

Where Are the Menopause Specialists? A Nationwide Analysis of Access to Certified Practitioners

Authors: Arina Chesnokova MD MPH MSHP, Allison Schachter, Marilyn Schapira MD MPH, Makeba Williams MD MPH, Alice Abernathy MD MSHP

Introduction

- A “menopause management **vacuum**” has been recognized.¹
- The results of the **Women’s Health Initiative** had a dramatic impact on HRT prescribing, and likely the practice of midlife and menopause medicine at large.
- The **quantification** of the menopause management vacuum has relied on the observation of:
 - persistently low rates of hormone replacement therapy prescribing² PLUS
 - unfulfilled need expressed by patients seeking compounding, supplement, and online and app-based solutions.¹
- There is no empirical research on the workforce providing menopausal care, their geographic distribution, or patient access to certified providers.

GOAL: Examine the distribution of Menopause Society Certified Practitioners (MSCP) and their geographic accessibility.

Methods

- Data: MSCP directory³ and the 2022 American Community Survey (ACS) 5-yearestimates⁴ at the Census Tract (CT) level.
- Included: all practitioners designated “MSCP”, verified their primary practice addresses through CMS and manual Google searches. Excluded: practitioners exclusively offering remote services or those unable to prescribe medications (3%).
- All prescribing providers were geocoded, and a 60-minute driving radius was applied to assess geographic accessibility for populations of women ages 45-64 within each census tract.
- A CT-level accessibility index was then calculated, and CTs with and without geographic access were compared on poverty and insurance composition.
- All analyses were conducted using Stata 17.0 and ArcGIS Pro 3.2.^{5,6}

Results

- A total of 1,371 MSCP providers were included: 69% were physicians, predominantly OBGYNs (80%).
- At the state level, all states had ≤0.8 MSCP clinicians per 10,000 biologically female individuals aged 45-64, except for Washington D.C. (with 2.3 per 10,000).
- After applying geocoding and the driving distance criteria, we found that 70% of CTs were within a 60-minute drive from an MSCP provider, covering 61% of the target female population
- The CT accessibility index was strikingly low (mean 0.003, SD 0.003), equating to an average of 1 MSCP per 29,537 menopausal females (SD 38,928).
- CTs without geographic access to an MSCP had higher poverty rates (24% vs 21%, p<0.001) and public insurance coverage (21% vs 18%, p<0.001).

Discussion

While MSCPs are not the sole providers of menopausal care, they represent a specialized cohort within the field. Currently, there are no established benchmarks for the optimal number of subspecialty clinicians per population, but the figures for MSCPs are markedly lower compared to other specialties such as oncology (with 1.6 per 10,000). This study highlights significant disparities in access to specialized menopausal care and underscores the need for discussions on workforce development and policy reform in this area.

Table 1. The number of included MSCPs by training

Total included MSCP	1396
MD/DO	947
NP/CNM/PA	399

Table 2. MD and DO MSCP practitioners by specialty

Specialty	n	%
OBGYN	759	80.1
Internal medicine	75	7.9
Family medicine	84	8.9
Endocrinology	12	1.3
Other	17	1.8
Grand Total	947	

While 70% of females aged 45-64 live within a 60-minute driving distance of a Menopause Society Certified Practitioner (MSCP), states have ≤0.8 MSCP clinicians per 10K female individuals aged 45-64 (with 30K menopausal patients per MSCP), revealing a critical need for workforce expansion

