Check all that apply N=334

Additional Comments

I feel comfortable and am confident with the procedures I do routinely- emergency laparoscopy for ectopics, torsion, ovarian cysts, etc. I would not feel comfortable with the routine urogynecological procedures that I did in the past or perhaps an LAVH or TVH, but I imagine it would not take much to regain that comfort level

I have only been doing this full time 1 year and I think it will be a problem in the next 2 years.

All gyn consultations ER or in Hospital are usually a waste of precious time much more needed in Obstetrics

Too soon in this position to know

Yes - getting cases now to get reinstated.

My gyn privileges are for urgent cases only

Depends on the hospital I am at. I still operate outside main role, but it would be nice to get more surgeries

I was not given privileges at a new hospital for laparoscopy until I proctored 20 cases due to low volume in the prior two years of being a hospitalist

Check all that apply N=334

Additional Comments

I did not request gyn privileges for my job because I don't need them (our practice does not do GYN) but I would feel comfortable doing surgery still and wish I could still work at least as a gyn assistant at times to keep up my skills

Yes - on initial appointment at my new hospital because I was part time the last 2 years and did not have the numbers for full privileges. This is being remedied now.

Never applied for privileges for major gynecologic surgery at the hospital where I became a hospitalist.

I have all privileges at one hospital and only ob at my main work location.

Our department had to change bylaws to accommodate hospitalist service. We will only have provisional privileges until or unless we achieve adequate procedure volume.

My position is a High Risk Hospitalist and doesn't include any GYN responsibility

When I became a hospitalist I stopped doing gyn procedures so when my credentialing ran out I did not seek to renew them

I cannot perform complex laparoscopic or robotic surgery. I anticipate that with my low volume, my GYN privileges will be restricted more

Check all that apply N=334

Additional Comments

Urogynecologic and suspensions for prolapse have been restricted

I would only go to OR in dire emergency. I will assist the ER GYN on call if OB duties allow. I rarely assist in Gyn surgery to maintain skills.

My job does not require gyn services

I have lost some hysteroscopic resection privileges from 1 institution

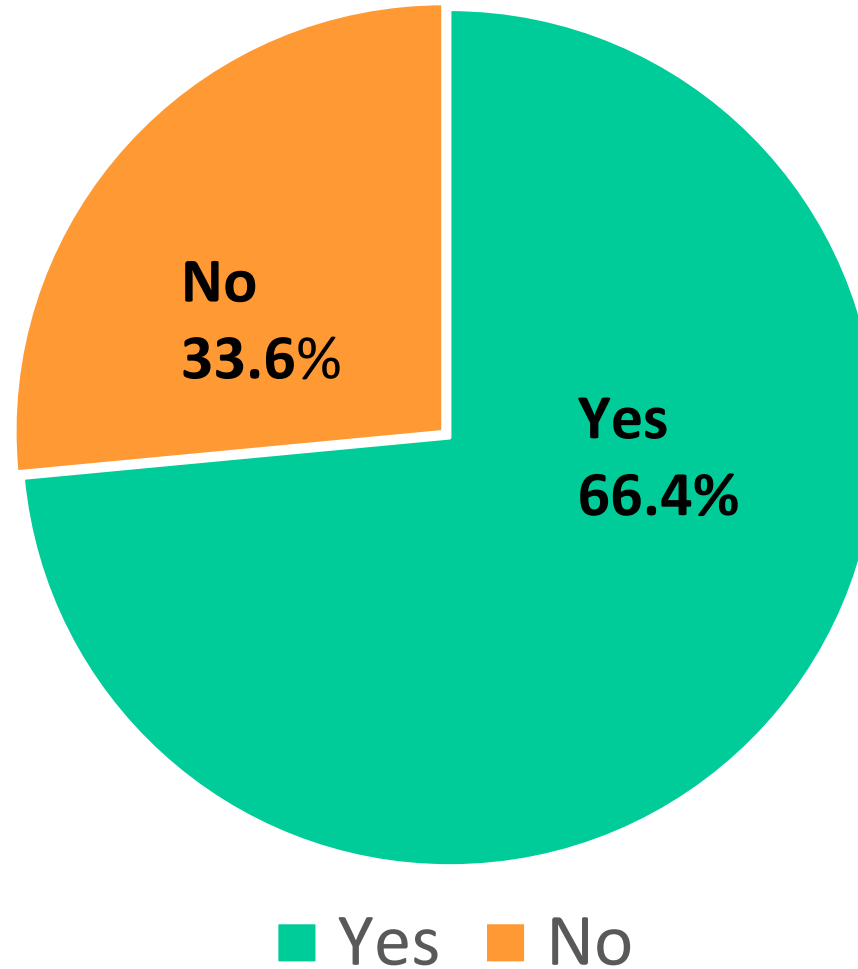
Do you work in another setting that helps you to maintain your gynecologic surgery skills? (Check all that apply)

N= 331

Response	Number	%
No	262	79.2
Yes, I have a private/another practice that provides Gyn surgery	32	9.7
Yes, I moonlight at another hospital where I frequently perform Gyn surgeries	9	2.7
Yes, I travel to another country/region where I perform Gyn surgeries	7	2.1

If our unit becomes exceptionally busy, do we have an emergency back-up call system?

Answered: 309



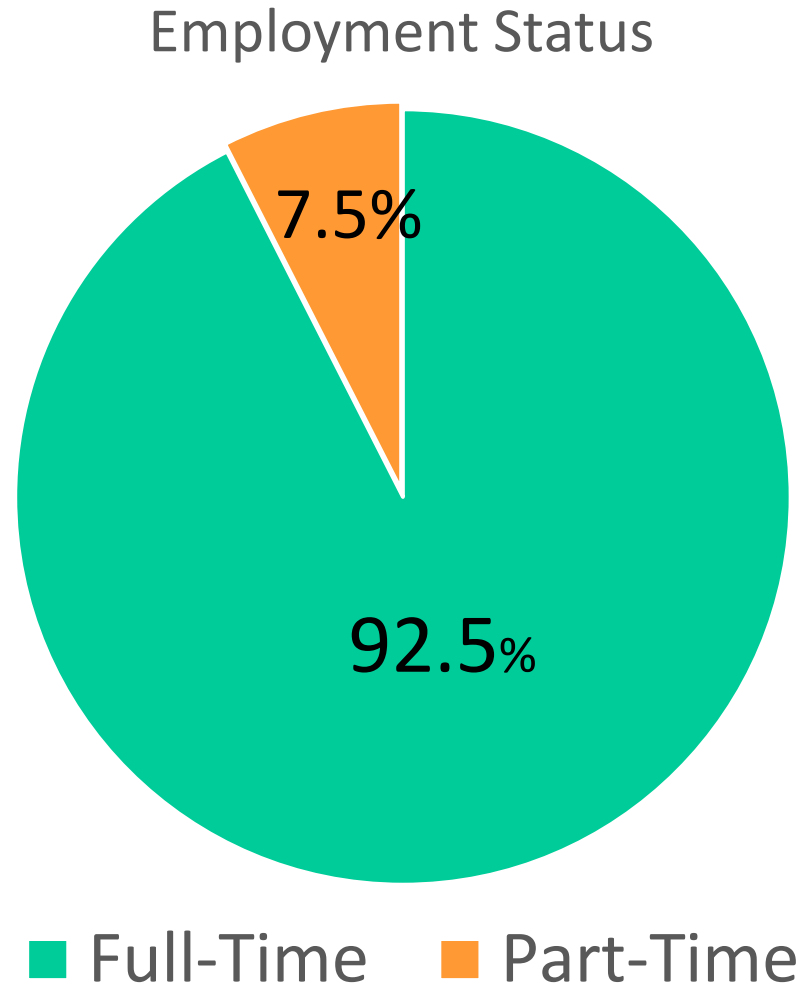
*If Yes, our back-up call system involves my calling in:
(select the FIRST person we contact)* Answered: 226

Back Up Call System	Respondent Number	Percentage
Designated other/private obstetrician	161	71.2
Any available obstetrician on L&D	27	11.9
Designated fellow OB/GYN hospitalist	19	8.4
MFM physician	11	4.9
2nd hospitalist in-house	4	1.8
Gyn Hospital on-call physician	3	1.3
Chief resident	1	0.4

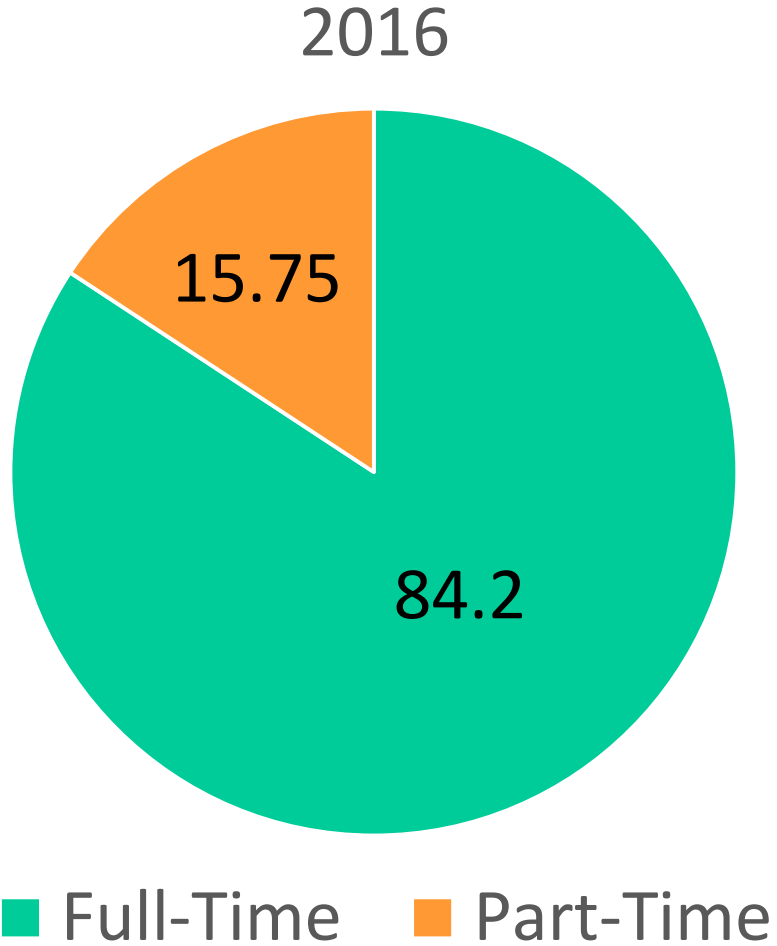
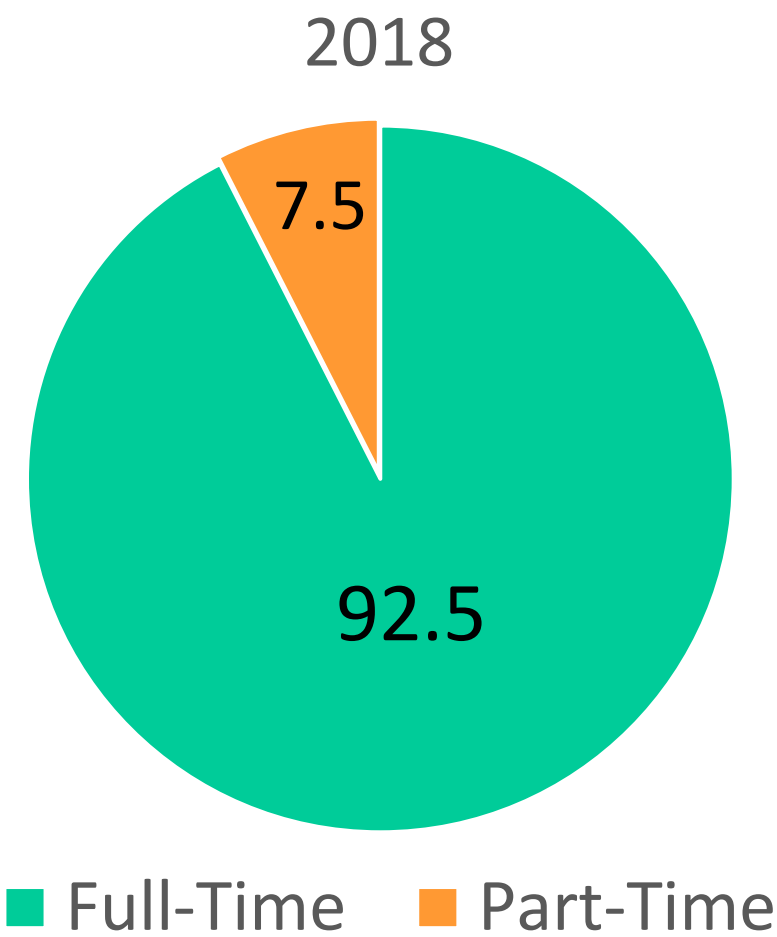
How many hours do we work?

Based on our program's definition, how do we describe our PRIMARY employment? Full-time or Part-time?

Answered: 334

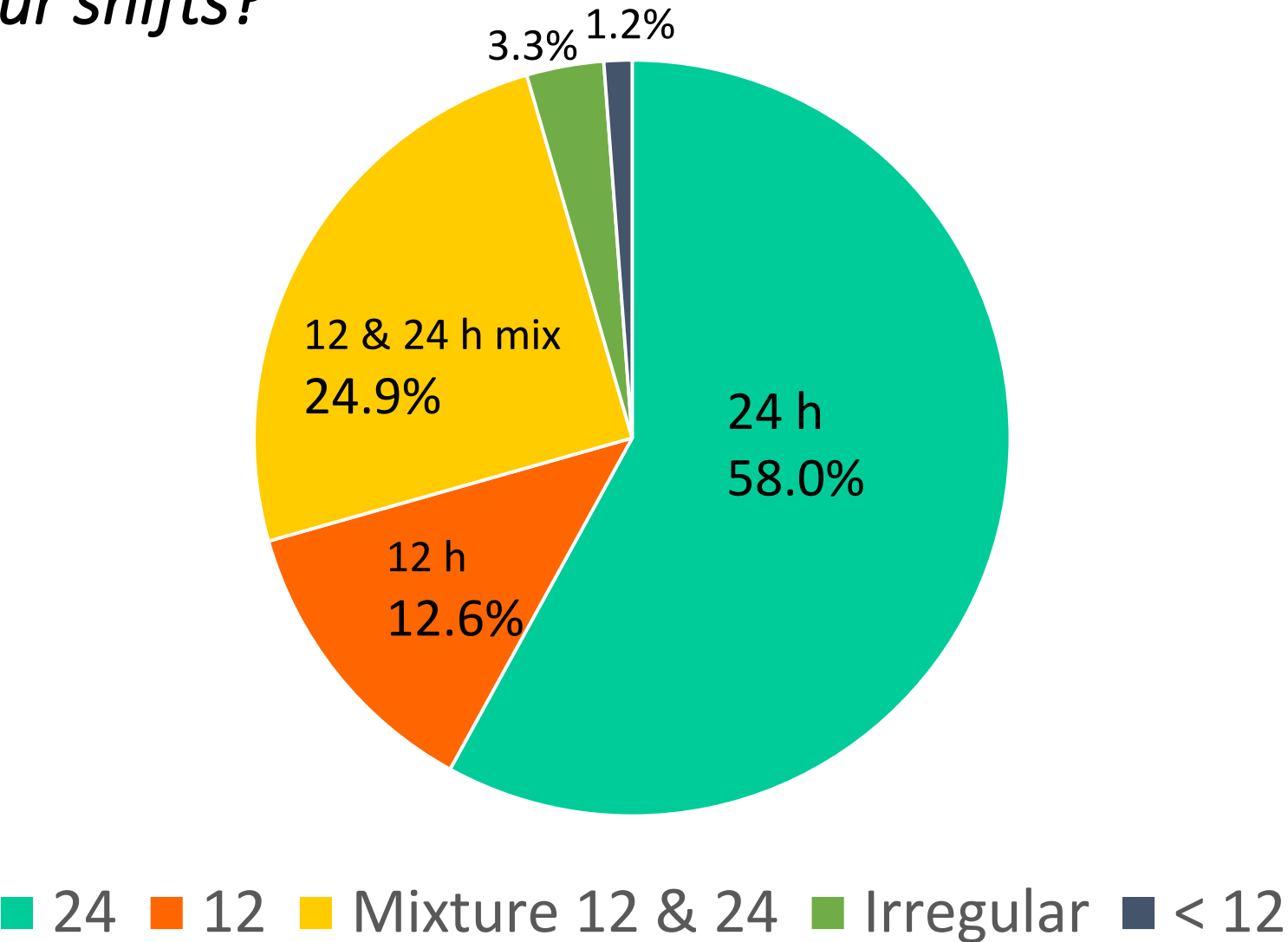


Do we work Full-time or Part-time? 2018 compared to 2016

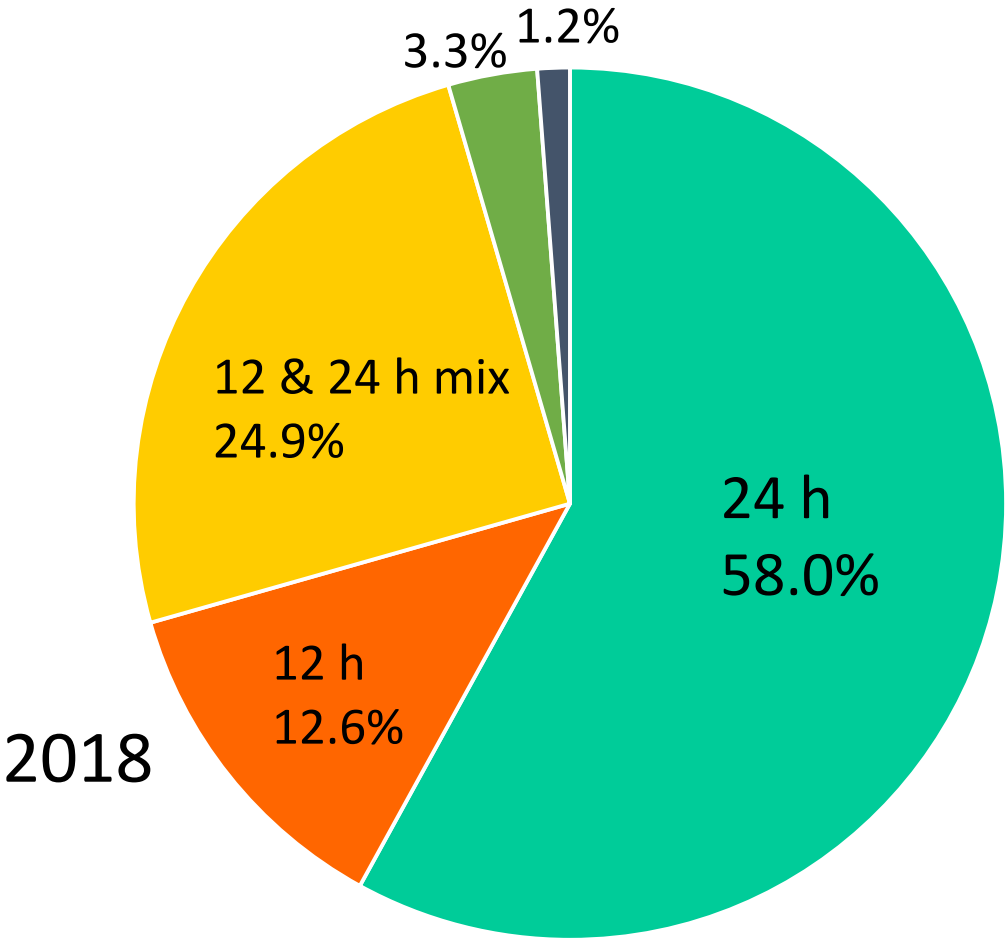
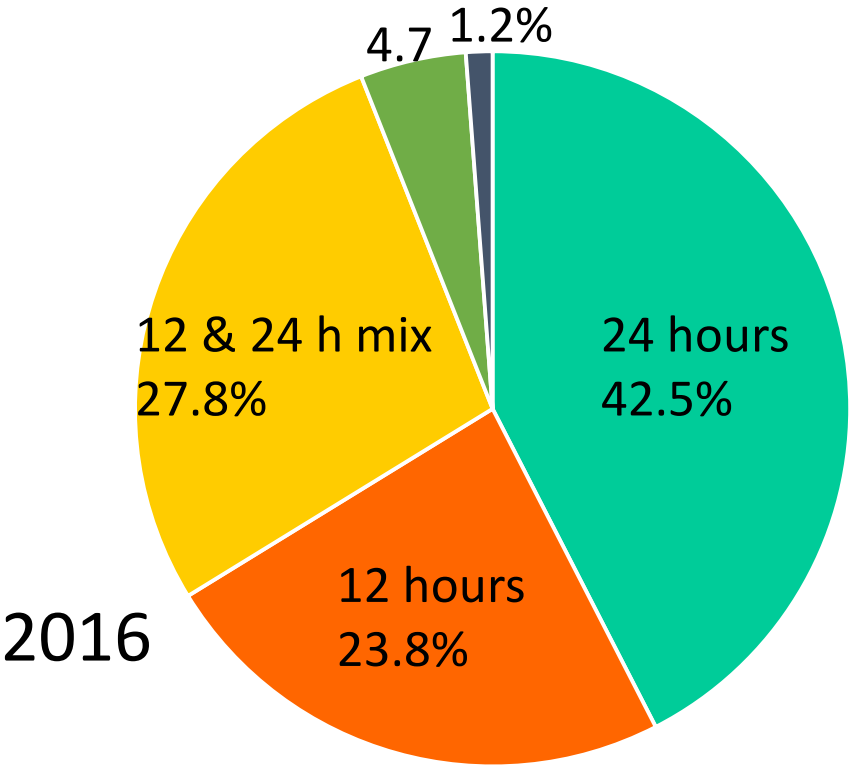


How long are our shifts?

