

MidCaN Presents:
2022 Neonatal Provider Workforce Webinar Series

The Groups Working for You: A panel discussion

Andrea Duncan, MD, MSClinRes, FAAP
Society for Pediatric Research

Jill Fussell, MD, FAAP
Council of Pediatric Specialties

Laurel Leslie, MD, MPH, FAAP
American Board of Pediatrics

Harold Simon, MD, MBA, FAAP
AAP Committee on Pediatric Workforce

Bob Vinci, MD, FAAP
Association of Medical School Pediatric Department Chairs

Workforce Efforts at the ABP

Laurel Leslie, MD, MPH

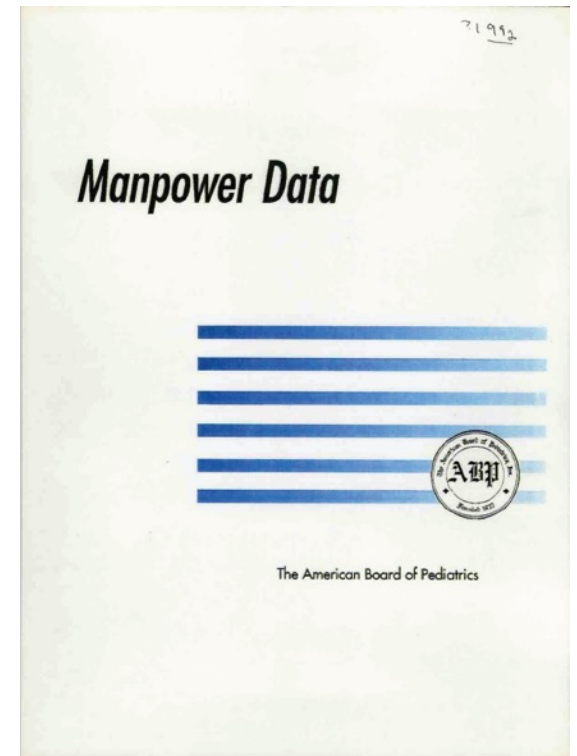
The ABP by the Numbers

- Since 1933, the ABP has certified more than **125,000** general pediatricians and more than **30,000** pediatric subspecialists
- **400+** pediatricians and **15+ public members** volunteer to set ABP policies, write exam questions, and do other work to support certification
- One of the **24** specialty boards recognized by the American Board of Medical Specialties (ABMS)
- Not an advocacy organization



History

- Since 1992, ABP has published its workforce data
- Recommendations from ABP volunteers 2015
 - Transition data from pdfs to data dashboards for more interactivity
 - Contract for more rigorous studies
 - Partner with pediatric community to prioritize and synergize workforce efforts



ABP Data Sources



Tracking data for residents and fellows



Certification data



Census surveys at different touchpoints



External Data (eg, US Census data, ABMS Data)

JAMA Pediatrics | [Original Investigation](#)

Comparison of Number and Geographic Distribution of Pediatric Subspecialists and Patient Proximity to Specialized Care in the US Between 2003 and 2019

Adam Turner, MPH; Thomas Ricketts, PhD; Laurel K. Leslie, MD, MPH

Pursuing a Career in Pediatrics: Intersection of Educational Debt and Race/Ethnicity

Colin J Orr ¹, Adam L Turner ², Victor S Ritter ³, Jennifer Gutierrez-Wu ⁴, Laurel K Leslie ⁵

Affiliations + expand

PMID: 35973445 DOI: [10.1016/j.jpeds.2022.08.014](https://doi.org/10.1016/j.jpeds.2022.08.014)

PEDIATRICS PERSPECTIVES | AUGUST 03 2022

Race and Ethnicity of Pediatric Trainees and the Board-Certified Pediatric Workforce

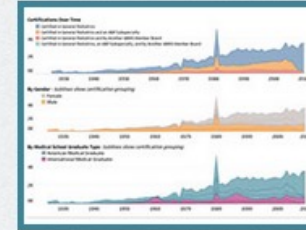
Adam L. Turner, MPH ; Crista J. Gregg, MR; Laurel K. Leslie, MD, MPH

Dashboards

- 15 Annual workforce dashboards
 - Certification data
 - Training data
 - Geographic data
 - Survey data
 - Extras
- Several internally focused dashboards
- Compress information into one or a few pages for improved user experience

Interactive ABP Workforce Data

The ABP collects data on trends in the pediatric workforce and is pleased to offer many interactive dashboards. Click on any image to view and explore the data.



Certification Statistics and Demographics Since 1934



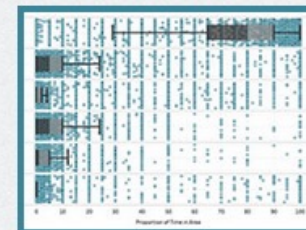
U.S. State and County Distributions of General Pediatricians and Subspecialists



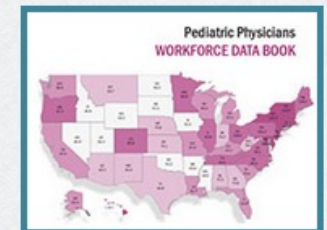
Subspecialty Fellowship Statistics



General Pediatrics Residency Statistics

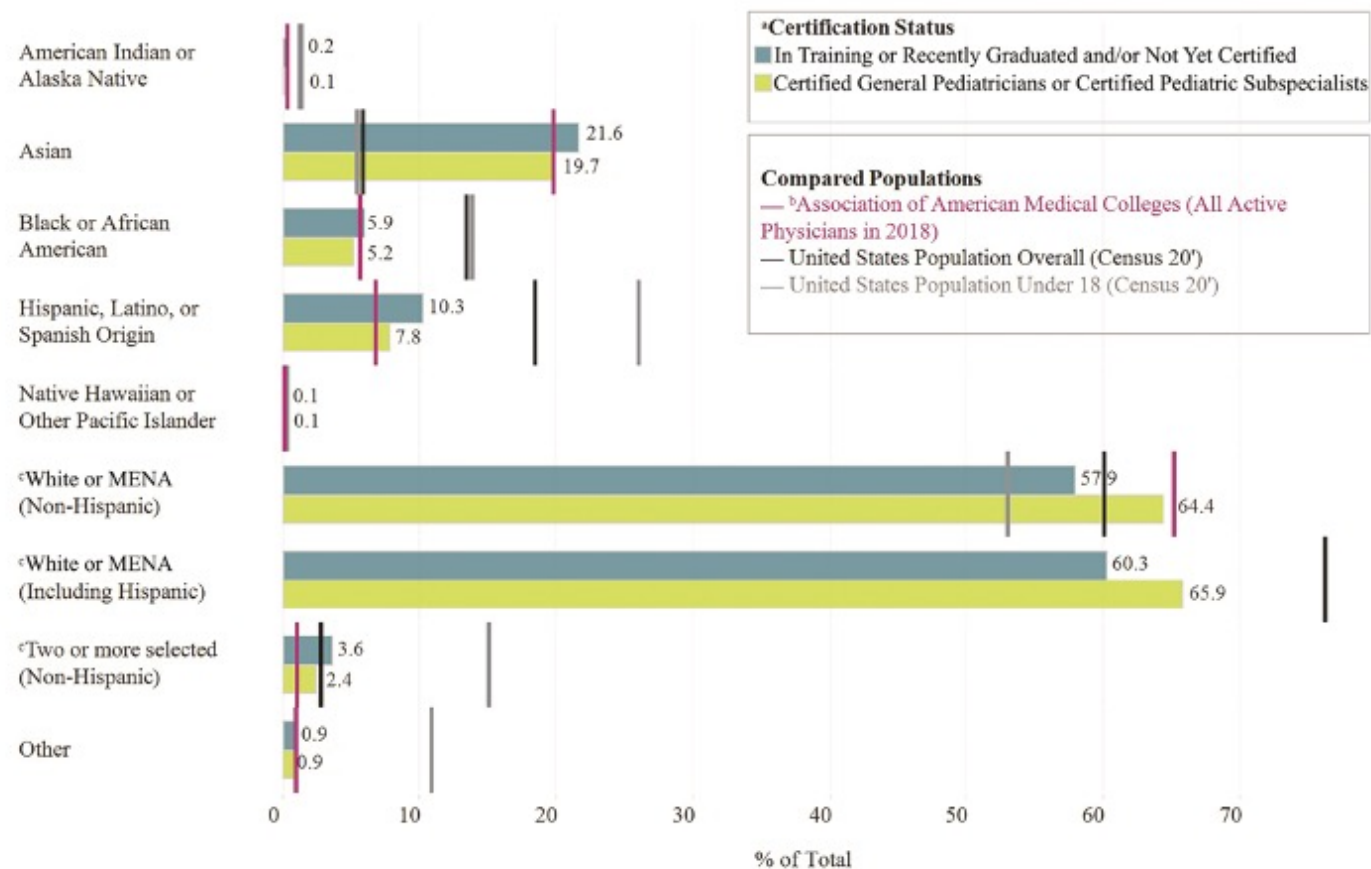


Survey Data about the Pediatric Workforce



Recent Publications, Annual Workforce Data Book, and Archived Data

Race/Ethnicity Dashboard



Neonatal-Perinatal Medicine

Estimated Percentages of Race and Ethnicity Groups by GP/Subspecialty ⓘ

	American Indian or Alaska Native	Asian	Black or African American	Hispanic, Latino, or Spanish Origin	Middle Eastern or North African	Native Hawaiian or Other Pacific Islander	White	Two or more selected	Other
General Pediatrics (only)	0.1%	18.9%	5.7%	6.2%	2.4%	0.1%	61.7%	4.2%	0.8%
More than 1 Subspecialty	0.0%	15.6%	2.3%	5.8%	4.0%	0.2%	65.5%	3.9%	2.6%
Neonatal-Perinatal Medicine	0.0%	25.1%	5.8%	5.7%	2.5%	0.0%	56.0%	3.9%	0.9%

