

Developmental Behavioral Pediatrics Workforce Action Plan

Final Action Plan Framework

PREPARED FOR

American Academy of Pediatrics Section on Developmental Behavioral Pediatrics (SODBP)

PREPARED BY

Commonality, Inc.

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Action Plan | Framework Overview

Developmental Behavioral Pediatrics (DBP) Action Plan Framework		
Focus Area	Objectives Per Focus Area	
Focus Area 1: Enrich Training Systems	1.1	Augment Funding for DBP Education and Training
	1.2	Innovate Physician Training
	1.3	Integrate DBP Content into Allied Healthcare Professional Education and Training
Focus Area 2: Bolster Support for Existing DBPs	2.1	Increase Funding for DBP Providers, Health Centers, & Programs
	2.2	Cultivate DBP Professional Development Opportunities
	2.3	Advance Collaborative Models of Care and Care Delivery Efficiencies
Focus Area 3: Advance Subspecialty Awareness, Interest & Inclusiveness	3.1	Strengthen the Financial Sustainability of the SODBP's Work
	3.2	Develop Partnerships to Maximize DBP Visibility and Impact
	3.3	Elevate Public Awareness and Support of DBP's Importance and Value

Action Plan | Framework Details

Focus Area 1: Enrich Training Systems				
Objectives	Tactics		Timeline	Urgency
Objective 1.1 Augment Funding for DBP Education and Training	1.1.1	Engage AAP as an ally as SODBP seeks to leverage existing and new funding mechanisms (e.g., Autism CARES Reauthorization) to increase funding for DBP training programs	-By Q2 2023: Collaboration with AAP Federal Advocacy on Autism Cares Reauthorization -By Q4 2023: Collaboration with SODBP Members & SDBP Members on AC Reauthorization -Bi-Annually: Collaborating with AAP on other funding mechanisms	High Priority
	1.1.2	In collaboration with AAP, engage legislators and federal agencies to explore federal student loan debt forgiveness strategies for DBPs: <ol style="list-style-type: none"> 1. Shifting DBP under the National Health Services Corps 2. Automatically qualify DBP for loan forgiveness no matter where the care is given 3. Collaborate with other specialties encountering similar challenges 	-By Q2 2023: Strategy Developed -To be informed by AAP, Ongoing : Strategy Implementation	High Priority

Objective 1.2: Innovate Physician Training	1.2.1	<p>Explore opportunities for training and content development:</p> <ol style="list-style-type: none"> 1. Create content for other pediatric specialists and primary care providers to support DBP topics with their patients while they await care from a DBP (leverage existing DBP Prep for non DBP professionals) 2. Attract external funding to support clinician content development 	<p>-By Q2 2023: Peter Smith to Identify Family Medicine and Internal Medicine leaders for collaboration</p> <p>-By Q3 2023: EC to explore all opportunities, and establish project strategy and implementation plan</p> <p>-By Q3 2023: Align content creation with existing coursework time horizons</p>	
	1.2.2	<p>Take decisive steps to advance the pillars of diversity, equity, and inclusion in the field:</p> <ol style="list-style-type: none"> 1. Partner with SDBP to develop and launch a dual strategy to implement an inclusive, equitable recruitment/marketing strategy to elevate DBP as a possible professional pathway to diverse candidates at the undergraduate and medical school levels; the work done in podiatry may be able to serve as a model 2. Promote initiatives to expand diversity in the field and encourage the provision of culturally sensitive care, including scholarships, profiles of projects or clinicians in the newsletter (in tandem with SODBP DEI Committee), recruiting fellows/gen peds with diverse backgrounds 	<p>-By Q3 2023: Create and/or adopt strategies with SDBP</p>	

		<p>for leadership roles in the section, etc.</p> <p>3. Partner with SDBP to establish DEI standards for DBPs. Such standards could include (but are not limited to) required DEI training modules for current DBP physicians, professional inclusivity values, the delivery of culturally-sensitive and trauma-informed care, etc.</p>		
	1.2.3	<p>Advocate for appropriate DBP content to be integrated in internal medicine, family medicine, and other residencies (e.g., ACES). This would include partnering with Family Medicine & Internal Medicine Groups and AAP to develop training programs (for CME credit) to support transition between pediatric and adult DBP care (mental health issues, adult readiness, executive functioning)</p>	<p>-By Q2 2023: Peter Smith to Identify Family Medicine and Internal Medicine leaders for collaboration</p> <p>-By Q4 2027: In collaboration with Family Medicine and Internal medicine, create plan to integrate content</p>	
	1.2.4	<p>Partner with AAP, APPD, SDBP and others to create an educational DBP resource sharing strategy for physician training programs. This strategy may feature a repository or website, and might include curricular materials, case studies on best practices, SODBP participation in conferences, marketing collateral, DEI training, etc. Can be achieved in tandem with 1.3.2</p>	<p>-By Q1 2023: Identify project co-leads (AAP, APPD, SDBP, SODBP)</p> <p>-By Q2 2023: Develop resource sharing strategy; launch based upon timeline established in strategy</p>	
	1.3.1	<p>Market the existing DBP course to allied healthcare</p>	<p>-By Q2 2023: Identify project co-leads</p>	