Answered: 333

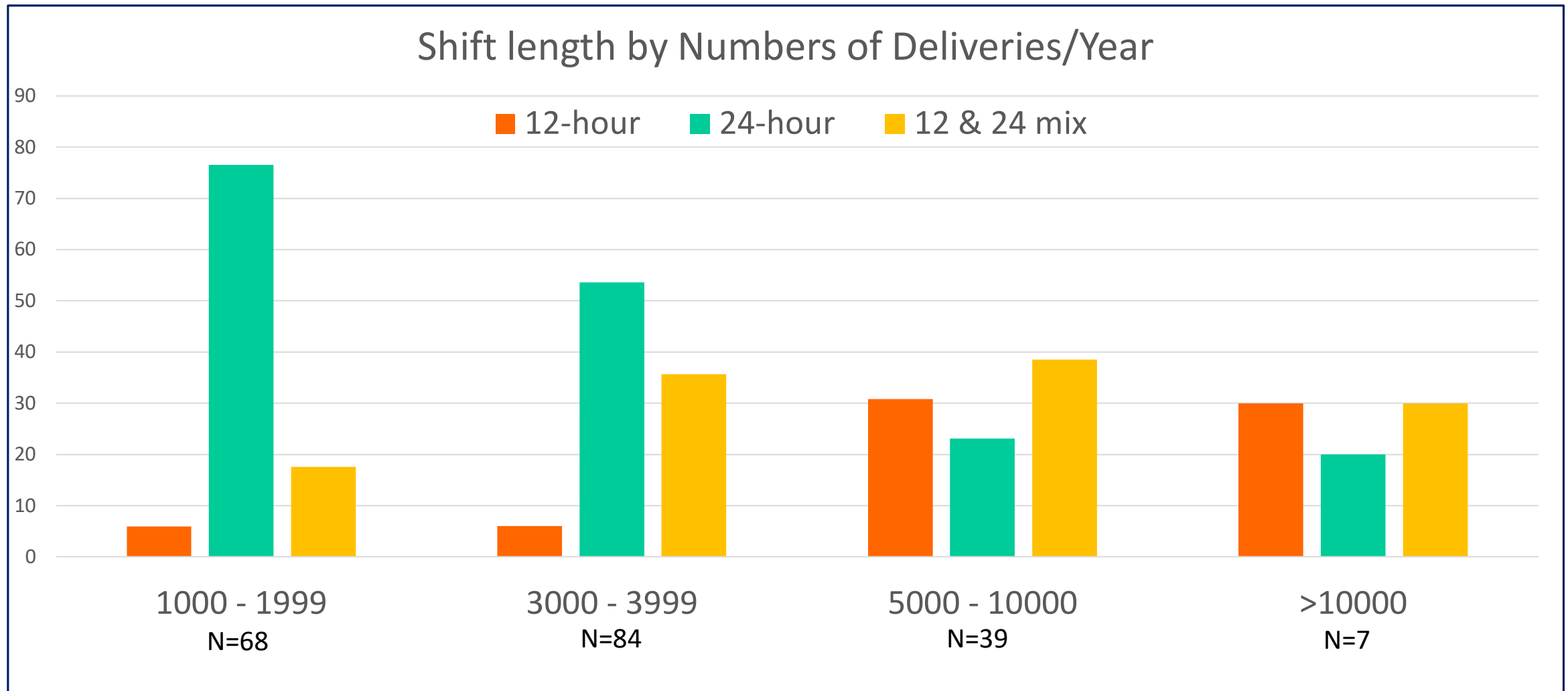


*How long are our shifts?
Comparison: 2018 to 2016*



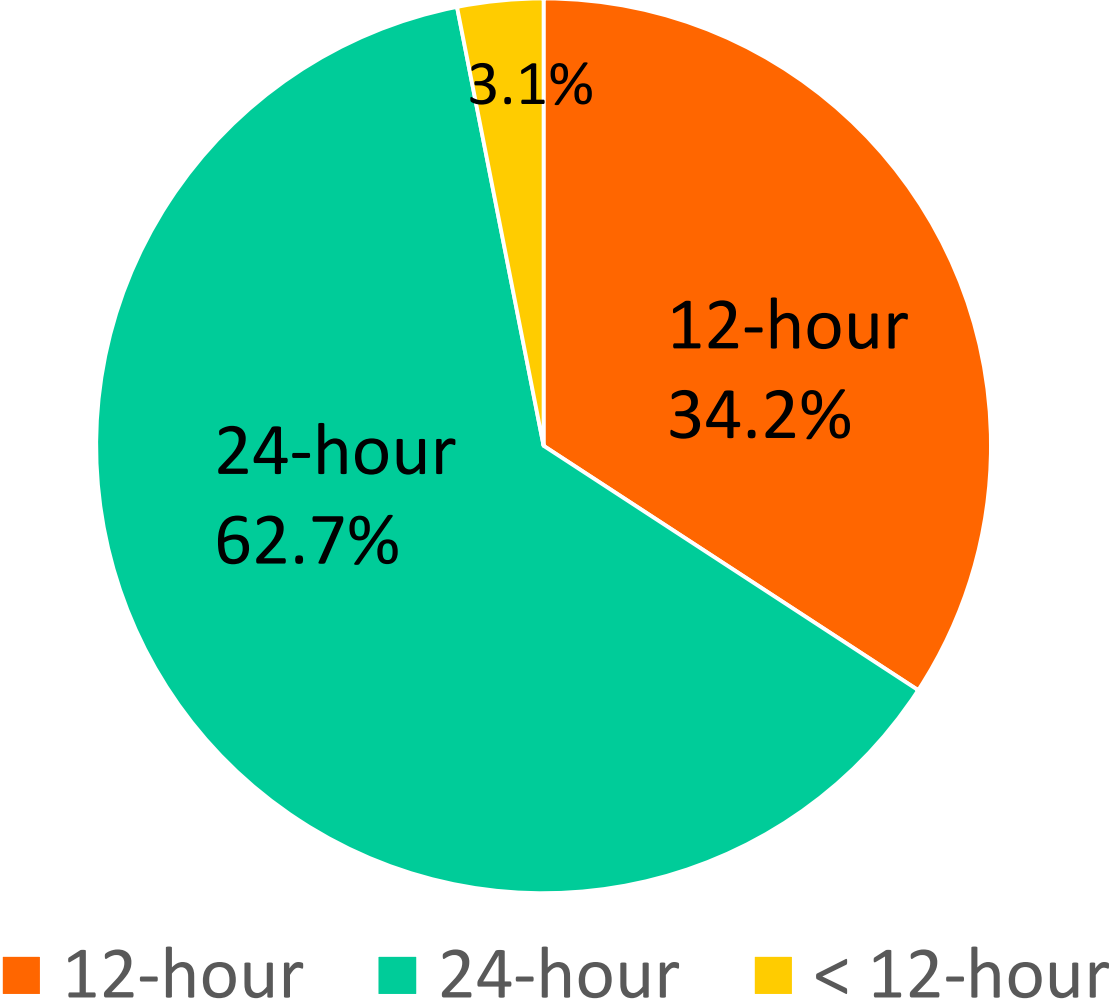
■ 24 ■ 12 ■ Mixture 12 & 24 ■ Irregular ■ < 12

As the number of deliveries increase, the shift length shortens



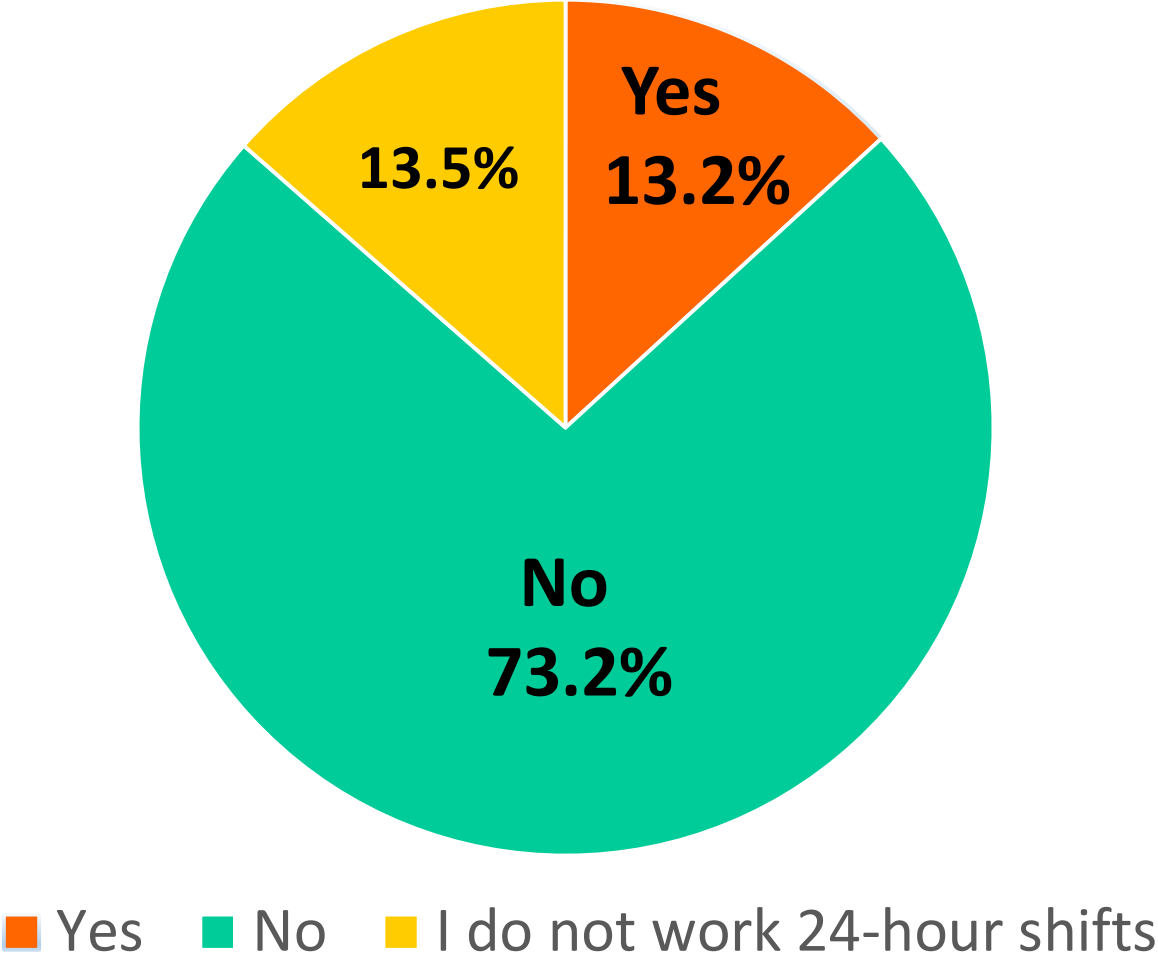
If given a choice, would we prefer to work 12-hour shifts, 24-hour shifts or less than a 12-hour shift?

Answered: 322



If we work 24-hour shifts, do our shifts ever start in the evening?

Answered: 325



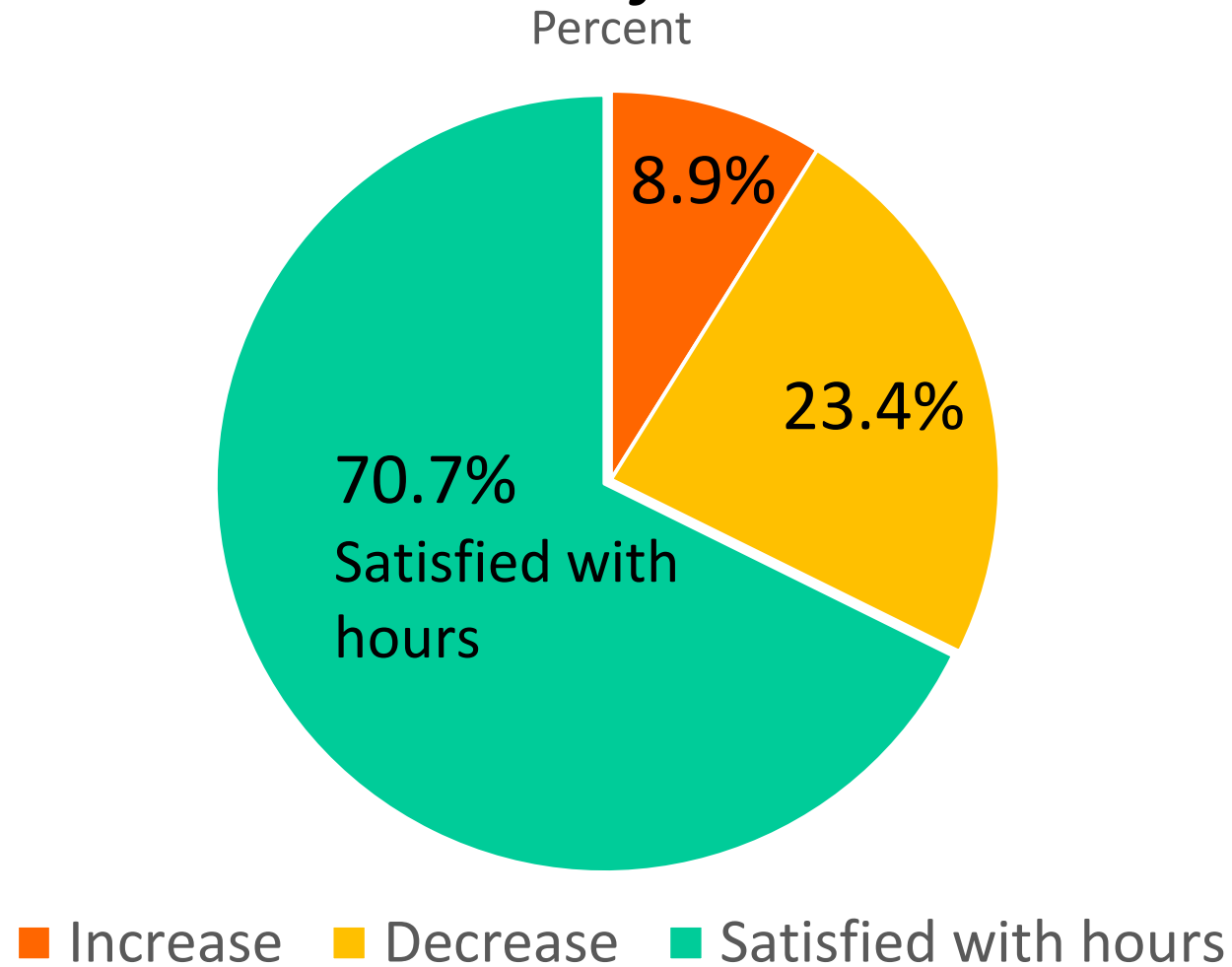
Do we work extra shifts or additional hours above our required work hours?

Answered: 324

Response	Number	%
Yes, I can pick up additional shifts whenever I want	118	36.4
Yes, I have to work additional shifts to cover others' time off	113	34.9
No, all shifts are covered by our available physicians	88	27.2
No, I choose not to work more than my required hours	39	12.0

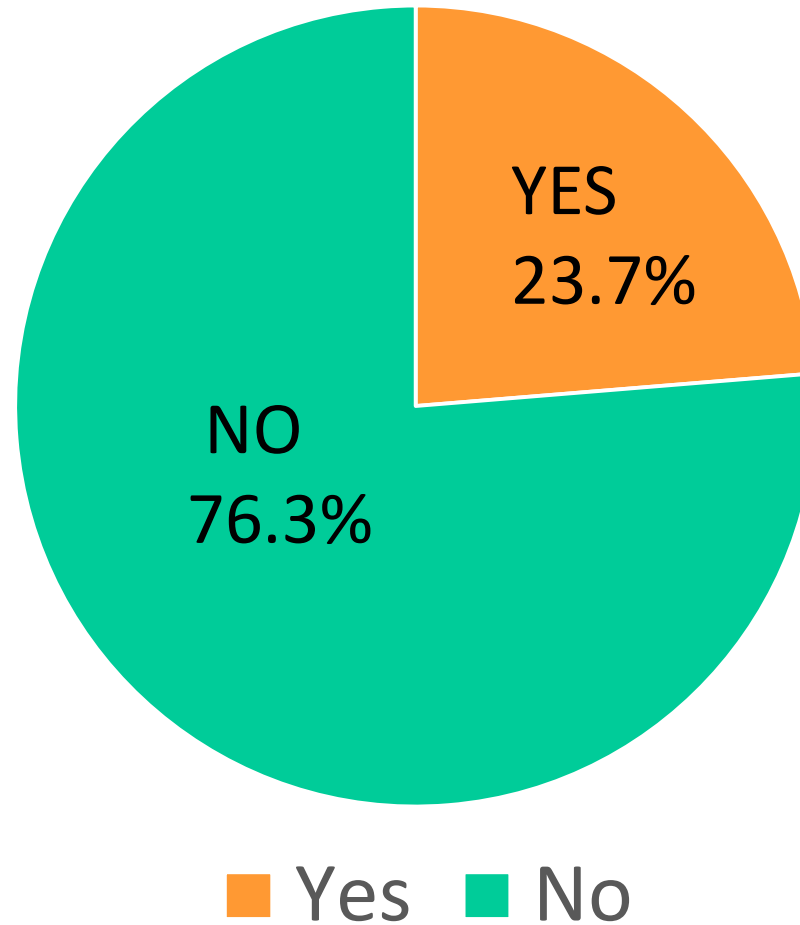
Assuming our pay would reflect the number of hours that we work, would we like to work more or fewer hours than we currently do?

Answered: 325



Is there pressure from your employer/management to work more hours?