Pediatric Subspecialty Workforce Model

- Construct pediatric subspecialty workforce model, starting with supply, using 2018 data and projecting through to 2040
- Use rigorous process to develop robust model for each subspecialty
- Include “what if” scenarios
- Contracted to University of North Carolina-Chapel Hill Sheps Center
- **Dashboard will be launched in late October 2022 with Supplement planned for Summer/Fall 2023**

Partnerships

- Pediatric Workforce Network with CoPS
- Pediatrics 2025: AMSPDC Workforce Initiative
- Operational/Educational Grants
 - Research mentorship for minoritized pediatricians (APA, AMSPDC)
 - National Academies' Consensus Studies and Forums
- Data for Policymakers

ABP and AAP Collaboration

Subspecialty shortages and access to care

One-Pager for Use with Congress

Dynamic Dashboard by State/Subspecialty

MINNESOTA

Pediatric Subspecialty Shortages: A Threat To Children's Health

CHILDREN WITH SPECIAL HEALTH CARE NEEDS REQUIRE SPECIALLY TRAINED DOCTORS

17.7% of children in Minnesota have special health care needs, including conditions such as cancer, Down syndrome, asthma, and depression.

13.3M children nationwide (18% 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 TRAVEL FOR PEDIATRIC SUBSPECIALTY CARE?

Subspecialty	Number	Average	Range
Adolescent Medicine	229M	48 MI	23 MI - 148 MI
Allergy and Immunology	156 MI	23 MI	10 MI - 42 MI
Developmental-Behavioral Pediatrics	328.83 MI	43 MI	21 MI - 148 MI
General Pediatrics	85 MI	23 MI	10 MI - 42 MI
Health and Palliative Medicine	136.58 MI	43 MI	21 MI - 148 MI
Neonatal-Perinatal Medicine	125 MI	15 MI	10 MI - 42 MI
Pediatric Cardiology	217 MI	30 MI	21 MI - 148 MI
Pediatric Critical Care Medicine	162 MI	21 MI	10 MI - 42 MI
Pediatric Endocrinology	287M	39 MI	23 MI - 148 MI
Pediatric Gastroenterology	182 MI	29 MI	10 MI - 42 MI
Pediatric Hematology/Oncology	158 MI	20 MI	10 MI - 42 MI
Pediatric Infectious Diseases	254 MI	28 MI	10 MI - 42 MI
Pediatric Nephrology	131 MI	33 MI	23 MI - 148 MI
Pediatric Pulmonology	130 MI	33 MI	23 MI - 148 MI
Pediatric Rheumatology	122 MI	35 MI	23 MI - 148 MI
Sleep Medicine	227 MI	34 MI	23 MI - 148 MI
Sports Medicine	181 MI	31 MI	23 MI - 148 MI

WHAT SUBSPECIALTY SHORTAGES MEAN FOR CHILDREN AND THEIR FAMILIES:

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

A CHILD WHO SUFFERS FROM JUVENILE ARTHRITIS IN MINNESOTA COULD NEED TO TRAVEL AS MUCH AS 120 MILES FOR CARE.

HOW LONG DOES IT TAKE TO TRAIN FOR A PEDIATRIC SUBSPECIALTY?

- 8 years: residency training
- 3 years: residency
- 4 years: medical school

AMERICAN ACADEMY OF PEDIATRICS
DEDICATED TO THE HEALTH OF ALL CHILDREN

Estimated Driving Distance to Visit a Pediatric Subspecialist by State

State Filter
Minnesota

Pediatric Subspecialty
Developmental-Behavioral Pediatrics

2019 Driving Distance to Care in Developmental-Behavioral Pediatrics

United States Average	Minnesota Average
23.0 miles	42.3 miles

Distance to Those Currently Certified in Developmental-Behavioral Pediatrics in Minnesota

Percent (%) of Children and Millions of Children in the US by Distance

Distance	United States (%)	United States (Millions)	Minnesota (%)	Minnesota (Millions)
≤10 Miles	30%	0.7M	39%	0.50M
>10 - ≤20 Miles	23%	0.5M	19%	0.25M
>20 - ≤40 Miles	31%	0.7M	12%	0.16M
>40 - ≤80 Miles	13%	0.3M	11%	0.15M
≥80 Miles	2%	0.1M	18%	0.24M



Building and Maintaining a Robust and Equitable Pediatric Workforce

Harold K. Simon MD, MBA

Marcus Professor & Vice Chair for Faculty, Dept of Pediatrics

Professor of Pediatrics & Emergency Medicine, Emory University,

Children's Healthcare of Atlanta

Chair AAP Committee on Pediatric Workforce (COPW)

Aug 30, 2022

What does the Committee on Pediatric Workforce (COPW) Do?

- Stays informed, relevant, active, and present in pediatric workforce research, discussions, and other spaces.
- Writes policy that helps to support the pediatrician workforce and improves the care provided to children.
- Advises the Board on issues that may be affecting the pediatrician workforce and potential solutions.
- Works closely with AAP federal and state advocacy to advocate for pediatrician workforce support and solutions.
- *Helps the AAP to advance the Equity Agenda.*

COPW Members

- **Harold Simon, MD, MBA, FAAP**
(Chairperson, Georgia, Pediatric Emergency Medicine)
- **Kimberly Boland, MD, FAAP**
(Kentucky, Pediatric Hospitalist)
- **Eric Horowitz, MD, FAAP**
(Massachusetts, Neonatologist)
- **Julie Byerley, MD, MPH, FAAP**
(Pennsylvania, General Pediatrician)
- **Kristin Ray, MD, MS, FAAP**
(Pennsylvania, General Pediatrician)
- **Laura Boomer, MD, FAAP** (Virginia, Pediatric Surgeon)
- **Laurel K. Leslie, MD, MPH, FAAP**
(Liaison, American Board of Pediatrics)
- **Megana Dwarakanath, MD**
(Pennsylvania, Liaison, Section on Pediatric Trainees, Adolescent Medicine Fellow)
- Staff – Lauren Barone, MPH
lbarone@aap.org

AAP Equity Agenda: Workforce and Leadership

- Goal: Strengthen and diversify the pipeline to pediatrics and AAP leadership.
 1. Identify and implement strategies to strengthen and diversify the pediatric pipeline.
 2. Increase the percentage of members underrepresented in medicine serving in AAP leadership.
 3. Foster equity, diversity, and inclusion among AAP leaders.
 4. Provide leadership development opportunities for trainees and early- to mid-career underrepresented in medicine (URiM) members.
 5. Expand EDI efforts of the District EDI Champion network.

Updated COPW Mission Statement

The American Academy of Pediatrics (AAP) and the Committee on Pediatric Workforce (COPW) are committed to supporting and protecting the pediatric physician workforce (including primary care pediatricians, pediatric medical subspecialists, pediatric surgical subspecialists, and others who provide healthcare for children). A strong pediatric workforce is essential to the health of all children.

The mission of the COPW is to support the mission of the AAP in attaining optimal health for all children. To accomplish its mission the COPW will inform policy makers, patients and families, and the medical community at large about the unique role played by the pediatric physician workforce in providing health care for infants, children, adolescents, and young adults.

The committee is centered on the following themes with health equity, state and federal advocacy, and a supportive infrastructure that facilitates the work of pediatricians woven throughout:

- Defining and Cultivating the Optimal Pediatric Healthcare Team
- Diversifying the Pediatric Workforce
- Career Development and Support for medical students, trainees, re-entry, and maturing pediatricians
- Physician Wellness
- Financing the Healthcare System to Drive Equity

[HTTPS://WWW.AAP.ORG/EN/COMMUNITY/AAP-COMMITTEES/COMMITTEE-ON-PEDIATRIC-WORKFORCE/](https://www.aap.org/en/community/aap-committees/committee-on-pediatric-workforce/)

1. Diversify the Pipeline

- May 2020 the COPW was awarded a \$20,000 Friends of Children Fund grant to administer the Pediatric Pipeline Innovation Program.
- 6 sites selected to create a pipeline program.
- Awardees were medical schools, non-profit organizations, and student-led organizations.

Ongoing AAP Pathway Programs

- Pediatric Pathway Innovation and Pathway to Pediatrics: Collaborative Solutions for Improving URiM Access Mini Grants
- URiM role model videos and panel discussion on careers in pediatrics (under development)
- Workforce Diversity Web page (in progress)
 - Contact Olamide Kolawole (okolawole@aap.org) for more information.

EDI Focused Policy Development

- **Creating Work and Learning Environments Free of Gender-based Harassment** – COPW led – to be published in August 2022
- **Nondiscrimination in Pediatric Healthcare** – co-authored with the Section on LGBTQ Health and Wellness with early review from the Section on Minority Health Equity and Inclusion – in draft
- **Paid Family Leave** – COPW collaborating with the policy authors led by the Council on Community Pediatrics – in draft
- **Advancing Equity through Workforce Development and Health Care Delivery** – COPW, Section on Minority Health Equity and Inclusion, Section on Pediatric Trainees – intent stage

Pipeline Question: Why NOT a Career in Pediatrics?

