

# Pediatrics 2025: The AMSPDC Workforce Initiative

November 12, 2021  
1:00pm – 5:00pm ET

We will begin momentarily.



Pediatrics 2025: The AMSPDC Workforce Initiative



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# Welcome to the Pediatrics 2025: The AMSPDC Workforce Initiative

Ann Reed, MD  
President, AMSPDC

## Housekeeping Notes:

- Turn on video so we can see each other.
- Rename yourself on Zoom so we know your name and organization you're representing.
- Please keep your line muted unless you are speaking to avoid background noise.
- Use the chat box for questions and comments and/or to indicate that you would like to speak.



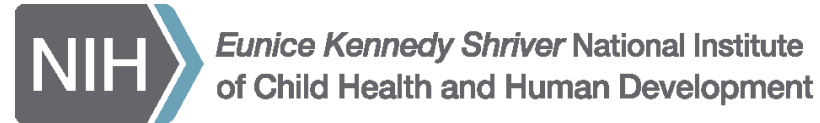
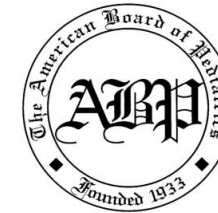
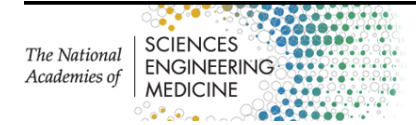
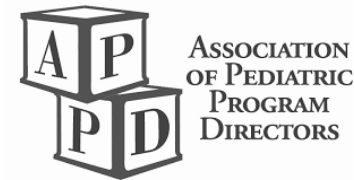
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# Pediatrics 2025: The AMSPDC Workforce Initiative

## Organizational Partners



National Pediatric Physician-Scientist Collaborative Workgroup

# Summit #4 - Attendees

**AAAP:** Ms. Desiree Brown

**AAAP:** Ms. Liz McCarty

**AACOM:** Dr. Robert Cain

**AAMC:** Ms. Mary Halicki

**AAMC:** Mr. Michael Dill

**AAP:** Mr. James Baumberger

**AAP:** Mr. Mark Del Monte

**AAP:** Dr. Anne Edwards

**AAP:** Dr. Lynn Olson

**ABP:** Dr. Laurel Leslie

**ABP:** Dr. David Nichols

**ABP:** Mr. Adam Turner

**ABP:** Dr. Judy Schaechter

**AMSPDC:** Ms. Laura Degnon

**AMSPDC:** Dr. Sherin Devaskar

**AMSPDC:** Dr. Mary Leonard

**AMSPDC:** Dr. Ann Reed

**AMSPDC:** Dr. Joe St. Geme, III

**AMSPDC:** Dr. Bob Vinci

**AMSPDC:** Dr. Leslie Walker-Harding

**APA:** Dr. Teri Turner

**APA:** Dr. Latha Chandran

**APPD:** Dr. Becky Blankenburg

**APPD:** Dr. Patricia Poitevien

**APS:** Dr. Clifford Bogue

**CHA:** Mr. Steven Chen

**CHA:** Mr. Mitch Harris

**CHA:** Mr. Mark Wietecha

**COMSEP:** Dr. Joseph Gigante

**COMSEP:** Dr. Rachel Thompson

**COMSEP:** Dr. April Buchanan

**CoPS:** Dr. Jill Fussell

**CoPS:** Dr. Debra Boyer

**CoPS:** Dr. Angie Myers

**CMS:** Dr. Ellen Marie Whelan

**FuturePedsRes:** Mr. Tyler Bruinsma

**FuturePedsRes:** Dr. Nicholas Heitkamp

**FuturePedsRes:** Dr. Mekala Neelakantan

**FuturePedsRes:** Ms. Adaobi Okocha

**NAPNAP:** Dr. Kristin Gigli

**NAPNAP:** Dr. Andrea Kline-Tilford

**NASEM:** Ms. Karen Helsing

**NBOME:** Dr. Erik Langenau

**NBOME:** Dr. Robert Lee

**Next Gen Pediatricians:** Dr. Xavier Williams

**NPSCW:** Dr. Audrea Burns

**NPSCW:** Dr. Daniel Moore

**NPSCW:** Dr. Jordan Orange

**PWN:** Dr. Victoria Norwood

**PWN:** Dr. Joshua Sheak

**SPR:** Dr. Stephanie Davis

**SPR:** Dr. Carleton Bates

**U of MI:** Dr. Gary Freed

**UNC:** Dr. Colin Orr

**AMSPDC team:** Ms. Colleen Hughes

**AMSPDC team:** Ms. Erin Ross

Vision	Academic Pediatric Departments lead in care delivery, research, training, and advocacy that improves the health and wellbeing of children in their communities and throughout the world.
Mission	To improve the health and wellbeing of all children through the development of a diverse and inclusive community of academic pediatric department chairs working collaboratively to advance departmental clinical, research, education, and advocacy missions while ensuring equity and anti-racist ideals.
Values	<p>The leadership is governed by these principles:</p> <ul style="list-style-type: none"> <li>• <b>Integrity</b></li> <li>• <b>Collaboration</b></li> <li>• <b>Compassion</b></li> <li>• <b>Innovation</b></li> <li>• <b>Leadership</b></li> <li>• <b>Excellence</b></li> <li>• <b>Diversity, Equity and Inclusion</b></li> </ul>



# Pediatrics 2025: The AMSPDC Workforce Initiative November 12, 2021 Summit

## Co-Leads:

Bob Vinci, MD, AMSPDC Board Member  
Laura Degnon, CAE, AMSPDC Executive Director



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# Pediatrics 2025: The AMSPDC Workforce Initiative

- 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, 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.
- Revised overarching goal: 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.** ~~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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[amspdc.org/workforce](https://amspdc.org/workforce)



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# 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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# 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**

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**

Executive Committee, 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

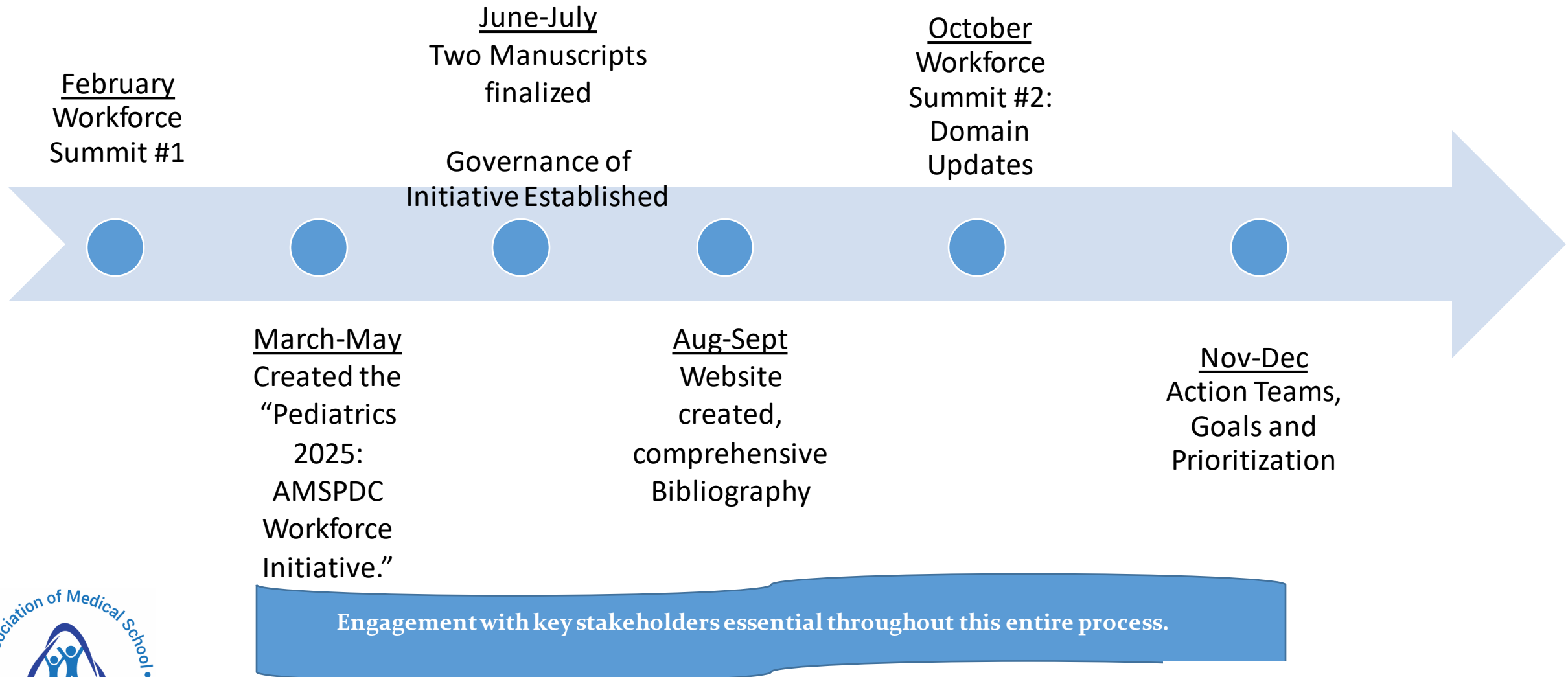


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# Key Accomplishments in 2020

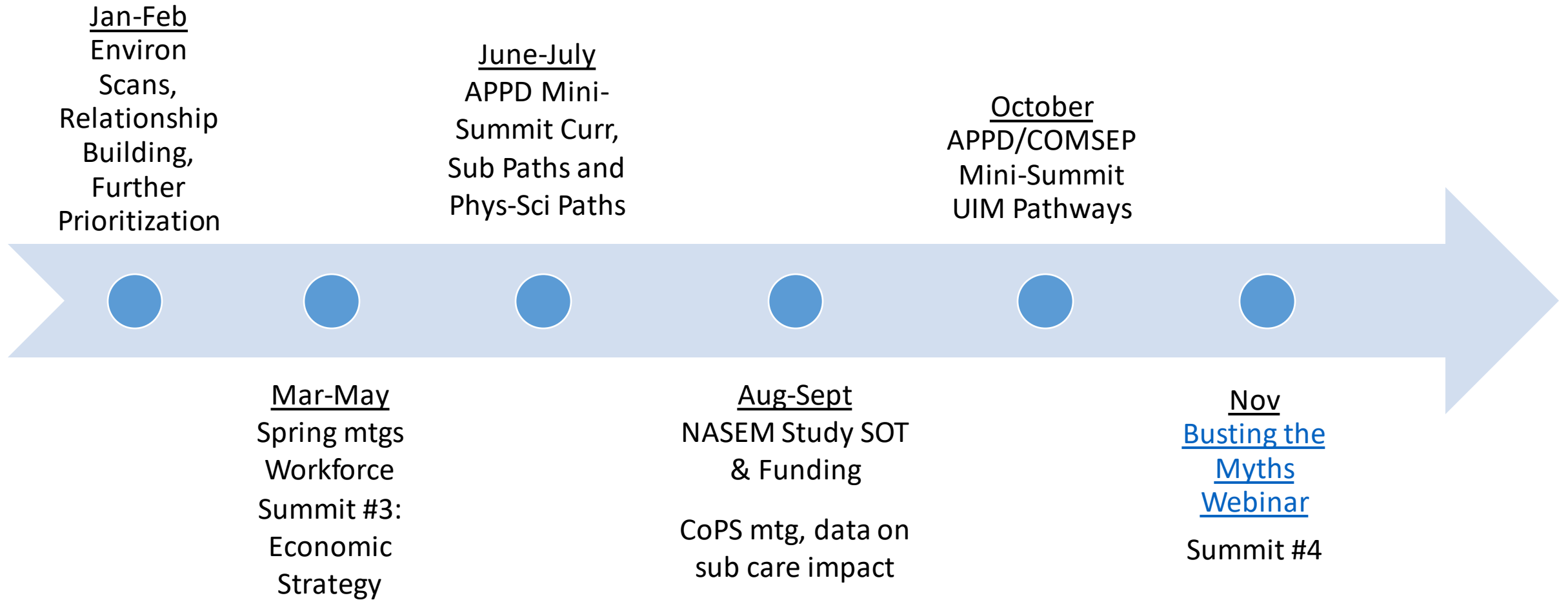


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# Key Accomplishments in 2021



Engagement with key stakeholders essential throughout this entire process.



