

# MINNESOTA

# Pediatric Subspecialty Shortages: A Threat To Children's Health

## CHILDREN WITH SPECIAL HEALTH CARE NEEDS REQUIRE SPECIALLY TRAINED DOCTORS

**17.2%** of children in Minnesota have special health care needs, including conditions such as **cancer, Down syndrome, asthma, and depression.**

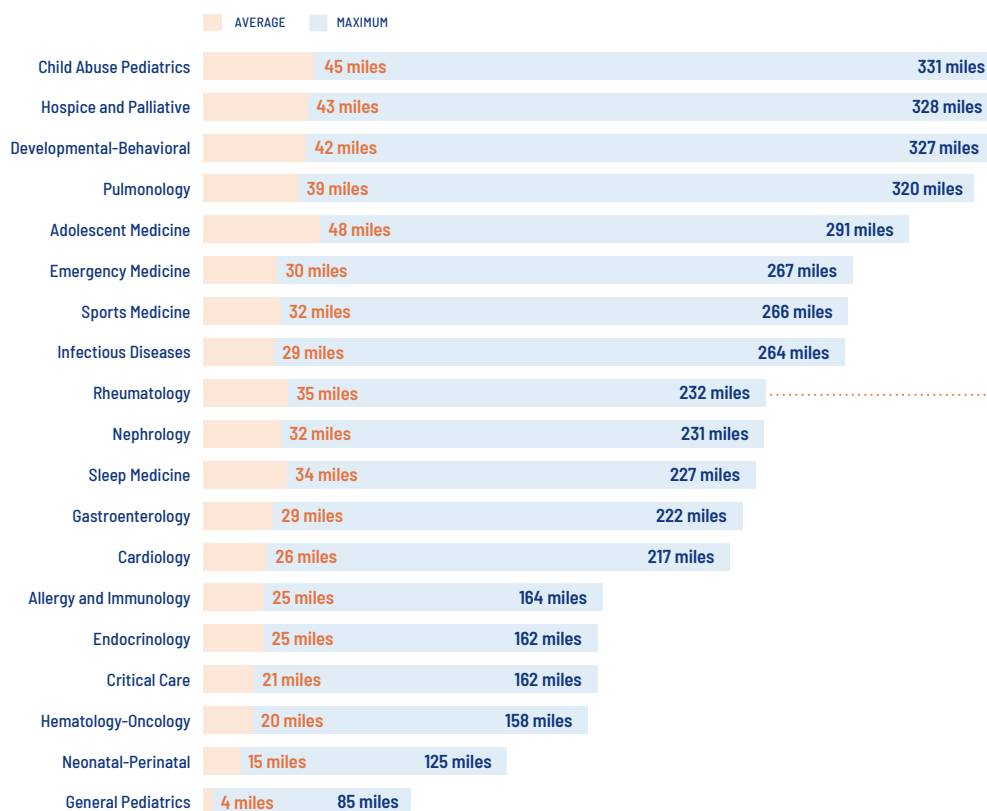
**13.5M** children nationwide (20% of all U.S. children) have special health care needs.

Many of these children need to get care from physicians who have completed extra training in specific areas of medicine for children: pediatric medical subspecialists or surgical specialists.

For instance, **pediatric endocrinologists** take care of children with **diabetes**. **Developmental-behavioral pediatricians** help children with **autism**. **Pediatric rheumatologists** take care of children with **juvenile arthritis**.



## HOW FAR DOES A CHILD IN MINNESOTA NEED TO DRIVE FOR PEDIATRIC SUBSPECIALTY CARE?



## WHAT SUBSPECIALTY SHORTAGES MEAN FOR CHILDREN AND THEIR FAMILIES:

1. Traveling long distances to get care
2. Waiting weeks or months to get an appointment with a subspecialist
3. Going without care or getting care from providers with less specific training

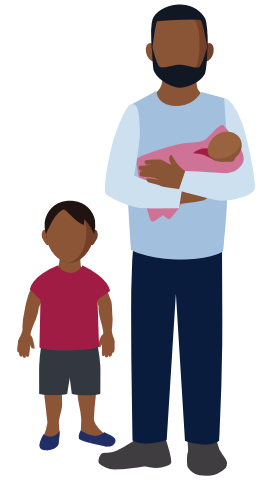
CHILDREN WHO SUFFER FROM **JUVENILE ARTHRITIS** IN MINNESOTA NEED TO DRIVE AS FAR AS **232 MILES** FOR CARE.