Question may not be:

“Who are the trainees going into pediatrics as a field or specific pediatric subspecialties”

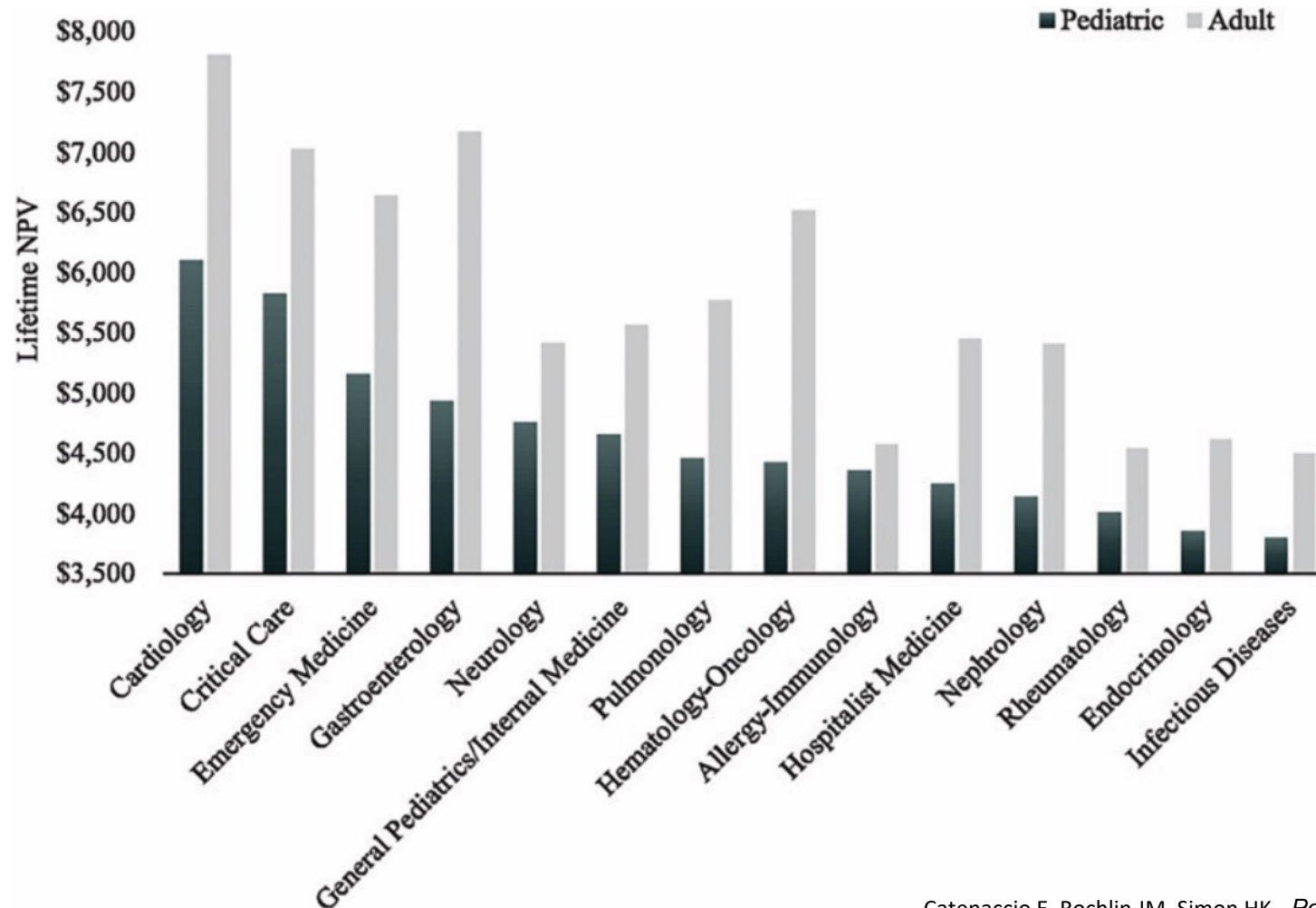
but rather

“Who are NOT choosing Pediatrics and WHY NOT?”

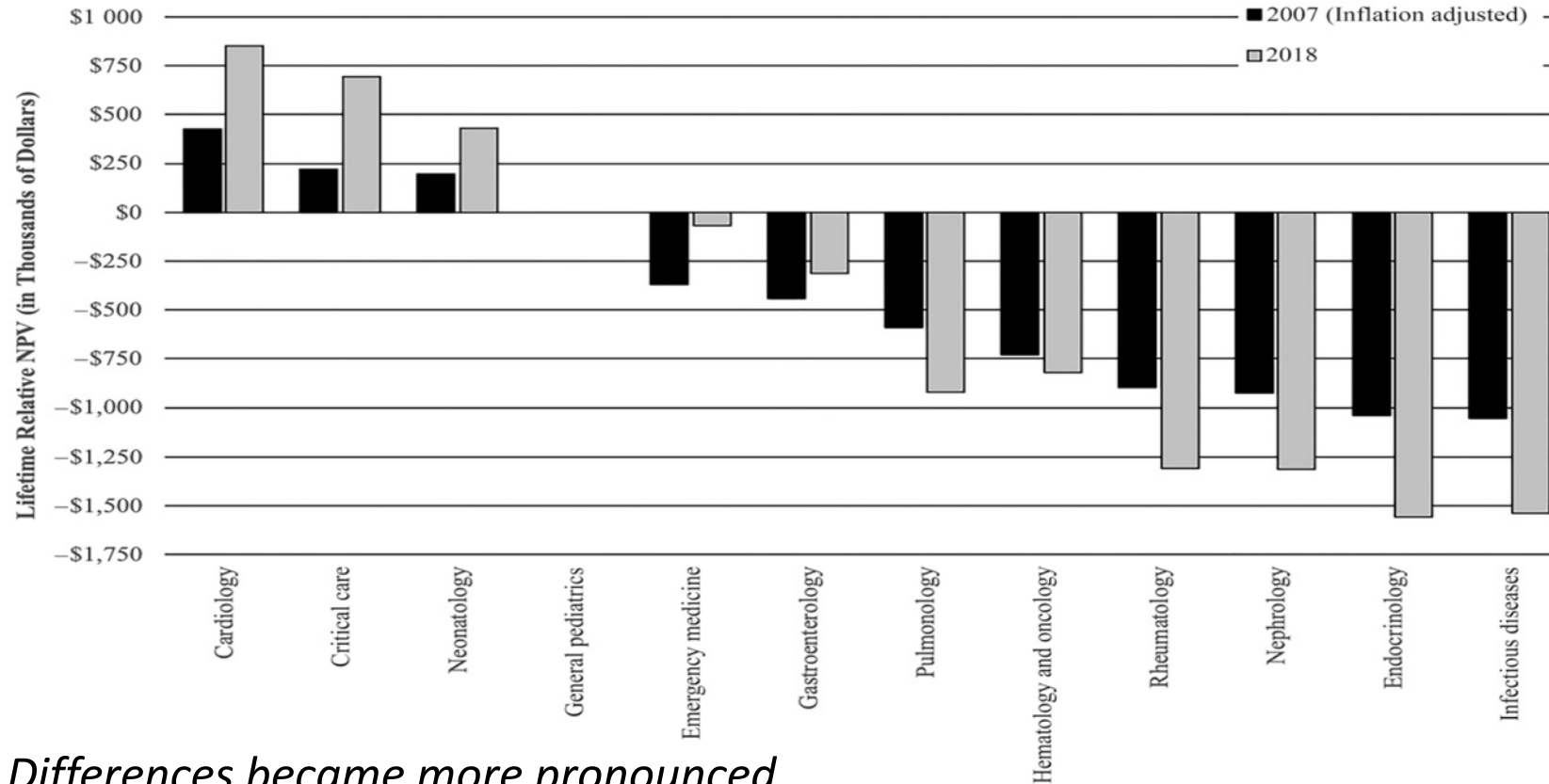
Could financial debt and attraction to other less demanding or higher paying areas, in part, drive trainee decisions?

Adult Vs Pediatric Medicine Subspecialty Careers

The lifetime earning potentials for adult physicians averaged 25% more, or \$1.2 million higher, than for pediatric physicians.