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# Agenda

Share ideas, offer advice, ask questions, share contacts/connections

1:00-1:05pm	<b>Welcome</b> (Reed)
1:05-1:15pm	<b>Overview, Update on Accomplishments, and Today's Goals</b> (Vinci and Degnon)
1:15-1:45pm	<b>Domains Updates</b>
1:45-3:00pm	<b>The ABP Pediatric Subspecialty Workforce Model Project</b> (Fraher)
3:00-3:15pm	<b>Break</b>
3:15-4:00pm	<b>National Academies of Sciences, Engineering, &amp; Medicine: A Consensus Study on the Pediatric Subspecialty Workforce and Its Impact on Child Health and Well-being</b> (St Geme)
4:00-4:50pm	<b>Medicaid Parity</b> (Del Monte and Wietecha)
4:50-5:00pm	<b>Wrap Up and Next Steps</b> (Vinci and Degnon)



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# Pediatrics 2025 Initiative Domains

## Domain 1: Change the Educational Paradigm

Domain Lead: APPD; R. 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 #1 Update

Becky Blankenburg, MD, MPH  
President, Association of Pediatric Program Directors  
November 12, 2021



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# Domain #1: Changing the Educational Paradigm, with Impact on Attracting Diverse Trainees into Pediatrics and Undersubscribed Pediatric Subspecialties

1a – Curricular Reform

1b – Advocacy re: Curricular Recommendations

1c – Subspecialty Exposure

1d – Positive Role Models



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# Domain #1: Changing the Educational Paradigm, with Impact on Attracting Diverse Trainees into Pediatrics and Undersubscribed Pediatric Subspecialties

1a – Curricular Reform – Curriculum Summit

1b – Advocacy re: Curricular Recommendations – Curriculum Summit

1c – Subspecialty Exposure – Curriculum Summit

1d – Positive Role Models



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1a – Curricular Reform – Curriculum Summit

1b – Advocacy re: Curricular Recommendations – Curriculum Summit

1c – Subspecialty Exposure – Curriculum Summit

1d – Positive Role Models – UIM Pathways Summit



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# Pediatric GME Curriculum Summit

## July 2021

- Goals:
  - To identify gaps and opportunities in pediatric GME training through review of the literature and emerging studies
  - To recognize areas for further inquiry
- From 2 perspectives:
  - Workforce Initiative Domain 1: Changing the Educational Paradigm, with Impact on Attracting Diverse, High-quality Trainees into Pediatrics and Undersubscribed Pediatric Subspecialties
  - ACGME Pediatrics Review Committee review of the pediatrics curricular requirements



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Family Leadership  
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**APPD Chief Resident Exec Comm**



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Medicine-Pediatrics Program  
Directors Association



**AAMC** Association of  
American Medical Colleges

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COLLEGES OF OSTEOPATHIC MEDICINE

**National Physician-Scientist Training  
Collaborative Workgroup**



**spor** Society for  
Pediatric Research

## Day 1: Pediatric Residency Curriculum

### Welcome and Framing

#### Presentations:

- Curricular Needs Assessment (Sarah Hilgenberg)
- Procedural Needs Assessment (Liz Nguyen, Sarah Hilgenberg)
- Subspecialty Education (Tandy Aye)
- Behavioral/Mental Health (Sue Poynter, Kenya McNeal-Trice, Elizabeth Chawla)

### Small Group Discussion

### BREAK

#### Presentations:

- Anti-Racism (Mike Weisgerber, Stacy Laurent, Emma Omoruyi, Tye Winters)
- X+Y Clinic Scheduling (Ross Myers, Joanna Lewis)
- Competency-Based Medical Education (Ann Burke, Dan Schumacher, Laura Edgar, David Turner)

### Small Group Discussion

### Large Group Discussion



## Day 2: Subspecialty Pathways

Welcome and Framing

Presentations:

- CoPS-COMSEP Sub-Action Team on Subspecialty Pathways (Mary Moffatt)
- Domain 2 Subspecialty Data (Colin Orr, Laurel Leslie)
- Perspectives from Sub-Boards (Sue Woods)

Small Group Discussion

Large Group Discussion



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## Day 2: Physician Scientist Pathways

Welcome and Framing

Presentations:

- AMSPDC-FIS (Wade Clapp)
- National Physician-Scientist Training Collaborative Workgroup (Kate Ackerman, Jordan Orange, Dan Moore)
- ARP/IRP (Adam Turner, Colin Orr, Laurel Leslie, Suzanne Woods, Stephanie Davis)
- PSDP (Sallie Permar)

Small Group Discussion

Large Group Discussion



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# Next Steps

- Consensus paper
  - Describing opportunities for residency curriculum, subspecialties pathways, physician scientist pathways



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# ACGME Pediatrics Review Committee

- Summer/Fall 2021 – ACGME Pediatrics Review Committee relooking at Pediatrics Residency Core Requirements
  - August 2021 – ACGME Alternative Scenario Planning



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# ACGME Pediatrics Future Scenarios Planning

- 4-day Conference
- Assigned to one of four worlds
- Imagined way of life in assigned world
- Imagined how medicine would be practiced
- Designed 8-10 strategies for how to train residents/fellows for that world
- Then compared to other 3 worlds to see which ones were helpful no matter what is the future reality
- Paper coming out



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# ACGME Pediatrics Future Scenarios Planning

- Preliminary Themes:
  - Advocacy/Leadership
  - Adaptability
  - Technology
  - Professionalism
  - Communication
  - Whole Patient/Mental Health



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# ACGME Pediatrics Review Committee

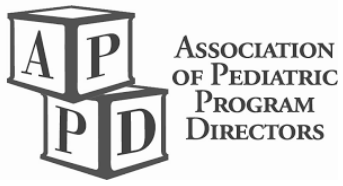
- Summer/Fall 2021 – ACGME Pediatrics Review Committee relooking at Pediatrics Residency Core Requirements
  - Fall-Winter 2021 – Literature Review
  - 2022 – Share proposed requirements
  - 2022 – Opportunity to give feedback on new requirements
  - July 2023 – New pediatrics residency requirements begin



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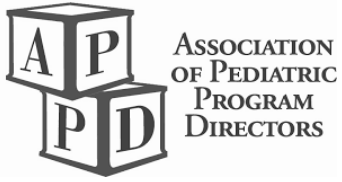
# UIM Pathways Summits



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# UIM Pathways Summits



1. UIM Pathways Summit (Medical School through Faculty) – 10/26/2021 (Domains 1 and 4)
2. UIM Pathways Summit (Elementary School through College), including local and national solutions – 1/21/2022, 1-5pm ET (Domains 1 and 4)



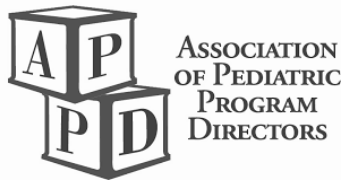
IM Physician Scientists – Winter 2022 (Domains 1, 2, and 4)

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# Goals of UIM Pathways Summit



1. Identify current UIM mentoring programs and their effectiveness.
2. Evaluate gaps, potential collaborations, and additional programs that may be needed.



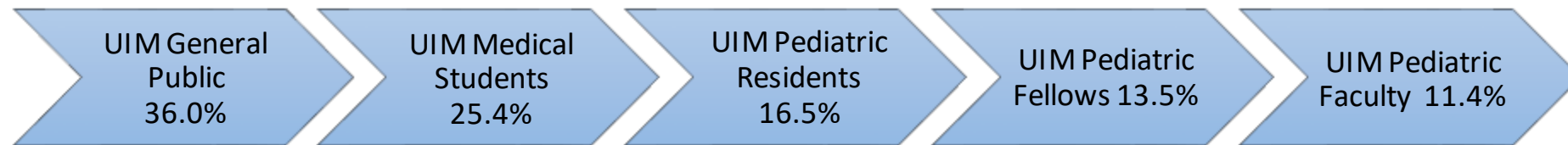
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# UIM Pathways into Pediatrics



*Montez K, Omoruyi E, et al Pediatrics 2021*

*Poitevien P and Blankenburg R, Pediatrics 2021*

*AAMC Data 2020*

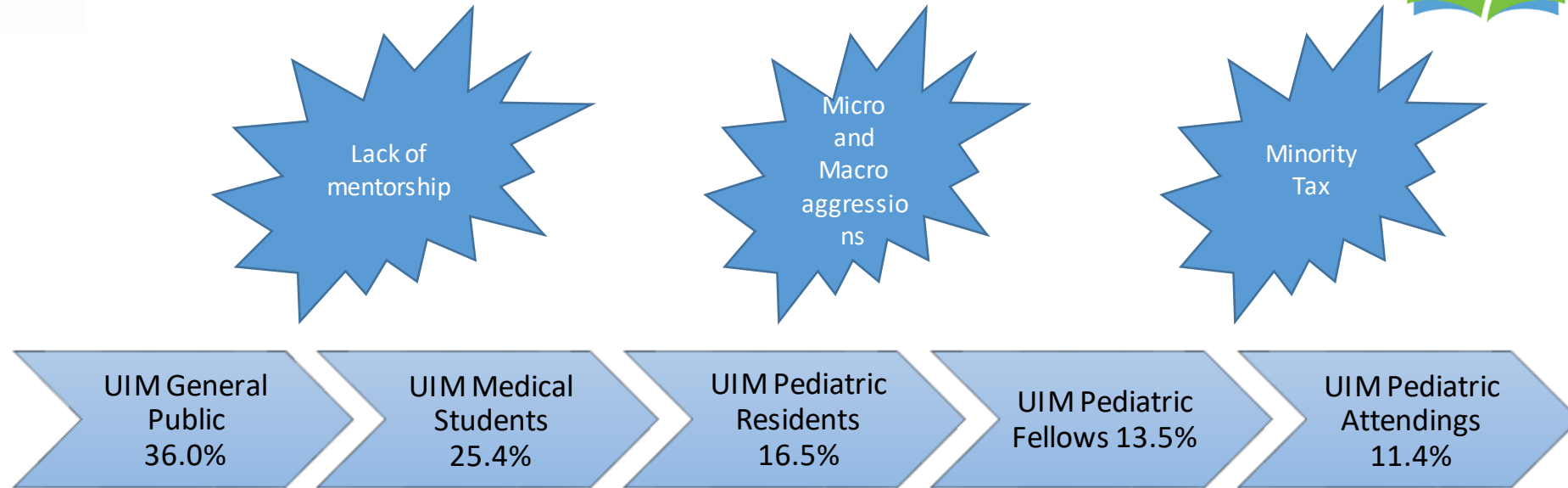


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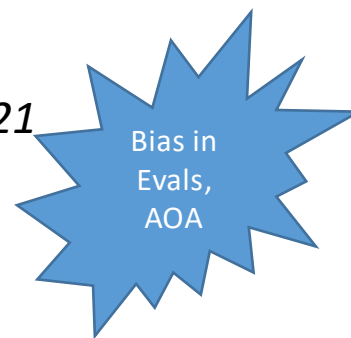


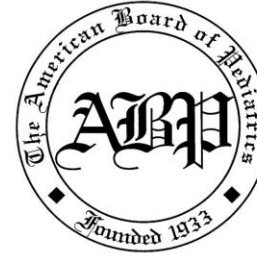
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# UIM Pathways



Montez K, Omoruyi E, et al *Pediatrics* 2021  
Poitevien P and Blankenburg R, *Pediatrics* 2021  
AAMC Data 2020





APPD AIMS

APPD Chief Resident  
Exec Comm



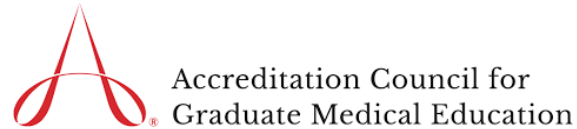
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# Agenda



Welcome and Framing

**Presentations on specialty choice**

- Factors assoc with choosing pediatrics
- Factors assoc with choosing ped subspecialties

**Presentations on Mentoring UIM Medical Students**

- Tour 4 Diversity
- NextGenPediatricians
- FuturePedsRes
- AAP Section of Pediatric Trainees

Small Group Discussion

Large Group Discussion





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DIRECTORS

# Agenda cont



COMSEP  
Better Health for All Patients  
Through Pediatric Education

## **Presentations on Mentoring UIM Residents**

- APA New Century Scholars (NCS)
- APPD Advancing Inclusiveness in Medical Education (AIMS)
- AMSPDC Frontiers in Science (FIS)

## **Presentation on Mentoring UIM Chief Residents**

## **Presentations on Mentoring UIM Fellows and Faculty**

- APA RAPID
- APPD FUEL
- National Academy of Distinguished Educators in Pediatrics

Small Group Discussion

Large Group Discussion



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# Next Steps

- Consensus paper
  - Describing current UIM mentoring programs and pathways
  - Describing opportunities
- Website
  - Interactive Map of Mentoring Programs
    - Elementary School
    - Middle School
    - High School
    - Community College
    - College
    - Medical School
    - Residency
    - Fellowship
    - Faculty



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# Questions?



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# Domain #4 Update

Joseph Gigante, MD  
Immediate Past President, COMSEP  
(presented by April Buchanan, MD  
COMSEP President)



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# Domain #4 - Other Considerations for Attracting Diverse, High Quality Medical Students into Pediatrics

## Long Term Goals:



-Provide department chairs/medical schools/osteopathic schools/COMSEP members with a tool kit for promoting pediatrics to medical students

-Develop a national campaign for **Choosing Pediatrics**



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# Domain #4 - Other Considerations for Attracting Diverse, High Quality Medical Students into Pediatrics



***A. Advocacy***

***B. Marketing***

***C. Early Exposure***

***D. Recruitment/Outreach***



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# Domain #4 - Other Considerations for Attracting Diverse, High Quality Medical Students into Pediatrics



## A. Advocacy: Accomplish through

- a. Pediatric interest groups
- b. Increased incorporation of pediatric faculty and pediatric cases into the preclinical curriculum
- c. Increased shadowing/research/other experiences for pre-clinical medical students with pediatric faculty
- d. Tracking pediatric specific metrics (e.g., percent of graduates matching in categorical pediatrics and combined pediatric programs)
- e. Creative approaches to highlighting the importance of our discipline-  
social media posts, promotional videos, web-based content



# Domain #4 - Other Considerations for Attracting Diverse, High Quality Medical Students into Pediatrics

## **A. Advocacy:**

### Update:



- a. Career Advising Collaborative: Primer for Career Advisors, newsletter, Career Advising in the Pre-clinical years, Creation of a Peer Career Advisor Network
- b. Survey developed top 12 allopathic medical schools with the highest percentage of graduates entering pediatrics (AAMC data received by AMSPDC) to learn what they do to attract students to Pediatrics (Koressel et.al.) - **IRB submitted**
- c. **Careers in Medicine Webinar “Busting the Myths: Exciting Career Opportunities in Pediatrics” presented 11/3 8-9:30pm EST**



# Domain #4 - Other Considerations for Attracting Diverse, High Quality Medical Students into Pediatrics



## **B. Marketing:**

Identify when, how and why medical and osteopathic students decide to choose Pediatrics and Pediatric Subspecialties and then determine how to utilizing approaches and strategies that respond to factors important in medical and osteopathic student career decision-making process.



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# Domain #4 - Other Considerations for Attracting Diverse, High Quality Medical Students into Pediatrics

## **C. Early Exposure:**

Key areas of focus: Work towards increasing and implementing early and adequate exposure to Pediatrics at various critical touch points, including high school and college, medical/osteopathic school pre-clinical and clinical curricula, early in residency training, etc.

