Pediatric Workforce Initiative
Department of Pediatrics Monthly Meeting
November 23, 2021
noon – 1PM

Mary Leonard, MD, MSCE
Chair

Becky Blankenburg, MD, MPH
Associate Chair
Sign-Up Today for a HEAL Anti-Racism Seminar!

4-Hour Educational Workshop focused on Medical & Structural Racism, Microaggressions, and Allyship for DoP Staff and Faculty

Our goal is for at least 70% of the DoP to complete the workshop before the end of FY22!
13TH ANNUAL
PEDIATRICS RESEARCH RETREAT
APRIL 29, 2022

Call for Abstracts

The Stanford Department of Pediatrics invites submissions for oral and poster abstracts for the 13th Annual Pediatrics Research Retreat! Presenting at the Pediatrics Research Retreat is an opportunity for Students, Residents, Fellows, Postdoctoral Scholars, Instructors, Staff, and Faculty of all disciplines to share the latest research developments in their field.

Oral and poster abstract submissions are due by 11:59pm on Sunday, January 16, 2022.

Submit abstract online at http://pediatrics.stanford.edu/research-retreat
Congratulations!

2021 Integrated Strategic Plan (ISP) STAR AWARD WINNERS

Bonnie Maldonado, MD  Ayelet Rosenthal, MD  Roshni Mathew, MD

Infection Prevention & Control
Bonnie Maldonado, MD

Mary Leonard, MD, MSCE

Vaccine Governance Committee
Congratulations!

2021 Integrated Strategic Plan (ISP) STAR AWARD WINNERS

Clinical Research Support Office (CRSO)

Alyson Falwell, MPH  Karl Sylvester, MD  Mary Chen, MS, MBA  Mary Leonard, MD, MSCE  Sijo Thomas, RN, MSN, MBA  Tricia Ning
Lisa Chamberlain, MD
Co-Chair, American Pediatric Society Advocacy Committee
APS and SPR Journeys Program

Ananta Addala, DO

Melissa Mavers, MD

Trung Pham, MD, PhD
Educational Scholars Program

Jacquelyn Crane, MD
Gayatri Madduri, MD
Peggy Han, MD
Pediatrics 2025: The AMSPDC Workforce Initiative
Organizational Partners

National Pediatric Physician-Scientist Collaborative Workgroup
Domain 1: Change the Educational Paradigm
Association of Pediatric Program Directors

• Domain 1: Changing the Educational Paradigm, with Impact on Attracting Diverse Trainees into Pediatrics and Undersubscribed Pediatric Subspecialties

• 1a – Curricular Reform
• 1b – Advocacy re: Curricular Recommendations
• 1c – Subspecialty Exposure
• 1d – Positive Role Models
Domain 2: Data, Needs and Access
American Board of Pediatrics & Council of Pediatric Subspecialties

**Data**

Investigate the diversity of the pediatric workforce
- Race/Ethnicity
- Debt
- DOs, MDs, IMGs
- Work profiles (clinical, teaching, research, other activity) of our pediatric subspecialists
- Geography
- Advanced practitioners (PAs and NPs)
- Modeling subspecialty workforce

**Needs and Access**

Partner with appropriate organizations to understand workforce challenges
- Access by race/ethnicity, insurance, geography
- Regionalization of care
- Care model changes (APPs, Psychologists, Social workers)
- Changes in referral patterns
- Changes in response to COVID/structural racism

Laurel Leslie
Jill Fussell
Domain 3: Economic Strategy
Association of Medical School Pediatric Department Chairs

- **Financial Burden**
  - Target new strategies to minimize debt burden
- **Children’s Hospital GME**
  - Develop strategies to achieve parity with Medicare GME
- **Compensation and Revenue Stream**
  - Develop strategies to achieve greater parity with adult providers and greater parity among procedural and non-procedural pediatric subspecialists
Domain 4: Early Exposure and Integration

Council on Medical School Education in Pediatrics

- Advocacy
- Marketing
- Early Exposure
- Recruitment/Outreach
- Long term Strategy

