Pediatrics 2025: AMSPDC Workforce Initiative
Virtual Meeting Summary
May 14, 2021 | 1:00 pm – 5:00 pm ET

Ann Reed, MD, President of the Association of Medical School Pediatric Department Chairs (AMSPDC), welcomed over 50 participants, spanning 24 organizations to the spring and third summit of the Pediatrics 2025: The AMSPDC Workforce Initiative. Dr. Reed introduced the focus area of the day—Domain 3: Economic Strategy.

Initiative co-lead, AMSPDC Board Member, Bob Vinci, MD, provided background and updates. 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-Pediatrics, and Combined Pediatric Subspecialty training programs. After the initiative's inaugural summit in February 2020, four domains were developed, and lead organizations were identified for each domain. The initiative's second summit featured updates from all four domains, while today's summit will delve deeper into Domain 3: Economic Strategy, led by AMSPDC. The initiative began with 15 stakeholder organizations, are currently at over 20, and plan to continue to grow. Since the last summit, a governance structure was put into place, which consist of the following:

- Oversight Committee: 5-year commitment to help provide strategic oversite and ensure inclusivity.
- Domain Leads Committee: the leads of each domain, they meet monthly.
- Organization Representatives Committee: 1-2 representatives from each stakeholder organization. Attends summits and on intermittent emails.
- Advisory Committee: still in development.

Initiative co-lead, AMSPDC Executive Director, Laura Degnon, CAE, briefly summarized each of the four domains and accomplishments so far. The accomplishments since the last summit include:

- Governance Structure: Advisory Committee, Greater Partnerships with other organizations
- Website: Bibliography Expanded with over 70 references
- Two Publications (Vinci in *Pediatrics* on Match Data; Vinci, Degnon, Devaskar in Journal *of Pediatrics* Summarizing Our Work)
- Significant Focus on Economic Strategy

The spring summit was focused on a discussion of Economic Strategy (Domain #3), including financial burden, compensation, and payer reform. The agenda of the summit included a keynote Address from Congresswoman Kim Schrier (Kids' Access to Primary Care Act and Q&A to foster collaboration with the pediatric community), discussion of economic drivers (debt burden and lifetime earning potential), an update on NASEM Consensus on High Quality Primary Care and implications for pediatrics, a review a proposed NASEM Study on the Pediatric Workforce (NASEM objectives and core topics and potential NASEM sponsors), and to establish next steps.

Domain 3 Overview - Economic Strategy

Mary Leonard, MD, MSCE, AMSPDC Member, gave an overview of the three topic areas she reported on during the last summit, noting that the economic forces are so critical they impact all four domains. The first area was how we can target new strategies to minimize the debt burden. The Pediatric Subspecialty Loan Repayment Program, once funded, will offer up to $35,000 of loan repayment for up to three-years to pediatric subspecialists who serve in underserved areas. The Pediatric Policy Council (PPC) has done great work advocating for this program. The letter circulating to support this program is asking for $50 million in funding.

The second area was compensation and revenue streams and how we can develop strategies to achieve greater parity with adult providers and greater parity among procedural and non-procedural pediatric subspecialists. The compensation gap between adult subspecialty providers and their pediatric counterparts is substantial. An average adult provider's compensation is 38% more than their pediatric counterpart.

The third was how children's hospital graduate medical education (CHGME) can achieve greater parity with adult specialties. The funding for pediatric trainees is only half of what it is for adult providers. Dr. Leonard showcased recent studies, and the downward trend of the pediatric workforce. Data shows pursuing a pediatric subspecialty has a negative, long-term, financial burden. 1The gap between the lowest and highest earning has grown from a $1.4 million to a $2.3 million. The mean debt burden also continues to increase. A recent ASPN paper shows a direct correlation between lower compensation and more unmatched fellowship positions.