## **Updates:**

Pre-clerkship collaborative has developed a pre-clerkship curriculum with goals/objectives and educational content, <https://www.comsep.org/curricula-pre-clerkship>



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# Domain #4 - Other Considerations for Attracting Diverse, High Quality Medical Students into Pediatrics



## C. Early Exposure Updates: Early Exposure Action Team: CoPS and COMSEP

- a. Survey subspecialty awareness survey: Survey in progress to collect information on how subspecialties increase awareness about pediatrics and pediatric subspecialties with the aim of recruiting to fellowship and developing a toolkit of programs and initiatives in use for the CoPS website.  
**Survey ongoing**
- b. CoPS subspecialty webinars: 2 subspecialties highlighted monthly: **November 2021: Pediatric Nephrology, Pediatric Gastroenterology**
- c. Pre-clerkship Collaborative group (Azok et.al): workshop at annual meeting: “Recruiting the Best: Attracting Phenomenal Medical Students into Pediatrics.” Studying factors that attract medical students into Pediatrics; small pilot study, planning on larger multi-institutional study
- d. Qualitative focus group study of Harvard students re: factors that influenced their decision to pursue pediatrics (or not to pursue pediatrics)- Katie O’Donnell, Elizabeth Pingree



# Domain #4 - Other Considerations for Attracting Diverse, High Quality Medical Students into Pediatrics



## D. Recruitment/Outreach:

Key areas of focus: Improve the pediatric pipeline by creating strategies that engage high school students, college students, and preclinical allopathic/osteopathic medical students

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) - **UIM Pathways Summit 10/26/21**

## Updates:

-COMSEP DEI Working group collaborating with APPD Confronting Racism Action team

### **Develop UIM Pathway (COMSEP and APPD): Workforce Domain 1 & 4 meetings**

- Mentoring UIM Pathways Summit 1: presented 10/26/21, 11:00-3:00 EST
- UIM Summit 2: UIM Summit for Elementary School through College, 1/21/22
- UIM Summit 3: UIM Physician Scientist, Date TBD



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# Domain #2 Update

Co-Leads: CoPS and ABP  
with The Pediatric Workforce Network (PWN)



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# Domain #2: Data/Needs and Access

- *Data*
  - Analyze data to identify recent trends in pediatric workforce
    - Workforce diversity
      - Race/ethnicity
      - Physician scientists
      - DOs
      - IMGs
      - Advanced practitioners (PAs and NPs)
    - Work profiles (clinical, teaching, research, other activity)
- *Needs and Access*
  - Partner to understand
    - Distribution of workforce, current and future
      - UNC-CH Sheps modeling project
    - Link to patient outcomes
      - CoPS and possibly NASEM?
    - Future efforts?
      - Care model changes
        - APP's, psychologists, social workers, telehealth
      - Changes in referral patterns
      - Access/regionalization of care



# Update on ACTIVE Workstreams

- 
- Manuscripts in press or development
- Dashboard developed (see screenshot)
- Active progress
- Initial discussions
- Initial discussions ECFMG
1. Osteopathic Medical School Graduates in the Pediatric Workforce
  2. Physician Scientists
  3. DEI – Diversity in the resident and fellowship pipeline
  4. Work profiles/practice settings
  5. Pediatric Subspecialty Supply Workforce Modeling Project
  6. Advanced practice providers
    - a. Nurse practitioners
    - b. PAs
  7. International Medical School Graduates in the Pediatric Workforce

# WORK PROFILES/ PRACTICE SETTING DASHBOARD

<https://www.abp.org/content/results-continuing-certification-moc-enrollment-surveys-2018-and-2019>

## Questions: Hours Worked and Work Profiles

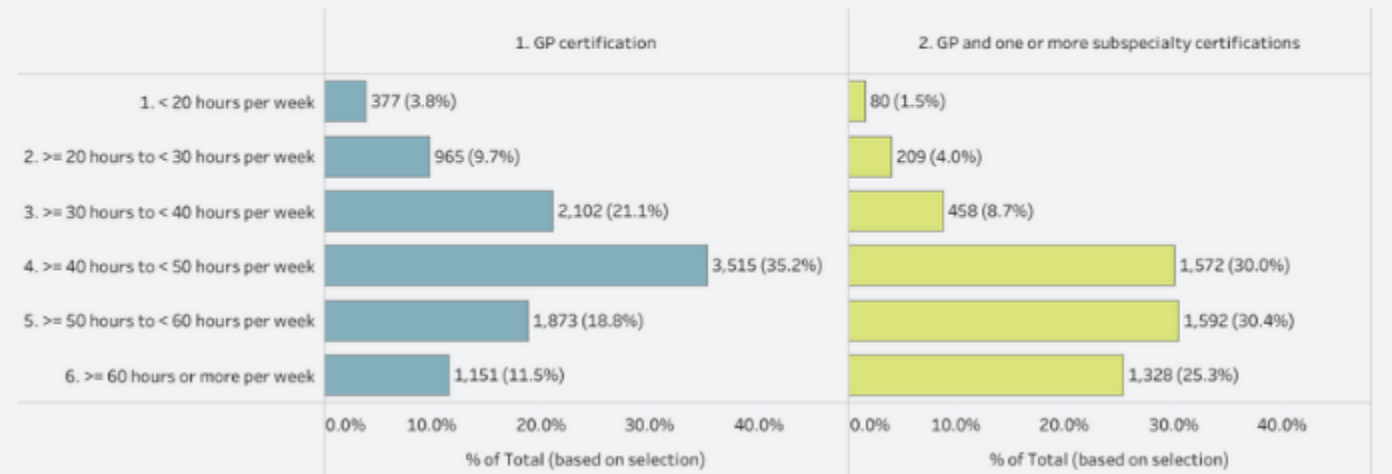
These three questions describe respondents' total time spent working and profile what percent of time are spent in different types of activities.

Select to Crosstab Results Overall specialty status	Select to View % by... Selected variable (column)	GP/Subspecialty Certification Filter* (All)	Year Survey Taken (All)	Show Skipped Responses Normal response
--	--	--	----------------------------	---

Please indicate whether you are employed full- or part-time.



On average, over the past 6 months, approximately how many hours did you work each week? (Please include ALL time spent in administrative tasks, professional activities, research, medical education, and direct patient care. Exclude time on call when not actually working.)

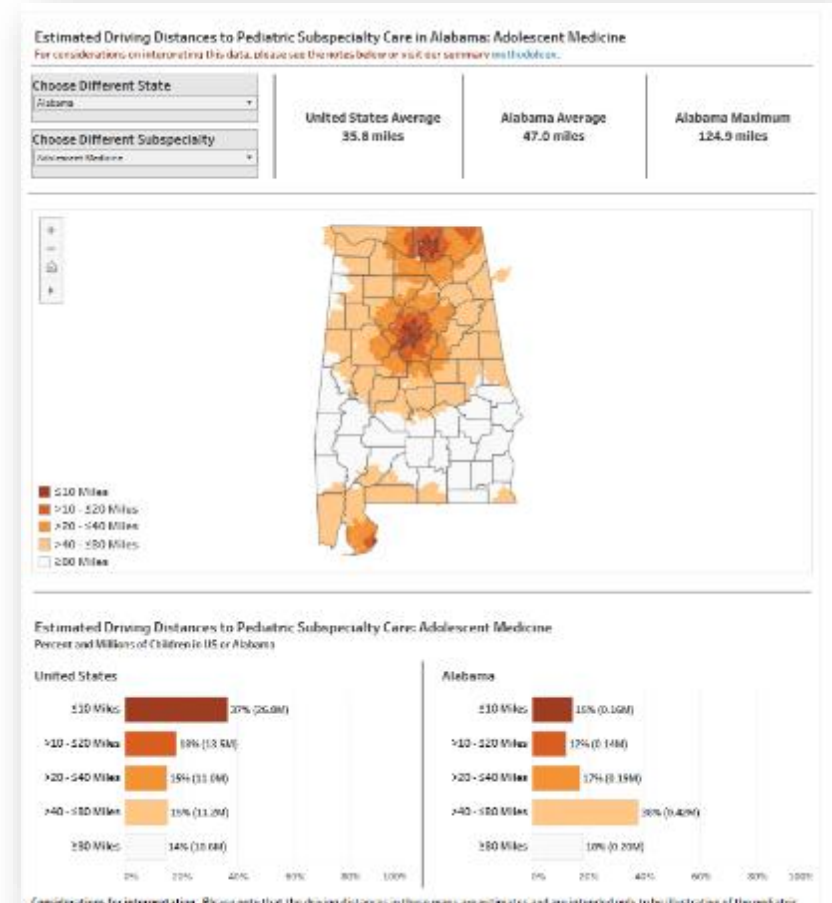
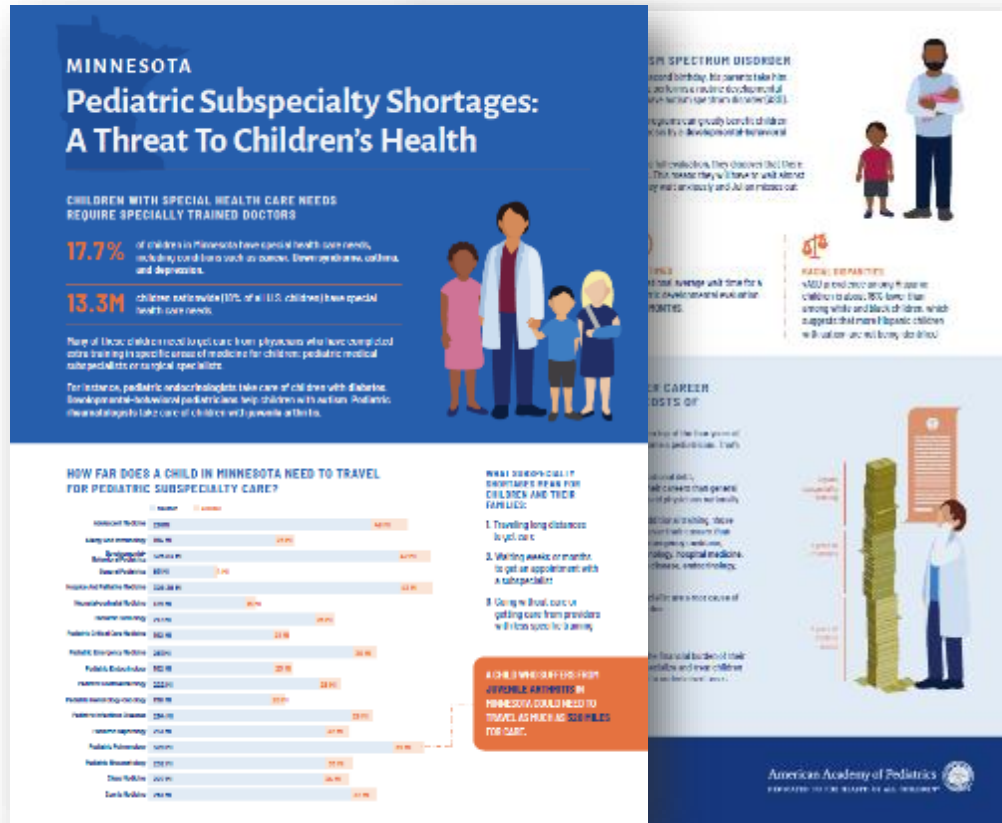


# ABP and AAP Collaboration

Subspecialty shortages and access to care

One-Pager for Use with Congress

Dynamic Dashboard by State/Subspecialty



# Some considerations for Future Discussions in SPRING 2022

- What do we prioritize for Year 3 and how do we align with other national initiatives?
  - Work in conjunction with other domains and stakeholders
    - URiM in pediatrics pathway, diversity and the physician scientist
  - Partnering with APPs to develop better data
  - Access/regionalization of care
  - Care model changes: NASEM Health Care Transformation Consensus Study
  - Referral pattern changes
  - Covid-19/systemic racism



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# For More Information

<https://amspdc.org/workforce/>



[About Us](#) [Meetings](#) [Advocacy](#) [Journal](#) [Programs/Initiatives](#) [Surveys/Policies/Data of Interest](#) [Resources](#) [Q](#)

## Pediatrics 2025: AMSPDC Workforce Initiative

[Home](#) » [Pediatrics 2025: AMSPDC Workforce Initiative](#)

### Busting the Myths: Exciting Career Opportunities in Pediatrics

A Webinar for First, Second, and Third Year Medical Students – November 3, 2021 8:00-9:30 pm ET

[Join us on November 3 at 8 pm ET](#) as we highlight talented, thoughtful, and innovative pediatricians who are making remarkable contributions to the field of pediatrics. Speakers will include physicians early in their careers who will speak to the excitement and potential opportunities for careers in pediatrics by telling their own stories. [Learn More.](#)

### Pediatrics 2025: AMSPDC Workforce Initiative

[About the Initiative](#)  
[Governance](#)  
[Meetings](#)  
[Domain 1](#)  
[Domain 2](#)  
[Domain 3](#)  
[Domain 4](#)  
[Collaborating Organizations](#)  
[Bibliography](#)  
[Contact Us](#)

### About the 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.* (rev 9/7/21)



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# Domain #3 Update

Mary B. Leonard, MD, MSCE

Arline and Pete Harman Professor and Chair, Department of Pediatrics  
Stanford School of Medicine

Adalyn Jay Physician-in-Chief, Lucile Packard Children's Hospital  
Director, Stanford Maternal and Child Health Research Institute