Pediatrics 2025: The AMSPDC Workforce Initiative

@AMSPDC
#Peds2025Workforce
AMSPDC Workforce Initiative Domain 1: Changing the Educational Paradigm, with Impact on Attracting Diverse Trainees into Pediatrics and Undersubscribed Pediatric Subspecialties

1a – Curricular Reform

1b – Advocacy re: Curricular Recommendations

1c – Subspecialty Exposure

1d – Positive Role Models
AMSPDC Workforce Initiative Domain 1: Changing the Educational Paradigm, with Impact on Attracting Diverse Trainees into Pediatrics and Undersubscribed Pediatric Subspecialties

1a – Curricular Reform – Curriculum Summit

1b – Advocacy re: Curricular Recommendations – Curriculum Summit

1c – Subspecialty Exposure – Curriculum Summit

1d – Positive Role Models
AMSPDC Workforce Initiative Domain 1: Changing the Educational Paradigm, with Impact on Attracting Diverse Trainees into Pediatrics and Undersubscribed Pediatric Subspecialties

1a – Curricular Reform – **Curriculum Summit**

1b – Advocacy re: Curricular Recommendations – **Curriculum Summit**

1c – Subspecialty Exposure – **Curriculum Summit**

1d – Positive Role Models – **UIM Pathways Summits**
Pediatric GME Curriculum Summit
July 2021

- **Goals:**
  - To identify gaps and opportunities in pediatric GME training through review of the literature and emerging studies
  - To recognize areas for further inquiry

- **From 2 perspectives:**
  - Workforce Initiative Domain 1: Changing the Educational Paradigm, with Impact on Attracting Diverse, High-quality Trainees into Pediatrics and Undersubscribed Pediatric Subspecialties
  - ACGME Pediatrics Review Committee review of the pediatrics curricular requirements
<table>
<thead>
<tr>
<th>Day 1: Pediatric Residency Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Framing</td>
</tr>
<tr>
<td>Presentations:</td>
</tr>
<tr>
<td>- Curricular Needs Assessment (Sarah Hilgenberg)</td>
</tr>
<tr>
<td>- Procedural Needs Assessment (Liz Nguyen, Sarah Hilgenberg)</td>
</tr>
<tr>
<td>- Subspecialty Education (Tandy Aye)</td>
</tr>
<tr>
<td>- Behavioral/Mental Health (Sue Poynter, Kenya McNeal-Trice, Elizabeth Chawla)</td>
</tr>
<tr>
<td>Small Group Discussion</td>
</tr>
<tr>
<td>BREAK</td>
</tr>
<tr>
<td>Presentations:</td>
</tr>
<tr>
<td>- Anti-Racism (Mike Weisgerber, Stacy Laurent, Emma Omoruyi, Tye Winters)</td>
</tr>
<tr>
<td>- X+Y Clinic Scheduling (Ross Myers, Joanna Lewis)</td>
</tr>
<tr>
<td>- Competency-Based Medical Education (Ann Burke, Dan Schumacher, Laura Edgar, David Turner)</td>
</tr>
<tr>
<td>Small Group Discussion</td>
</tr>
<tr>
<td>Large Group Discussion</td>
</tr>
</tbody>
</table>
## Day 2: Subspecialty Pathways

**Welcome and Framing**

**Presentations:**

- CoPS-COMSEP Sub-Action Team on Subspecialty Pathways (Mary Moffatt)
- Domain 2 Subspecialty Data (Colin Orr, Laurel Leslie)
- Perspectives from Sub-Boards (Sue Woods)

**Small Group Discussion**

**Large Group Discussion**
## Day 2: Physician Scientist Pathways

**Welcome and Framing**

**Presentations:**

- AMSPDC-FIS (Wade Clapp)
- National Physician-Scientist Training Collaborative Workgroup (Kate Ackerman, Jordan Orange, Dan Moore)
- ARP/IRP (Adam Turner, Colin Orr, Laurel Leslie, Suzanne Woods, Stephanie Davis)
- PSDP (Sallie Permar)