Medicaid's structure and children's health insurance are key factors when looking at economic strategy. Medicaid is the single largest insurer of children and nearly half of all Medicaid enrollees are children. While the rate of children covered by Medicaid is high, they historically pay physicians lower fees than Medicare, for the same services. The Affordable Care Act included a mandatory two-year increase in fees for primary care with the goal to eventually match Medicare levels, however, federal lawmakers did not reauthorize funding for the increased payments to primary care services, ending the fee bump in December 2014. There are data that suggest increasing Medicaid payments improves access to pediatric care. We need to put more emphasis on Medicaid's current structure and the racial and health inequities it promotes. We must demand structural change to achieve racial and socioeconomic health equity.

Congresswoman Kim Schrier

Dr. Reed introduced Congresswoman Kim Schrier who represents Washington's 8th Congressional District. Congresswoman Schrier is first pediatrician in Congress and strong advocate for children, recently introducing H.R. 1025, the Kids' Access to Primary Care Act of 2021 with the goal to:

- 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.

Congresswoman Schrier's accomplishments for children include working with CDC and AAP to introduce the Vaccines Act and the Child Tax Credit.

Dr. Vinci facilitated Q&A with Congresswoman Schrier where they discussed some of the challenges with, and solutions to, increasing the pediatric workforce. Additionally, they identified areas for further collaboration.

There was mutual concern that the number of people pursuing pediatrics from MD medical schools is decreasing, partially due to the debt burden and low lifetime earnings. Supporting H.R. 1025, the Kids' Access to Primary Care Act of 2021 is one way to help. Congresswoman Schrier agreed that economic incentives, loan forgiveness, incentivized value-based care and Medicaid and Medicare parity will increase the number of people pursuing pediatrics.

We are struggling to develop the subspecialty workforce. Congresswoman Schrier welcomed further conversations on how pediatric leaders can be more effective in advocating for the importance of pediatric subspecialists.

The COVID pandemic has exacerbated behavioral health needs and Congresswoman Schrier is interested in developing creative care models to address the lack of behavioral health providers for children

One of Congresswoman Schrier's goals is to successfully advocate for deductible free pediatric care. No premiums will allow people to bring their child in during an early phase of an illness thus, preventing complications. Congresswoman Schrier has helped put together a bill that states the first 3 primary care visits and first 3 mental health visits do not count against your deductible. Removing the barrier for even those first visits would be cost saving for patients and allow better health care for all.

Congresswoman Schrier is a co-sponsor on the bill that automatically increases federal contributions to Medicaid during economic downturns.

Due to COVID, telemedicine is a big component of care now. Telemedicine can support access in rural and underserved areas. This is an area that Congresswoman Schrier would like to have further discussion on topics such as reimbursement, care across state lines, etc.

Dr. Vinci and Congresswoman Schrier closed out their discussion with a brief conversation about achieving Medicaid parity. Congresswoman Schrier feels optimistic we will get there, but there is no one solution. She looks forward to continuing our collaboration.

Domain 2 Update: Data/Needs and Access – Economics

Laurel Leslie, MD, MPH, began the presentation by acknowledging and thanking the collaboration with the Pediatric Workforce Network which was jointly launched by the ABP and CoPS. The work of Domain 2 over the last 15 months has been largely describing and analyzing the current makeup of the pediatric workforce by analyzing data regarding factors such as race/ethnicity, debt, DOs/MDs/IMGs, and geography. They will be moving towards focusing on the data needs in the future.

Colin Orr, MD, MPH, summarized data on the intersectionality of race, ethnicity, and debt. The study's objectives were to describe educational debt among pediatric trainees and to describe the importance of financial considerations (debt and earning potential) on selecting Pediatrics as a career. For both objectives Dr. Orr described variations by self-reported race/ethnicity. Educational debt is increasing, however, how debt impacts career trajectory and decision making within Pediatrics is unknown. Dr. Orr highlighted the extremes of the educational debt burden; approximately 20% of individuals reported $0 educational debt and approximately 42% reported having $200,000 or more in educational debt. In addition, there is a large variation between race/ethnicity and educational debt of first year residents. They concluded that financial considerations were most important among those who identified as Black/African American or preferred not to answer. Trajectory shows that by 2060 most children will not self-identify as white. This data is especially important to understand because we know race and ethnicity concordance between providers, patients and their families positively impacts outcomes. Important to keep in mind the data reflects those who already chose to pursue a career in pediatrics and does not address the population of people who choose not to because of financial burdens.