Objective 1.3: Integrate DBP Content into Allied Healthcare Professional Education and Training		professionals and maximize its reach via partnerships (e.g., nurse practitioners and physician assistants); may also include developing and offering a related DBP to Gen Peds mentorship program	(SODBP and allied professional organizations) -By Q2 2024: Partner with the AAP to market course -By Q3 2024: Launch course	
	1.3.2	Partner with AAP, APPD, and SDBP to create an educational DBP resource sharing strategy for other health care profession training programs. Can be achieved in tandem with 1.2.4 (which focuses on physician training programs)	-By Q1 2023: Identify project co-leads (AAP, APPD, SDBP, SODBP) -By Q2 2023: Develop resource sharing strategy; launch based upon timeline established in strategy	
	1.3.3	Explore the drafting of triage models that can be used across systems to evaluate the differing needs of children in the field to determine which situations require DBP support, and which situations might be well served by allied health professionals with DBP training; SODBP to collaborate with AAP for model dissemination (H program)	-By Q2 2023: Establish workgroup (DBP and gen peds) -By Q4 2023: Create thought piece for publication -By Q3 2024: Collaborate with AAP for model dissemination (H program)	

**Focus Area 2:
Bolster Support for Existing DBPs**

Objectives	Tactics		Timeline	Urgency
<p>Objective 2.1:</p> <p>Increase Funding for DBP Providers, Health Centers, & Programs</p>	2.1.1	<p>In partnership with AAP and SDBP, create a strategy to engage payers (inclusive of CMS, commercial, and self-insured employers) on the need for financial innovation related to DBP services, including (but not limited to):</p> <ol style="list-style-type: none"> 1. The need to pay for longer visits 2. Expansion of Behavioral Health Integration initiatives and codes (such as Collaborative Care Management codes) to include developmental behavioral pediatric services. 3. Payment parity between in-person and telehealth care 4. Payment for PCP-to-DBP e-consult time and bundled payment for team-based care 5. Redefining procedures to include DBP nonsurgical procedures 6. Leveraging insurance care coordinators to offset in-house care coordination needs 	<p>-In 2023: Meeting at NCE with AAP leaders in this area</p> <p>-By Q1 2024: Complete plan formation following NCE Meeting</p>	
	2.1.2	<p>Craft a strategy in tandem with leaders from other specialties within the AAP to engage the AAP senior leadership on maximizing the AAP's stewardship and leadership on the topic of financial support for DBPs, and other specialties encountering similar challenges; can be connected</p>	<p>-Work to be tied together with 2.1.1's timeline</p>	<p>High Priority</p>

		to 1.1.2 (which explores federal student loan debt forgiveness for DBPs)		
	2.1.3	In partnership with SDBP, create a strategy (inclusive of a toolkit and trainings) that can be used by current DBPs to engage their senior leadership within their healthcare system to increase allocated budget to DBP care and priorities	-By Q3 2023: Create toolkit (SDBP already has done good work on this, so realistic to have toolkit ready by then)	High Priority
	2.1.4	In conjunction with AAP leadership, apply for a grant to implement a state-based demonstration project examining innovation in DBP payment design (e.g., salary-based payment for DBPs)	-By Q2 2024: Application -In 2025: Demonstration Project Implementation	
	2.1.5	Draft case studies and other educational materials outlining best practices in non-payer financial development for the field (e.g., success stories on the establishment of endowments, fundraising for centers of excellence, building naming rights, etc.).	-By Q2 2023: Get L. Rappaport to agree to draft a “story” -Summer 2023: Dissemination of story in Newsletter -By Q4 2024: Schedule a meeting to identify national funders to help support this work	
	2.1.6	In tandem with AAP Federal Advocacy team, investigate leveraging the Autism CARES reauthorization to improve DBP compensation	-Details to be established: after meeting with AAP Federal Advocacy	