**Small Group Discussion**

**Large Group Discussion**
Next Steps

- Consensus paper
  - Describing opportunities for residency curriculum, subspecialties pathways, physician scientist pathways
ACGME Pediatrics Review Committee

- Summer/Fall 2021 – ACGME Pediatrics Review Committee relooking at Pediatrics Residency Core Requirements
- August 2021 – ACGME Alternative Scenario Planning
ACGME Pediatrics
Future Scenarios Planning

- 4-day Conference
- Assigned to one of four worlds
- Imagined way of life in assigned world
- Imagined how medicine would be practiced
- Designed 8-10 strategies for how to train residents/fellows for that world
- Then compared to other 3 worlds to see which ones were helpful no matter what is the future reality
- Paper coming out
ACGME Pediatrics
Future Scenarios Planning

- Preliminary Themes:
  - Advocacy/Leadership
  - Adaptability
  - Technology
  - Professionalism
  - Communication
  - Whole Patient/Mental Health
Summer/Fall 2021 – ACGME Pediatrics Review Committee relooking at Pediatrics Residency Core Requirements
- Fall-Winter 2021 – Literature Review
- 2022 – Share proposed requirements
- 2022 – Opportunity to give feedback on new requirements
- July 2023 – New pediatrics residency requirements begin
UIM Pathways Summits
1. UIM Pathways Summit (Medical School through Faculty) – 10/26/2021 (APPD and COMSEP Co-led)

2. UIM Pathways Summit (Elementary School through College), including local and national solutions – 1/21/2022, 1-5pm ET (APPD and COMSEP Co-leading)

3. UIM Physician Scientists – Winter 2022 (APPD and ABP Co-leading)
Goals of UIM Pathways Summit

1. Identify current UIM mentoring programs and their effectiveness.

2. Evaluate gaps, potential collaborations, and additional programs that may be needed.
UIM Pathways into Pediatrics

Montez K, Omoruyi E, et al Pediatrics 2021
Poitevien P and Blankenburg R, Pediatrics 2021
AAMC Data 2020
Lack of mentorship

Micro and Macro aggressions

Minority Tax

UIM General Public 36.0%

UIM Medical Students 25.4%

UIM Pediatric Residents 16.5%

UIM Pediatric Fellows 13.5%

UIM Pediatric Faculty 11.4%

Bias in Evals, AOA, etc

Poor Learning Environment

Montez K, Omoruyi E, et al Pediatrics 2021

Poitevien P and Blankenburg R, Pediatrics 2021

AAMC Data 2020
**Agenda**

<table>
<thead>
<tr>
<th>Welcome and Framing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentations on specialty choice</td>
</tr>
<tr>
<td>- Factors assoc with choosing pediatrics</td>
</tr>
<tr>
<td>- Factors assoc with choosing ped subspecialties</td>
</tr>
<tr>
<td>Presentations on Mentoring UIM Medical Students</td>
</tr>
<tr>
<td>- Tour 4 Diversity</td>
</tr>
<tr>
<td>- NextGenPediatricians</td>
</tr>
<tr>
<td>- FuturePedsRes</td>
</tr>
<tr>
<td>- AAP Section of Pediatric Trainees</td>
</tr>
<tr>
<td>Small Group Discussion</td>
</tr>
<tr>
<td>Large Group Discussion</td>
</tr>
</tbody>
</table>
Presentations on Mentoring UIM Residents
- APA New Century Scholars (NCS)
- APPD Advancing Inclusiveness in Medical Education (AIMS)
- AMSPDC Frontiers in Science (FIS)

Presentation on Mentoring UIM Chief Residents

Presentations on Mentoring UIM Fellows and Faculty
- APA RAPID
- APPD FUEL
- National Academy of Distinguished Educators in Pediatrics

Small Group Discussion

Large Group Discussion
Next Steps

- **Consensus paper**
  - Describing current UIM mentoring programs and pathways
  - Describing opportunities