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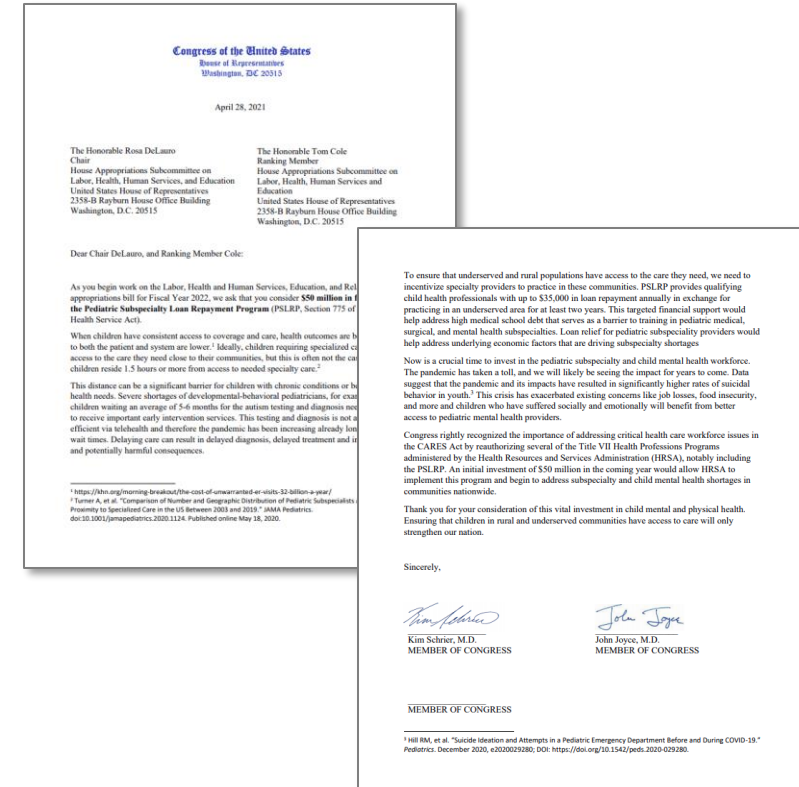
# Economic Strategy Topic Areas

- Financial Burden
  - Target new strategies to minimize debt burden
    - Pediatric Subspecialty Loan Repayment Program
- Children's Hospital GME
  - Develop strategies to achieve parity with Medicare GME
- Compensation and Revenue Stream
  - Develop strategies to achieve greater parity with adult providers and greater parity among procedural and non-procedural pediatric subspecialists



# Pediatric Subspecialty Loan Repayment Program: *Reauthorization and Funding*

- CARES Act reauthorized the program for 5 years
- 38 representatives and 16 senators signed bipartisan letters urging funding for the program
- FY22 House health spending bill includes \$25M in first time funding for the program, and the draft Senate bill includes \$30M
- Congress will need to reconcile and finalize spending bills in coming months



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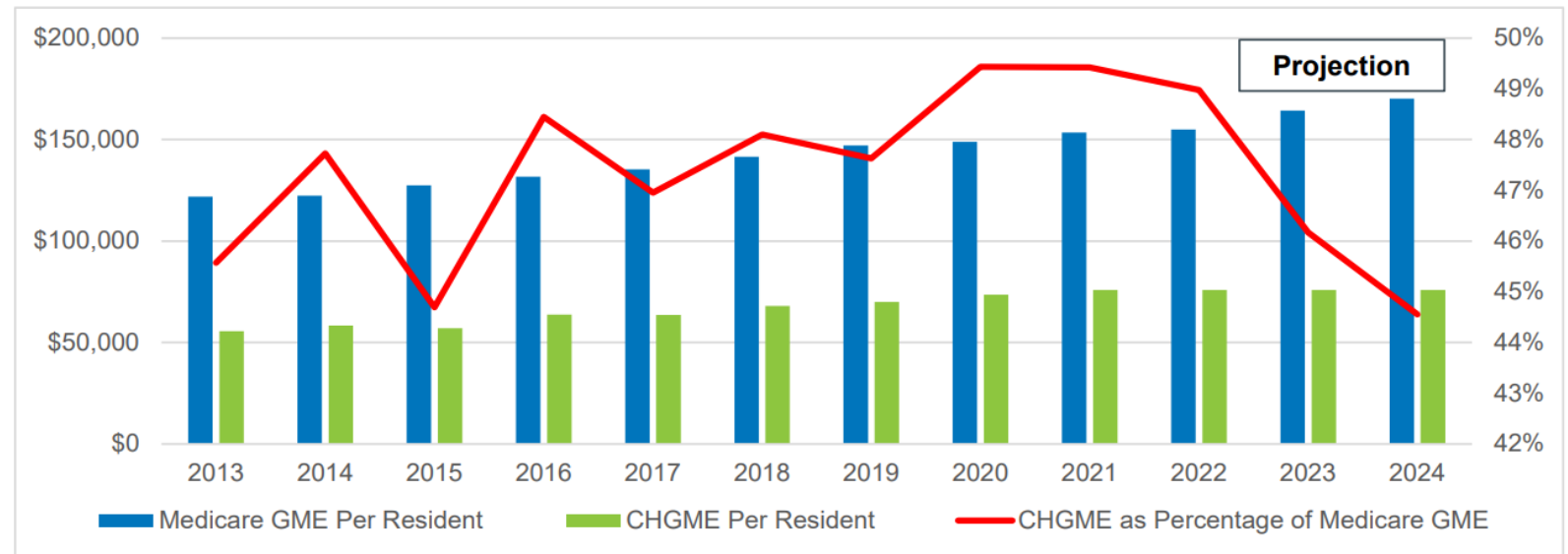


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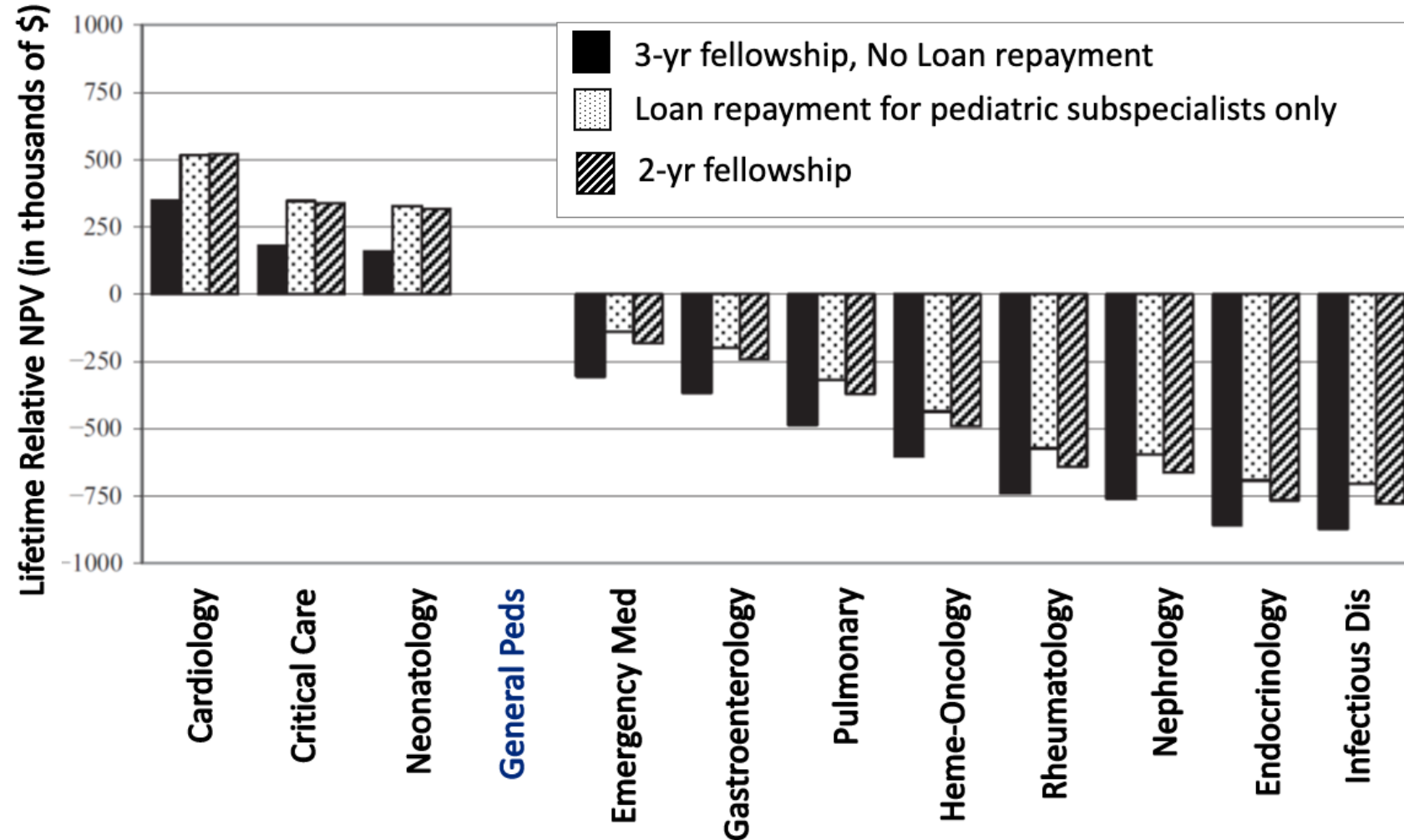
# Children's Hospitals GME

- CHGME supports the training of half the nation's pediatricians and most subspecialists
- CHGME funding per trainee is less than half of Medicare GME.
- Medicare GME funds grow 4% annually
- Long-term goal is parity with Medicare GME

