



Pediatrics 2025: AMSPDC Workforce Initiative

Virtual Meeting Summary

October 23, 2020 | 1:30 pm – 5:30 pm ET

Sherin Devaskar, MD, President of the Association of Medical School Pediatric Department Chairs (AMSPDC), welcomed all participants, 48 individuals spanning 19 different organizations, to the [Pediatrics 2025: AMSPDC Workforce Initiative Virtual Meeting](#).

Initiative co-leads, AMSPDC Board Member and Education Committee Chair, Robert J. Vinci, MD, and AMSPDC Executive Director, Laura Degnon, CAE, reviewed the goals and objectives from the [first summit](#). Year-to-date accomplishments included, but were not limited to, determining the appropriate Domains under the Initiative and selecting corresponding leaders for each Domain, outlining a governance structure, identifying organizational partners, and receiving approval for a series of publications via the AMSPDC Pages in *The Journal of Pediatrics*.

The agenda for the virtual meeting consisted of 20-minute presentations from leaders of each Domain discussing their ongoing work and accomplishments. After each presentation, participants asked clarifying questions for five minutes and then discussed key questions in breakouts for 15 minutes. Following each breakout, a scribe for each shared highlights of their breakout with the entire audience. Below are summaries of each Domain presentation and comments from breakout discussion groups.

Domain 1 - Changing the Educational Paradigm, with Impact on Attracting Diverse Trainees into Pediatrics and Undersubscribed Pediatric Subspecialties (APPD leading)

Becky Blankenburg, MD, MPH, Domain 1 Lead, presented on curriculum, advocacy, and exposure of subspecialty programs in medical education. Dr. Blankenburg mentioned several opportunities, such as working with ACGME, reviewing the pediatric curriculum and creating positive role modeling for pediatrics and subspecialty pediatrics. In addition, Dr. Blankenburg pointed out potential collaboration with COMSEP due to overlap with Domain 1c, 1d and Domain 4c, 4d.

In the breakouts, attendees were asked to look at gaps in curricular needs assessment and additional stakeholders that could be important to further refinement and planning for this Domain. Several participants discussed creating a curriculum that is responsive and nimble to the expected/unexpected (i.e., COVID, climates changes) and include important topics such as social justice/equity training, delivering care focused on community integration versus outpatient care, and working with a team-based environment. Further discussion focused on undergraduate medical education (UME) and the need to add early and consistent exposure to pediatricians as teachers, clerkships, and more.

Attendees named a variety of potential stakeholders:

- American College of Obstetricians and Gynecologists (ACOG)
- American Medical Women's Association (AMWA)
- Association of American Medical Colleges (AAMC)



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- Canadian Pediatric Society
- Centers for Medicare & Medicaid Services (CMS)
- Harvard Center for the Environment
- Latino Medical Student Association (LMSA)
- National Hispanic Medical Association
- National Medical Association (NMA)
- Student National Medical Association (SNMA)
- Other audiences: medical school deans, research groups, psychologists, students/residents/fellows, parents, and patients

Domain 2 - Workforce Data/Needs and Access (CoPS/ABP Workforce Virtual Network Leading)

Debra Boyer, MD, MHPE, began the presentation by reviewing the collaboration with the Pediatric Workforce Network which was jointly launched by the ABP and CoPS in the fall of 2018. Domain co-lead, Jill Fussell, MD, continued the presentation with an update on work accomplished.

Laurel K. Leslie, MD, MPH, Domain co-lead, presented the key areas of focus: active workstreams in DOs and IMGs in the pediatric workforce, physician scientist development, ABP Foundation-funded Pediatric Subspecialty Supply Workforce Modeling Project, and workstreams just launching in areas, including racial/ethnic diversity, advanced practice providers, and profiles of subspecialties. Dr. Leslie shared the short- and long-term goals. The primary short-term goal is to support existing workstreams whereas the long-term goals are to address other areas of the Domain, including access, regionalization of care, care model changes, changes in referral patterns, and considering the impact of COVID-19 and systemic racism to the pediatrics workforce.