- **Website**
  - Interactive Map of Mentoring Programs
    - Elementary School
    - Middle School
    - High School
    - Community College
    - College
    - Medical School
    - Residency
    - Fellowship
    - Faculty
Next Steps
Upcoming UIM Pathways Summits

1. UIM Pathways Summit (Elementary School through College), including local and national solutions – 1/21/2022, 1-5pm ET (APPD and COMSEP Co-leading)

2. UIM Physician Scientists – Winter 2022 (APPD and ABP Co-leading)
Questions?
Pediatrics Workforce 2025 Initiative
Domain #3: Economic Strategy

Mary B. Leonard, MD, MSCE
Arline and Pete Harman Professor and Chair, Department of Pediatrics
Stanford School of Medicine
Adalyn Jay Physician-n-Chief, Lucile Packard Children's Hospital
Director, Stanford Maternal and Child Health Research Institute
Economic Strategy Topic Areas

- **Financial Burden**
  - Target new strategies to minimize debt burden
- **Children’s Hospital GME**
  - Develop strategies to achieve parity with Medicare GME
- **Compensation and Revenue Stream**
  - Develop strategies to achieve greater parity with adult providers and greater parity among procedural and non-procedural pediatric subspecialists
Pediatric Subspecialty Loan Repayment Program: Reauthorization and Funding

- Coronavirus Aid, Relief, and Economic Security (CARES) Act reauthorized the program for 5 years
- This is the crucial year to convince appropriators to fund this program
- AAP subspecialty sections mobilized to advocate
- 38 representatives and 16 senators signed bipartisan letters urging funding for the program
- FY22 House health spending bill includes $25M in first time funding for the program, and the draft Senate bill includes $30M
- Congress will need to reconcile and finalize spending bills in coming months
Children’s Hospitals GME

- CHGME supports the training of half the nation's pediatricians and most subspecialists.
- CHGME funding per trainee is less than half of Medicare GME.
- Medicare GME funds grow 4% annually.
- Long-term goal is parity with Medicare GME.

Annual GME Funding per FTE Resident
Strategies to Minimize Debt Burden

Updated Analyses

Medical Student Debt

Graduate in 2008:
- 87% had educational debt
- mean debt burden $158,061

Graduate in 2019:
- 73% had educational debt
- mean debt burden $200,000
Differences between Pediatric and Adult Physicians

Unfilled Pediatrics Subspecialty Fellowship Positions

“The foundation is crumbling: visits to primary care clinicians are declining, and the workforce pipeline is shrinking, with clinicians opting to specialize in more lucrative health care fields.”
Medicaid is the single largest insurer of children.

Medicaid, with CHIP, covers ~40% of all US children.

Of all Medicaid enrollees, nearly half are children.

Medicaid pays physicians lower fees than Medicare for the same services.
– hovering ~ 70% of Medicare fees, on average, and ~ 64% for pediatric primary care

The Affordable Care Act included a mandatory two year increase in fees for primary care to Medicare levels for Medicaid fee-for-service and managed care in 2013 and 2014.
– increasing Medicaid payment increases access to care (Teng, et al. Pediatrics 2018)

Federal lawmakers did not reauthorize funding for the increased payments to primary care services, ending the fee bump in December 2014.
Medicaid-to-Medicare Fee Index (2019)

Payments for pediatric health care services should be structured to achieve parity with payments for similar services for adults. In particular, Medicaid payments for services to children and young adults should be set at a minimum to Medicare payments made for the care of adults. A service provided to a child is not less complicated or time consuming than a similar service rendered to an adult because the child is younger or smaller; in fact, pediatric services not infrequently require greater effort because of a higher degree of medical complexity or procedural difficulty.
“The imperative to achieve racial and socioeconomic health equity in the United States demands structural changes to Medicaid to make access universal for children, ensure stable and adequate funding, and address Medicaid’s historically low payment rates”.