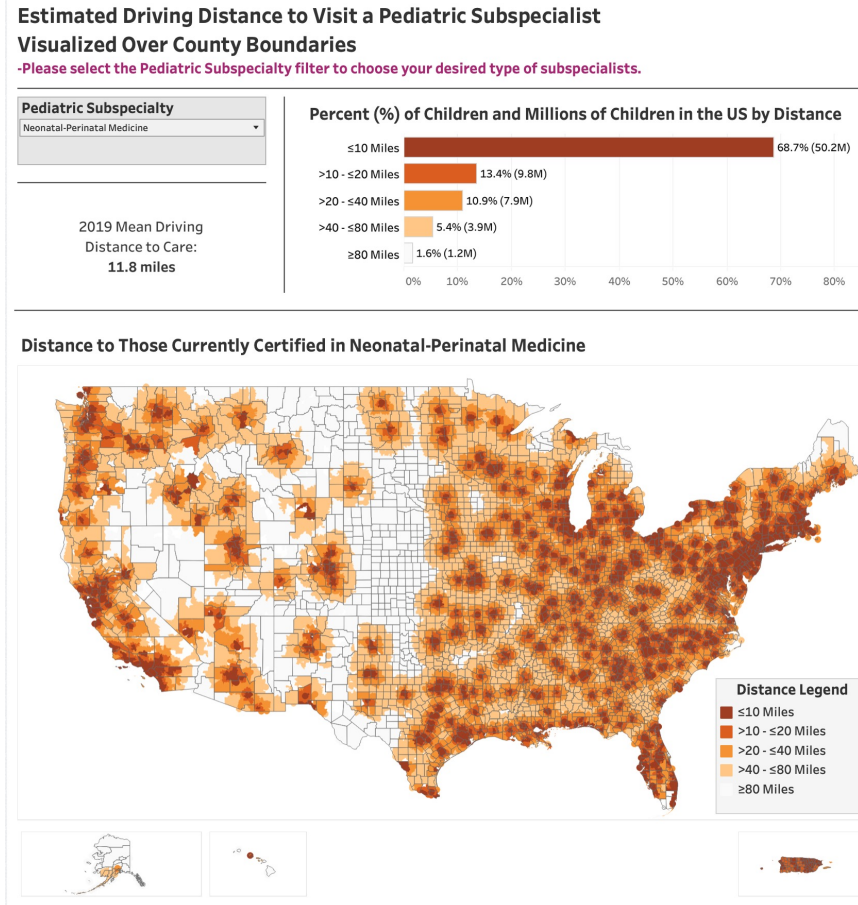


Are the Gaps Widening? Lifetime Earning 2007-2018



- Differences became more pronounced.
- Spread between highest to lowest earning subspecialties:
 - >\$1.4 Million in 2007/2008
 - >\$2.3 million in 2018/2019

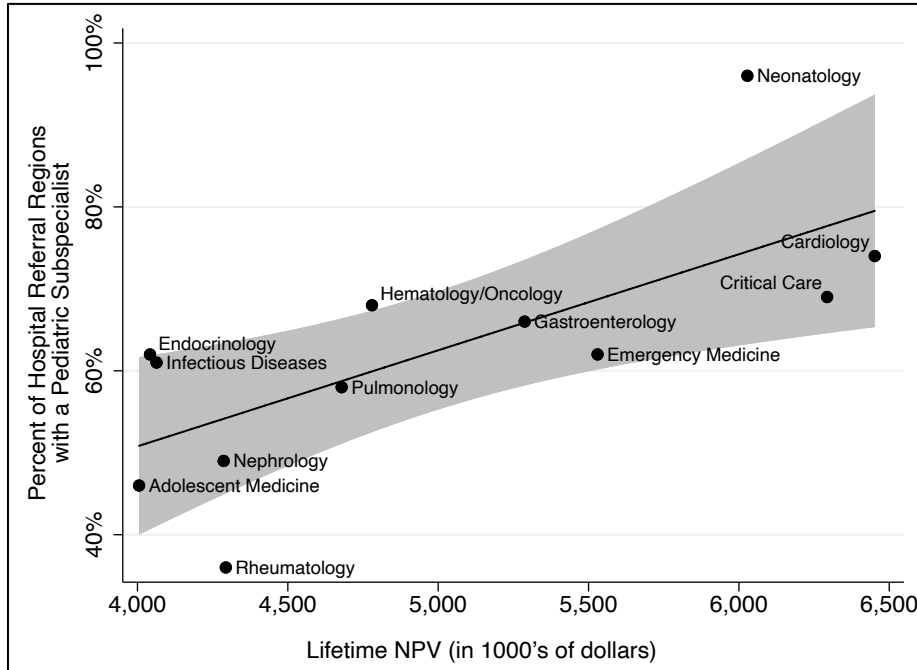
Is Access Equal Across Subspecialties? What are the Trends?



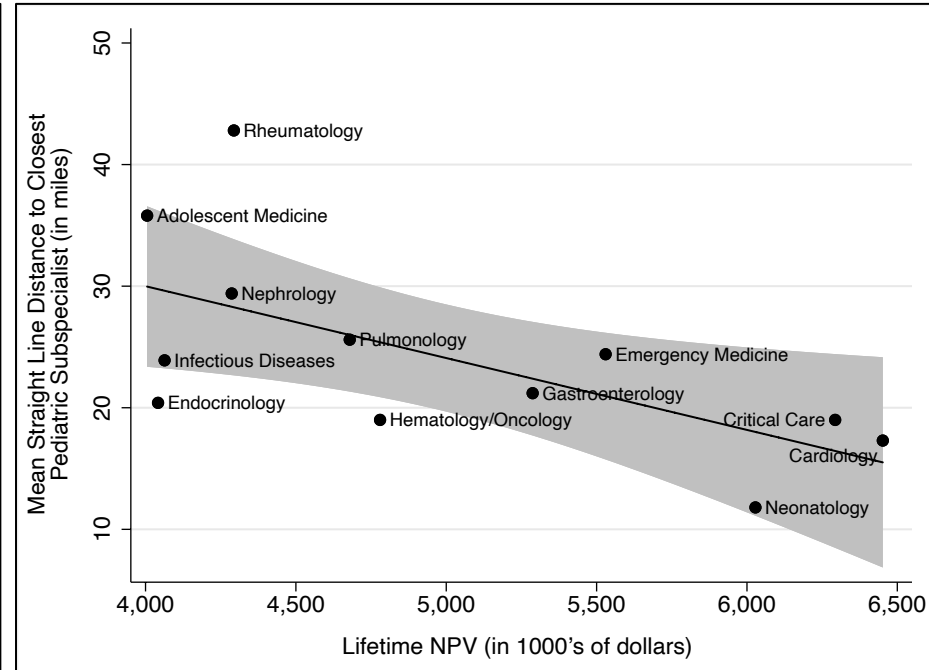
<https://www.abp.org/content/estimated-driving-distance-visit-pediatric-subspecialist>

Turner A, Ricketts T, Leslie LK. Comparison of Number and Geographic Distribution of Pediatric Subspecialists and Patient Proximity to Specialized Care in the US Between 2003-2019. JAMA Pediatr. 2020;174(9):852-860.

Earning Potential and Current Pediatric Subspecialty Workforce Distribution

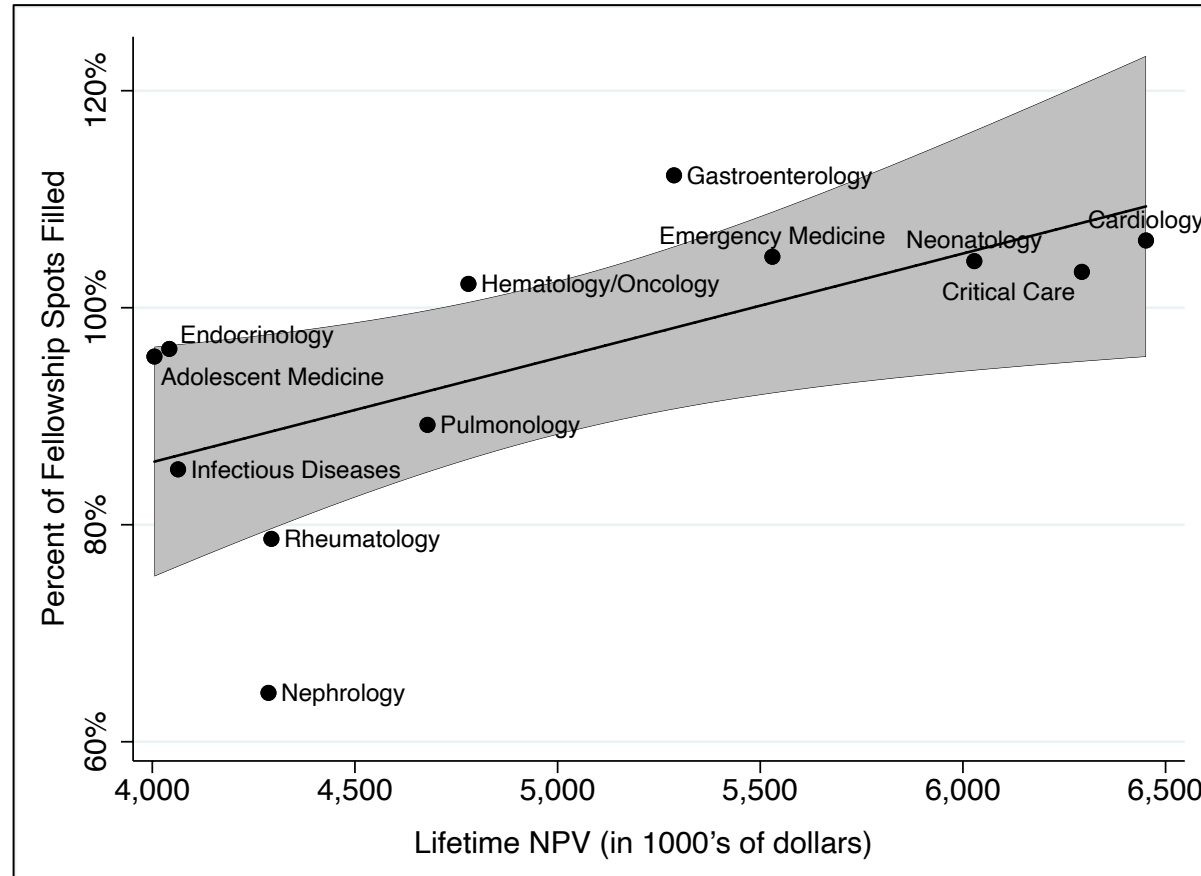


+1.2% of hospital referral regions with a subspecialist for every \$100,000 increase in Lifetime NPV (95% CI 0.3 to 2.0)



-0.59 miles to closest subspecialist for every \$100,000 increase in Lifetime NPV (95% CI -1.1 to -0.09).