Stephanie Davis, MD, discussed current pathways and pipelines that focus on the development of the physician-scientist workforce, including the ABP research pathways, NIH STARR program, Pediatric Scientist Development Program, Frontiers in Science, and research training programs within existing pediatric programs. Future plans include outcome data that highlights the impact of these pathways and the development of a white paper that focuses on models that enhance the workforce of pediatric physician-scientists. John Barnard, MD, concluded the presentation as he discussed the merging pathways of MD and DO granting medical schools. According to the ABP, there has been a dramatic increase in the number of DO diplomates with pediatric and subspecialty certification.

To identify best practices, participants in the breakouts considered creative models of care as well as other data sources and additional partners. The breakouts discussed several models of care, including osteopathic medicine (recent outcome data of DO medical graduates), general pediatricians (their focus and recent pivot to telemedicine), international models, developing models for more cost-effective training, and expanding the awareness of all types of researchers (not only basic science). Another idea



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that was suggested focused on reviewing our subspecialty care model and in different geographic areas (e.g., remote versus urban).

Data sources mentioned included:

- AAMC, which appears to have a rich repository of data that may guide our work
- Canadian Pediatric Society
- Indiana Health Information Exchange (also covers part of OH and IL)
- The Joint Commission (JACHO)
- Sheps Center (UNC)
- State Medicaid databases - disease trends over time, outcomes, geographic distribution of providers relative to patients

Potential stakeholders could include a representative from the AAMC because of their focus on workforce research as well as mental health organizations like the mental health workforce funded by the US Department of Defense and PhD researchers interested in pediatrics.

Domain 3 - Economic Strategy (AMSPDC Leading)

Domain 3 lead, Mary Leonard, MD, MSCE, presented on three topic areas. The first was on financial burden and the strategies to minimize the debt, including the Pediatric Subspecialty Loan Repayment Program and Title VII Health Professions Workforce Development Programs. Dr. Leonard noted that 73% of medical students graduate with debt with a median debt burden of \$200,000 (source: AAMC).

The second topic area focused on compensation and revenue stream and developing strategies that achieve greater parity with the adult specialties. To provide more details with the group, Dr. Leonard reviewed AAMC salary statistics comparing the compensation for an associate professor of pediatrics with the corresponding adult associate professor salary data.

The third topic area focused on children's hospital graduate medical education (CHGME) which looked at developing strategies to achieve parity with Medicare GME as Medicaid has historically paid physicians' lower fees than Medicare for the same service. Additionally, there is evidence that increasing Medicaid payment increases access to care. Dr. Leonard also showed a slide about Medicaid-to-Medicare Fee Index per US state.

The breakouts discussed ways to communicate a lack of access to subspecialty pediatricians to federal and state legislators, as well as to agencies such as CMS and other Medicare and Medicaid related organizations. Many people suggested a health outcomes approach that stresses the importance of



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early treatment of diseases as a strategy to mitigate the long-term complications of disease burden in adults, thus highlighting the importance of health care costs savings across the lifespan. Other strategies focused on GME financing and the difference in CHGME funding compared to Medicare funding for GME in non-children's hospitals. As we continue our work, we must also take into account the many burdens placed upon individual providers since many subspecialists have other responsibilities (e.g., research, administration, medical education) and thus, other measures of clinical work must be measured in addition to the number of clinicians working in a given specialty.

Finally, there was a suggestion to create a one pager of key talking points that can be shared with legislative leaders and used during discussions on Capitol Hill.

Domain 4 - Other Considerations for Attracting Diverse Medical Students into Pediatrics (COMSEP Leading)

Domain 4 lead, Joseph Gigante, MD, shared successes from ongoing advocacy efforts that aim to increase the number of students entering pediatrics which included pre-clerkship and career advising collaborations. Long-term, Dr. Gigante recommended building out a national campaign (e.g., PICK PEDS!) to influence learners to choose pediatrics with a marketing strategy using toolkits, recruitment/outreach, and an enhanced presence on social media.

The breakouts shared ideas to highlight pediatrics as an ideal pathway with elements that are specific and equitable. Several people commented on developing the theme of “why pediatrics” with a focus on the aspirational goals that can be achieved within the field of pediatrics. It will be critical to highlight the impact that pediatricians have in improving the trajectory of a child and the role we play in improving health outcomes.

Attendees suggested early outreach to high school and undergraduate students and stressed the importance of including pediatrics faculty and trainees in pre-clinical years and collaborating with pediatric interest groups to learn more about best practices. Additional comments included building pediatrics early into the medical school curriculum and student involvement. Tracks could include advocacy, working in the community, and addressing health disparities. Other ideas included developing virtual diversity rotations and offering summer programs that increase exposure to pediatrics in research, advocacy and community service.