Children’s Health Insurance

Number and percent of U.S. children enrolled in Medicaid/CHIP, October 2019 – January 2021

H.R. 1025, the Kids' Access to Primary Care Act of 2021

- Align Medicaid reimbursement rates with Medicare payments;
- Expand eligibility for payment rate increases to OB/GYNs, nurse-midwives, nurse practitioners, physician assistants, and pediatric subspecialists;
- Track the results of these efforts by studying changes in Medicaid enrollment and the types and rates of services provided.

“By matching Medicaid reimbursement rates to higher Medicare rates, Medicaid patients will have access to more physicians, and children will get the care they need from their own primary care physician. That kind of access to care shouldn’t depend on zip code, income, or skin color.”
House Passes Build Back Better Act with Key Child Health Priorities

- Improvements to children’s health coverage, ensuring that all children who rely on Medicaid and CHIP will have a full year of coverage without disruption, and making funding for CHIP permanent.
- Four weeks of comprehensive and permanent paid family and medical leave.
- Improvements to child nutrition programs to reach millions of children with nutrition assistance year-round.
- Investments in early childhood care and education, including universal preschool for 3- and 4- year olds.
- Investments to address the threat of climate change on child health
- Extension of the expanded child tax credit for one year
- Increased access to home and community-based services
What is the Impact of the Pediatric Subspecialty Workforce Shortage?
PEDiatric Specialty SHORTAGES Burden children AND families

A robust pediatric workforce is essential to ensuring that no child lacks access to high-quality medical care. Forty children's teaching hospitals recently responded to a 2017 Children's Hospital Association (CHA) survey that asked children's hospitals to highlight the specialties with the longest appointment wait times and vacancies at their institutions.

**Specialties with the Highest Average Wait Times:**

- Genetics: 20.8 weeks
- Developmental Pediatrics: 18.7 weeks
- Pain Management Palliative Care: 12.1 weeks
- Child and Adolescent Psychiatry: 9.9 weeks
- Dermatology: 8.3 weeks
- Allergy and Immunology: 7.7 weeks
- Dentistry: 7.6 weeks

**Top-Ranked Shortages That Affect Ability to Deliver Care:**

- Developmental Pediatrics: 11.8%
- Child and Adolescent Psychiatry: 10.8%
- Pediatric Neurology: 9.7%
- Genetics: 8.6%
- Child Abuse: 7.5%

**Percent of Hospitals Reporting Vacancies:**

- Child and Adolescent Psychiatry: 46.9%
- Developmental Pediatrics: 46.9%
- Dermatology: 37.5%
- Genetics: 37.5%
- Neurology: 34.4%
- Child Abuse: 25.0%
- Ophthalmology: 25.0%
Pediatric Subspecialty Shortages: A Threat To Children’s Health

Children With Special Health Care Needs Require Specialized Doctors:

- 14.0% of children in California have special health care needs, including conditions such as cancer, Down syndrome, asthma, and depression.
- 13.5M children nationwide (30% of all U.S. children) have special health care needs.

Many of these children need care from providers who have completed extra training in specific areas of medicine for children: pediatric subspecialists or surgeons. For instance, pediatric endocrinologists care for children with diabetes. Pediatric rheumatologists take care of children with juvenile arthritis.

How Far Does a Child in California Need to Drive for Pediatric Subspecialty Care?

[Table showing distances for various specialties in California]

What Subspecialties are Least Available for Children and Their Families?

1. Hematology
2. Neurology
3. Cardiology
4. Dermatology

Children Who Suffer from Juvenile Arthritis in California Need to Drive as Far as 200 Miles for Care.

Shortage Impact Spotlight: Autism Spectrum Disorder

Imagine a family with a toddler named Julian. After his second birthday, his parents take him to his pediatrician, Dr. S. She performs a basic screening and she notes signs that indicate Julian might have autism spectrum disorder (ASD).

The next steps are critical. Julian’s parents learn that early intervention programs can greatly benefit children with ASD but that these services are often hard to access. Without early intervention, delays and difficulties can result, as well as behavioral and emotional issues.