Earning Potential and the Future Pediatric Subspecialty Workforce



+1.0% spots filled for every \$100,000 increase in Lifetime NPV (95% CI 0.2 to 1.8)

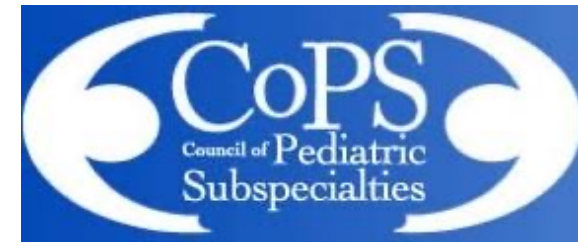
Implications

- The lifelong financial impact of pediatric subspecialty of choice may contribute to imbalances in both the current and future workforce.
- Disparities in salaries exists across subspecialties
 - Worsening over time
 - Especially between procedure heavy and procedure limited fields
- Pipeline of subspecialists correlate with earning potential
- Enhancing lifetime earning potential can address disparities across peds and in choosing pediatrics over other specialties.
 - Loan repayment programs or other financial incentives
 - Length of training considerations
 - Enhancement of salaries across fields

Implications

- ADVOCATE for:
 - Increased financial literacy and transparency:
 - throughout training and as early as possible
 - data sharing across the field and future pipeline
 - Higher reimbursements and payment across pediatrics
 - Equalizing incentives and salaries relative to adult subspecialties
 - Enhanced reimbursements for less procedure-oriented subspecialties
 - Leverage uniqueness at the contracting table.
 - RVU based system with minimal representation among pediatrics
 - CMS-Relative Value Scale Update Committee (RUC) 25 Specialties
 - » (Peds focused?)
 - Legislative change for equal Medicare and Medicaid payments
 - Advocate for loan repayment programs or other financial incentives
 - Pediatric Subspecialty Loan Repayment Program
 - » Authorized in the 2020 CARES Act
 - » **2022: \$50 million requested (ONLY 5 Million APPROPRIATED)**
 - Promote and Fund Programs to evaluate impact of intervention programs

Workforce Initiatives within Council of Pediatric Subspecialties (CoPS)



Jill Fussell MD

Chief, Developmental and Behavioral Pediatrics
Professor, Harvey and Bernice Jones Endowed Chair
Arkansas Children's Hospital
University of Arkansas College of Medicine

Immediate Past Chair of CoPS





Council of Pediatric Subspecialties (CoPS)

- ***Early History***

- Need for cross-subspecialty communication in Peds identified, planning 2004-2006
- Inaugural sponsorship AMSPDC and APPD
- Modeled after Internal Medicine's Association of Specialty Professors (ASP)

- ***Mission***

- *CoPS* advances child health through communication and collaboration within its network of pediatric subspecialties and liaison organizations.



CoPS Membership

Subspecialty representatives

- No. Amer Soc for Peds Gastro, Hepatology and Nutri (2)
- AAP Section on Hematology/Onc (1), Amer Society of Peds Hematology/Onc (1)
- Consortium of Pediatric Hospital Medicine (2)
- Pediatric Infectious Disease Society (2)
- AAP Section on Peri-Neonatal Med (2)
- AAP Section on Nephrology (1), Amer Society of Peds Nephrology (1)
- Child Neurology Society (1)
- AAP Section on Peds Pulmonary (1), Peds Pulmonary Training Directors Assn (1)
- AAP Section on Rheumatology (1), Amer College of Rheumatology (1)
- Soc for Adolescent Health and Med (2)
- Amer Academy of Allergy, Asthma, Immunology (1), Amer College of Allergy, Asthma, Immunology (1)
- Society of Peds Cardiology Training Prog Directors (1), AAP Section of Cardiology (1)
- Helfer Society- Child Abuse- (2)
- AAP Section Critical Care (1), Society of Critical Care Medicine (1)
- Society for Pediatric Dermatology (1)
- Society for Developmental Behavioral Pediatrics (2)
- AAP Section on Emergency Medicine (2)
- Pediatric Endocrine Society (2)
- Physician Scientist Training and Devt Program (1)
- AAP Section on Ped Trainees (1)

CoPS Membership

Allied Pediatric Organizations

- **ABP** (American Board of Pediatrics)
- **AMSPDC** (Association of Medical Schools Pediatric Department Chairs)
- **APPD** (Association of Pediatric Program Directors)
- **APA** (Academic Pediatric Association)
- **AAP** (American Academy of Pediatrics)
- **COMSEP** (Council on Medical Student Education in Pediatrics)

AMSPDC Pediatrics 2025 Workforce Initiative

Domain 2: Data/Needs and Access, CoPS and ABP

Data

- Understanding recent trends in pediatric workforce by analyzing data
- Workforce diversity
- Physician scientists
- DOs
- Work profiles (clinical, teaching, research, other activity) of our pediatric subspecialists
- Advanced practitioners (PAs and NPs)

Needs and Access

- Partner with appropriate organizations to understand workforce challenges
- Access
- Regionalization of care
- Distribution of workforce
- Care model changes (APPs, Psychologists, Social workers)
- Changes in referral patterns
- Impact of other components of the workforce (DOs)

ABP and CoPS Partnership Pediatric Workforce Network (PWN)

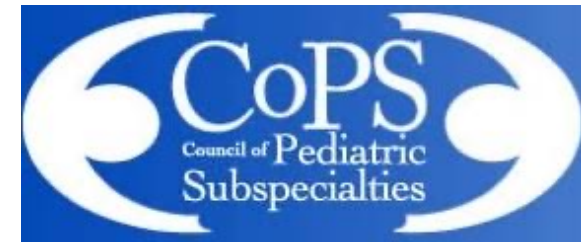


ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS



CHILD HEALTH EVALUATION
AND RESEARCH CENTER





Other CoPS Workforce Initiatives

- Authoring article about Child Outcomes, access to pediatric subspecialists vs not
- Question bank for Workforce Surveys
 - [CoPS Workforce Survey](#)
- Subspecialty Descriptions
 - [Subspecialty Descriptions](#)
- Hosting webinars to advance exposure to pediatric subspecialties
 - Two subs per session, 3rd Mondays, 7-8 pm EST
 - Neonatology likely end of 2022-early 2023
 - Pilot for program-specific sessions this past interview season (with APPD)

Fellowship Recruitment Action Team (FRAT)

- Initially developed with Goal of: Optimizing the recruitment process for both applicants and programs by:
 1. Helping applicants find programs that match their career goals while providing an atmosphere conducive to their learning styles.
 2. Creating a fair and equitable application process for both applicants and programs.
- But, established in March 2020, quickly pivoted to shepherding us in response to COVID-19.

FRAT Recommendations, support

- Recommendations for 2020, 2021, and 2022
 - [Recommendations for 2022 Fellowship Interview Season](#)
- Yearly webinars
 - For Applicants
 - For Program Leadership
 - Per Subspecialty, Program-specific sessions
- Publications regarding virtual interviewing
 - [National Pediatric Experience with Virtual Interviews Oct 2021, Frohna et al](#)
 - Benefits and Limitations of Virtual Recruitment: Perspectives from Subspecialty Directors, Pediatrics electronic release 9/9/22, T Peterson et al

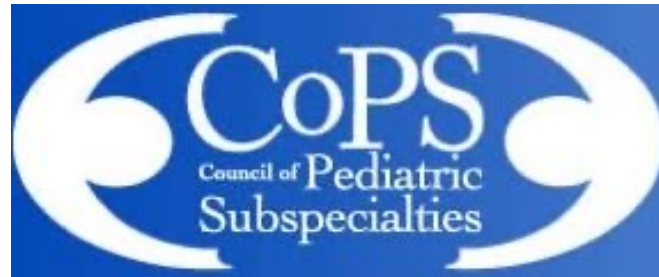
CoPS Subspecialists' Perspectives on (pediatric) Training (SPoT) Action Team

- In an effort to inform ACGME process of writing new pediatric program requirements (anticipated implementation July 2024)
 - SPoT Light on What Pediatric Residents Should Know
 - What are top 3-5 items you would want a general pediatrician to know related to your specialty?

SPoT Light on What Pediatric Residents Should Know

- Neonatology's List:
 - 1. Provide basic delivery room management of infants
 - 2. Recognize infants who are undergoing normal and abnormal transition from intrauterine to extrauterine life.
 - 3. Effectively bag mask ventilate an infant and be familiar with initial airway management.
 - 4. Screen and manage problems of newborn indirect and direct hyperbilirubinemia.
 - 5. Understand the unique features of late preterm infants and how they differ from term infants.
 - 6. Understand the normal range of infant development and which abnormal changes warrant neonatology consultation.