Dr. Leslie Walker-Harding facilitated questions and asked about the part of debt in making the decision to going to medical school and its relationship to underrepresented populations. Dr. Orr highlighted the pipeline and when it starts (by high school or earlier) and the level of family support. An important question to ask is how many people are not going into the pipeline because of limited family support. Another question asked about Black residents going into subspecialty pediatrics and has there been an impact. Dr. Orr used data from 2018-2020 and stated the data trends suggest little change over time.

Impact of Lifetime Earnings on Workforce

Hal Simon, MD MBA, spoke on workforce issues and earnings potential comparing 2007 data with 2018. 12 of 15 subspecialties yielded negative financial returns compared to a career in community-based general pediatrics. Procedure focused subspecialties did better (Cardiology, PICU, NICU, EM) than newer subspecialties (adolescent medicine, hospital medicine) and other less procedure focused disciplines. The conclusions showed the differences became more pronounced. The spread between highest to lowest earning subspecialties:

- >$1.4 Million in 2007/2008
- >$2.3 million in 2018/2019

Negative financial return could be partially ameliorated by shortening length of training and implementing a loan repayment program. Elimination of medical school debt could make ALL of the subspecialties along with General Peds more attractive.

The real question is not if trainees chose pediatrics or a peds subspecialty based on $$, but do they NOT choose pediatrics or a specific peds subspecialty because of $$ and what role could it play in future workforce shortages?

Dr. Simon also shared research on access across subspecialties. The implications are:

- 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 true between procedure heavy and procedure limited fields
- Pipelines (Fellowship Fill Rates) 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 need to be considered

Dr. Vinci facilitated questions. One question looked at equalizing salaries, and whether that would make a difference? Dr. Simon said that we would need to get more data to know and not equalizing it won't solve the workforce issue.

<u>Primary Care NASEM Study</u>

Tumaini Coker, MD MBA, discussed the NASEM committee where she led the work that examined the current state of primary care. The goal was to develop an implementation plan that would build upon the recommendations from the 1996 *IOM report, Primary Care: America's Health in a New Era*, to strengthen primary care services in the United States, especially for underserved populations, and to inform primary care systems around the world.

The study presented five objectives for achieving high-quality primary care but based on the timing and relevance to the meeting, Dr. Coker discussed the first two objectives. The first is focused on payment reform. Dr. Coker discussed the four action items:

- Action 1.1: Payers should evaluate and disseminate payment models based on their ability to promote the delivery of high-quality primary care, not short-term cost savings.
- Action 1.2: Payers using fee-for-service models for primary care should shift toward hybrid reimbursement models, making them the default over time. For risk-bearing contracts, payers should ensure that sufficient resources and incentives flow to primary care.
- Action 1.3: CMS should increase overall portion of health care spending for primary care by improving Medicare fee schedule and restoring the RUC to advisory nature.
- Action 1.4: States should facilitate multi-payer collaboration and increase the portion of health care spending for primary care.

The second objective is focused on access and specifically to ensuring that high-quality primary care is available to every individual and family in every community.

- Action 2.1: Payers should ask all beneficiaries to declare usual source of care. Health centers, hospitals, and primary care practices should assume ongoing relationship for the uninsured they treat.
- Action 2.2: HHS should create new health centers, rural health clinics, and Indian Health Service facilities in shortage areas.
- Action 2.3: CMS should revise access standard for primary care for Medicaid beneficiaries and provide resources to state Medicaid agencies for these changes.
- Action 2.4: CMS should permanently support COVID-era rule revisions.
- Action 2.5: Primary care practices should include community members in governance, design, and delivery, and partners with community-based organizations.