Objective 2.2: Cultivate DBP Professional Development Opportunities	2.2.1	Educate DBPs about the range of practice opportunities available to them outside of academic medical center settings (e.g., private practice); content can also be featured in specialty recruitment campaigns and within educational repositories (see 1.2.2 and 1.2.4)	-By end of Q2 2023: Form working group -By end of Q2 2024: working group “product”	
	2.2.2	Create and launch a professional development strategy for DBPs. This strategy can feature education on self-care, executive coaching opportunities, networking opportunities with medical association and clinician training program leaders, foreign language coursework, etc.	-Details to be established	
Objective 2.3 Advance Collaborative Models of Care and Care Delivery Efficiencies	2.3.1	Determine a pathway to demonstrate the efficacy and benefits of team-based care for DBP (e.g., including social workers, care coordinators, general pediatricians, etc. in a patient’s care plan); could be a focus of an H Program	By Summer 2023: Have Bob write paper in Newsletter on SW and “setting up” DBP practice with efficiency model as primary	
	2.3.2	Identify and share best practices for co-located DBPs in general pediatric practices, as well as co-located social workers in DBP practices; could be a focus of an H Program	-At NCE in 2024: Presentation	
	2.3.3	Research the preconditions necessary to establish a sustainable DBP Access Line (similar to child mental health lines, for example mcpap); discuss whether this initiative may be a good fit for the new AAP council on mental health (especially as it relates to grant funding, etc.):	-By Q2 2023: Form working group -By end of 2024: Working group “product”	

		<ol style="list-style-type: none"> 1. General physicians can call this line to access DBP's for immediate advice in patient care 2. Patients and families can call this line to have questions answered as they wait for DBP care 		
	2.3.4	Examine best practices in collaborative care from across AAP programming (e.g., chapter QI projects, practice transformation pilots, etc.) and publish a framework for DBP use	-Details to be established; Potential to charge Primary Care Committee to take on this tactic	

**Focus Area 3:
Advance Subspecialty Awareness, Interest & Inclusiveness**

Objectives	Tactics		Timeline	Urgency
Objective 3.1 Strengthen the Financial Sustainability of the SODBP's Work	3.1.1	Create a development strategy to support workstreams outlined within the action plan; funders to consider include the Friends of Children Fund and HRSA	-Details to be established; step 1 is to find out the timeline for Friends of Children as the first “ask”, and then HRSA for the next (likely after first funding is secured).	
	3.1.2	Find and apply for funding to support action plan implementation (including funding a part-time dedicated staff member to support the work)	-To follow same timeline as 3.1.1	
Objective 3.2 Develop Partnerships to Maximize DBP Visibility and Impact	3.2.1	Identify opportunities to integrate SODBP representation within AAP initiatives, programs, and practices. Ideas include: <ol style="list-style-type: none"> 1. Establishing an SODBP liaison with COHMED (and similar councils) 2. Developing a DBP training packet for AAP staff 	-In Q1 2023: Reach out to COHMED -After AAP Federal Advocacy Meeting: DBP training packet creation; therefore (also see above) meeting is urgent and important.	High Priority
	3.2.2	Create a strategy, including collateral, to elevate DBP visibility to medical students and residents and maximize trainee exposure to the field	-Timeline to be established; Identify collaborators within professional entities	
	3.2.3	Collaborate with other AAP sections and subspecialties with mutually aligned goals on a range of topics including operational issues, recruitment and policy (e.g., partner with the Section on	- Work to be tied together with 2.1.1 and 2.1.2's timeline	

		Administration and Management on operational issues, or partner with other specialties on engaging EHR platforms to maximize the ability of clinicians to offer culturally sensitive care)		
	3.2.4	Establish an internal SODBP strategy to guide partnership development with national medical associations, other professional groups (e.g., SDBP), and complementary organizations (e.g., Children's Hospital Association) in advancing SODBP objectives; this can be achieved by the Executive Committee in year one	-By NCE 2023: "Map" ready (strategy "baked" in to GANTT chart)	
	3.2.5	Socialize the Action Plan to key stakeholders (including AAP Fed Advocacy, SFMC, SDBP, APPD, etc]for feedback on specific tactics primed for collaboration, including: 1. Ensure AAP Federal Advocacy Team reviews 1.1.1 & 1.1.2	-Start by Q2 2023, and complete by Q4 2023	High Priority
Objective 3.3: Elevate Public Awareness and Support of DBP's Importance and Value	3.3.1	In collaboration with AAP leadership, create a policy platform outlining DBP policy priorities at both state and national levels	-By Q1 2023: Completed prior to Advocacy Conference; Connected to AAP Federal Advocacy Meeting (would also need to include Dan Walter from State Advocacy)	
	3.3.2	In partnership with SDBP and AAP Federal Advocacy, create an advocacy framework or toolkit that physicians and families can leverage as they seek to advance DBP workforce friendly policies via state and federal legislative change	-Connected to AAP Federal Advocacy Meeting	High Priority

	3.3.3	<p>Promote and elevate existing annual SODBP awards:</p> <ol style="list-style-type: none"> 1. Partner with relevant groups (eg, patient advocacy, academic, and more) to increase award awareness 2. Highlight awardees to academic and hospital system leadership to advance award prestige and increase field recognition 	-By NCE 2023	
	3.3.4	<p>Create a communications strategy outlining the provider gap and elevating the benefits of the job (eg, work life balance, etc.) to engage candidates with a range of lived experience/diverse backgrounds; can be implemented in tandem with 1.2.2</p>	-By end of Q4 2023	