Julian is the lucky one. His parents are able to secure an appointment for full evaluations. They discover that there is a shortage of developmental-behavioral specialists. This means they will have to wait almost a year to get their child studied.

Wait Times:
- The national average wait time for a pediatric developmental evaluation is 5-6 months.

Racial Disparities:
- There are disparities among children of color. Data show that children with ASD are significantly less likely than white children to receive early interventions.

Additional Factors Contributing to Shortages:
- More Training, Less Net Career Earnings

Pediatric subspecialists require an additional three to six years of fellowship training in addition to the first three years of medical school and three years of residency that are needed to become a general pediatrician. This is at least 16 years of training after college.

Poor reimbursement remains a significant barrier to entering the field of subspecialties. Pediatricians are already earning low income compared to other specialists. Although they receive some income from private practice and grants, their income generally lags behind the income of other specialties. For instance, in 2017, 19% of pediatric subspecialists earned below the median income for primary care pediatricians who do not require extra subspecialty training.

Loan Repayment Can Help

Loan repayment for pediatric subspecialists would help solve the financial barriers of additional training, creating more specialists who will be able to provide care to more children with special health needs. Loan repayment can be targeted to underserved areas where children have an insufficient supply of care.

For more details, see our website: www.aap.org/pedssubspecialties.
A Consensus Study on the Pediatric Subspecialty Workforce and its Impact on Child Health and Well-Being

Statement of Task

• An ad hoc committee of the National Academies of Sciences, Engineering, and Medicine will examine clinical and research workforce trends related to healthcare needs of infants, children, and adolescents, and the impact of those trends on child and adolescent health and well-being.

• The committee will recommend strategies and actions to ensure an adequate pediatric clinical and research workforce to support broad access to high-quality care and a robust research portfolio to advance the care of all children and youth.
A Consensus Study on the Pediatric Subspecialty Workforce and its Impact on Child Health and Well-Being

- How the pediatric workforce has evolved over time in general pediatrics and pediatric subspecialties, including a focus on diversity and geographic distribution
- Trends in the pediatrician-scientist pipeline and the impact on the scope of child and adolescent health research and improvements in child and adolescent health
- The changing demographics of the pediatric population in the US (including race, ethnicity, rurality, immigration status, age, and prevalence of chronic conditions)
- Gaps in the pediatric workforce that may hinder optimal outcomes for pediatric patients, and strategies and technologies (such as telehealth) to ensure equitable patient access to pediatric expertise
- Trends in the selection of pediatric residency training and fellowships in pediatric subspecialties, and factors such as debt burden, cost of training, lifetime earning potential, and others that influence those trends
- The impact of Medicaid reimbursement on the financial stability of pediatric health care, on pediatrician salaries, and on trainee selection of pediatrics and pediatric subspecialties
- Data on other clinicians who provide care for children, such as family medicine physicians, nurse practitioners, and physician assistants
- Strategies to better align subspecialty selection with the existing and future medical and behavioral health needs of children and adolescents
- The role of state and federal policies and resources in developing and supporting a well-trained pediatric clinical and research workforce with appropriate competencies to improve child health
Acknowledgements

- **AAP Leadership**
  - Mark Del Monte, CEO/Executive Vice-President
  - Ann Edwards, AAP Chief Population Officer

- **AAP Committee on Pediatric Workforce**
  - Lauren Barrone, AAP Senior Manager, Pediatric Practice and Workforce
  - Harold K. Simon, Chair, Committee on Pediatric Workforce

- **Pediatric Policy Council**
  - James Baumberger, AAP Senior Director, Federal Advocacy
  - Matthew Mariani, AAP Policy Associate
  - Shetal Shah, SPR Representative
  - Michael Artman, AMSPDC Representative

- **Children’s Hospital Association**
  - Amy Knight, COO
  - Mark Wietecha, CEO
Thank you

Next Department of Pediatrics Meeting

January 20, 2022@ noon