- Immediate Past Chair:
- Jill Fussell: fusselljillj@uams.edu
- Current Chair:
- Angie Myers: amyers@cmh.edu





Andrea F. Duncan, MD, MSClinRes

Associate Professor of Pediatrics
Distinguished Endowed Chair in the Department of Pediatrics
Associate Chair, Diversity and Equity, Department of Pediatrics
Medical Director, Neonatal Follow-up Program Clinic
Attending Neonatologist and Associate Division Chief of DEI, Division of Neonatology

mission

- Create a multi-disciplinary network of diverse researchers to improve child health

- Activities that strengthen the pediatric research community, with a strong focus on supporting the pediatric physician-scientist pipeline
- Programming for the PAS meeting
- Career opportunities (mentoring, advocacy, editorial writing)
- Advocacy on medical system issues that affect our members' ability to do research (funding, credentialing, regulations)
- Community for students and professionals actively engaged in pediatric research

- Committees and workgroups strive to have Active and Junior Members participate
- There are a limited number of positions on each committee, and Chairs are expected to appoint a diverse membership from those who volunteer, while balancing expertise and sub-specialty representation
- Networking opportunities

Committees/workgroups

- Advocacy
- Child Population Health Research
- Finance
- Perspectives
- Justice Equity Diversity Inclusion Taskforce (JEDI)
 - SPR JEDI Toolbox
- PAS Content Workgroup

- Recognized honor in academic pediatrics, requires nomination and recognition of one's role as a productive child health researcher
- Several awards programs
- Opportunities to serve as abstract reviewer, session moderator at PAS
- Propose concepts for scientific sessions, workshops and SIGs at PAS
- Serve on SPR Council, committees and work groups and vote in SPR elections
- Encourage fellows to apply for membership in the SPR Junior Section
- Subscription to *Pediatric Research*

Pediatrics 2025: The AMSPDC Workforce Initiative

MidCaN Presents:
2022 Neonatal Provider Workforce Webinar Series

Initiative Co-Leads:

Bob Vinci, MD, AMSPDC Board Member
Professor and Chair, Department of Pediatrics
Boston University School of Medicine

Laura Degnon, CAE, AMSPDC Executive Director



Pediatrics 2025: The AMSPDC Workforce Initiative



@AMSPDC
#Peds2025Workforce

I have no conflicts of interest to declare



Pediatrics 2025: The AMSPDC Workforce Initiative



@AMSPDC
#Peds2025Workforce

Objectives

- Understand current workforce data and recent trends related categorical pediatric residency training and fellowship programs
- Recognize the ongoing national efforts at understanding and addressing current concerns with pediatric workforce, led by the Association of Medical School Pediatric Department Chairs (AMSPDC)
- Provide input into this process especially as we discuss potential factors that impact the pediatric workforce



Pediatrics 2025: The AMSPDC Workforce Initiative

Background Data – Areas of Concern

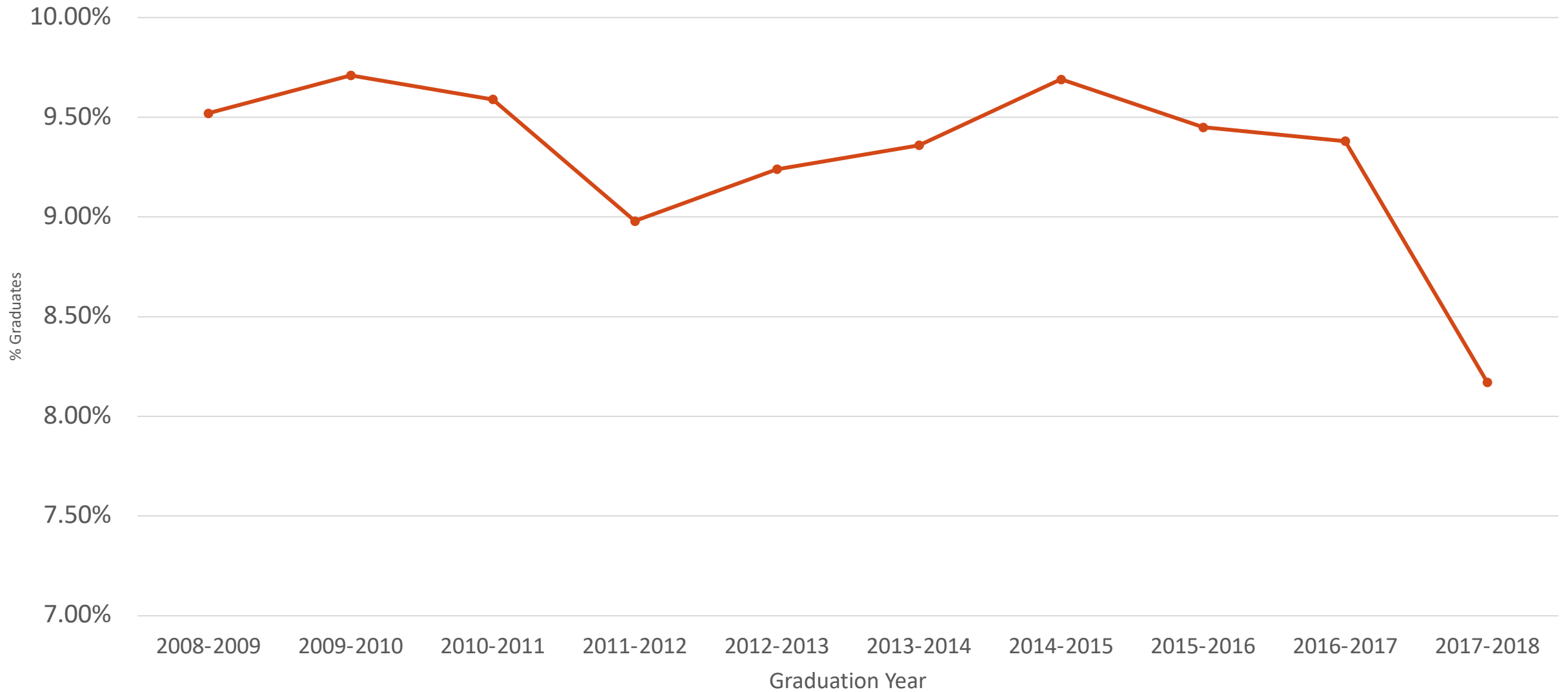


Pediatrics 2025: The AMSPDC Workforce Initiative



@AMSPDC
#Peds2025Workforce

% MD Graduates Entering Pediatrics: 2008 - 2018



Data Courtesy of AAMC

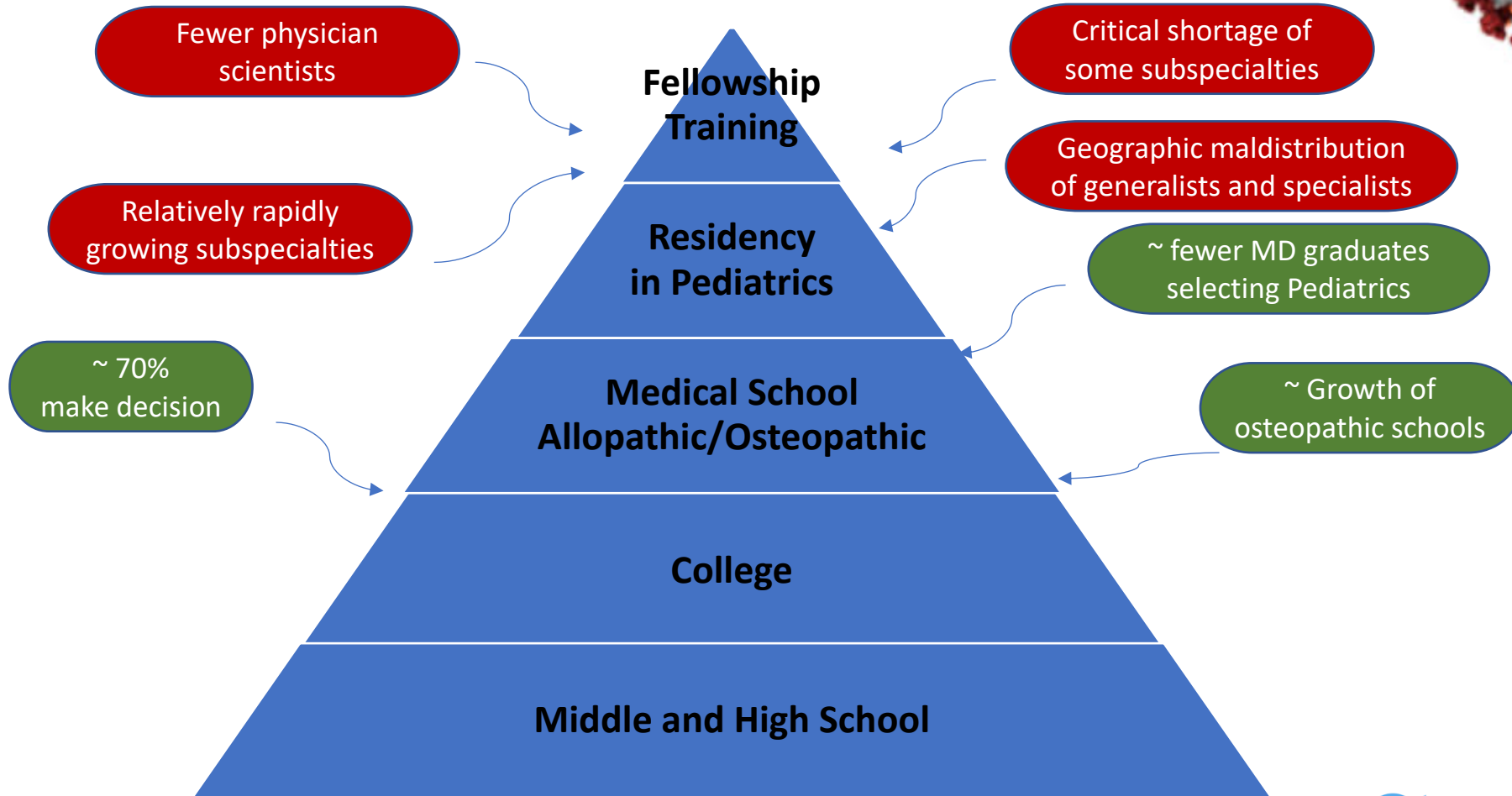
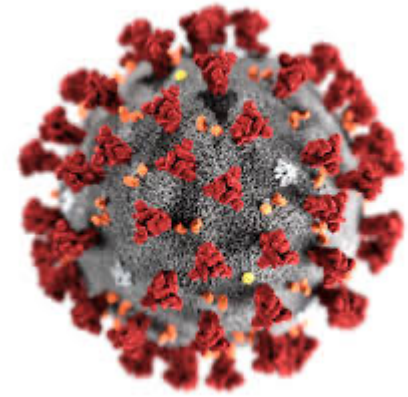
Neonatology Match Rates