Concluding the presentation, Dr. Coker said that we need to see primary care as a common good and agree that it's necessary for everyone.

Ms. Degnon asked how we can achieve Medicaid reform. Dr. Coker said that we need a concerted advocacy effort. Another question was related to telehealth. Dr. Coker referenced part of her presentation about digital health and that telehealth will need the same flexibility used during the pandemic to allow health care professionals to continue using the same (and expanded) telemedicine options.

<u>NASEM Potential Consensus Study on The Pediatric Clinical Workforce and Its Impact on Child Health and Well-Being</u>

Joe St. Geme, MD, discussed the plan to launch a NASEM Consensus Study on the Subspecialty Workforce.

The statement of task includes the following:

- Examine clinical workforce trends related to healthcare needs of infants, children, and adolescents

- Examine impact of workforce trends on child health and well-being
- Recommend strategies and actions to ensure adequate pediatric workforce to support broad access to high-quality care and robust research portfolio to advance care for all infants, children, and adolescents

Topics to be considered by the NASEM ad hoc committee

1. How pediatric workforce has evolved over time (general pediatrics, pediatric subspecialties, diversity)
2. Trends in selection of pediatric residency and pediatric subspecialty fellowship training (debt, cost of training, earning potential, etc.)
3. Impact of different payment models in pediatrics on trainee selection of pediatrics and pediatric subspecialties
4. Data on other clinicians who provide care for children (family practitioners, NPs, PAs)
5. Impact of workforce shortages on care for pediatric patients and on child health research
6. Evidence gaps in what is known about current pediatric workforce and how well it meets estimated needs of pediatric population
7. Strategies to better align clinician specialty selection with current and future medical and behavioral health needs of infants, children, and adolescents
8. Role of state and federal policies and resources in developing and supporting well-trained workforce to improve child health

The team is now looking for sponsors to fund the committee's study which may cost $1.3 million.

<u>Breakouts</u>
Attendees were divided into four breakout groups to discuss aspects of the potential NASEM study.

Group one was led by Dr. St. Geme and reviewed the topics that have been suggested for the NASEM Study. Some of the ideas suggested included

1. For topic area – How the pediatric workforce has evolved over time - general pediatrics, pediatric subspecialties, diversity, there were suggestions to include other providers of pediatric care including: pediatric scientists and other pediatric specialists (surgeons, radiologists, anesthesiologists, psychiatrists, pathologists).
2. For topic four (Data on other clinicians who provide care for children - family practitioners, NPs, PAs), other specialties were suggested, including internists and surgeons.
3. For topic five (Impact of workforce shortages on care for pediatric patients and on child health research), the group suggested to highlight the negative impact on child health research.

Dr. Ann Reed led Group two through a discussion of data sources.

The group suggested the NASEM study emphasize the following:

1. Including specialties such as Neurology, Sports Medicine and Allergy-Immunology.
2. Collecting qualitative data on decision making around careers in medicine and on specialty choice
3. Studying the impact of tuition-free medical school and how that effects specialty choice,
4. Reviewing data on NIH funded programs that impact career development, including LRP and grants and the effect on choice.
5. Obtaining data on students who do not choose a career in pediatrics.
6. We should also understand the impact of payment models on trainee selection of pediatrics and pediatric subspecialties:

Group 3 was led by Dr. Devaskar and continued to work on data sources to be included in the NASEM Study. Their discussion included:

1. Reviewing models for team-based care and the role of APP's
2. Should training durations be examined for colleagues who wish to be clinically focused in their careers.
3. Obtain data on the outcomes of patients cared for my adult providers.
4. It may be important to review other data sources included the AAMC and the AMA, as well as the AHRQ, National Center for Statistics, and all payor claims databases at the State level.