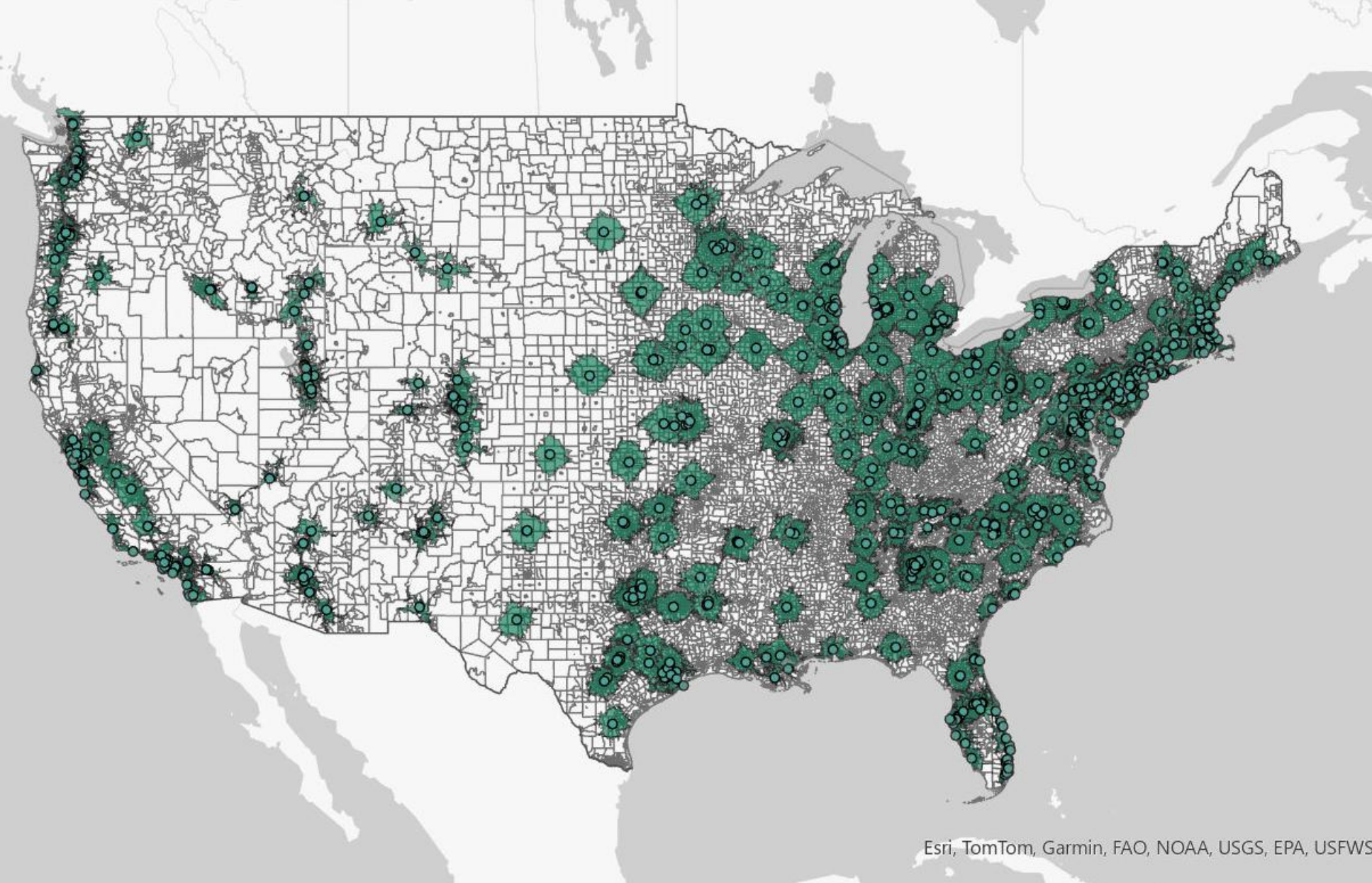


Figure 1. Geocoded Menopause Society Certified Practitioners with a 60-minute driving radius applied and overlaid over US Census Tracts



MSCP distributions and counts at the state level

Figure 2. Raw number of Menopause Society Certified Practitioners (MSCP) by State