Answered: 325



Has your employment status changed in the past 12 months?

Answered: 324

Response	Number	%
Yes – I have elected to INCREASE my hours on a regular basis.	26	8.0
Yes, my employer has mandated that I INCREASE my hours	9	2.8
Yes, I have elected to occasionally work more hours	32	9.9
Yes, I have elected to DECREASE my hours on a regular basis.	23	7.1
Yes, my employer has mandated that I DECREASE my hours.	4	1.2
No change	192	59.3
I am a new hospitalist w/i the year & my schedule has not changed	38	11.7

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I am a new hospitalist w/i the year & my schedule has not changed	38	11.7

How are our shift times divided?

Answered: 324

Response	No.	%
Combination of all shift times	268	82.7
Combination of weekday nights & weekends	32	9.9
Only NIGHTs, including weekday & weekend nights	4	1.23
Only DAYS, including weekday & weekend days	5	1.54
Only weekday days	7	2.16
Only weekday nights	4	1.23
Only weekends, including Friday nights, Saturday & Sunday shifts	4	1.23

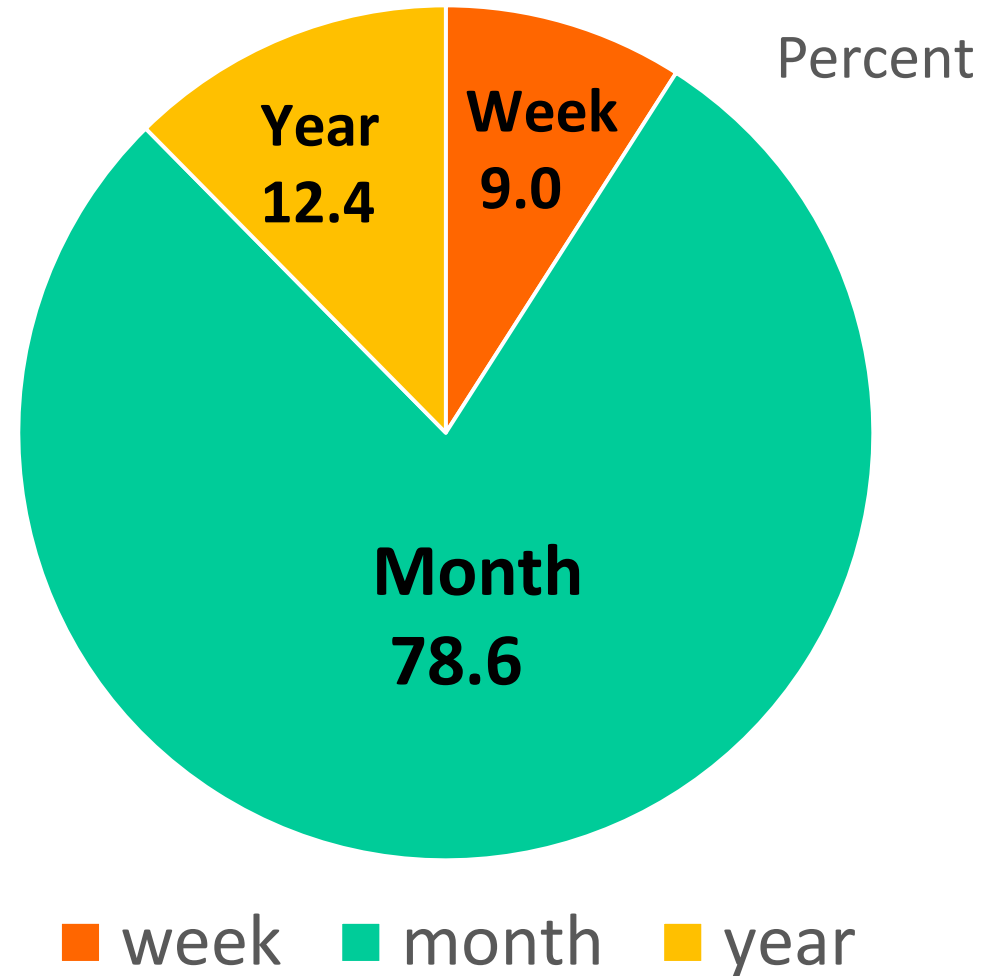
82% of us are working in stand-alone programs, which provide 24/7 coverage

9.9% work in programs that cover the shifts the private physicians don't want to cover

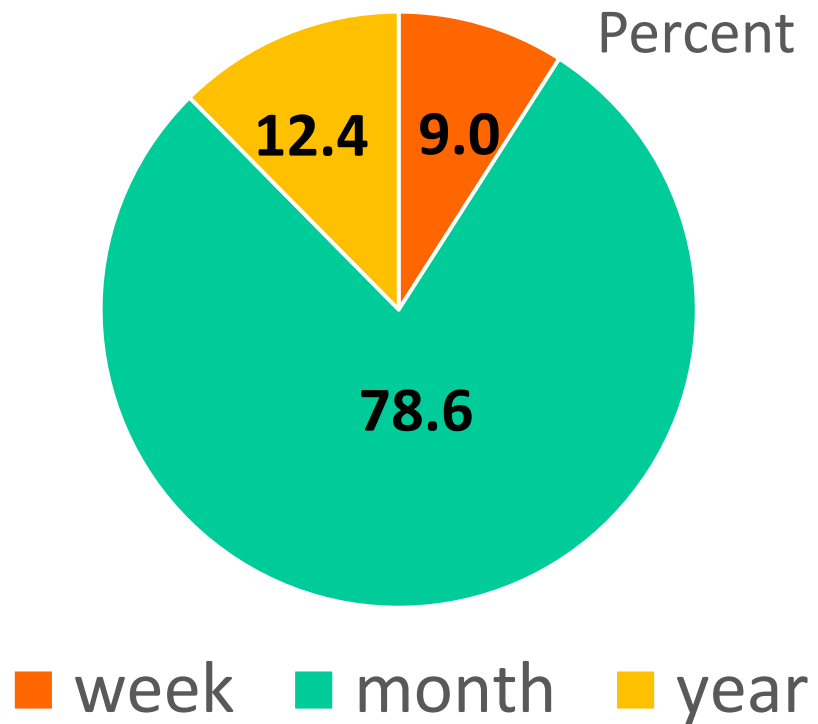
7.4% cover a mixture of odd shifts

How is our work scheduled – by number of shifts or hours per week, month, or per year?

Answered: 331



Comparison of hours worked when we all work different schedules

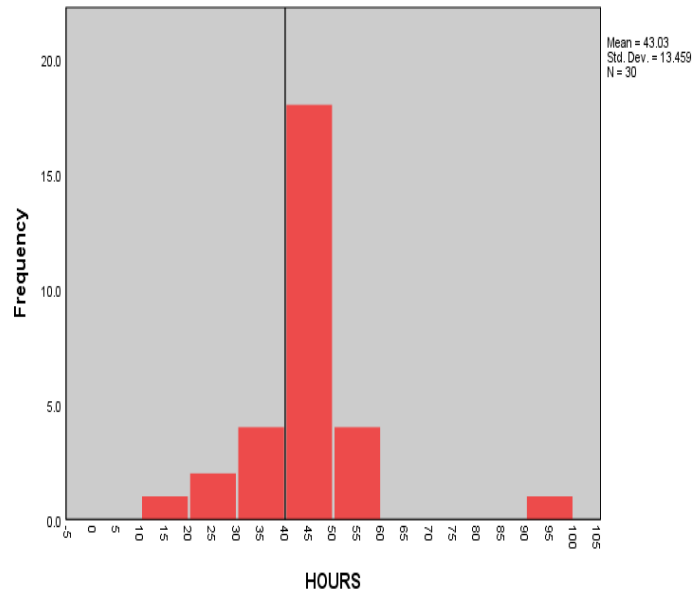


- Survey asked:
 - How many hours per week, month, or year
- Converted to total hours per year

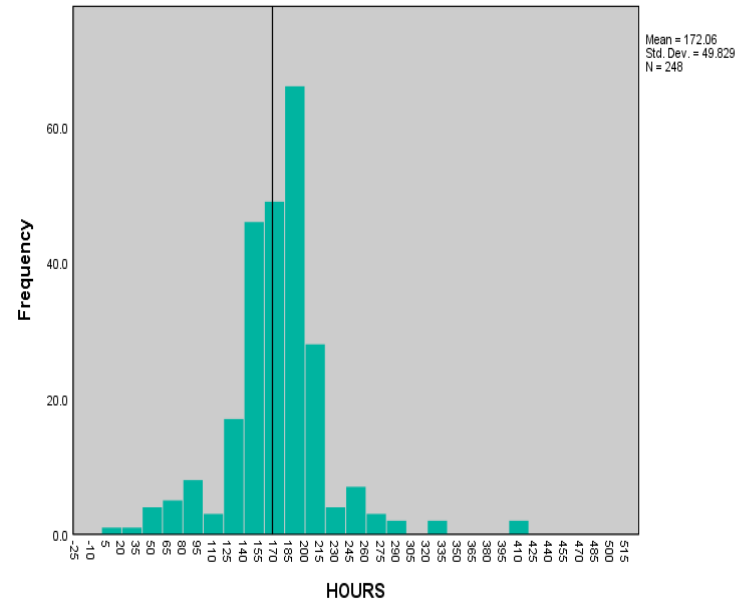
How much do we work?

	Number	Hours: Range	Hours: Mean \pm S.D.	Hours: Median	Hours: Mode
Week	30	18 – 96	43.0 \pm 13.5	40	36
Month	248	12 – 400	172.1 \pm 49.8	168	192
Year	37	864 – 2496	1825.9 \pm 366.0	1872	1872

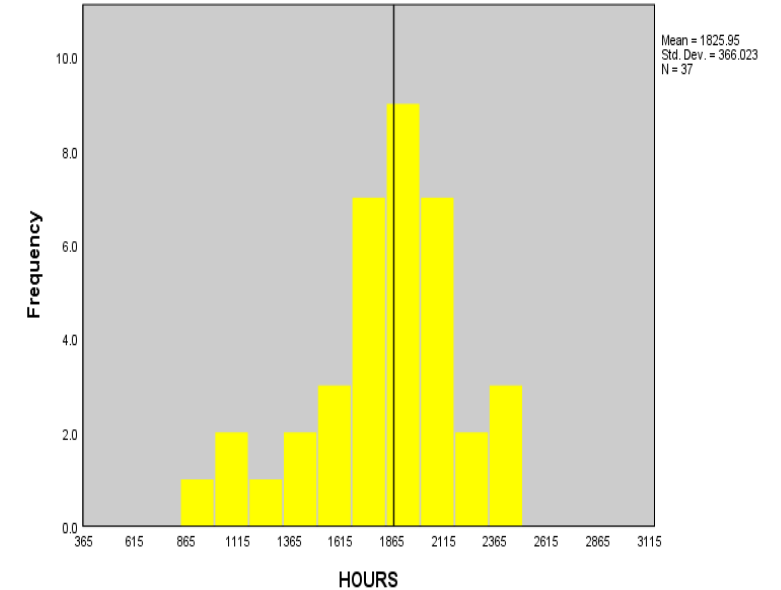
HOURS PER WEEK



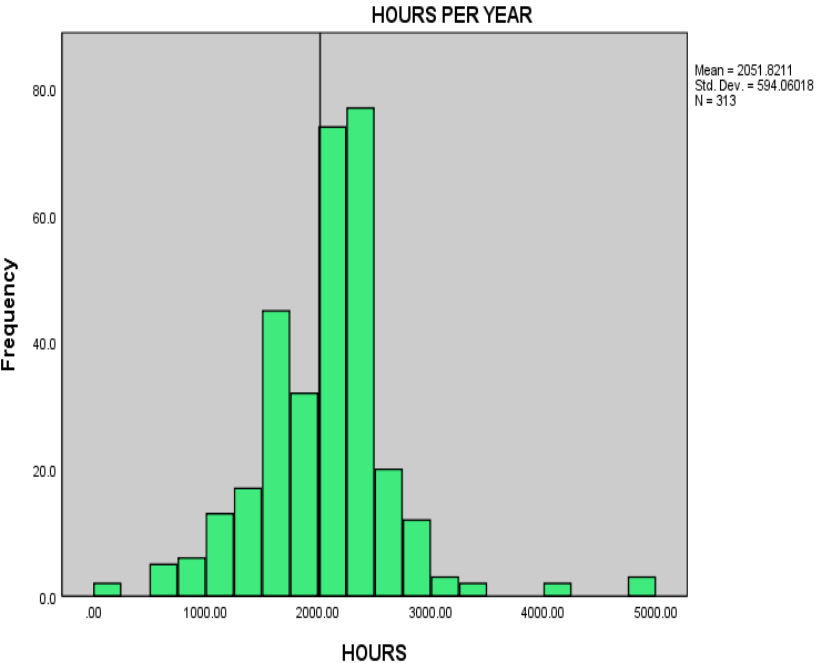
HOURS PER MONTH



HOURS PER YEAR



How much do we work? *All hospitalists converted to hours per year*



	Number	Hours: Range	Hours: Mean ± S.D.	Hours: Median	Hours: Mode
All Year	313	144 - 4992	2051 ± 594	2016	2304
Expressed per Week			39.4	38.7	44.3
Expressed per Month			170.9	168	192

Number of Hours/Year Worked by Employment Type

Employment Type	No.	Hours: Mean	Hours: Median	Hours: Range
Employee of a staffing group	172	2150	2304	576 - 4992
Hospital employee	82	1922	1908	240 - 3456
Fulltime academic faculty	19	2042	2016	1152 – 2704
Independent contractor	17	2124	2016	576 – 4800
Employee or partner - private Ob/Gyn or MFM group	9	2008	2016	864 – 4032
Large multispecialty group, e.g. Kaiser	8	1605	1872	144 - 2304

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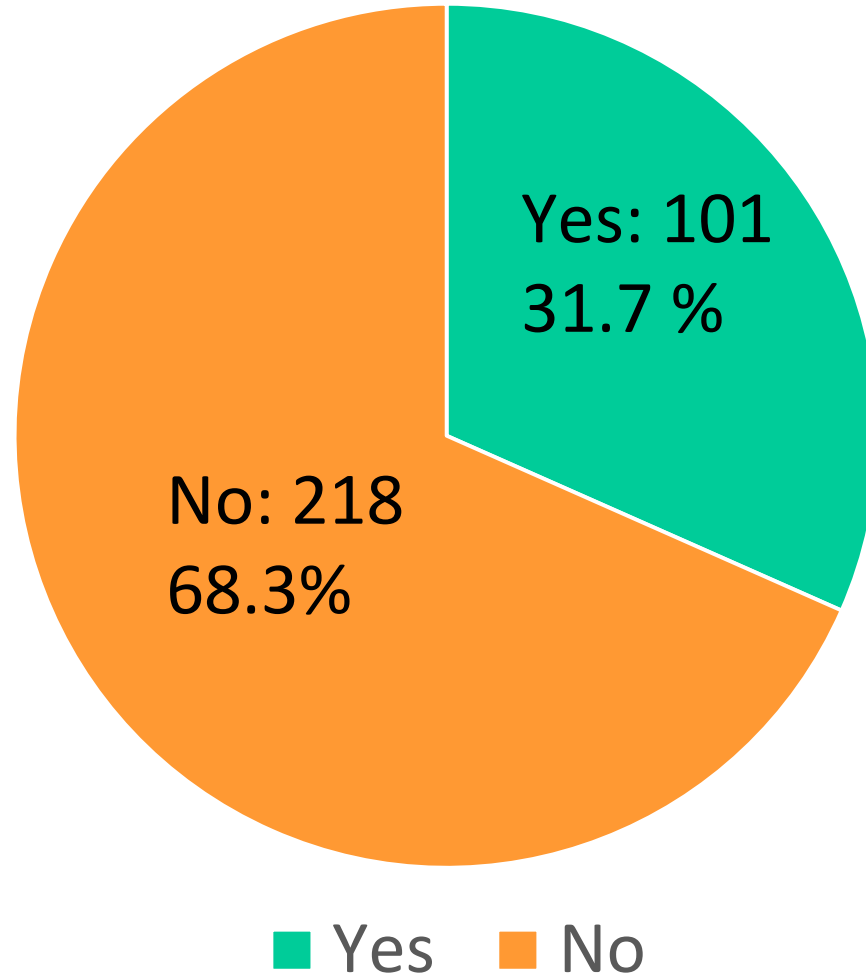
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Our Salary: How & What We Are Paid

Medical Directors

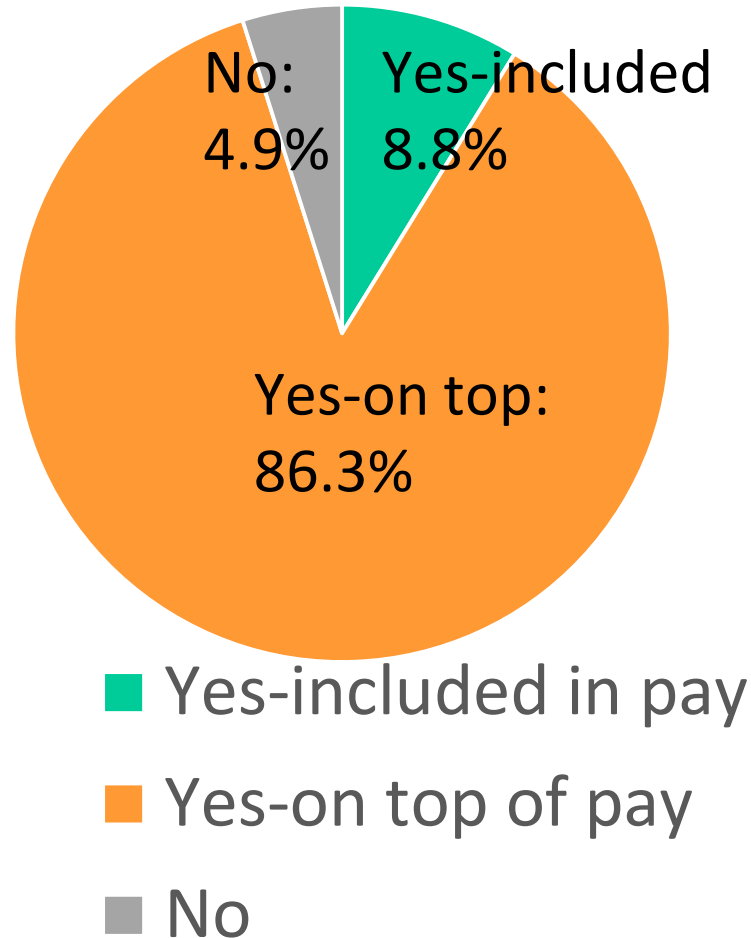
Are you the medical director or administrator of your hospitalist unit?

Answered: 319



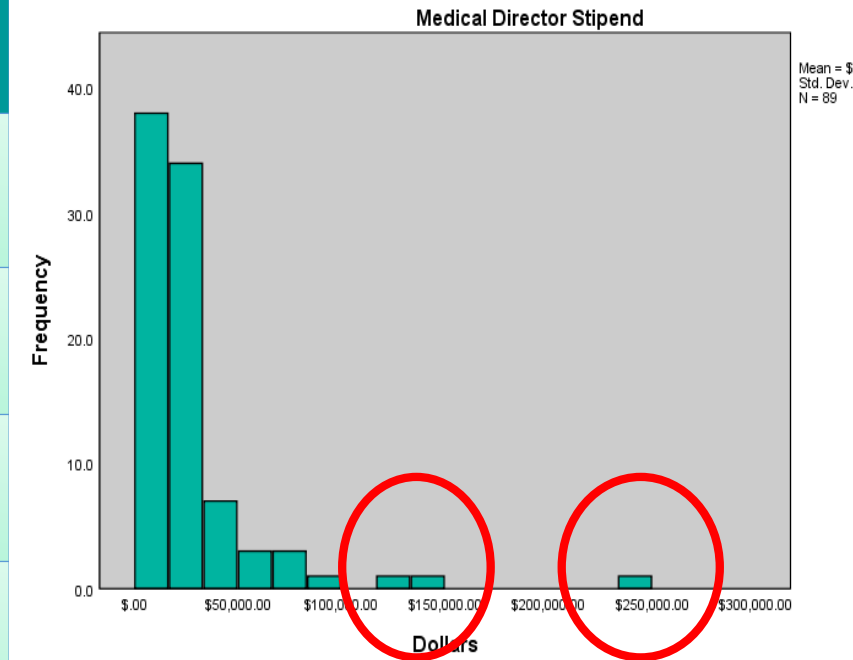
As medical director or administrator of your hospitalist unit, do you receive a supplemental stipend for these services?