Ratio of Applicants/ Position in 2022

	2015	2016	2017	2018	2019	2020	2021	2022
Neonatology	248 positions 4 unfilled	252 positions 24 unfilled	254 positions 20 unfilled	263 positions 34 unfilled	270 positions 36 unfilled	265 positions 34 unfilled	273 positions 19 unfilled	275 positions 8 unfilled
Ratio Applicants per Position	1.2	1.0	1.0	0.9	0.9	0.9	1.0	1.1



Workforce Pipeline



Pediatrics 2025: The AMSPDC Workforce Initiative



@AMSPDC
#Peds2025Workforce

Pediatrics 2025: The AMSPDC Workforce Initiative

The Pediatrics 2025: AMSPDC Workforce Initiative was created in 2020 with the goal to increase the number and diversity of high-quality students who enter training in categorical Pediatrics, Medicine-Pediatric, and Combined Pediatric Subspecialty training programs, as well as improve the supply and distribution of pediatric subspecialists with the ultimate goal of meeting the health and wellness needs of the wide diversity of US children, adolescents, and young adults.



Vinci RJ, Degnon L, Devaskar, SU. [Pediatrics 2025: The AMSPDC Workforce Initiative](#). *The Journal of Pediatrics*.



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Organizational Partners

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

SPOR Society for
Pediatric Research



ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS



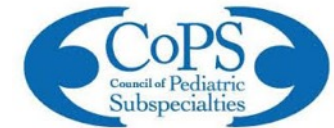
ACADEMIC
PEDIATRIC
ASSOCIATION



National Association of
Pediatric Nurse PractitionersSM



CHILDREN'S
HOSPITAL
ASSOCIATION



AAMC Association of
American Medical Colleges



COMSEP
Better Health for All Patients
Through Pediatric Education



Eunice Kennedy Shriver National Institute
of Child Health and Human Development

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AMERICAN ASSOCIATION OF
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CMS.gov

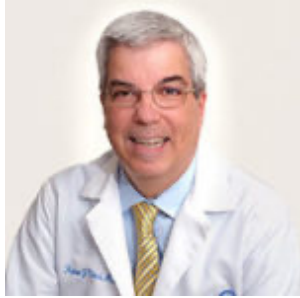


Association of Administrators in Academic Pediatrics



National Pediatric Physician-Scientist Collaborative Workgroup

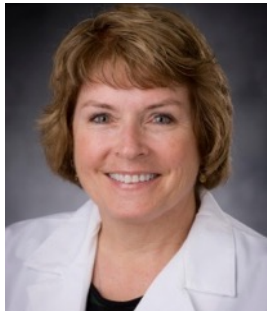
Oversight Committee



Robert J. Vinci, MD, Initiative Co-Lead
Board Member, AMSPDC
Peds Dept Chair
Boston University School of Medicine



Laura Degnon, CAE
Initiative Co-Lead
Executive Director, AMSPDC



Ann Marie Reed, MD
President, AMSPDC
Pediatrics Dept Chair
Duke University



Joseph W. St. Geme, MD
President Elect, AMSPDC
Peds Dept Chair
Children's Hospital of Philadelphia



Sherin Devaskar, MD
Past President, AMSPDC
Peds Dept Chair
David Geffen School of Medicine
at UCLA



Leslie R. Walker-Harding, MD
Board Member, AMSPDC
Pediatrics Dept Chair
Seattle Children's Hospital



Mary Leonard, MD, MSCE
Domain 3 Lead & Member, AMSPDC
Peds Dept Chair
Stanford University School of Medicine



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Pediatrics 2025 Initiative Domains

Domain 1: Change the Educational Paradigm

Domain Lead: APPD; B. Blankenburg

Domain 2: Data, Needs and Access

Domain Leads: ABP and CoPS; L Leslie; J Fussell

Domain 3: Economic Strategy

Domain Lead: AMSPDC; M. Leonard

Domain 4: Early Exposure and Integration

Domain Lead: COMSEP; J. Gigante



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Domain Leads



Rebecca Blankenburg, MD, MPH

Domain 1 Lead

President, Association of Pediatric Program Directors (APPD); Associate Chair of Education, Lucile Packard Children's Hospital, Stanford School of Medicine



Mary Leonard, MD, MSCE

Domain 3 Lead

Board Member, AMSPDC
Arline and Pete Harman Professor and Chair of the Department of Pediatrics, Stanford University School of Medicine
Adalyn Jay Physician in Chief, Lucile Packard Children's Hospital Stanford



Laurel K. Leslie, MD, MPH

Domain 2 Lead

Director of Research, The American Board of Pediatrics (ABP)



Jill Fussell, MD

Domain 2 Lead

Chair, Council of Pediatric Subspecialties (CoPS)
Developmental Pediatrics and Habilitative Medicine Section Chief, University of Arkansas for Medical Sciences College of Medicine



Joseph Gigante, MD

Domain 4 Lead

Past President, Council on Medical Student Education in Pediatrics (COMSEP)
Professor of Pediatrics, General Pediatrics, Vanderbilt University Medical Center



Domain 1: Change the Educational Paradigm

Domain Lead: APPD; R. Blankenburg

- ***Advocacy:***
 - Engage regulatory agencies (LCME, COCA, and ACGME) to drive change
- ***Curricula:***
 - Explore opportunities to redesign our UME and GME learning environments
 - Adopt best practices
 - Develop more focused training pathways
 - Re-examine existing residency program components
 - Incorporate novel training experiences
 - Prepare trainees for the future



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Change the Educational Paradigm

- ***Subspecialty Exposure:***
 - Increase subspecialty exposure early in training
 - Promote interactions between residents and subspecialty fellows.
- ***Positive Role Modeling:***
 - Enhance engagement between faculty and trainees
 - Celebrate unique aspects of careers in pediatrics



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Domain 2: Data Needs/Access

Domain Leads: ABP and CoPS; L Leslie; J Fussell

Data

- Understanding recent trends in pediatric workforce by analyzing data
- Workforce diversity
- Physician scientists
- DOs
- Work profiles (clinical, teaching, research, other activity) of our pediatric subspecialists
- Advanced practitioners (PAs and NPs)

Needs and Access

- Partner with appropriate organizations to understand workforce challenges
- Access
- Regionalization of care
- Distribution of workforce
- Care model changes (APPs, Psychologists, Social workers)
- Changes in referral patterns
- Impact of other components of the workforce (DOs)



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Domain 3: Economic Strategy

Domain Lead: Mary Leonard MD - AMSPDC

- Financial Burden
 - Target new strategies to minimize debt burden
 - Pediatric Specialty Loan Repayment
- Compensation
 - Develop strategies to achieve greater parity with adult providers and greater parity among procedural and non-procedural pediatric subspecialists
- Reform our payer system
 - Advocate for Medicaid reform with a goal to achieve parity with Medicare reimbursement





Children's Health Insurance

- Medicaid is the single largest insurer of children.
- Medicaid, with CHIP, covers 52% of all US children.
- Of all Medicaid enrollees, nearly half are children.
- Medicaid has historically paid 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. Federal lawmakers did not reauthorize funding for the increased payments to primary care services, ending the fee bump in December 2014

Domain 4: Early Exposure and Integration

Domain Lead: COMSEP; J. Gigante

- **Advocacy**

- Survey the top 10 allopathic medical schools that have had the highest percentage of medical students entering pediatrics (with the AAMC data received by AMSPDC) to learn what they do

- **Marketing**

- Identify when, how and why medical (allopathic and osteopathic) students decide to choose Pediatrics and Pediatric Subspecialties



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Domain 4: Early Exposure and Integration

- **Early Exposure**

- Subspecialty awareness survey: survey being finalized to collect information on how subspecialties increase awareness about pediatrics and pediatric subspecialties with the aim of recruiting to fellowship, develop toolkit of programs and initiatives in use for the CoPS website

- **Recruitment/Outreach**

- Collect data on what programs are currently doing to promote medicine overall and how can we highlight pediatrics better, especially to URiM students (e.g. Tour4Diversity.org)

- **Longterm Strategy**

- Provide Department Chairs with a toolkit for promoting Pediatrics to our medical students
- Develop a Choose Pediatrics Campaign