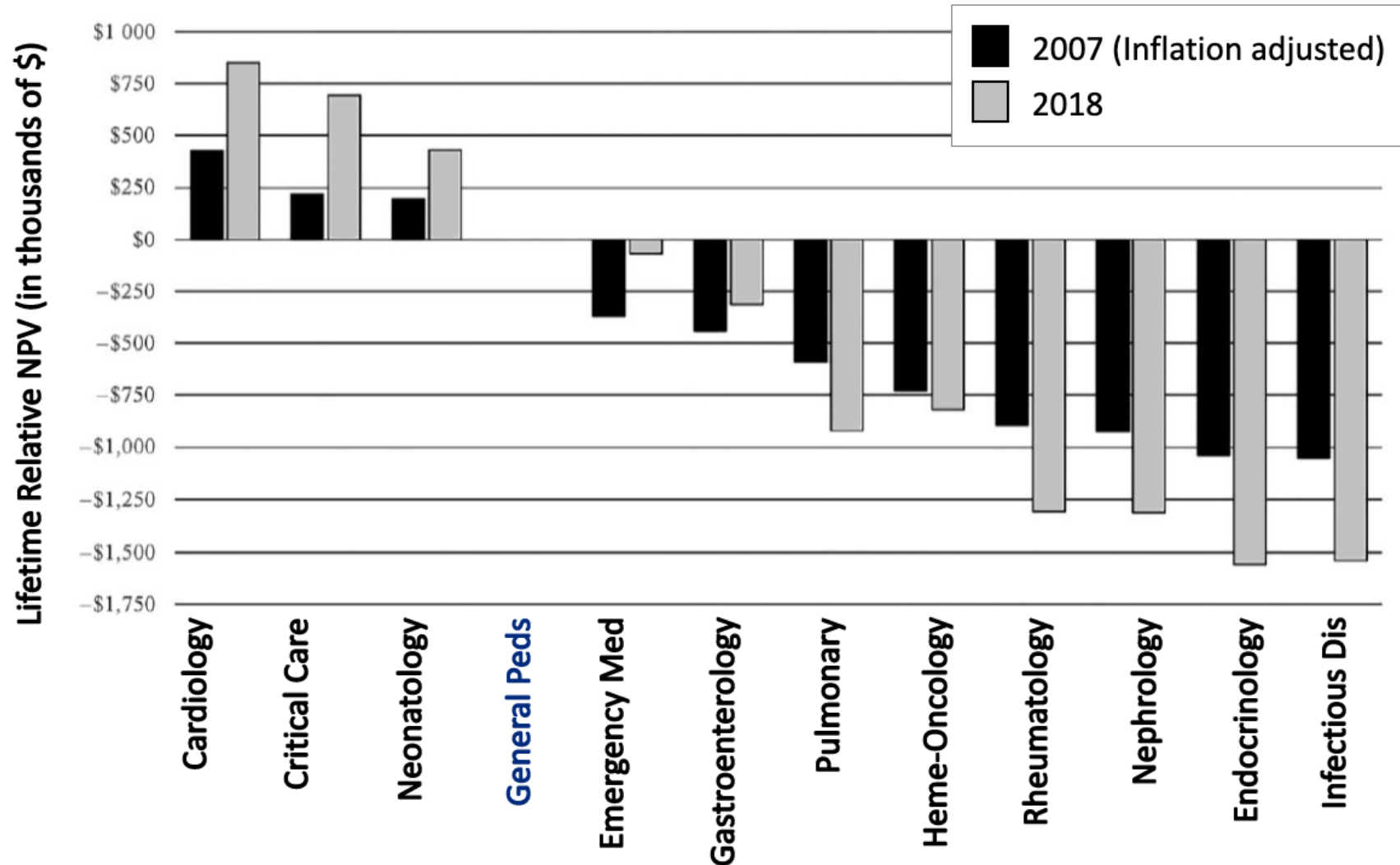
Annual GME Funding per FTE Resident



# Strategies to Minimize Debt Burden



# Updated Analyses



## Medical Student Debt

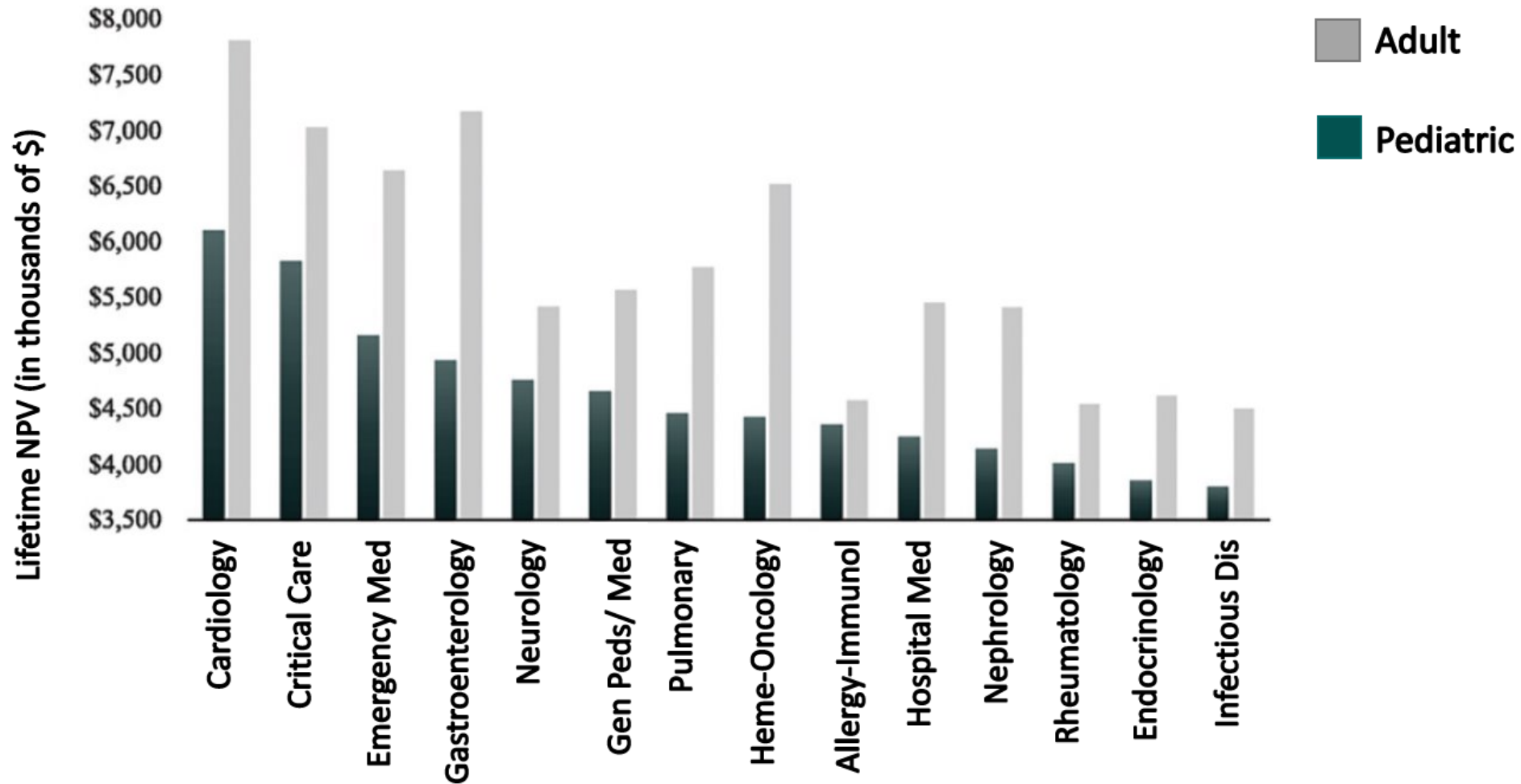
### Graduate in 2008:

- 87% had educational debt
- mean debt burden \$158,061

### Graduate in 2019:

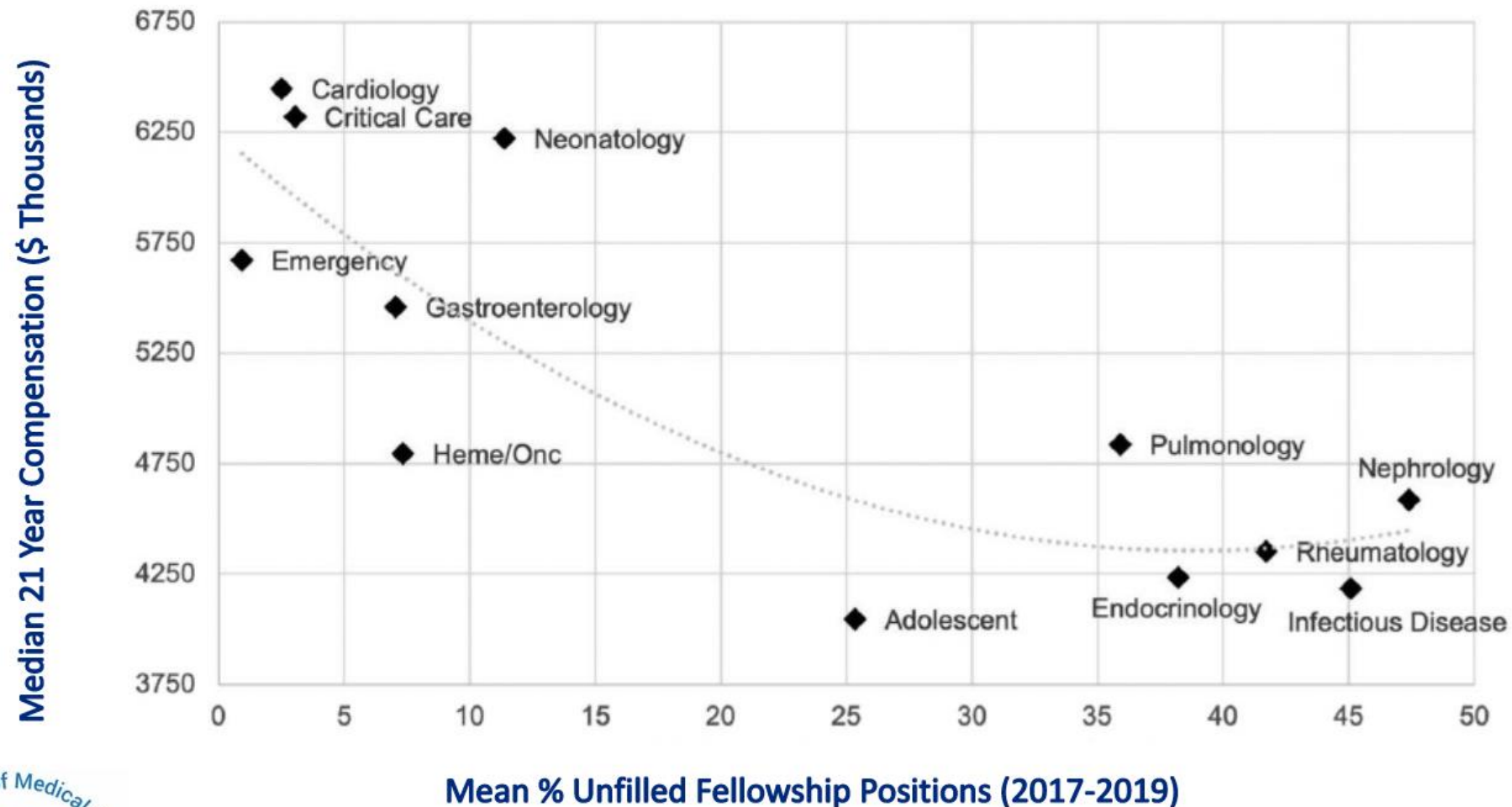
- 73% had educational debt
- mean debt burden \$200,000

# Differences between Pediatric and Adult Physicians





# Unfilled Pediatrics Subspecialty Fellowship Positions



Ashoor, et al. The Pediatric Nephrology Workforce Crisis: A Call to Action. J Pediatrics 2021.



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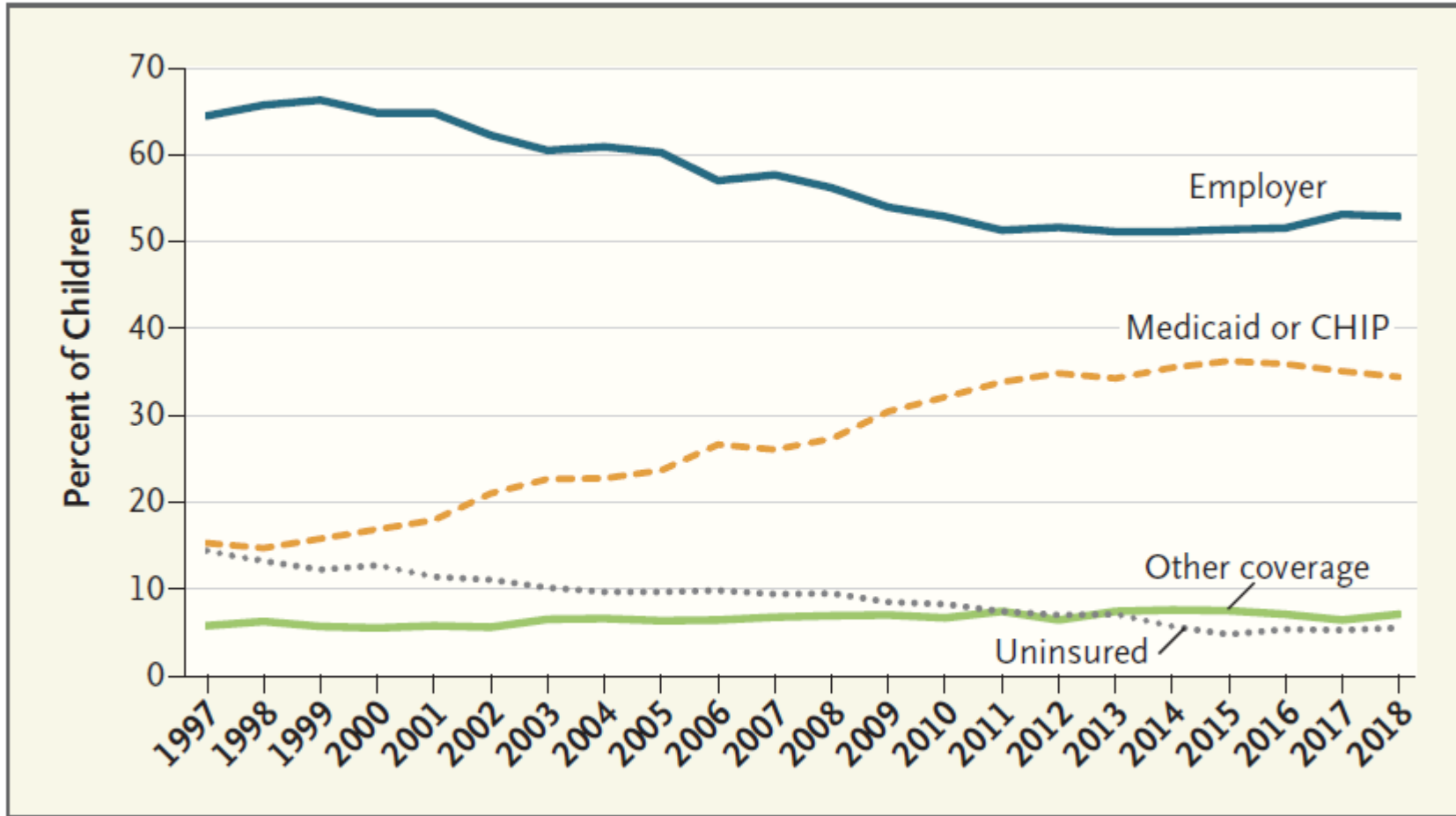


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# Children's Health Insurance

*“The imperative to achieve racial and socioeconomic health equity in the United States demands structural changes to Medicaid to make access universal for children, ensure stable and adequate funding, and address Medicaid’s historically low payment rates”.*

Perrin, et al. Medicaid and Child Health Equity. New Engl J Med 2020.



Health Insurance Coverage for Children, 1997–2018.

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# Acknowledgements

- AAP Leadership
  - Mark Del Monte, CEO/Executive Vice-President
  - Ann Edwards, AAP Chief Population Officer
- AAP Committee on Pediatric Workforce
  - Lauren Barrone, AAP Senior Manager, Pediatric Practice and Workforce
  - Harold K. Simon, Chair, Committee on Pediatric Workforce
- Pediatric Policy Council
  - James Baumberger, AAP Senior Director, Federal Advocacy
  - Matthew Mariani, AAP Policy Associate
  - Shetal Shah, SPR Representative
  - Michael Artman, AMSPDC Representative
- Children's Hospital Association
  - Amy Knight, COO
  - Mark Wietecha, CEO



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# The ABP Pediatric Subspecialty Workforce Model Project

Dr. Erin Fraher,  
The Cecil G. Sheps Center for Health Services Research at UNC and Colleagues



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# Estimating the future supply of pediatric subspecialists in the United States from 2018-2040: Scenario Development

Erin P. Fraher, PhD MPP and Andy Knapton MSc

with Evan Galloway, Colin Orr, Tom Ricketts,  
Tony Kane and Emily McCarthy

Cecil G. Sheps Center for Health Services Research, UNC-CH

Association of Medical School Pediatric Department Chairs

November 12, 2021



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HEALTH SERVICES RESEARCH**

# Funding and Disclosers for the Project

This work is supported in full by the American Board of Pediatrics Foundation. The content is solely the responsibility of the authors and does not necessarily represent the official views of the American Board of Pediatrics or the American Board of Pediatrics Foundation.

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# This presentation in one slide

- **Project Goal:** develop rigorous and flexible model that forecasts headcount and clinical FTE for 14 pediatric subspecialties at national and census region from 2018-2040
- **Modeling Methods:** share overview of how we developed the baseline supply estimates based on historical data
- **Demo nursing data viz:** to give you ideas about possible look and functionality of supply model as a final product
- **Scenarios:** identify how we can change model assumptions to account for “what if” scenarios that reflect changes in the future
- **Expert input:** engage experts to help identify data sets and provide clinical expertise needed to model scenarios

# Project Goals

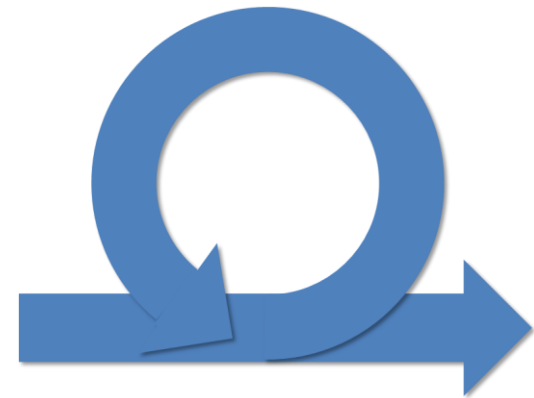
- Develop rigorous and flexible model that forecasts headcount and FTE for 14 pediatric subspecialties at national and census region from 2018-2040
- In collaboration with ABP and experts, develop 3-6 “what if” scenarios to simulate effect of changes in workforce exit, graduate medical education, clinical FTE and other factors
- Serve as initial step in supply and demand analysis to estimate degree to which number and distribution of pediatric subspecialists meets needs of pediatric population nationally and regionally





# Developing a supply model: It is an iterative process!

- ✓ Assemble and validate data sets
  - ✓ Generate descriptive statistics
  - ✓ Create computer model to generate supply forecast
  - ✓ Generate baseline forecast
- 
- Identify and implement scenarios
  - Develop web-based visualization
  - Disseminate findings



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# Models: Why do we use them?