Finally, many participants suggested working with [@FuturePedsRes](#) to highlight pediatrician’s stories via social media as they and others have started helping to change the way the community looks at the pediatric pipeline/pathway.



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Next Steps

Ms. Degnon reiterated that this work is a community effort, and we hope all participants and organizations will remain engaged for the duration of this five-year initiative. The co-leads will add representatives from additional organizations who can impact and support the work outlined for each Domain commitment. The AMSPDC management team will develop an intranet or create a platform (e.g., document sharing and/or project management) for the use of this Initiative. Dr. Vinci stated we will summarize and distribute the work accomplished at this Summit. We will develop a plan for future Summits and highlighted the opportunity to publish our work in AMSDPC Pages of *The Journal of Pediatrics*. Many participants agreed that we need to include the voice of trainees in the work of this initiative. Dr. Devaskar concluded the meeting by thanking all participants for their thoughtful input and suggestions.

Final Notes

Please visit amspdc.org/workforce for more information on this Initiative and send any additions to the bibliography on pediatrics workforce to Ms. Degnon or Dr. Vinci. Please follow [@amspdc](https://twitter.com/amspdc) and use **#peds2025workforce** on upcoming related posts. Thank you for participating in this important summit, and we hope to see you at the next summit which is scheduled for Friday, May 14 from 1-5pm eastern.



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List of Attendees

AMERICAN ASSOCIATION OF MEDICAL COLLEGES (AAMC)

Michael Dill, MD

ACADEMIC PEDIATRIC ASSOCIATION (APA)

Paul Chung, MD

Teri Turner, MD, MPH, MEd

AMERICAN ACADEMY OF PEDIATRICS (AAP)

James Baumberger, MPP

Mark Del Monte, JD

Anne R. Edwards, MD, FAAP

AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE (AACOM)

W Paul Bowman, MD

Robert Cain, DO

AMERICAN BOARD OF PEDIATRICS (ABP)

Laurel K. Leslie, MD, MPH

David Nichols, MD

Adam Turner, MPH, PMP

Suzanne Woods, MD

AMERICAN PEDIATRIC SOCIETY (APS)

Clifford W. Bogue, MD

ASSOCIATION OF ADMINISTRATORS IN ACADEMIC PEDIATRICS (AAAP)

Sandie Bolina, MS

Liz McCarty, MS

ASSOCIATION OF MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS (AMSPDC)

Michael Artman, MD

John Barnard, MD

Abigail Blake

Tiffany Chen

Wade Clapp, MD

Laura Degnon, CAE

Sherin U. Devaskar, MD



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Joe St. Geme, MD
Mary Leonard, MD, MSCE
Ann Reed, MD
Erin Ross, MS
Robert J. Vinci, MD
Leslie Walker-Harding, MD

ASSOCIATION OF PEDIATRIC PROGRAM DIRECTORS (APPD)

Becky Blankenburg, MD, MPH
Javier Gonzalez del Rey, MD
Patricia Poitevien, MD, MSc

CHILDREN'S HOSPITAL ASSOCIATION (CHA)

Amanda Major, BS

COUNCIL OF PEDIATRIC SUBSPECIALTIES (CoPS)

Debra Boyer, MD, MHPE
Audrea Burns, PhD
Jill Fussell, MD
Angela Myers, MD, MPH

COUNCIL ON MEDICAL STUDENT EDUCATION IN PEDIATRICS (COMSEP)

Joseph Gigante, MD
Rachel Thompson, MD

#FUTUREPDSRES

Nicholas Heitkamp, MSc
Mekala Neelakantan, BS

FUTUREGENPDS

Xavier Williams, MD, MPH

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE (NASEM)

Karen Helsing, MPH

NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS (NAPNAP)

Andrea Kline-Tilford, PhD, CPNP-AC/PC
Kristin Gigli, PhD, RN



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NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT, US NATIONAL INSTITUTES OF HEALTH (NICHD/NIH)

Rohan Hazra, MD

SOCIETY FOR PEDIATRIC RESEARCH (SPR)

Stephanie D. Davis, MD

UNIVERSITY OF MICHIGAN (U-M)

Gary L. Freed, MD, MPH