Answered: 102



As medical director or administrator of your hospitalist unit, do you receive a supplement stipend for these services?

Stipend	2018 Number: 89	2016 Number: 57
Mean ± S.D.	\$31,262.35 ± 33,331	\$26,579.82 ± 24,277
Range	\$5000 – 250,000	\$250 – 150,000
Median	\$24,000	\$24,000
Mode	\$15,000	\$25,000



Does the Medical Direct Stipend vary by Employment Type?

Employment Type	Num	Stipend: Mean \pm SD Min - Max	Stipend Median
Employee of a staffing group	57	\$22,378 \pm 16,214 \$5,000-125,000	\$15,000
Hospital employee	19	\$37,042 \pm 24,805 \$8,000 – 100,000	\$29,000
Fulltime academic faculty	6	\$38,000 \pm 18,330 \$25,000 – 63,000	\$27,000
Independent contractor	14	\$104,000 \pm 127,859 \$12,000 – 250,000	\$50,000
Employee/partner private Ob/Gyn or MFM	2	\$20,000 & \$75,000	
Large multispecialty group, e.g. Kaiser	2	\$18,000 & \$150,000	

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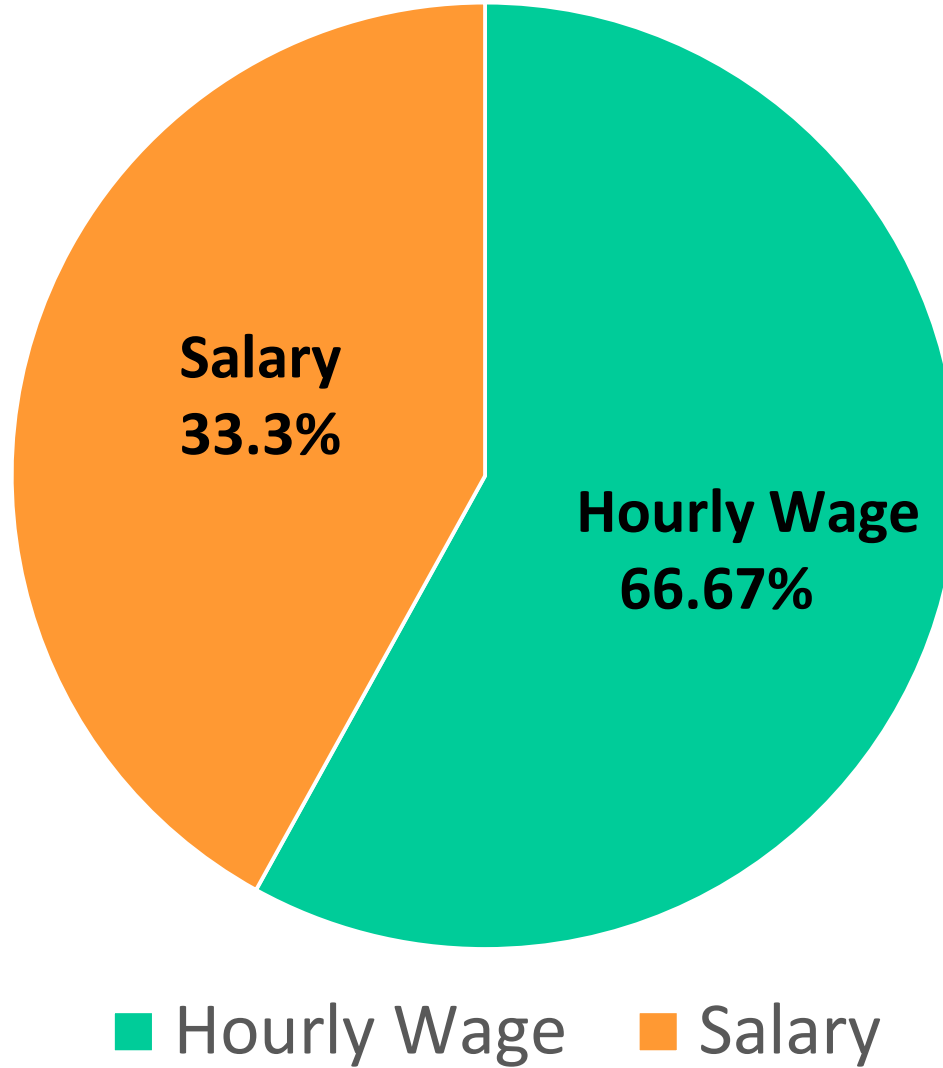
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What are we Paid?

How are we paid?

Answered: 318



Does Payment Method vary by Employment Type?

Employment Type	Number	Salary %	Hourly %
Employee of a staffing group	176	9.1	90.9
Hospital employee	87	71.3	28.7
Fulltime academic faculty	21	95.2	4.8
Independent contractor	17	5.9	94.1
Employee or partner - private Ob/Gyn or MFM	9	22.2	77.8
Large multispecialty group, <i>e.g.</i> Kaiser	8	62.5	37.5

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Employee or partner - private Ob/Gyn or MFM	9	22.2	77.8
Large multispecialty group, <i>e.g.</i> Kaiser	8	62.5	37.5

Does Payment Method vary by Employment Type?

Employment Type	Number	Salary %	Hourly %
Employee of a staffing group	176	9.1	90.9
Hospital employee	87	71.3	28.7
Fulltime academic faculty	21	95.2	4.8
Independent contractor	17	5.9	94.1
Employee or partner - private Ob/Gyn or MFM	9	22.2	77.8
Large multispecialty group, <i>e.g.</i> Kaiser	8	62.5	37.5

Hourly Wage Breakdown

	Response	Number	%
1	All of my shifts are paid the same	189	91.3%
2	Shift differential	18	8.7%

For the hourly wage calculation:

- Holiday differentials were ignored

- AM and PM differentials were averaged

- Weekday AMs, Weekday PMs, Weekend differentials were weighted and then averaged

Salary Calculation

Medical Directors

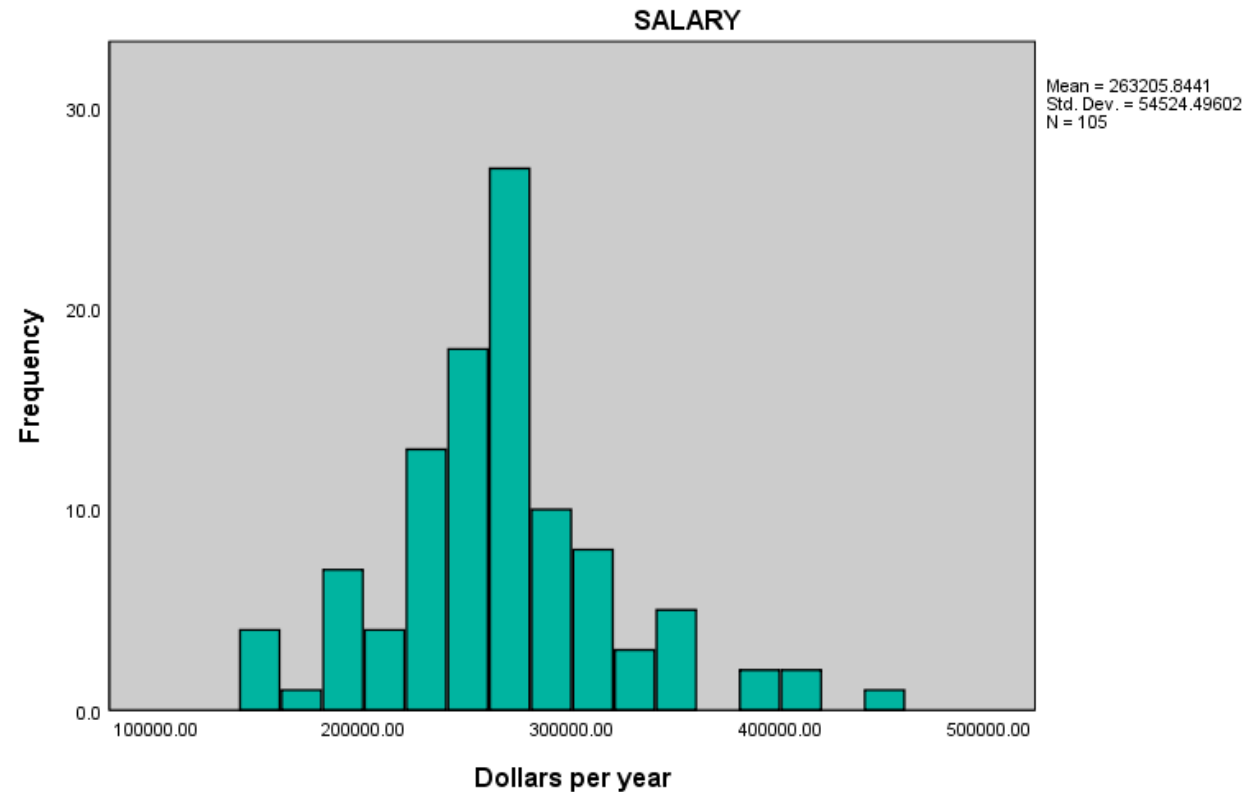
- Stipend included in their salary: 7 people
Stipend amount was subtracted from their total salary
- Paid an additional \$20 in their hourly rate: 1 person
\$20 deducted from their hourly rate = true hourly rate
\$20 x stated hours worked per year = director stipend

2018 Salary & Hourly Wage Analysis

Payment Type	Number	Range	Mean \pm S.D.	Median
Salary	105	\$140,000 – 440,000	\$263,205 \pm 54,524	\$260,000
Hourly Wage	207	\$70 - \$223.21	\$118.59 \pm 19.24	\$113

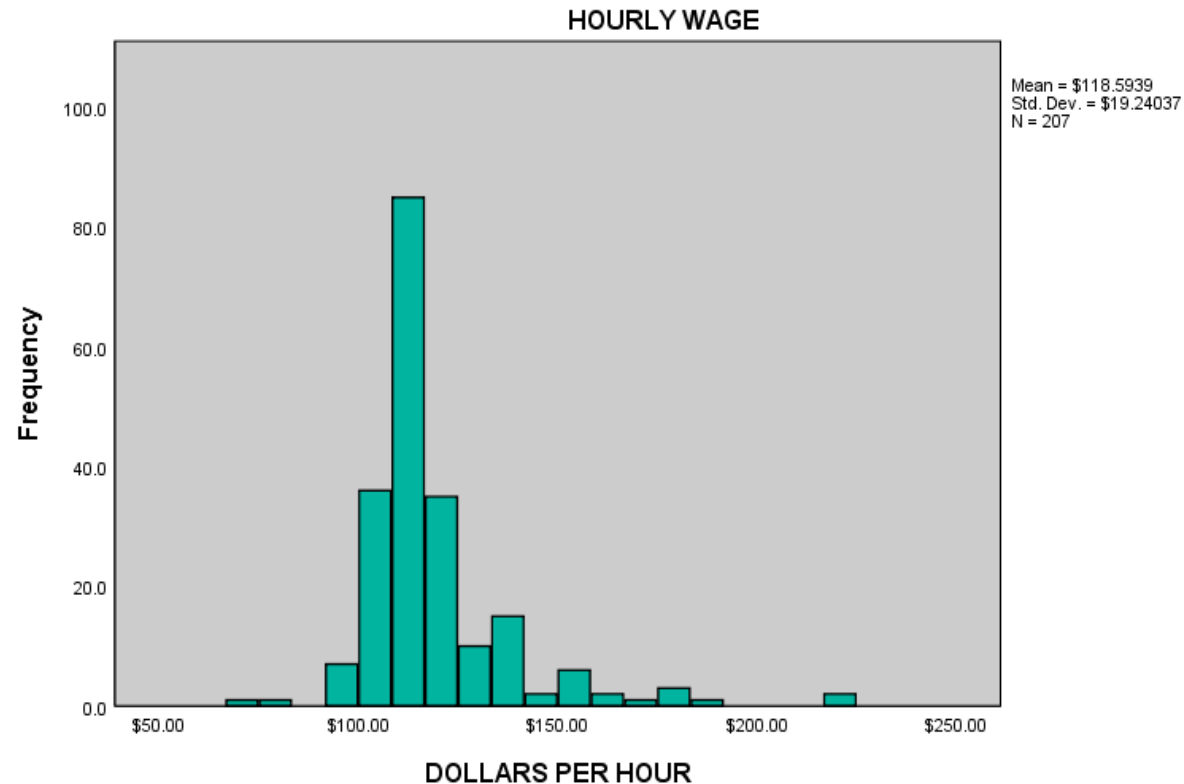
2018 Salary Analysis

Payment Type	Number	Range	Mean ± S.D.	Median
Salary	105	\$140,000 – 440,000	\$263,205 ± 54,524	\$260,000



2018 Hourly Wage

Payment Type	Number	Range	Mean \pm S.D.	Median
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Salary & Hourly Wage Analysis – 2016 & 2018 Comparisons

Payment Type	Number	Range	Mean ± S.D.	Median
2018 Salary	105	\$140,000 – 440,000	\$263,205 ± 54,524	\$260,000
2016 Salary	118	\$150,000 – 450,000	\$258,180 ± 45,551	\$252,500
2018 Hourly Wage	207	\$70 - \$223.21	\$118.59 ± 19.24	\$113
2016 Hourly Wage	121	\$75 - \$199	\$113.60 ± 19.44	\$110

GH

Society of OB/GYN Hospitalists
Enhancing the Safety and Quality of OB/GYN Hospital Medicine

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Can we combine salaries and hourly wages to get an aggregate estimate?

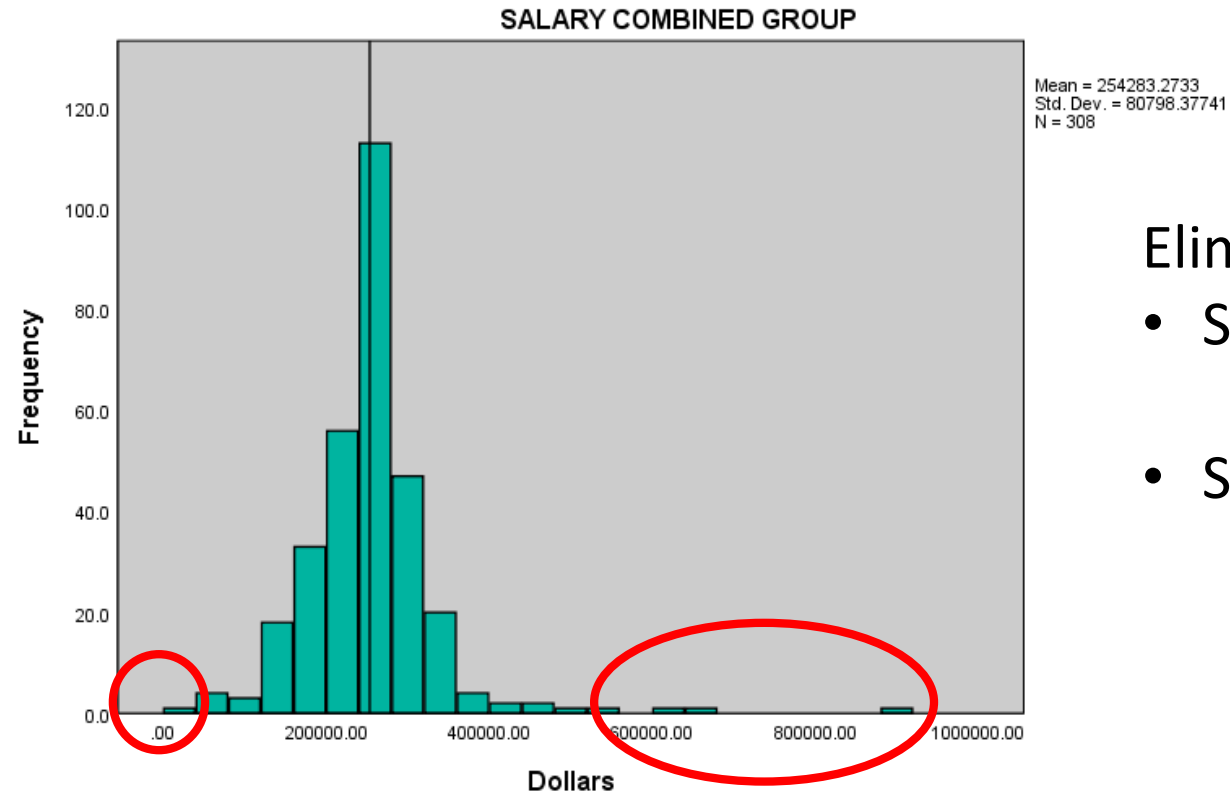
2018 Salary & Hourly Wage Analysis - Combined

- Salary for hourly Hospitalists = rate x hours per year
- Hourly wage for salaried Hospitalists = salary ÷ hours per year

Payment Type	Number	Range	Mean ± S.D.	Median
Salary	308	\$25,440 – 899,982	\$254,283 ± 80,798	\$253,440
Hourly Wage	304	\$64 - \$1972	\$130.10 ± 109.8	\$115

2018 Salary Analysis - Combined

Payment Type	Number	Range	Mean \pm S.D.	Median
Salary	308	\$25,440 – 899,982	\$254,283 \pm 80,798	\$253,440



Eliminate the Outliers

- Salaries > \$475,000
5 (1.6%)
- Salaries < \$70,000
4 (1.2%)