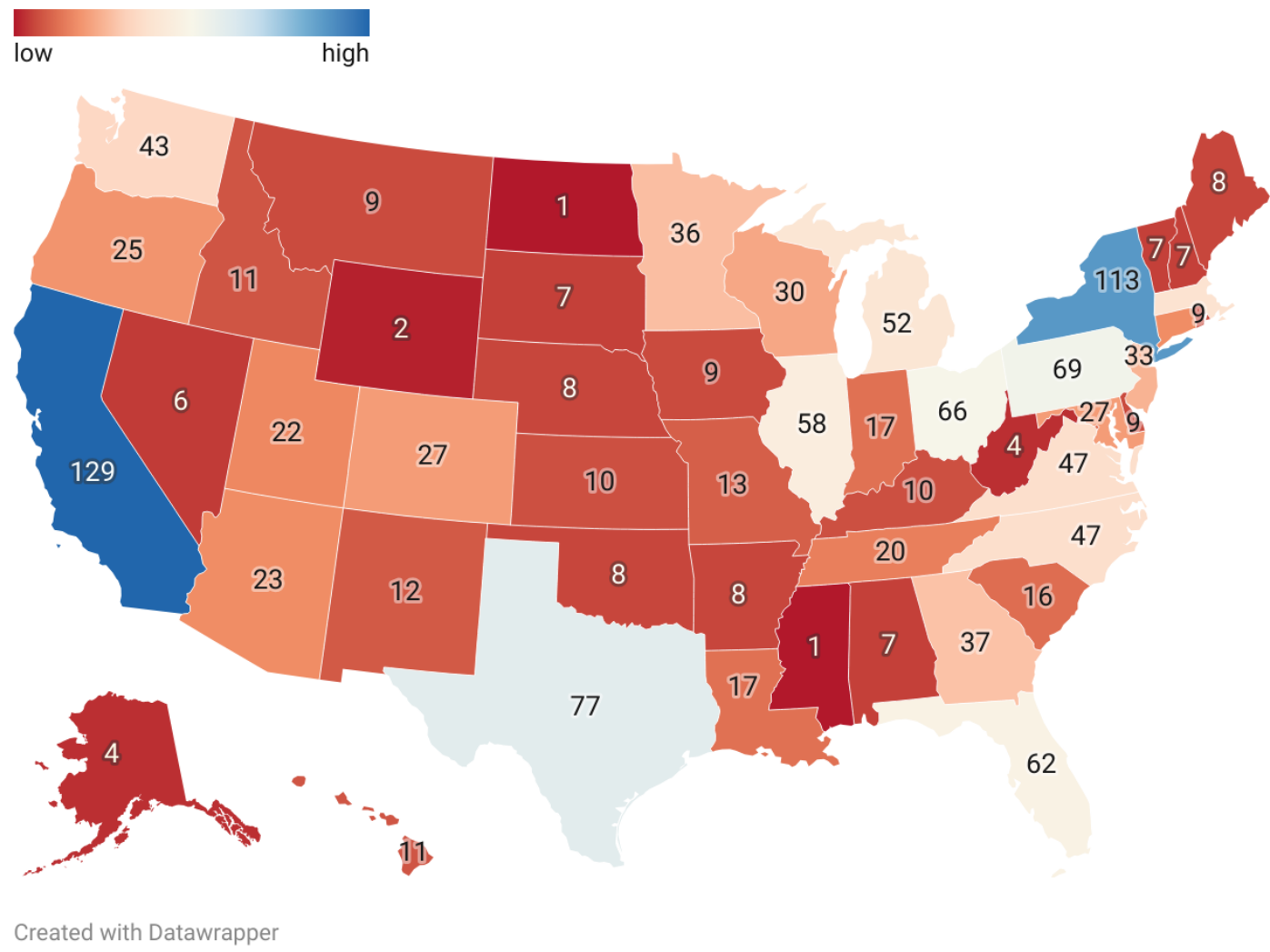
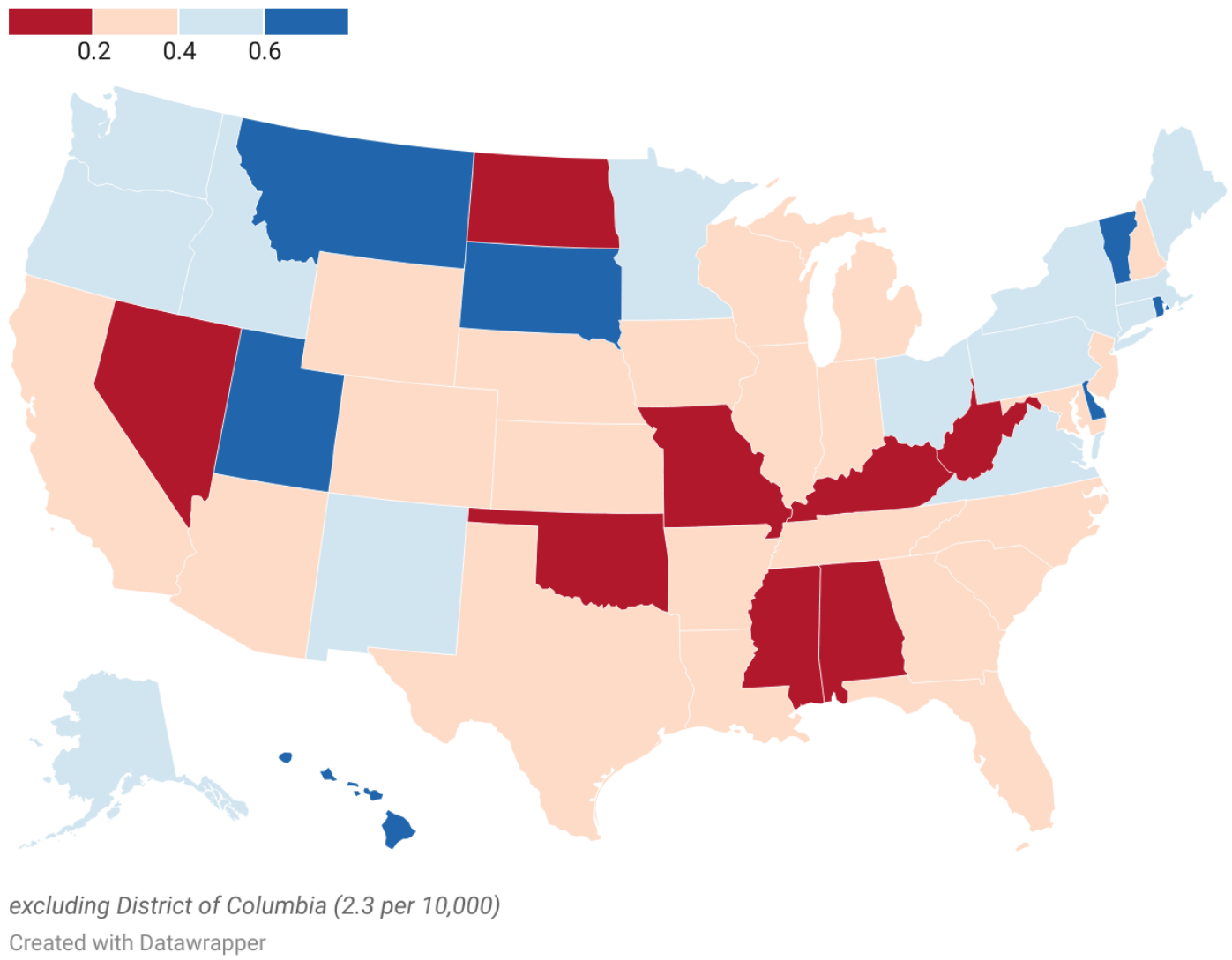