Key Accomplishments and Future Directions

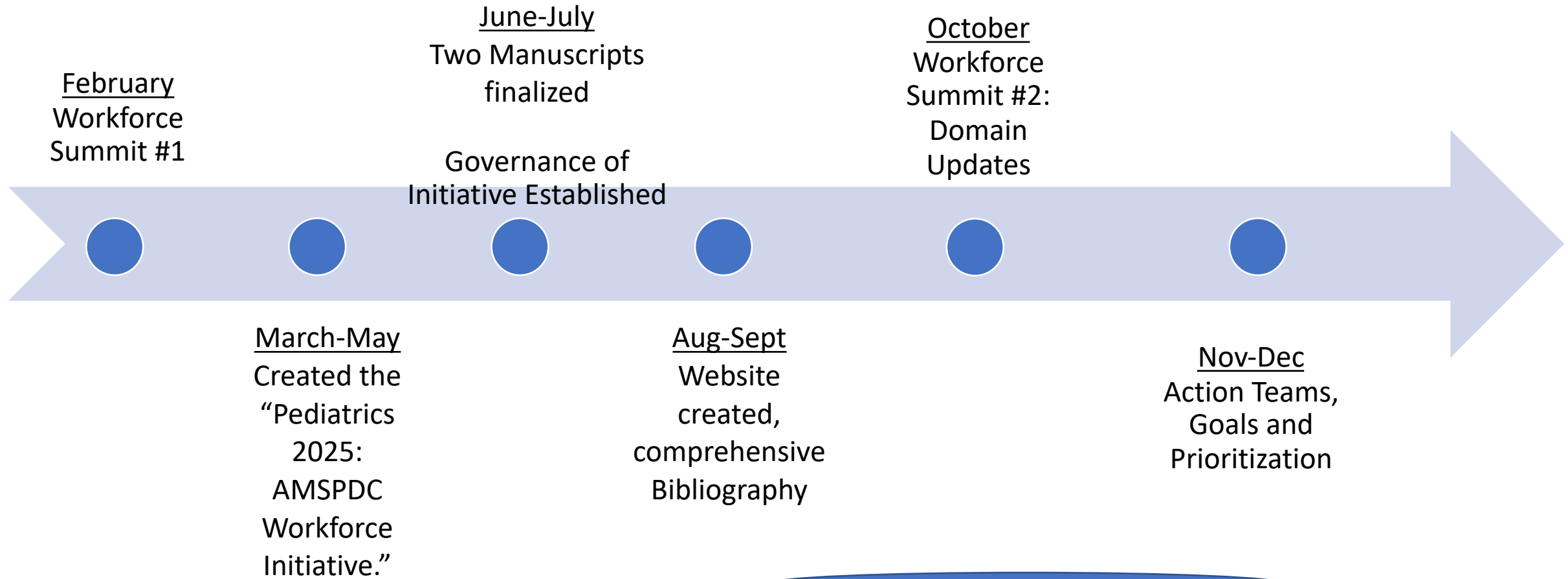


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Key Accomplishments in 2020



Engagement with key stakeholders essential throughout this entire process.



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Key Accomplishments in 2021

Jan-Feb
Environ
Scans,
Relationship
Building,
Further
Prioritization

June-July
APPD Mini-
Summit Curr,
Sub Paths and
Phys-Sci Paths

October
APPD/COMSEP
Mini-Summit
UIM Pathways

Mar-May
Spring mtgs
Workforce
Summit #3:
Economic
Strategy

Aug-Sept
NASEM Study SOT
& Funding

CoPS mtg, data on
sub care impact

Nov
[Busting the
Myths
Webinar](#)
Summit #4

Engagement with key stakeholders essential throughout this entire process.



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Goals for 2022

Jan-Feb
UIM Min-Summit
Sponsored by
APPD & COMSEP

March
Careers in Medicine
(AAMC)

National Webinar

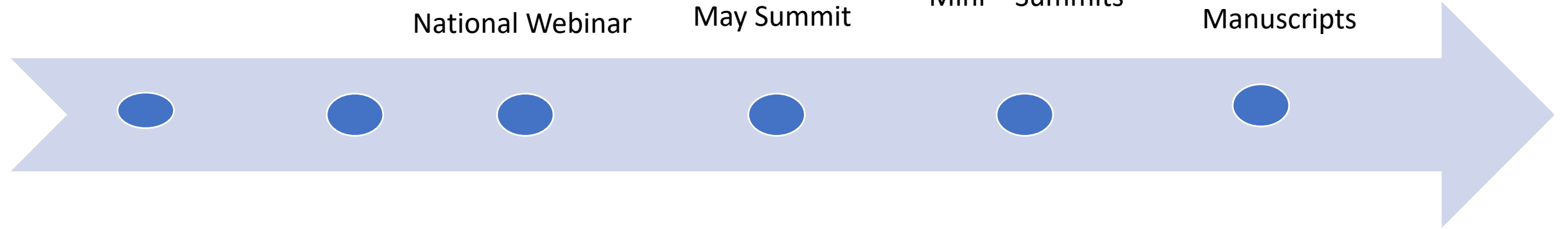
May
PES Meeting
Presentation

May Summit

June-Dec
NASEM Study

Mini – Summits

June-Dec
Think Thank
Fall Summit
Manuscripts



Engagement with key stakeholders essential throughout this entire process.



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National Academies of Sciences, Engineering, & Medicine

A Consensus Study on
The Pediatric Clinical Workforce and Its Impact
on Child Health and Well-being



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Topics To Be Reviewed by NASEM Consensus Study

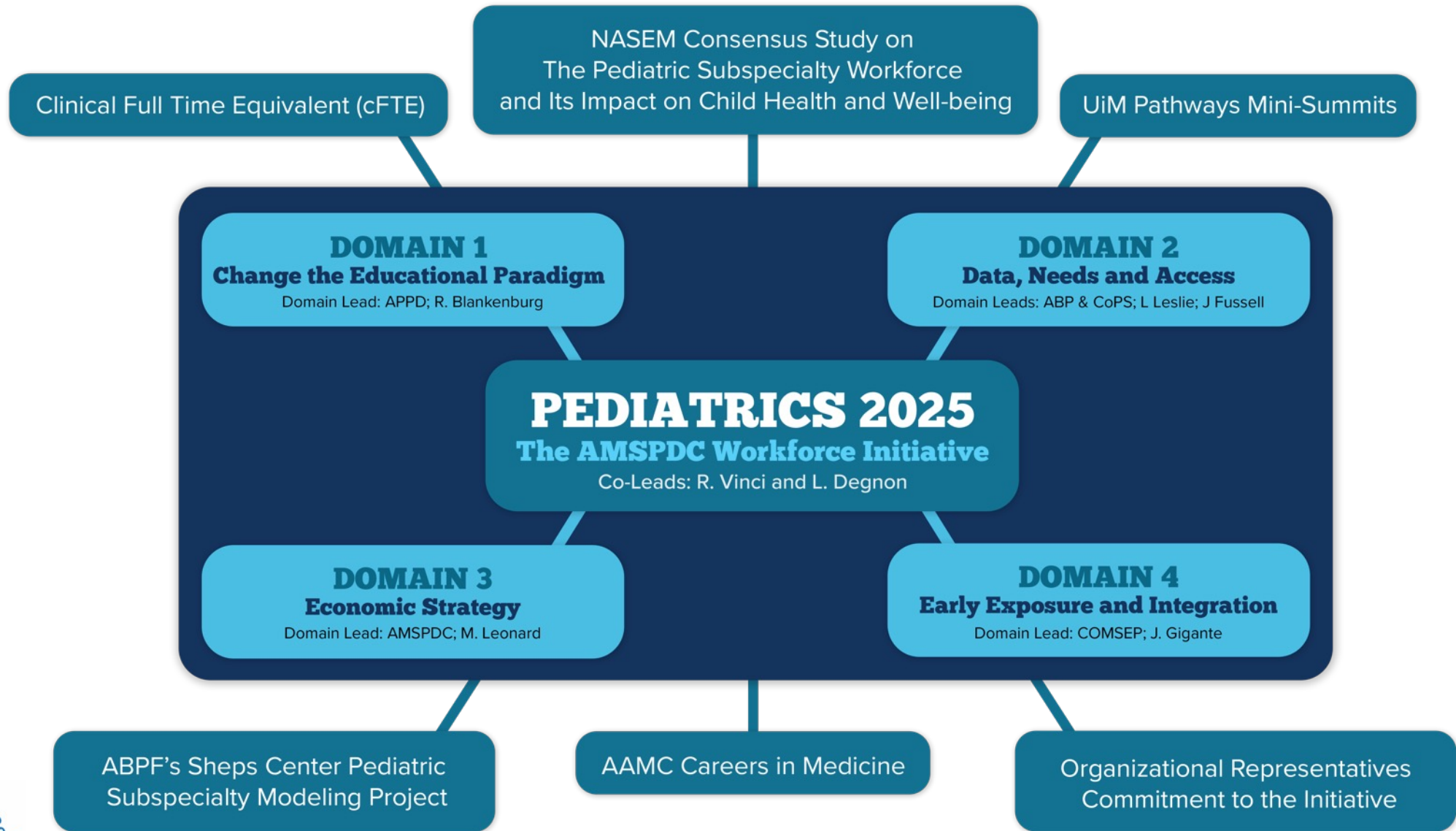
- How the pediatric workforce has evolved over time in general pediatrics and pediatric subspecialties, including a focus on diversity and geographic distribution
- Trends in the pediatrician-scientist pipeline and the impact on the scope of child and adolescent health research and improvements in child 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



Topics To Be Reviewed by NASEM Consensus Study

- 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





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About the Initiative

The Pediatrics 2025: AMSPDC Workforce Initiative was created in 2020 with the goal to increase the number of high-quality students who enter training in categorical Pediatrics, Medicine-Pediatric, and Combined Pediatric Subspecialty training programs, as well as improve recruitment of pediatric residents into pediatric fellowship programs, with an emphasis on those fellowship programs that are not filling their training positions.

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Thank you!



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