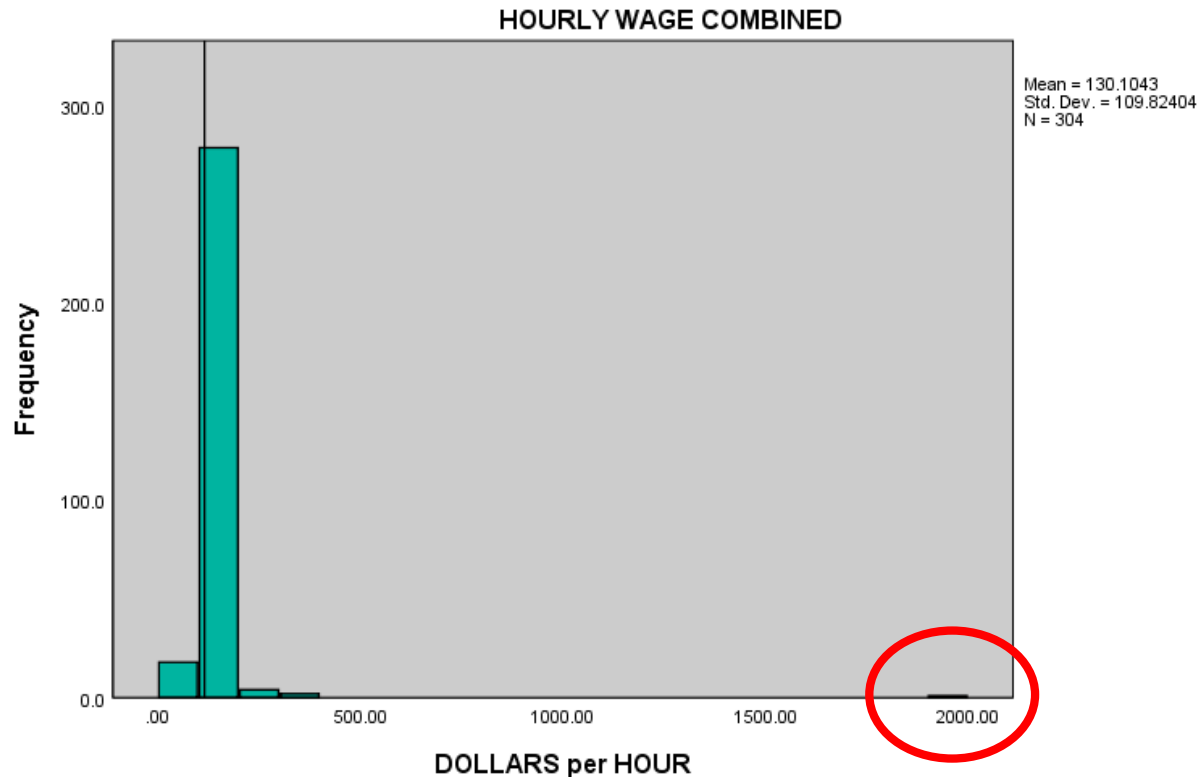
2018 Salary Analysis - Combined

Payment Type	Number	Range	Mean \pm S.D.	Median
Salary	308	\$25,440 – 899,982	\$254,283 \pm 80,798	\$253,440
Salary	299	\$79,200 – 449,991	\$250,477 \pm 57,596	\$253,440



2018 Hourly Wage - Combined

Payment Type	Number	Range	Mean \pm S.D.	Median
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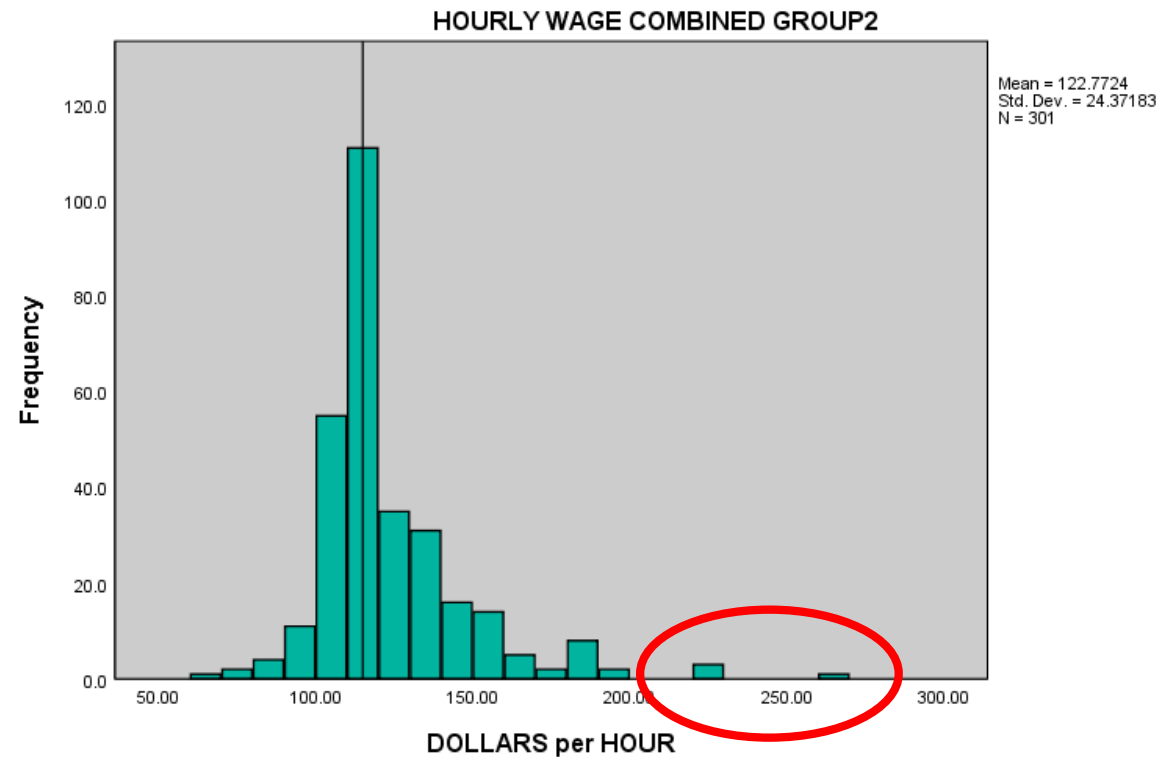


Eliminate the Outliers

- Hourly Wage > \$300
Large salaries for <1000 h/y
Extreme outlier 144 h/y
3 (1.0%)
- Hourly Wage – no low outliers

2018 Hourly Wage - Combined

Payment Type	Number	Range	Mean ± S.D.	Median
Hourly Wage	304	\$64 - \$1972	\$130.10 ± 109.8	\$115
Hourly Wage	301	\$64 - \$261	\$122.77 ± 24.37	\$115

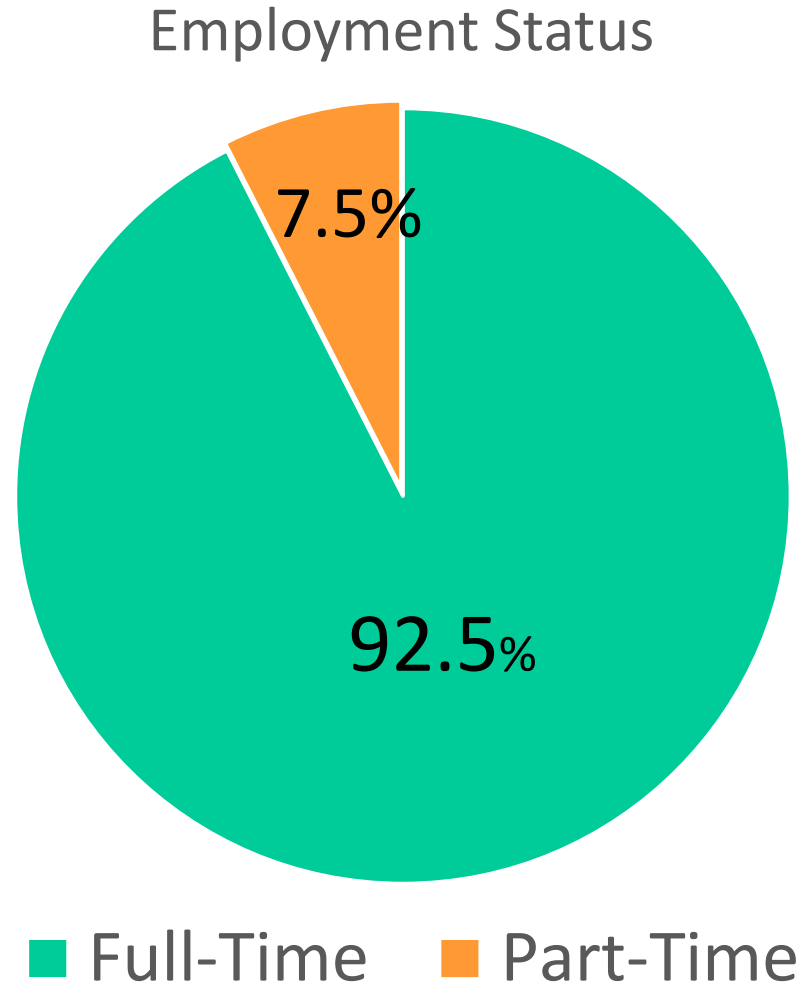


2018 Salary & Hourly Wage Analysis – Combined & Adjusted

Payment Type	Number	Range	Mean \pm S.D.	Median
Salary	299	\$79,200 – 449,991	\$250,477 \pm 57,596	\$253,440
Hourly Wage	301	\$64 - \$261	\$122.77 \pm 24.37	\$115

Does working part-time have any impact on salary or hourly wage

Answered: 334



2018 Salary & Hourly Wage Analysis – Part-Time vs Full-Time

Payment Type	Number	Range	Mean ± S.D.	Median
Salary Part-time	19 6.4%	\$80,231 – 326,000	\$179,453 ± 61,971	\$165,000
Salary Full-time	280	\$79,200 – 449,991	\$255,256 ± 54,123	\$250,000
Hourly Part-time	21 6.9%	\$64 - \$261	\$136.70 ± 36.007	\$138
Hourly Full-time	280	\$64.10 - \$225	\$121.73 ± 23.02	\$115

2018 Salary & Hourly Wage Analysis – Part-Time vs Full-Time

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2018 Salary & Hourly Wage Analysis – Salaried vs Hourly

Payment Type	Number	Range	Mean ± S.D.	Median
Salary Salaried	99	\$140,000 – 440,000	\$266,480 ± 52,460	\$263,000
Salary Hourly	181	\$79,2000 – 449,991	\$249,178 ± 54,182	\$253,440
HW Salaried	88	\$64 - 225	\$131 ± 28	\$127
HW Hourly	192	\$70 - 229	\$117 ± 18	\$113

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Does Combined Salary vary by Employment Type? N=280

Employment Type	Num	Salary: Mean \pm SD Min - Max	Salary Median
Employee of a staffing group	158	\$245,928 \pm 48,404 \$79,200 – 357,984	\$251,928
Hospital employee	76	\$270,394 \pm 51,377 \$136,800 – 415,000	\$269,000
Fulltime academic faculty	18	\$239,821 \pm 58,699 \$140,000 – 380,000	\$234,500
Independent contractor	13	\$283,433 \pm 97,447 \$145,600 – 449,991	\$263,232
Employee/partner private Ob/MFM	7	\$271,231 \pm 52,693 \$198,720 – 357,120	\$269,568
Large multispecialty group, e.g. Kaiser	8	\$277,337 \pm 37,839 \$230,000 – 358,200	\$272,480

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Does Hourly Wage vary by Employment Type? N=280

Employment Type	Num	Salary: Mean \pm SD Min - Max	Salary Median
Employee of a staffing group	166	\$115.21 \pm 13.09 \$95 – 189.39	\$113.00
Hospital employee	71	\$133.55 \pm 25.37 \$91.35 – 225.69	\$133.55
Fulltime academic faculty	16	\$109.25 \pm 26.91 \$64.10 – 159.14	\$110.74
Independent contractor	14	\$132.91 \pm 39.37 \$70 – 223.21	\$120.12
Employee/partner private Ob/MFM	7	\$146.02 \pm 38.04 \$115 – 223.21	\$136.95
Large multispecialty group, <i>e.g.</i> Kaiser	6	\$143.62 \pm 37.09 \$99.83 – 191.35	\$135.20

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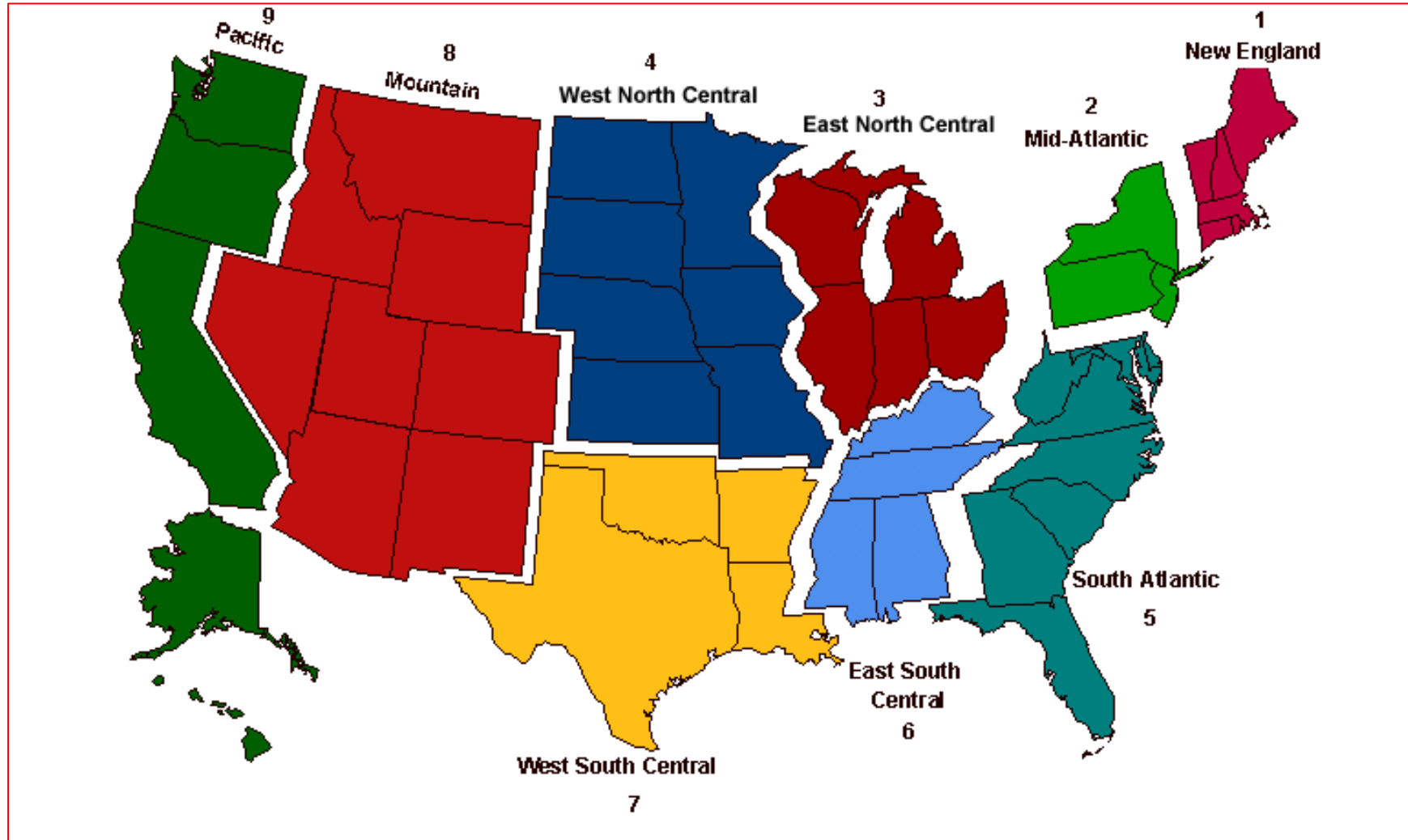
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Number of Hours/Year Worked by Employment Type

Employment Type	No.	Hours: Mean	Hours: Median	Hours: Range
Employee of a staffing group	172	2150	2304	576 - 4992
Hospital employee	82	1922	1908	240 - 3456
Fulltime academic faculty	19	2042	2016	1152 – 2704
Independent contractor	17	2124	2016	576 – 4800
Employee or partner - private Ob/Gyn or MFM group	9	2008	2016	864 – 4032
Large multispecialty group, e.g. Kaiser	8	1605	1872	144 - 2304

Do salary and hourly wages vary by region?



Does salary vary by region?

Region	Number	Salary - Range	Salary Mean	Salary S.D.	Salary Median
Aggregate	280	\$79,200 – 449,991	\$255,256	54,123	\$250,000
New England	6	\$180,000 – 440,000	\$278,790	89,937	\$256,930
Mid-Atlantic	14	\$188,000 – 350,000	\$257,695	49,677	\$251,720
East North Central	51	\$136,800 – 449,991	\$259,544	57,743	\$258,048
West North Central	24	\$150,000 – 384,000	\$254,114	53,817	\$258,100
South Atlantic	51	\$140,000 – 415,000	\$247,834	48,503	\$251,136
East South Central	4	\$274,560 – 330,000	\$289,380	27,095	\$276,480
West South Central	55	\$79,200 – 400,000	\$250,178	63,412	\$253,440
Mountain	20	\$184,704– 311,040	\$245,895	36,827	\$253,000
Pacific	52	\$138,575 – 378,501	\$262,584	49,500	\$266,980

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Does hourly wage vary by region?

Region	Number	Hourly - Range	Hourly Mean	Hourly S.D.	Hourly Median
Aggregate	280	\$64.10 - \$225	\$122	23	\$115
New England	6	\$78 – 183	\$124	37	\$123
Mid-Atlantic	13	\$91 – 175	\$121	20	\$120
East North Central	51	\$70 – 223	\$126	29	\$115
West North Central	23	\$82 – 166	\$121	20	\$118
South Atlantic	52	\$64 – 192	\$115	19	\$111
East South Central	4	\$110 – 120	\$117	5	\$118
West South Central	56	\$96 – 189	\$119	20	\$113
Mountain	18	\$102 – 169	\$122	18	\$116
Pacific	54	\$88 – 226	\$128	25	\$116

Does hourly wage vary by region?