Figure 3. Number of Menopause Society Certified Practitioners (MSCP) by State per 10,000 biologic females ages 45-65.



References:
1. Faubion SS, Shufelt C. The Menopause Management Vacuum. Cancer J. May-Jun 01 2022;28(3):191-195. doi:10.1097/PP0.0000000000000594
2. Steinkellner AR, Denison SE, Eldridge SL, Lenzi LL, Chen W, Bowlin SJ. A decade of postmenopausal hormone therapy prescribing in the United States: long-term effects of the Women's Health Initiative. Menopause. Jun 2012;19(6):616-21. doi:10.1097/gme.0b013e31824bb039
3. Menopause Society. Menopause practitioner database. Menopause Society. Accessed 05/01/2024, 2024. <https://portal.menopause.org/NAMS/NAMS/Directory/Menopause-Practitioner.aspx>
4. U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates. Accessed 05/01/2024, 2024. <https://www.census.gov/data/developers/data-sets/acs-5year.html>
5. Stata Statistical Software: Release 17. College Station, TX: StataCorp LLC.
6. ESRI 2023. ArcGIS Pro. Redlands, CA: Environmental Systems Research Institute.

Table 3. Number of Menopause Society Certified Practitioners (MSCP) by State per 10,000 biologic females ages 45-65

State	MSCP per 10,000 population
AK	0.48
AL	0.11
AR	0.21
AZ	0.27
CA	0.27
CO	0.39
CT	0.45
DC	2.28
DE	0.67
FL	0.22
GA	0.26
HI	0.62
IA	0.23
ID	0.51
IL	0.35
IN	0.20
KS	0.29
KY	0.17
LA	0.29
MA	0.53
MD	0.32
ME	0.41
MI	0.39
MN	0.51
MO	0.17
MS	0.03
MT	0.67
NC	0.34
ND	0.12
NE	0.35
NH	0.35
NJ	0.26
NM	0.46
NV	0.16
NY	0.43
OH	0.43
OK	0.17
OR	0.48
PA	0.40
PR	0.13
RI	0.61
SC	0.23
SD	0.68
TN	0.22
TX	0.22
UT	0.68
VA	0.42
VT	0.79
WA	0.46
WI	0.39
WV	0.17
WY	0.29

Get in touch with me!