## 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. Lopez, for his check-up. Dr. Lopez performs a routine screening and she sees signs that indicate Julian might have autism spectrum disorder (ASD).

She explains to Julian's parents that therapy programs can greatly benefit children with ASD, but that insurance won't cover some therapies without Julian getting testing and diagnosis by a provider such as a **developmental-behavioral pediatrician**.

When Julian's parents try to make an appointment for his full evaluation, they discover that there is a shortage of developmental-behavioral pediatricians. This means they will have to wait almost half a year to get their child an evaluation. Meanwhile, Julian misses out on the services he needs and his parents struggle with his challenging behaviors they don't yet have the tools to manage.



### TOO FEW DOCTORS

There are approximately **1.5 MILLION** children with ASD, but there are only about **700** practicing board-certified developmental-behavioral pediatricians.



### WAIT TIMES

The national average wait time for a pediatric developmental evaluation is **5.4 MONTHS**.



### RACIAL DISPARITIES

ASD prevalence among Hispanic children is about **16%** lower than among white and black children, which suggests that more Hispanic children with autism are not being identified.

Black children with ASD are significantly less likely than white children to have a first evaluation by the age of three.

## A ROOT CAUSE OF SHORTAGES: MORE TRAINING, LESS NET CAREER EARNINGS

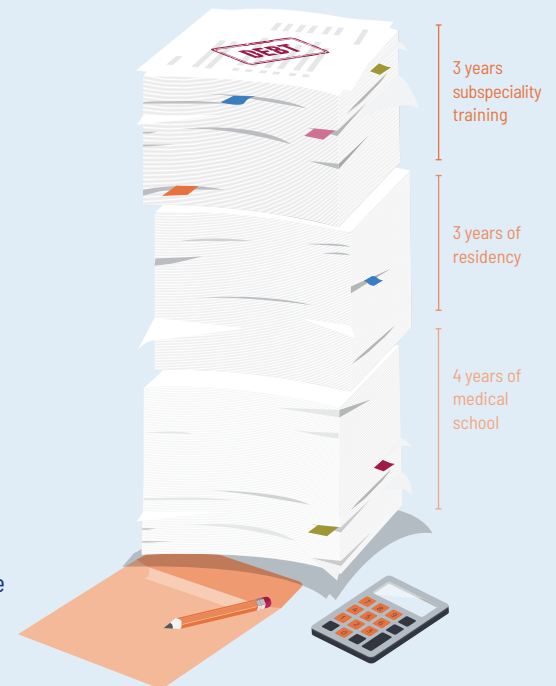
Pediatric subspecialists require an extra three years of fellowship training in addition to the four years of medical school and three years of residency that are needed to become a general pediatrician. That's at least 10 years of training after college.

Pediatricians are already among the lowest-paid physicians nationally. Although they receive more training, many pediatric subspecialists have relatively lower earnings potential over their careers than general pediatricians when you factor in the time and costs required for additional training. **Indeed, a recent study showed that 12 of the 15 pediatric subspecialties analyzed had lower career net earnings than primary care pediatricians, who do not require extra subspecialty training.**

The financial disincentives are one root cause of workforce shortages and disparities in access to care. Children who need specialized care bear the burden of difficulties in accessing pediatric subspecialists.

### LOAN REPAYMENT CAN HELP

Loan repayment for pediatric subspecialists would lessen the financial burden of their additional training, meaning more doctors will be able to specialize and treat children with special health needs. Loan repayment can be targeted to underserved areas where children have insufficient access to care.



For data sources used, see: [services.aap.org/subspecialtyfactsheet](https://services.aap.org/subspecialtyfactsheet)



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