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Aggregate	280	\$64.10 - \$225	\$122	23	\$115
New England *	6	\$78 – 183	\$124	37	\$123
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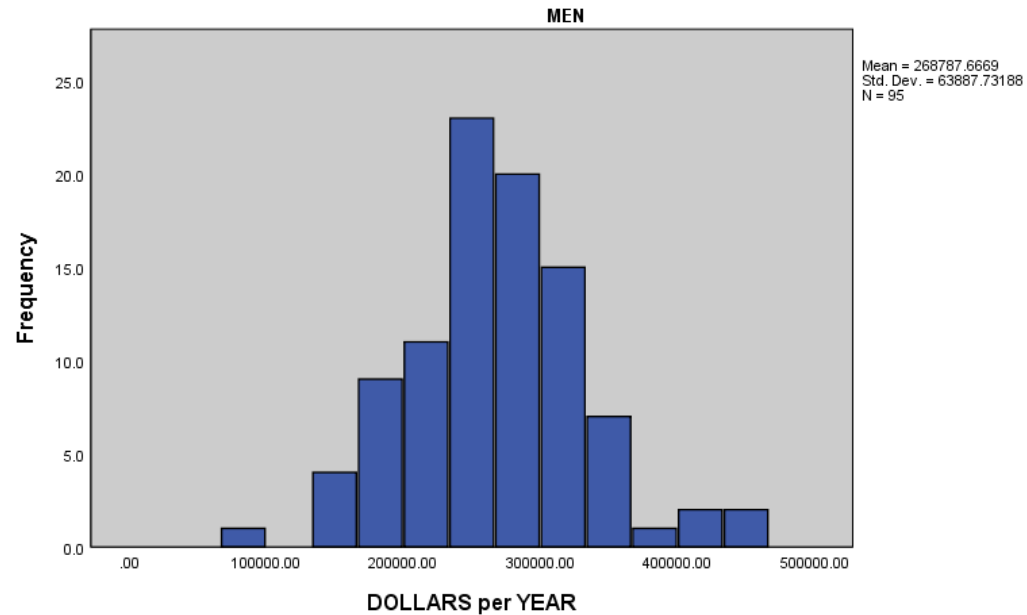
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Salary by Gender

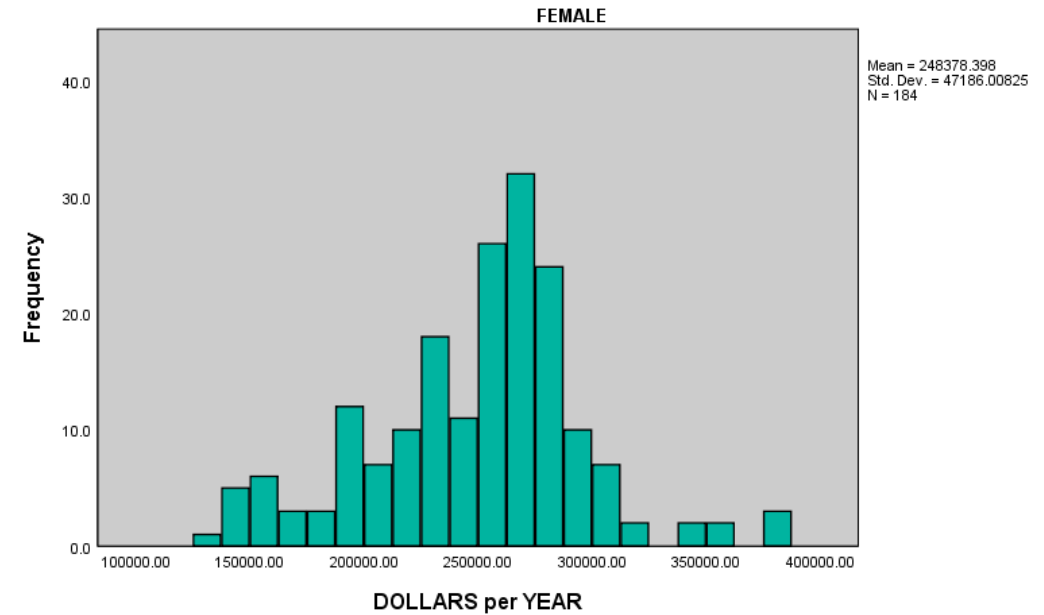
Gender	Number	Range	Mean \pm S.D.	Median
Men	95	\$79,200 – 449,991	\$260,787 \pm 63,887	\$264,960
Women	184	\$136,800 – 384,000	\$248,378 \pm 47,186	\$255,440

ANNUAL SALARY by GENDER



Men

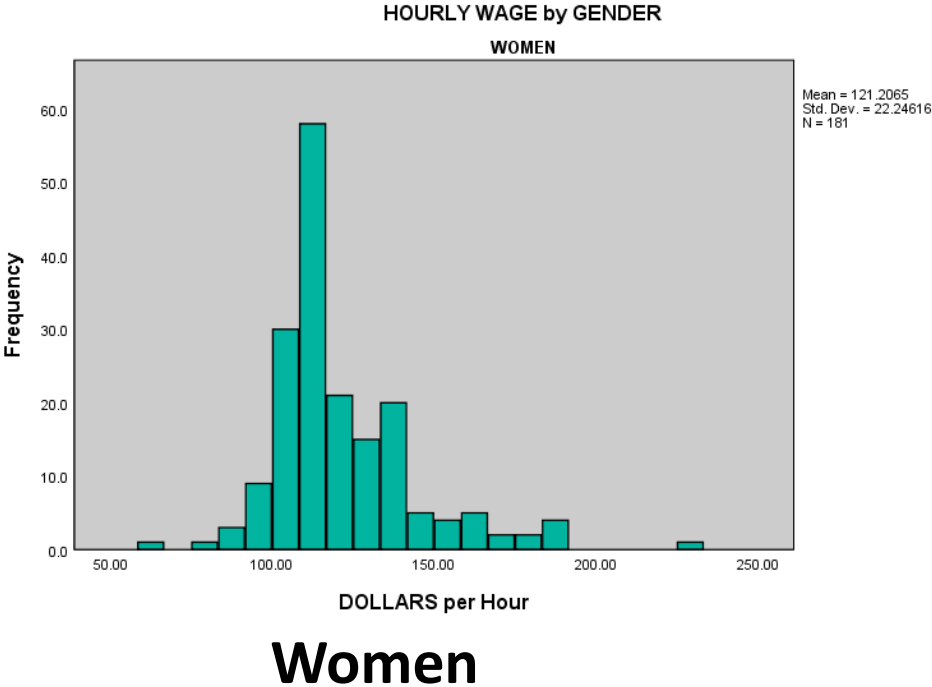
ANNUAL SALARY by GENDER



Women

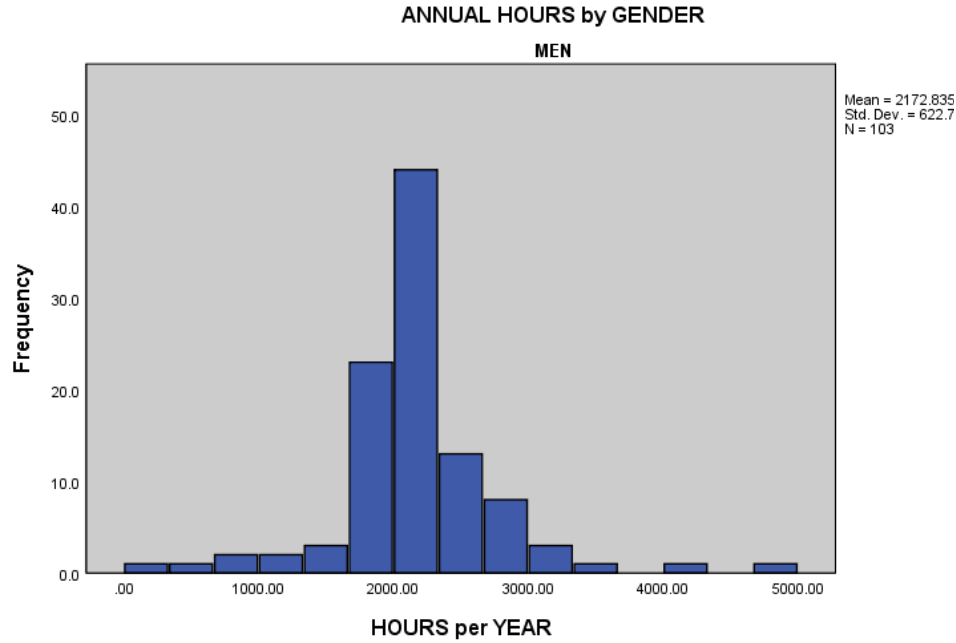
Hourly Wage by Gender

Gender	Number	Range	Mean ± S.D.	Median
Men	98	\$70 – 223.21	\$122.84 ± 24.51	\$115
Women	181	\$64,10 – 225.69	\$121.21 ± 22.25	\$115

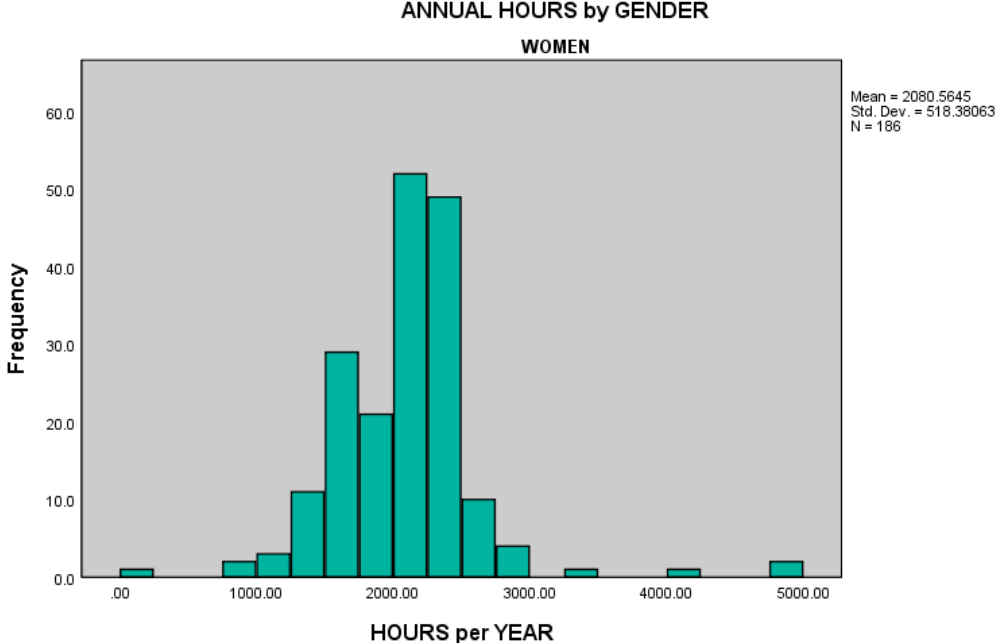


Hours Worked per Year by Gender

Gender	Number	Range	Mean ± S.D.	Median
Men	103	240 - 4992	2172.8 ± 622.9	2160
Women	186	144 – 4800	2080.6 ± 518	2016



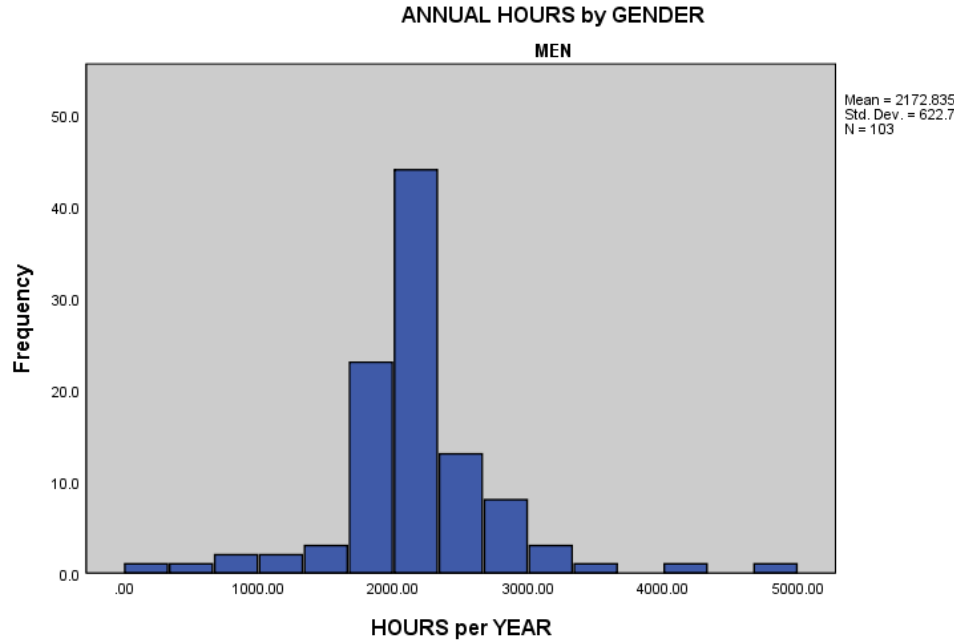
Men



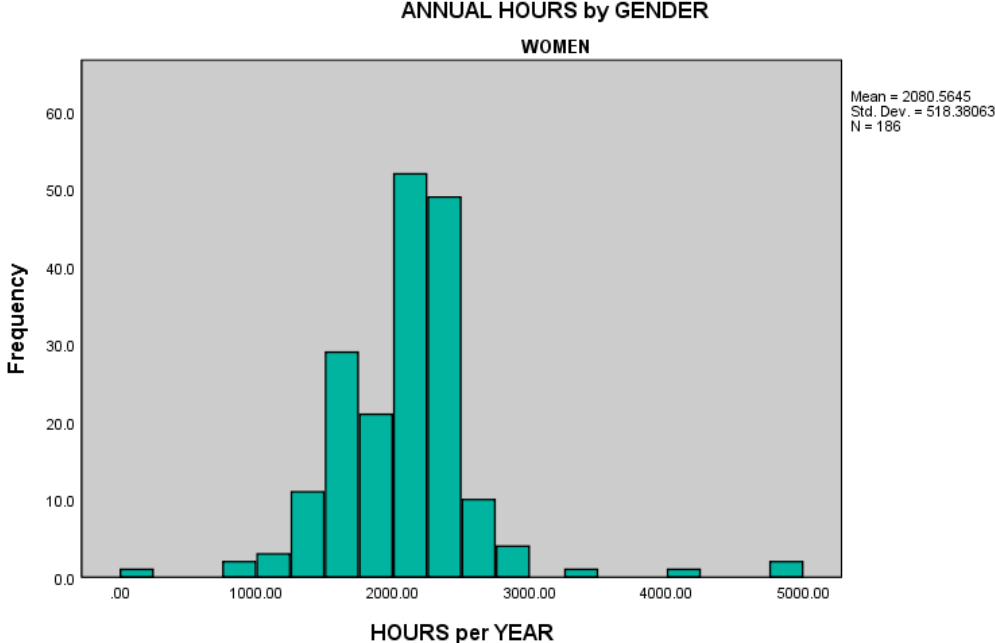
Women

Hours Worked per Year by Gender

Gender	Number	Range	Mean ± S.D.	Median
Men	103	240 - 4992	2172.8 ± 622.9	2160
Women	186	144 – 4800	2080.6 ± 518	2016

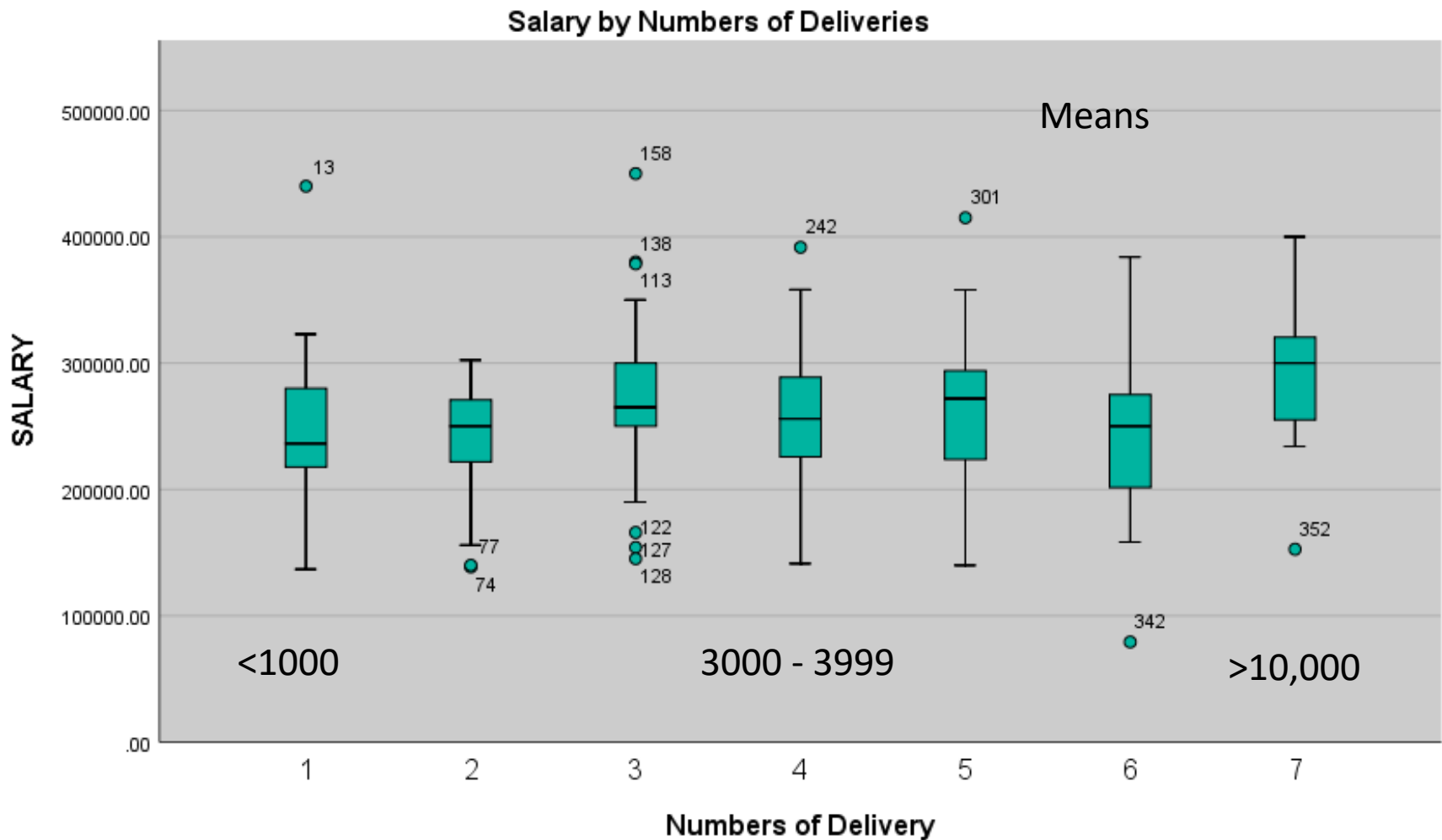


Men



Women

Salary in Comparison to Number of Deliveries



Annual Deliveries	Salary N	%
< 1000	14	5.6
1000 - 1999	63	21.5
2000 – 2999	65	22.8
3000 - 3999	69	24.5
4000 – 4999	32	10.9
5000 – 10,000	30	12.3
> 10,000	7	3.1

How does our compensation compare to salaries of other Ob/Gyns?

Doximity salaries by county

Selected all states with ≥ 10 respondents:

WA, OR, CA, CO, TX, MO, IL, IN, OH, FL

Randomly chose a large city and a rural county

Added a 2nd large city in the three states with the greatest representation: CA, TX, FL

Comparison between hospitalists & other American Ob/Gyns

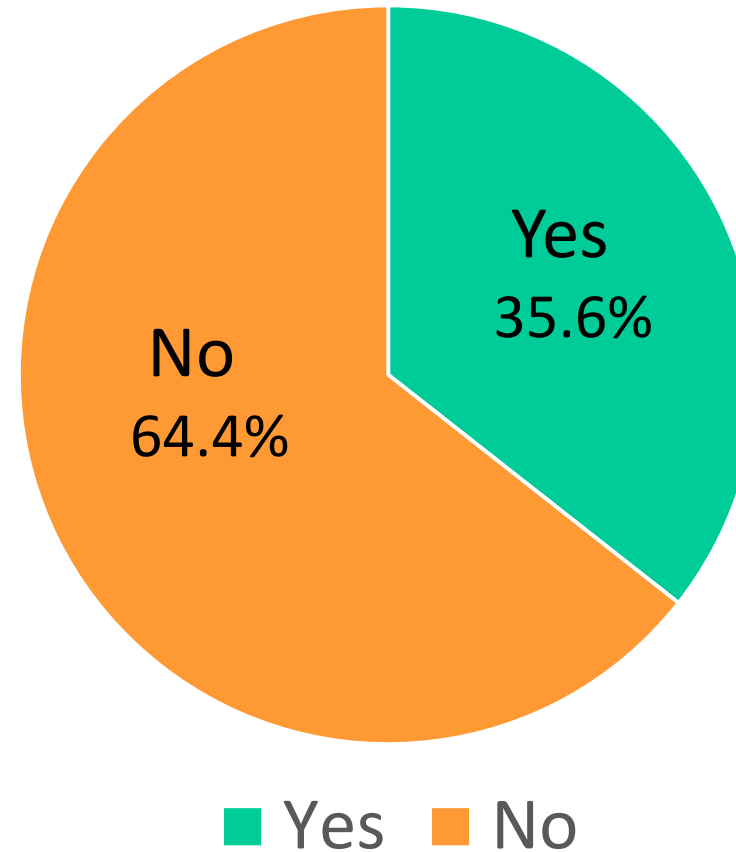
Group	Salary - Range	Salary Mean	Salary S.D.	Salary Median
Ob Hospitalists	\$79,200 – 449,991	\$255,256	54,123	\$250,000
US Ob/Gyns	\$275,965 – 299,060	\$288,310	5800	\$288,919

Comparison between hospitalists & other American Ob/Gyns

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Ob Hospitalists	\$79,200 – 449,991	\$255,256	54,123	\$250,000
US Ob/Gyns	\$275,965 – 299,060	\$288,310	5800	\$288,919

Does part of our pay include incentives and/or bonuses, including production-based compensation?