Group number 4 was facilitated by Dr. Walker Harding and this group discussed additional potential sponsors for the NASEM Consensus Study and included the following:

1. Organizations that insure Physicians
2. Payers including Commercial payers.
3. Pharma (Johnson and Johnson)
4. Government agencies (HRSA, MCHB, DOD), RWJ
5. National adult health organizations that have a large pediatric membership who also may feel some need to partner)
6. Parent organizations

Final Notes

Please visit amspdc.org/workforce for more information on this Initiative and send any Workforce-related work to Ms. Degnon or Dr. Vinci. Please follow @amspdc on Twitter 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, November 12, 2021, from 1 - 5pm ET**.

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List of Attendees

AMERICAN ACADEMY OF PEDIATRICS (AAP)
James Baumberger, MPP
Mark Del Monte, JD
Anne R. Edwards, MD, FAAP
Jon Price, MD, FAAP

AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE (AACOM)
Natasha Shah, MD, FAAP

AMERICAN ASSOCIATION OF MEDICAL COLLEGES (AAMC)
Amy Addams
Michael Dill, MA

AMERICAN BOARD OF PEDIATRICS (ABP)
Laurel K. Leslie, MD, MPH
David Nichols, MD
Adam Turner, MPH, PMP
Suzanne Woods, MD

ASSOCIATION OF ADMINISTRATORS IN ACADEMIC PEDIATRICS (AAAP)
Desiree Brown, MA
Liz McCarty, MS

ASSOCIATION OF MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS (AMSPDC)
Abigail Blake
Laura Degnon, CAE
Sherin U. Devaskar, MD
Mary Leonard, MD, MSCE
Ann Reed, MD
Erin Ross, MS
Joe St. Geme, MD
Robert J. Vinci, MD
Leslie Walker-Harding, MD

ACADEMIC PEDIATRIC ASSOCIATION (APA)
Latha Chandran, MD, MPH
Teri Turner, MD, MPH, MEd

ASSOCIATION OF PEDIATRIC PROGRAM DIRECTORS (APPD)
Becky Blankenburg, MD, MPH
Patricia Poitevien, MD, MSc

AMERICAN PEDIATRIC SOCIETY (APS)
Clifford W. Bogue, MD

CHILDREN'S HOSPITAL ASSOCIATION (CHA)
Mitch Harris

COUNCIL ON MEDICAL STUDENT EDUCATION IN PEDIATRICS (COMSEP)
Joseph Gigante, MD
Rachel Thompson, MD
April Buchanan, MD

COUNCIL OF PEDIATRIC SUBSPECIALTIES (CoPS)
Debra Boyer, MD, MHPE
Jill Fussell, MD
Angela Myers, MD, MPH

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)
Ellen Marie Whelan, PhD

EMORY UNIVERSITY
Hal Simon, MD, MBA

#FuturePedsRes
Nicholas Heitkamp, MD, MSc

HARVARD UNIVERSITY
James Perrin, MD

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE (NASEM)
Karen Helsing, MPH

NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTIONERS (NAPNAP)
Andrea Kline-Tilford, PhD, CPNP-AC/PC
Kristin Gigli, PhD, RN
Raji Koppolu, RN, MSN, CPNP, MSL

National Pediatrician-Scientist Collaborative Workgroup (NPSCW)
Audrea Burns, PhD
Jordan Orange, MD
Kate Ackerman, MD, MPH

SOCIETY FOR PEDIATRIC RESEARCH (SPR)
Stephanie D. Davis, MD

UNIVERSITY OF MICHIGAN (U-M)
Gary L. Freed, MD, MPH

UNIVERSITY OF WASHINGTON
Tumaini Coker, MD, MBA

UNIVERSITY OF NORTH CAROLINA (UNC)
Colin Orr, MD
Victor Silva Ritter

UNITED STATES HOUSE OF REPRESENTATIVES
Congresswoman Kim Schrier (WA-08)
Congressional Staff