- Because they simplify the real world and help us plan with good but not perfect information...
- They are dangerous for the same reason



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# Models take the complex



The real map of the London Underground

This is a detailed map of the London Underground system, showing various lines and stations. The map is color-coded by line: Bakerloo (dark blue), Central (red), Circle (dark blue), DLR (orange), District (pink), Hammersmith & City (dark blue), Jubilee (light blue), Metropolitan (dark blue), Northern Line (dark blue), Piccadilly (dark blue), Reading (dark blue), Victoria (dark blue), Waterloo & City (dark blue), and Westminster (dark blue). Stations are marked with dots and labeled. The map also shows major roads and landmarks.

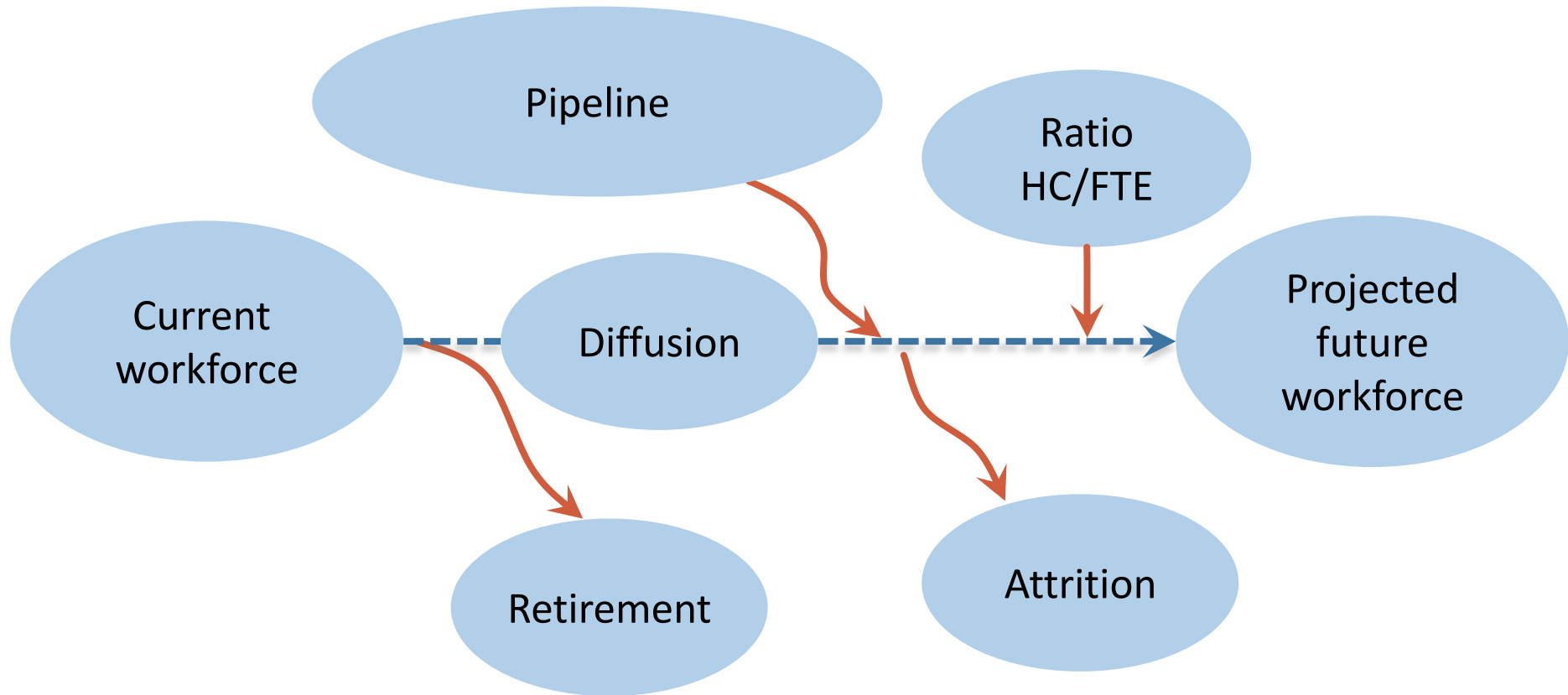
# Basic principles of the model

- Supply model uses a microsimulation
  - It “creates” individual physicians and models their potential behavior many times
  - Behaviors are based on underlying sets of probabilities that differ based on physician characteristics
  - In the baseline model, these probabilities are based on historical data
  - Alternate scenarios involve “tweaking” the probabilities



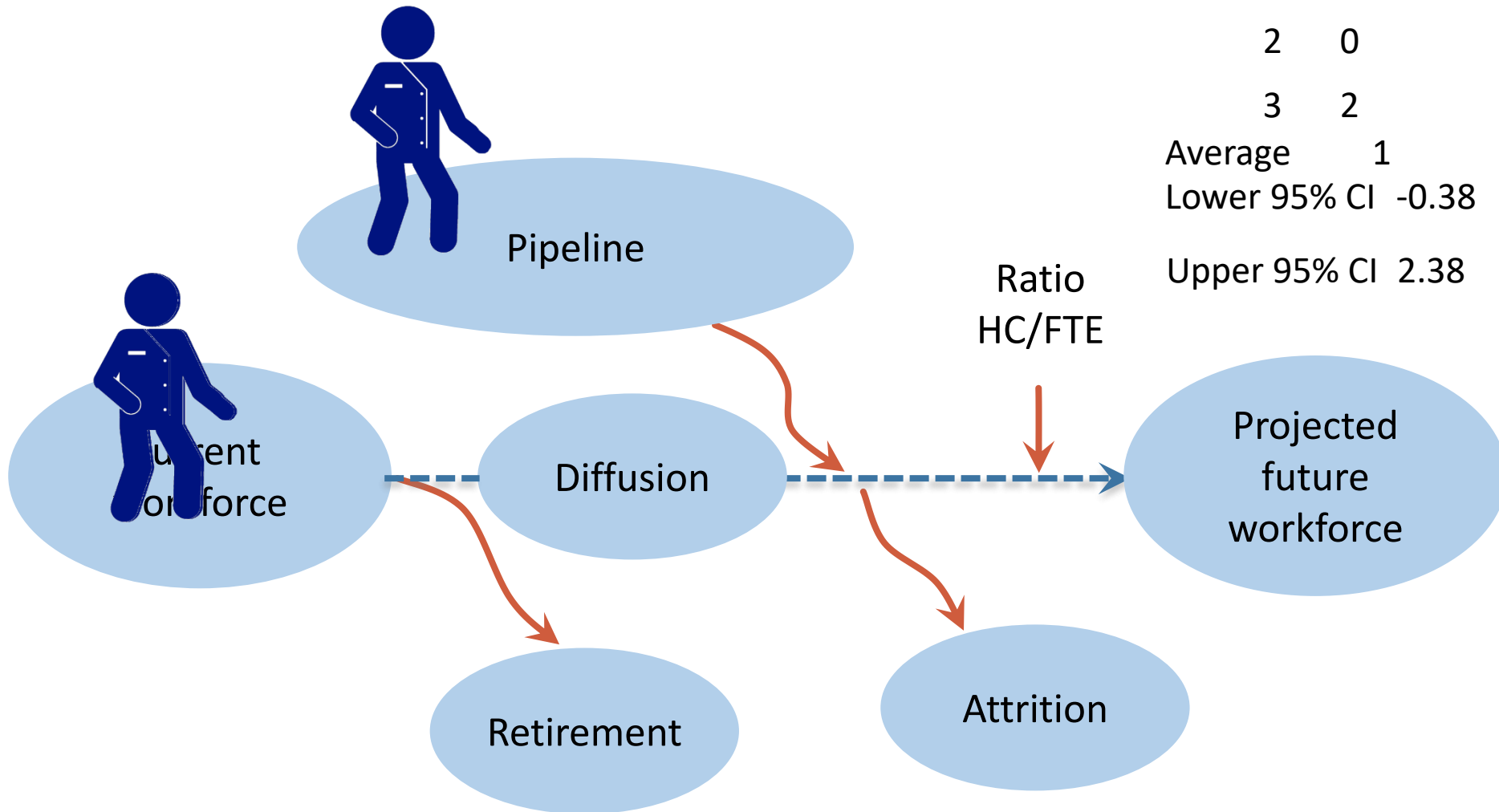


# Modeling the Behaviors of Pediatric Subspecialists



# How a microsimulation model works

Run	Forecast
1	1
2	0
3	2
Average	1
Lower 95% CI	-0.38
Upper 95% CI	2.38



# Physician characteristics included in the model

The baseline model produces a forecast that accounts for how physician behaviors differ by:

- Age
- Gender
- Location
- Subspecialty
- Physician type (MD, DO, IMG)
- Race –not modeled in version 1 because of incomplete data

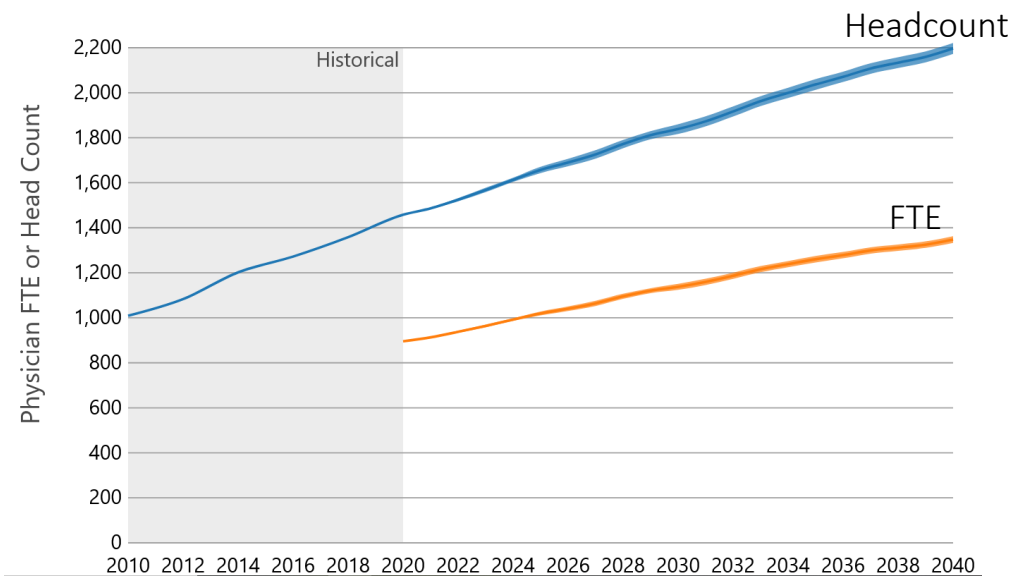




# Model produces a baseline forecast for each of the 14 subspecialties

- It is “encouraging” that our forecasts based on historical data continue existing trends in ABP dashboard data

Projection of Pediatric Subspecialty Workforce, Supply  
2010 - 2040

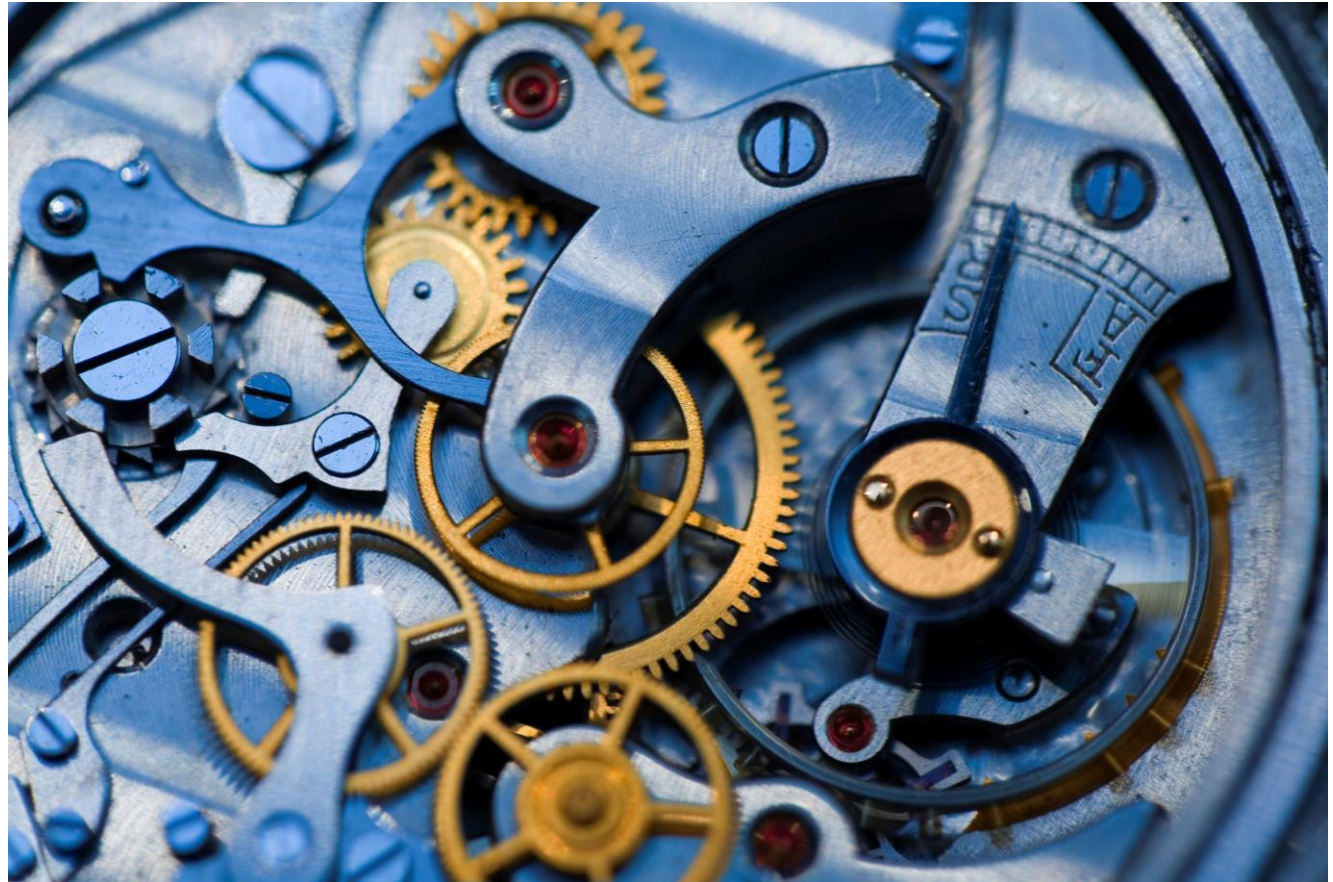


# The Ultimate End Product...An Interactive, Web-Based Model

- [NC Nursecast](#) demo
- Takeaways from this demo:
  - Give you an idea of the look and functionality of the pediatric subspecialty supply model as an interactive final product
  - Moves us to the next point of our discussion, focusing on modeling alternative scenarios or 'what ifs' for the pediatric subspecialties