Answered: 312



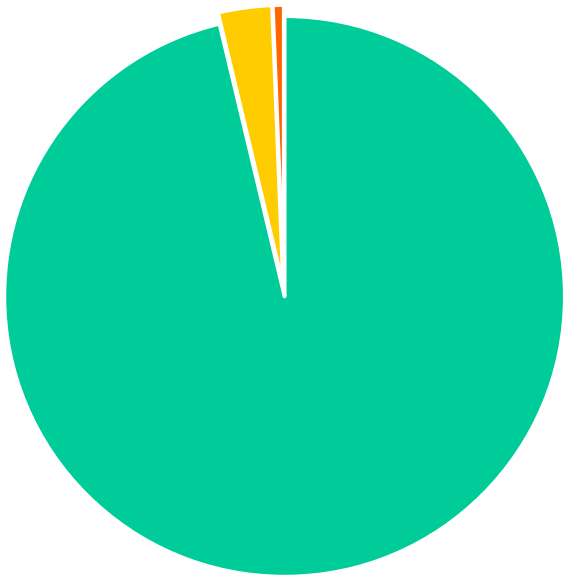
For those of us that do receive incentives and/or bonuses, how are they structured? (Check all that apply) Answered: 109

Bonus/Incentive	N	% of 109
Achieving pre-identified non-production based goals (attendance at meetings, innovation, satisfaction surveys, quality based goals, improvement projects, chart completion, timeliness, evaluations)	97	88.9
Production based – Collections	5	4.6
Production based – Billings	4	3.7
Production based – RVUs	13	11.9
Bonus but unsure criteria	4	3.7
Bonus based on hours worked or extra shifts	2	1.8
Department must meet goals first	1	0.9

Our Benefits

How do we pay for our professional liability coverage (malpractice insurance)?

Answered: 318



1 2 3

1	96.2%	Employer pays in full
2	3.1%	I pay it independently
3	0.63%	I pay it with pre-tax dollars from a program available from my employer

When we first became an OB/GYN hospitalist, how did we pay for our malpractice tail?

Answered: 302

Response	Number	Percent
No tail: I left an institution that was self-insured	163	54.0%
I had pay the tail myself	97	32.1%
No tail: I started after my residency or fellowship	15	5.0%
My employer paid my tail in full as a signing bonus.	17	5.6%
My employer partially paid my tail as a signing bonus.	2	0.7%
My employer provided a loan to cover my tail.	8	2.7%

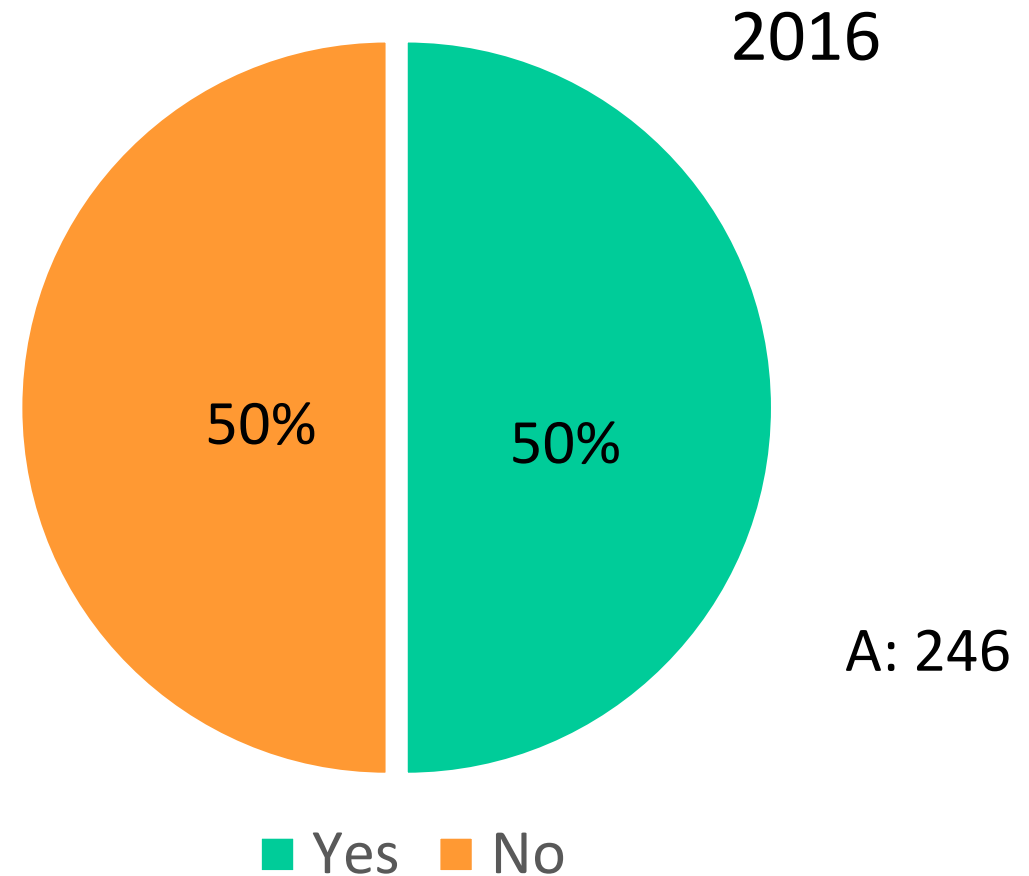
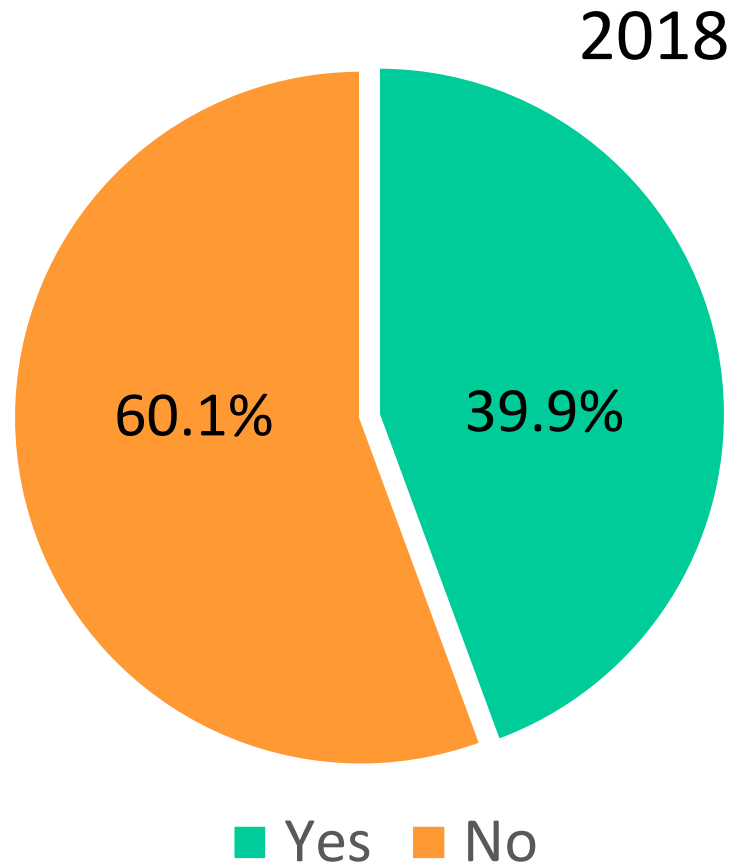
If you leave your current employer, who pays your malpractice tail?

Answered: 314

Response	Number	Percent
My employer pays my malpractice insurance in-part or in-full – there is no penalty when I leave	291	92.7%
I pay for my own malpractice – when I stop working, I will be responsible for my malpractice tail	15	4.8%
My employer pays my malpractice insurance in-part or in-full, but when I leave, I will be expected to pay for the tail myself, either in-part or in-full	8	2.6%

Do you get any type of paid time off/vacation/CME as part of your benefits?

Answered: 316



Do you get any type of paid time off/vacation/CME as part of your benefits? Answered: 298

Employment Type	Number	Yes %
Employee of a staffing group	170	23.5
Hospital employee	79	63.3
Fulltime academic faculty	18	88.9
Independent contractor	14	7.1
Employee/partner private Ob/MFM	9	55.6
Large multispecialty group, e.g. Kaiser	8	87.5

Do you get any type of paid time off/vacation/CME as part of your benefits? Answered: 298

Employment Type	Number	Yes %
Employee of a staffing group	170	23.5
Hospital employee	79	63.3
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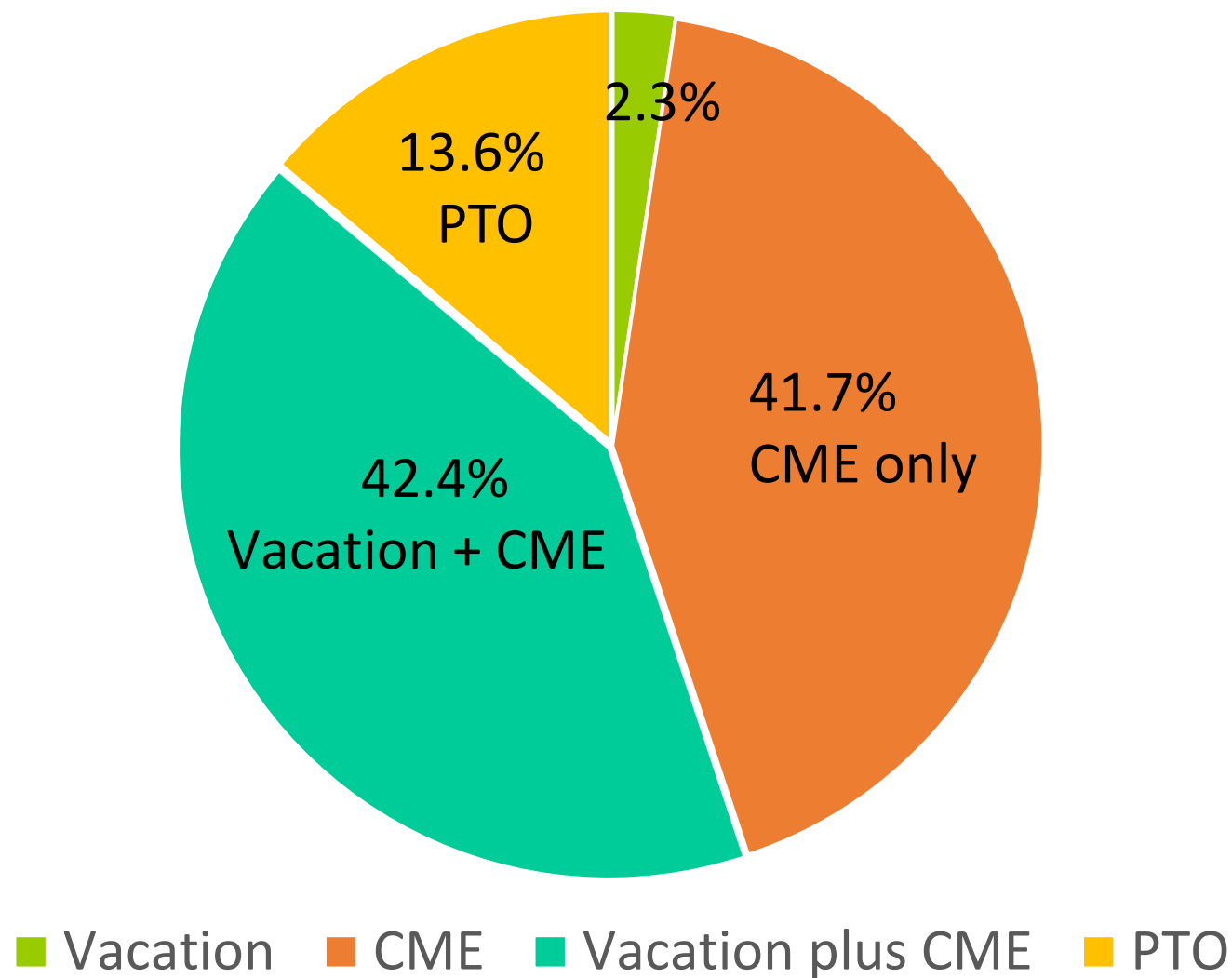
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If yes, please indicate what it is for?

Answered: 132



Do you receive additional funding for CME / personal expense account?

Answered: 309

CME/Personal Expense Account	No.	%
None	43	13.9
\$500	1	0.3
\$1000 – 1999	151	48.9
\$2000 – 2999	43	13.9
\$3000 – 3999	33	10.7
\$4000 – 4999	20	6.5
\$5000 – 5999	7	2.3
\$6000 - 7000	7	2.3
\$11,500; 11,500; 13,500; 14,000	4	1.3

Do you receive additional funding for CME / personal expense account?

Answered: 309

CME/Personal Expense Account	No.	%
None	43	13.9
\$500	1	0.3
\$1000 – 1999	151	48.9
\$2000 – 2999	43	13.9
\$3000 – 3999	33	10.7
\$4000 – 4999	20	6.5
\$5000 – 5999	7	2.3
\$6000 - 7000	7	2.3
\$11,500; 11,500; 13,500; 14,000	4	1.3

Coverage of Practice Expenses

Answered: 304 – 311

	Not covered, My expense	Paid out of my CME/ personal account	Covered Paid by Employer	Number
Medical License Fees	46.5%	24.2%	29.3%	310
DEA licenses	48.9%	24.8%	26.4%	311
ACOG dues/ Board Certification	38.1%	42.3%	19.5%	307
Information Resources & Books	56.6%	39.8%	3.6%	304
Computer	73.8%	12.8%	13.4%	305

Do we receive specific sick-days?

Answered: 306

Response	Percent	Number
Yes	13.4%	41
No, same day cancellations are taken out of my vacation days	4.9%	15
No, I have to make up the shifts that I miss	65.0%	199
No, I have the option of taking them out of my vacation days or making up the shifts that I miss	16.7%	51

What additional benefits do we receive? (Check all that apply & how they are covered)

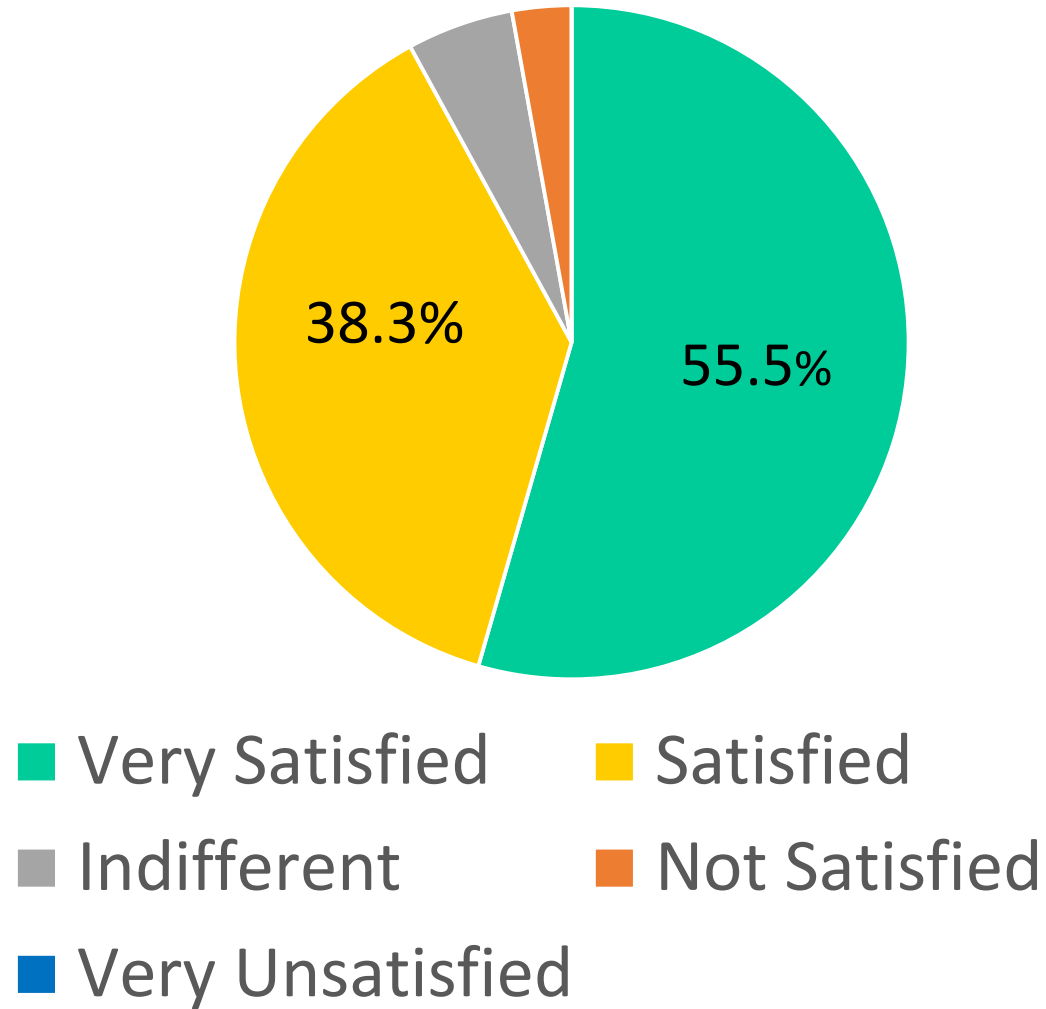
Answered: 308-9

	Not Covered	Included Employer pays in full	Partially covered, I pay a supplement	Not covered, but available for purchase	Number
Retirement	22.4%	12.7%	29.2%	35.7%	308
Health Insurance	7.5%	13.6%	60.7%	18.2%	308
Dental Insurance	8.1%	13.6%	56.3%	22.0%	309
Life Insurance	11.3%	34.9%	38.2%	15.5%	309
Disability Insurance	13.3%	29.2%	37.3%	20.1%	308

How much do we like our work?