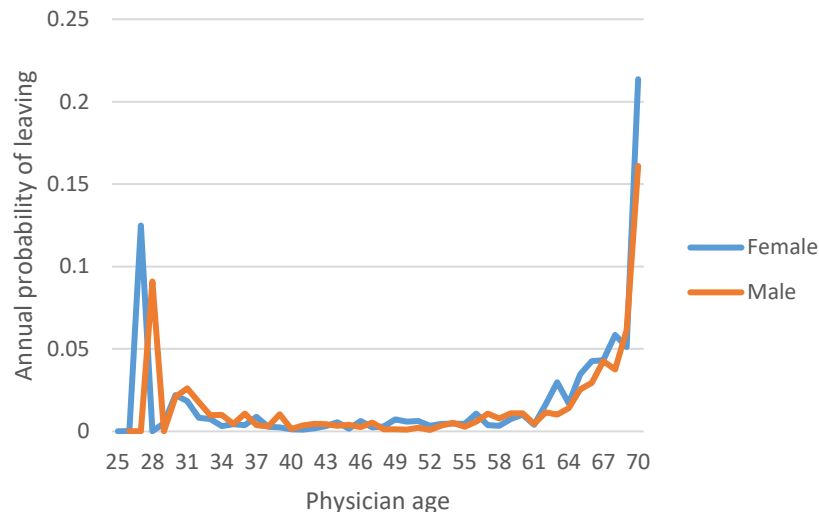


# Switching Gears – Coming back to Peds Subspecialties and their ‘what if’ scenarios



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# Modeling Retirement and Attrition



Annual probability of leaving the workforce dependent on:

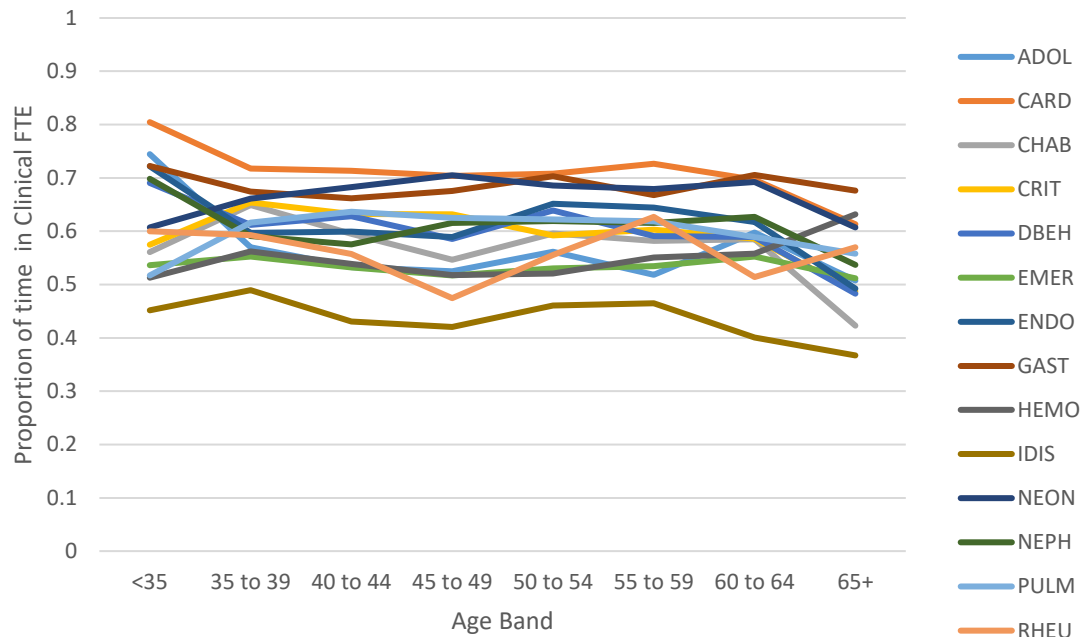
- Gender
- Age
- Subspecialty
- Location

With all subspecialists retiring by 70

Source: AMA Masterfile

**Scenario:** These probabilities can change due to burnout, for example, with physicians leaving the workforce earlier than they have historically

# Modeling Clinical FTE



Clinical FTE dependent on:

- Age
- Gender
- Subspecialty
- Location

Source: ABP Maintenance of certification surveys

**Scenario:** These probabilities can change due to generational and gender shifts in different subspecialties. The increased use of other clinicians—NPs and PAs—could also decrease amount of FTE needed to produce same number of visits.

# Modeling the Training Pipeline

Subspecialty	Baseline Entry #	Subspecialty	Baseline Entry #
Cardiology	160	Pediatric Infectious Diseases	60
Child Abuse Pediatrics	16	Neonatal Perinatal	266
Pediatric Critical Care	198	Pediatric Nephrology	35
Developmental-Behavioral Pediatrics	40	Pediatric Pulmonology	62
Pediatric Endocrinology	77	Pediatric Rheumatology	29
Pediatric Gastroenterology	110	Adolescent Medicine	35
Pediatric Hematology	167	Pediatric Emergency Medicine	200

Model includes entry numbers by:

- location
- year
- subspecialty
- Model allows for variation in training length

Baseline source: ABP Clinical fellow survey

**Scenario:** These probabilities can change if hospital medicine affects number entering other specialties, if existing programs expand or new programs open or if loan forgiveness programs increase attractiveness of subspecialties

# Modeling diffusion of trainees from training to practice

Example subset of diffusion grid

	Working state					
Training State	AL	AR	AZ	CA	Non-US	Other US
AL	0.50			0.50	0.00	0.00
CA			0.07	0.79	0.07	0.07
CT					0.00	1.00
DC					0.50	0.50
FL				0.10	0.10	0.80
GA				0.25	0.00	0.75

Model diffuses clinical fellows to initial place of practice which depends on:

- Training state
- Practice state
- Subspecialty
- Physician type (MD, DO, IMG)

Source: ABP surveys of fellows and subspecialists

**Scenario:** These probabilities can change if historical patterns of geographic diffusion are different than in the past or if new programs open in different locations



# Modeling scenarios requires data + expert input

Scenarios requires data on modeling parameters that may change in the future. For example:

- What new programs might open and how would this affect number and location of trainees?
- How might clinical FTE change with generational shifts in work/life balance?

These scenarios are “relatively easy” to model if we can access data and/or expert input because they involve tweaking existing model parameters





# Example 1: Changes to entry numbers

We can model a scenario that captures an increase in the numbers of physicians entering clinical fellowships – either as a result of increases in the number of available slots and/or improved fill rate of existing slots (which could be as a result of loan repayment programs).

- To do this, we need to know:
  - a. Which subspecialties will have this change?
  - b. What is the amount of the increase?
  - c. Will this be a permanent or temporary increase?
  - d. If new programs open, where are their grads likely to go to practice?



## Example 2: Changes in clinical FTE

We can model a scenario that captures either an increase or decrease in the level of clinical full-time equivalent (cFTEs) as a result of generational or gender shifts, or efficiencies resulting from team-based models of care or telehealth

- To do this, we need to know:
  - Which subspecialties will these changes affect?
  - What is the level of increase/decrease in cFTE?
  - Over what period will this change occur?



# Other scenarios are slightly harder to model because the trends are not yet clear

**Effect of Covid-19-** Will there be an increase in workforce exit due to burnout or other factors?

- Will the effect differ by subspecialty?
- Will it be a permanent or a temporary shift?

Example: Physicians in x and y subspecialties will leave the workforce 5 years earlier than they would have for the next 5 years

**Hospital medicine:** Will there be a decrease in attractiveness of other subspecialties?

- Which subspecialties would be affected?
- By how much would their entry numbers fall?
- Will this decrease be a permanent or temporary

Example: Decrease PICU #s by 5% and HEMONC by Y% indefinitely into the future



# And still harder to model scenarios...

While the effect of telehealth is important, it is hard to quantify. Which variables in the supply model will it impact?

- How might telemedicine increase supply in some geographic areas?
- Could it increase “efficiency”, thereby increasing supply because it enables physicians to see more patients in a day, and there may be fewer no shows
- How does it affect specialties differently? GI might love telemedicine but will developmental pediatricians who perform services like autism observations do the same amount of telehealth as other subspecialties?



# Next Steps

Respond to post-meeting survey to:

- Identify experts who will guide scenario development
- Prioritize 3-6 scenarios
- Identify data sets or clinical expertise that can be used

In next 3-6 months, convene experts to quantify the scenarios in greater detail, including

- prioritizing scenarios that reflect the areas of greatest concern and/or likelihood to occur
- use data and expertise to provide numerical detail on how the scenario will be modeled



# Contact Information

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Director

Program on Health Workforce Research and Policy

[Go.unc.edu/Workforce](http://Go.unc.edu/Workforce)  
[nchealthworkforce.unc.edu](http://nchealthworkforce.unc.edu)

Break

We will reconvene at 3:15 pm ET



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# NASEM: A Consensus Study on the Pediatric Subspecialty Workforce and Its Impact on Child Health and Well-being

Joe St. Geme, MD

Break-Outs

Report Outs

Facilitated by Laura Degnon



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# National Academies of Sciences, Engineering, & Medicine

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



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# Background

- General pediatricians and pediatric subspecialists play critical role in ensuring state-of-the-art care for pediatric patients
- Steady decline in US medical students at MD granting schools selecting pediatrics
- Critical shortage of pediatric subspecialists in many areas and high likelihood of worsening shortages
- Adverse implications for patients of pediatric subspecialist shortages (wait times, delays in diagnosis and timely treatment, slowing of research progress)



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# Background - Economics

- Average income for pediatricians is generally lower than for any other medical specialty
- Fellowship fill rates are lowest in subspecialties with lowest income and vice versa, perhaps influenced by education debt among pediatric residents
- Lower salaries in pediatrics v. other specialties and in least popular pediatric subspecialties generally correlate with reimbursement rates
- % of pediatric patients covered by Medicaid often exceeds 50% at academic medical centers
- Medicaid reimbursement rates are ~70% of Medicare reimbursement



# NASEM Contacts

- Sharyl Nass, PhD – Sr Board Director NASEM Health & Medicine
- Natacha Blain, JD, PhD – Director NASEM Board on Children, Youth, & Families
- Karen Helsing, MPH – Senior Program Officer/Study Director NAM



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# Statement of Task

- An ad hoc committee of the National Academies of Sciences, Engineering, and Medicine will examine clinical and research workforce trends related to healthcare needs of infants, children, and adolescents, and the impact of those trends on child and adolescent health and well-being.
- The committee will recommend strategies and actions to ensure an adequate pediatric clinical and research workforce to support broad access to high-quality care and a robust research portfolio to advance the care of all children and youth.



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# Topics To Be Considered by NASEM Ad Hoc Committee

- How pediatric workforce has evolved over time in general pediatrics and pediatric subspecialties, including a focus on diversity and geographic distribution
- Trends in pediatrician-scientist pipeline and impact on scope of child and adolescent health research and improvements in child and adolescent health
- Changing demographics of pediatric population in US (including race, ethnicity, rurality, immigration status, age, and chronic conditions)
- Gaps in 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 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 Considered by NASEM Ad Hoc Committee

- Impact of Medicaid reimbursement on 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, e.g. family medicine physicians, nurse practitioners, and physician assistants
- Strategies to better align subspecialty selection with existing and future medical and behavioral health needs of children and adolescents
- 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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# Competencies

- Pediatrics (subspecialists, physician-scientists, behavioral health experts)
- Pediatric workforce development
- Health/healthcare disparities
- Public health
- Public policy
- Healthcare economics
- Centers for Medicaid and Medicare Services (CMS)



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# Sponsors

- Robert Wood Johnson Foundation
- Annie E. Casey Foundation
- AMSPDC
- American Academy of Pediatrics
- Children's Hospital Association
- Council of Pediatric Subspecialties
- National Institute of Child Health & Human Development



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# Breakout Session

- When we meet 18 months from now, what would we like to see as the recommendations of this study?
- Are there other competencies that should be represented on the committee? Any suggestions for committee members based on our list of competencies?
- Are there suggestions for how we can disseminate findings of this study and/or partner with stakeholders to highlight study recommendations?