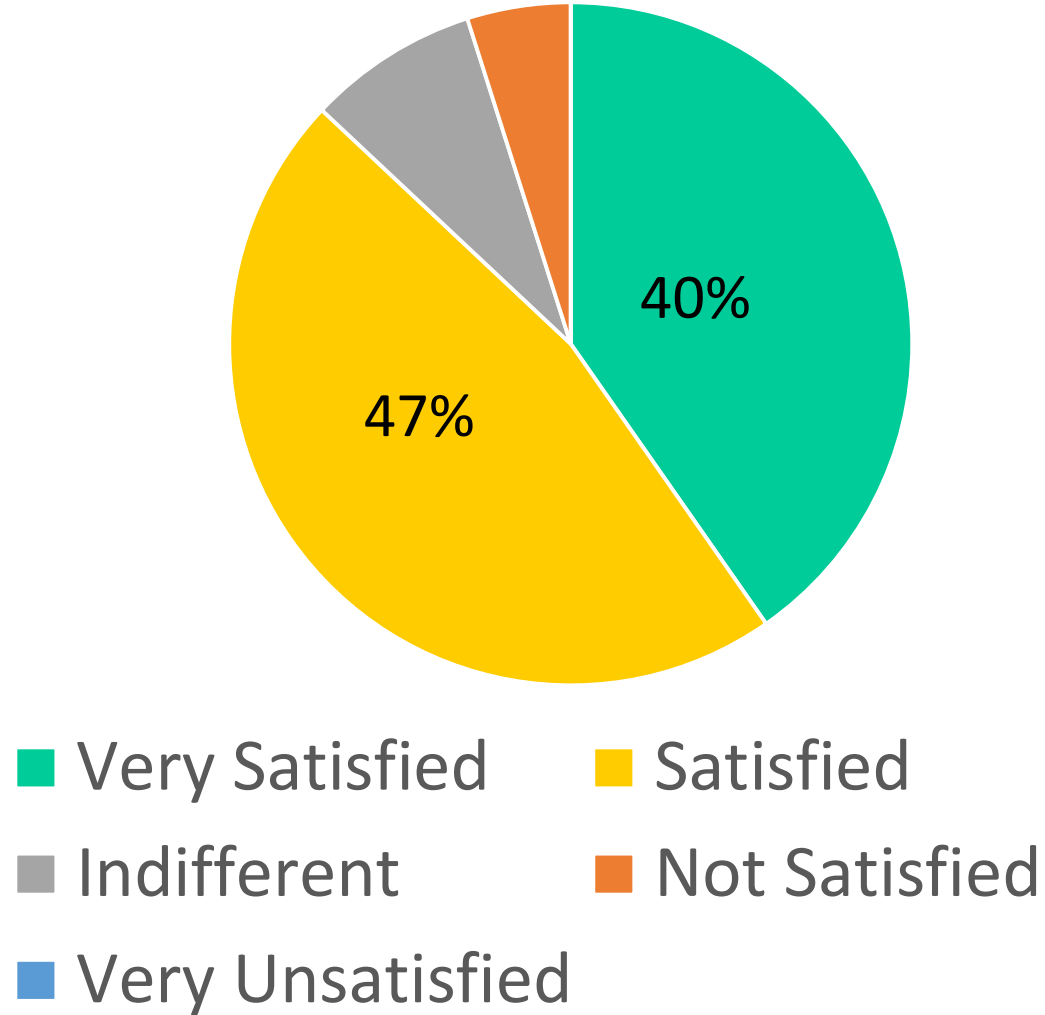
How satisfied are we with: Our Career as a Hospitalist

Answered: 309



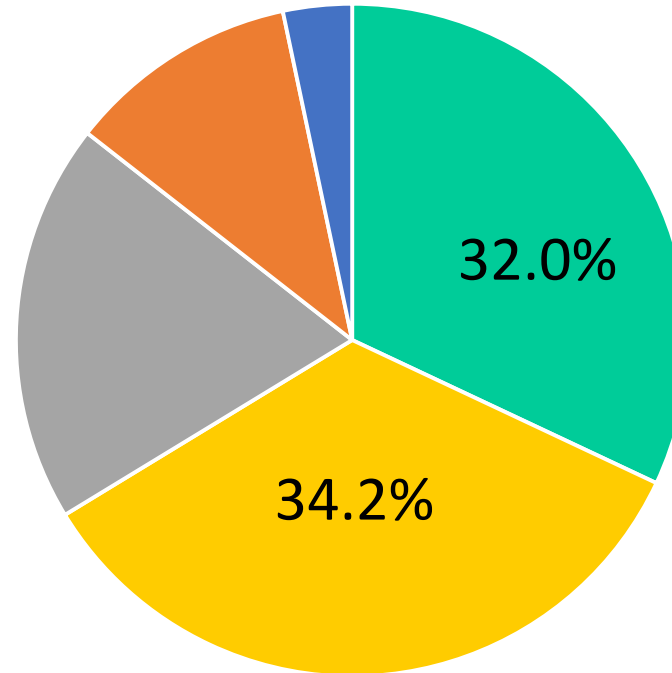
How satisfied are we with: Our Variety of our Work

Answered: 309



How satisfied are we with: Our Management

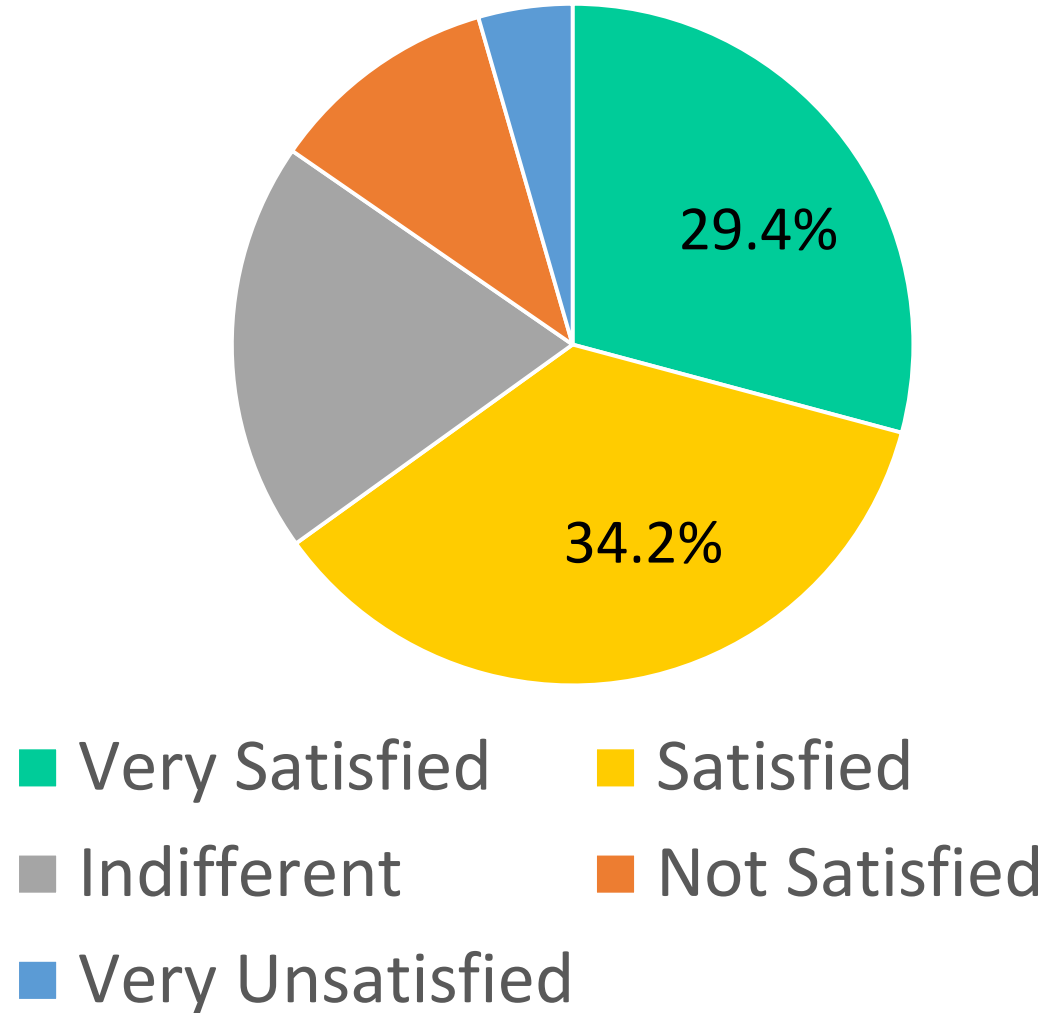
Answered: 309



- Very Satisfied
- Satisfied
- Indifferent
- Not Satisfied
- Very Unsatisfied

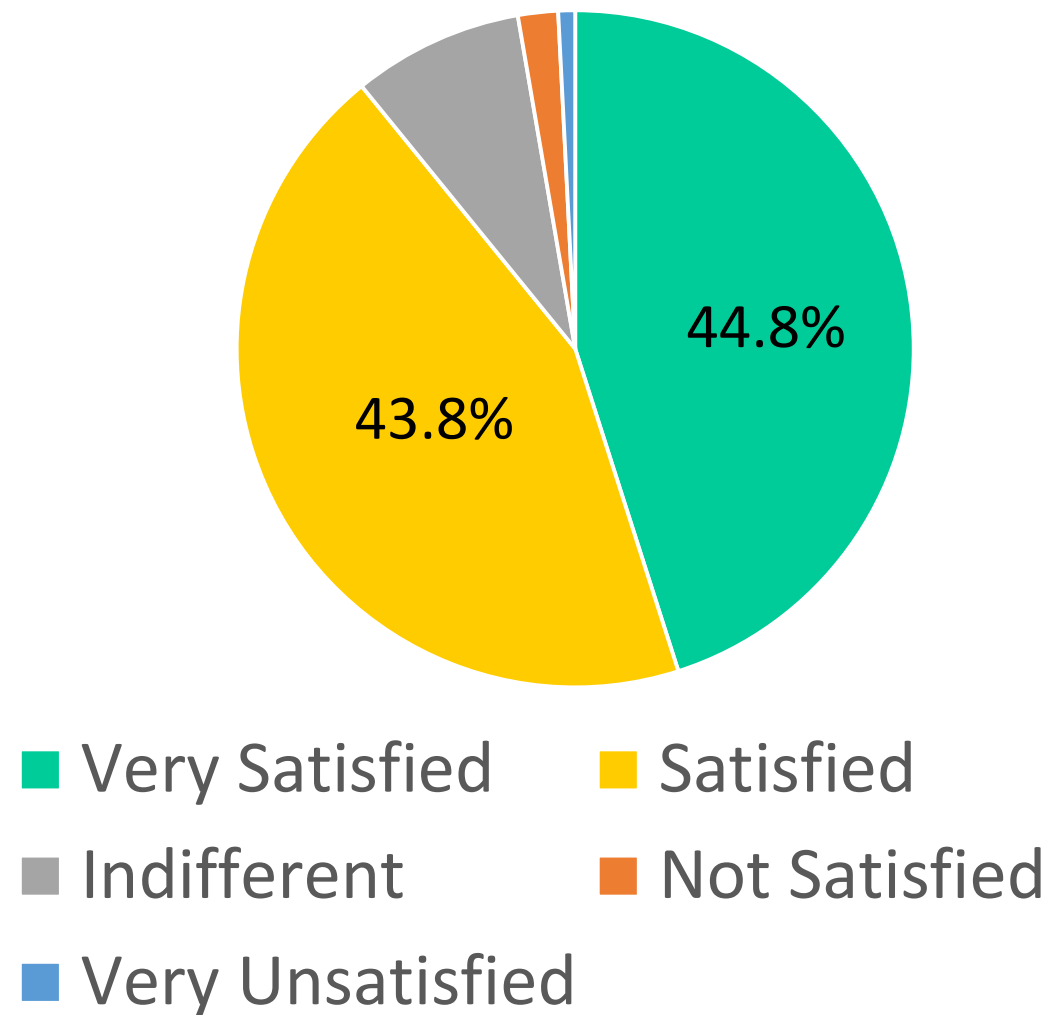
How satisfied are we with: Recognition of our Work

Answered: 309



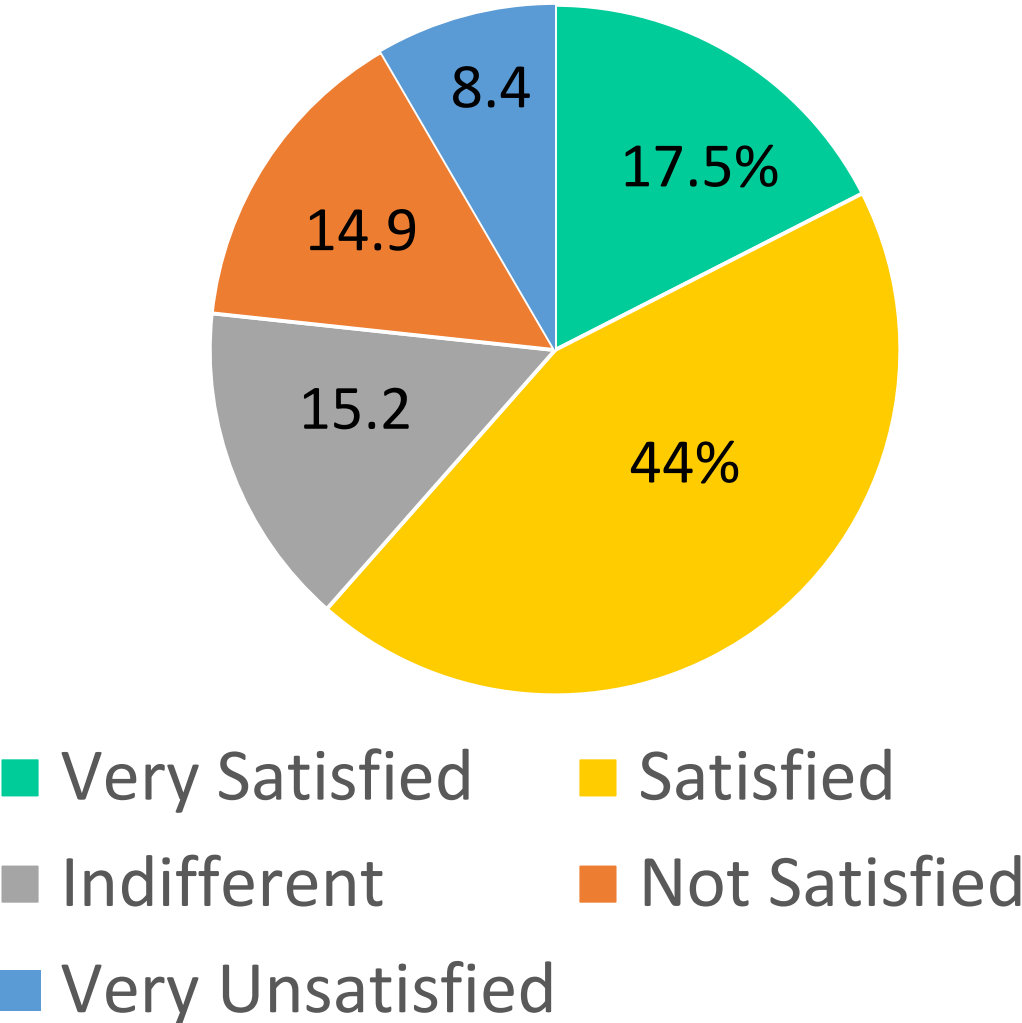
How satisfied are we with: Our Professional Relationships

Answered: 309



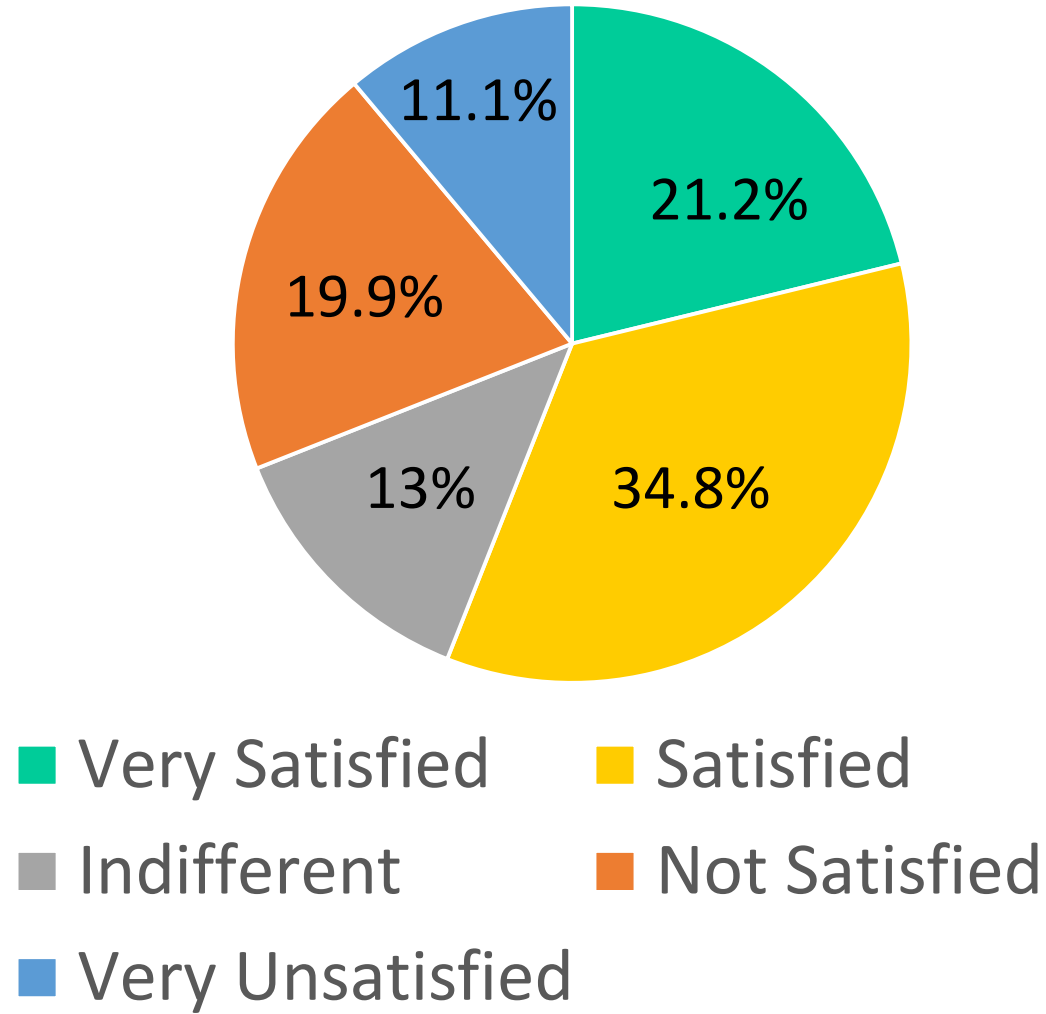
How satisfied are we with: Our Pay

Answered: 309



How satisfied are we with: Our Benefits

Answered: 309



Why did we become an Ob/Gyn hospitalist?

(Check as many as apply) Answered: 303

Response – Part 1	Respondant Number	Percent
I like working shifts that allow me to have protected personal time	253	83.5
Working hospital shifts is better for my family	198	65.3
I like the excitement & comradery of L & D	148	48.8
I prefer inpatient OB over inpatient & outpatient gynecology	153	50.5
I no longer wanted the time commitment required to run a practice	143	48.8
I wanted a new challenge	79	24.0
I was getting older in my career & wanted to cut back my hours	63	20.8

Why did we become an Ob/Gyn hospitalist?

(Check as many as apply) Answered: 303

Response – Part 2	Respondant Number	Percent
It became too expensive to run my office & cover malpractice insurance	56	18.5
I wanted to become more involved in my hospital's organization & program development	38	12.5
My hospital was setting up a hospitalist program & needed physicians for the program	35	11.5
Working shifts allows me to be more productive in my academic time	26	8.6
I was moving to a new town & was unfamiliar with the local medical community	22	7.3
I needed a short-term position without a malpractice tail	9	2.9
I was getting older in my career & felt I should stop gynecologic surgery	7	2.3

Why did we become an Ob/Gyn hospitalist?

(Check as many as apply) Answered: 303

Other Responses – 24, some incorporated, some different	Respondant Number	Percent
I just didn't enjoy private practice anymore, burnt out	7	2.3
I wanted time to work on patient safety/ACOG/advocacy	3	0.9
I wanted to supplement my private practice income	3	0.9
My clinic/birth center closed/suddenly left practice	3	0.9
Hospital asked me to set up the program	1	
Opportunity to teach (residents)	1	
I was a locum tenens for 21 y and was tired of traveling	1	

Is there hostility on the part of the other OB/GYN staff in your department towards you and/or the other hospitalists? Answered: 309

Response	Number	Percent
No – They really appreciate our services	209	67.3
They abuse our services and dump patients on us	43	13.9
Most appreciate us but some do not treat us as equals and either don't use us or dump on us/keep wanting us to see more patients	20	6.5
Yes – They fear we will steal their patients and request that we do not cover for them	17	5.5
It's better now but it was a challenge in the beginning	6	1.9
Yes – they do not like the way we manage their patients	3	0.9
Yes – they refuse our services/they don't want to lose the revenue	4	1.3
It varies with the hospital	1	

Is there hostility on the part of the other OB/GYN staff in your department towards you and/or the other hospitalists? – p2

Response	Number	Percent
In general they respect us but think we don't work as hard as they do which causes resentment	1	
Some are afraid that we will see when they provide suboptimal care/see when their documentation is lacking	2	
Some hostility because our presence requires an upgrade in care	1	
I don't cover other practices patients	2	
No they are indifferent	1	
They don't use us because they feel they should be there for their patients	1	
They don't like the way some of us manage patients	1	