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## NASEM Study Report-Outs



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# Reforming Medicaid: *AAP Analysis and Priorities*

Mark Del Monte  
AAP CEO/Executive Vice President

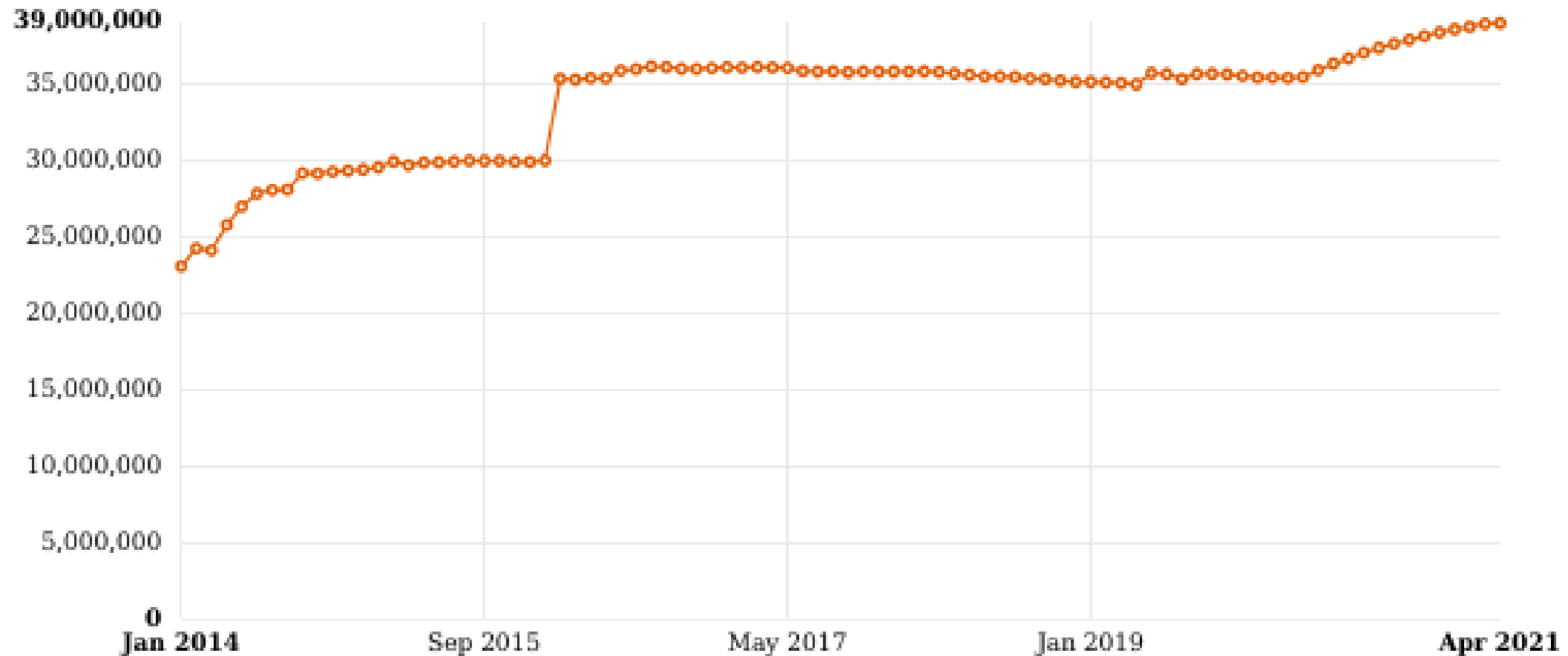


American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



# Child Medicaid/CHIP Enrollment Trends

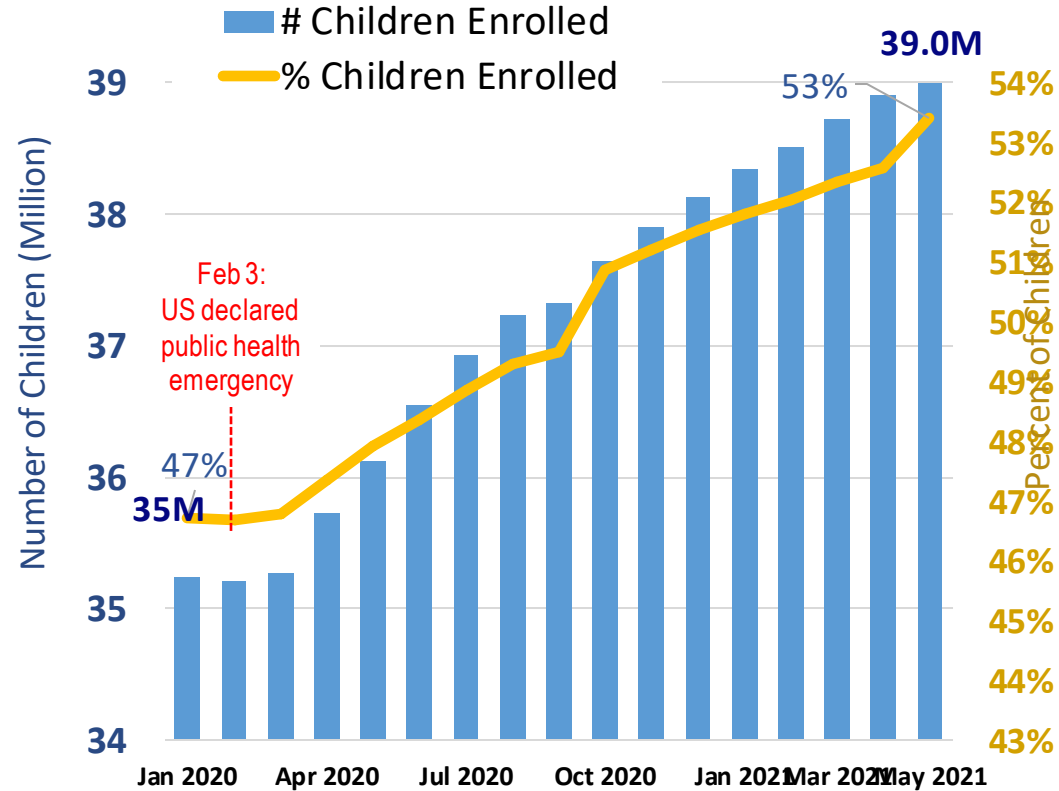
Monthly Child Enrollment in Medicaid and CHIP: Medicaid/CHIP Child Enrollment, Jan 2014 - Apr 2021



# Medicaid/CHIP Monthly Child Enrollment

## January 2020 – May 2021

### Number and Percent of US Children Enrolled in Medicaid/CHIP, January 2020 – May 2021



### National\* Trends

**Medicaid/CHIP enrollment overall rose 12M, or 17.1%, during the PHE.**

Child Medicaid/CHIP enrollment rose 4.0M (11.5%) compared to adult enrollment rising 7.7M (22.7%).

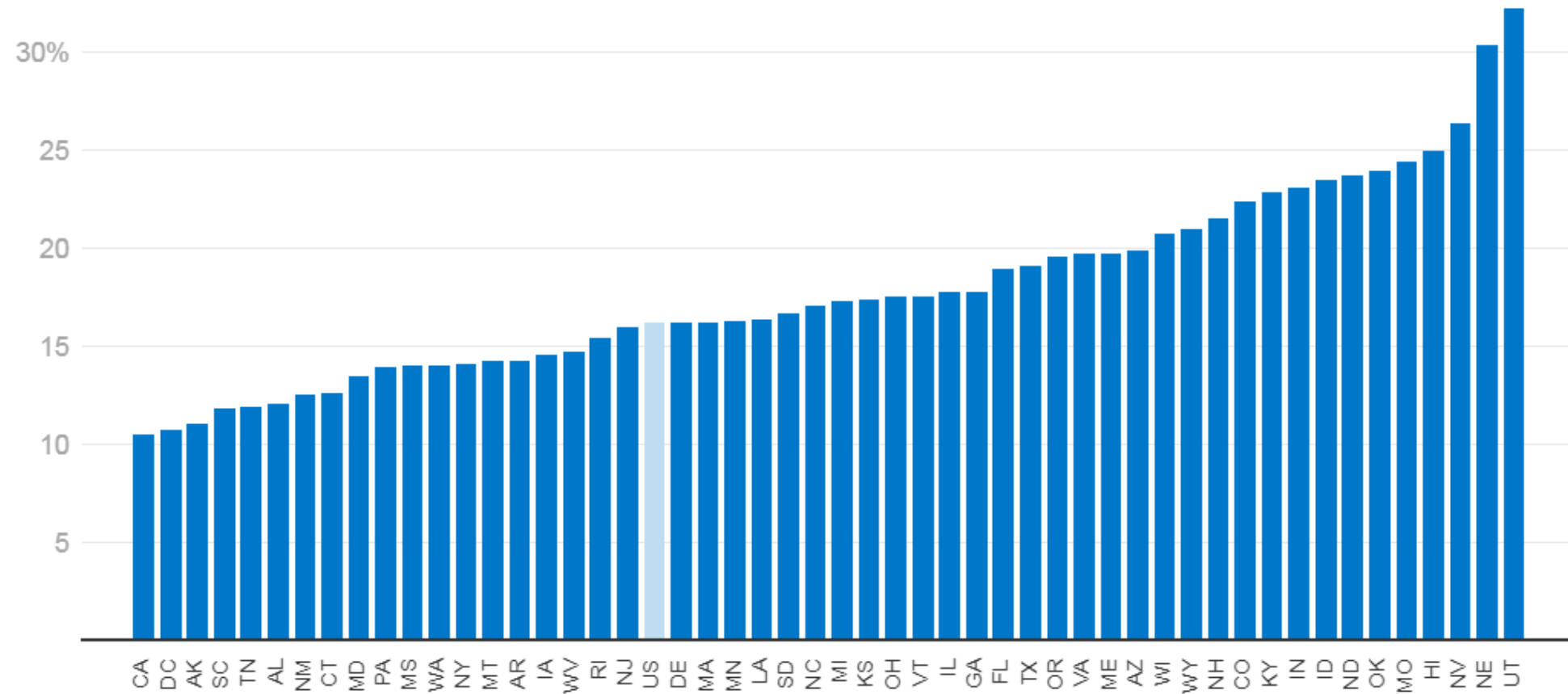
As of May 2021, an estimated **39M**, or **more than 53%**, of US children were **enrolled** in Medicaid or CHIP, up from 46.7% in February 2020. Enrollment rates varied considerably by state.

As of May 2021, children accounted for **47%** of all Medicaid and CHIP enrollees.

\* Includes data reported by 49 states and the District of Columbia to CMS from January 2020 through April 2021. AZ did not report any child-specific data during this period.

# Enrollment from February 2020 to May 2021 has Increased in Every State

*Cumulative Percent Change in Medicaid/CHIP Enrollment from February 2020 through May 2021 by State*



NOTE: May 2021 data are preliminary and subject to change; February 2020 (baseline) data are based on updated enrollment reports. These data differ from those reported in monthly "Medicaid & CHIP Enrollment Snapshots" published by CMS, which report preliminary data for all months. Medicaid & CHIP enrollment reports are submitted monthly by state Medicaid agencies, reflecting enrollment on the last day of the month. With each update, states often revise data for the previous month(s) to better align with reporting criteria, such as including retroactive enrollment or other criteria.

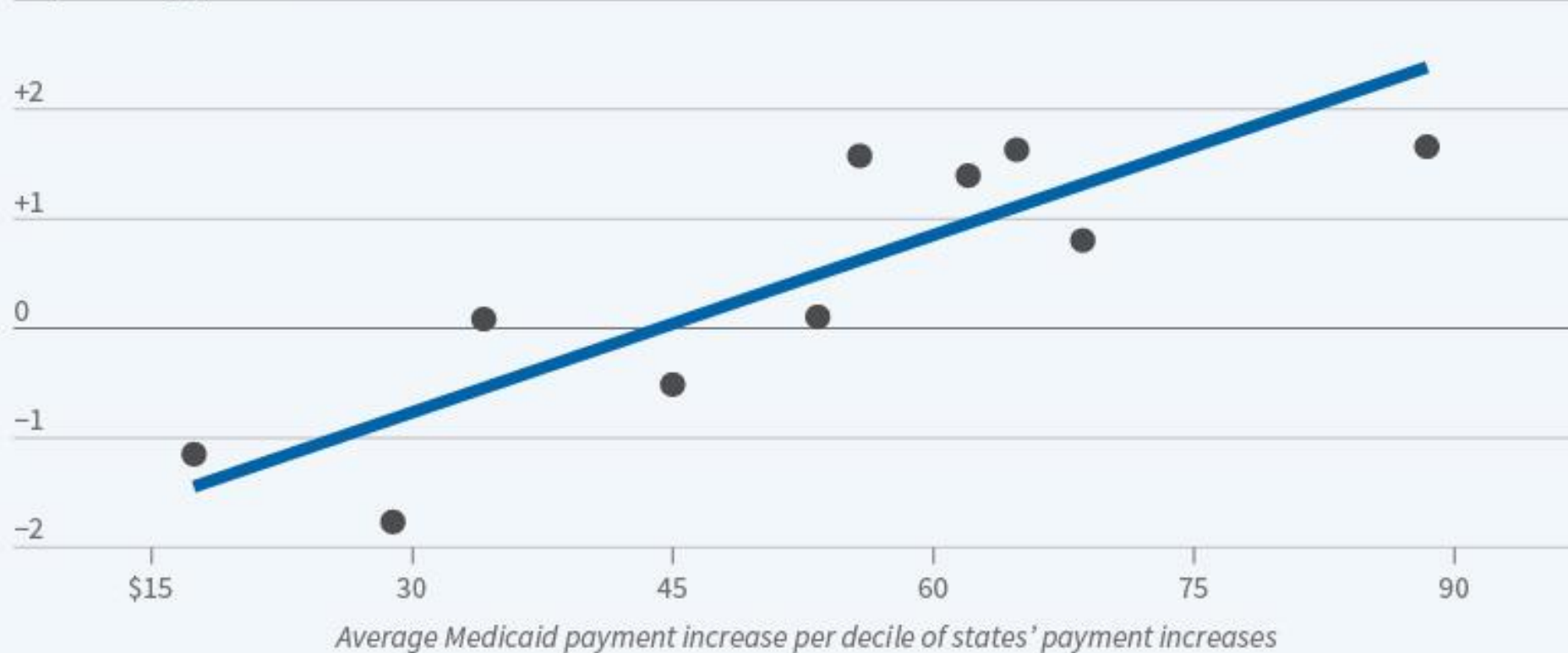
SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, last updated October 26, 2021. • [Get the data](#) • [PNG](#)

**KFF**

# Medicaid Payment Affects Access to Care

*Average change in percentage of parents who report no difficulty finding a provider to see their Medicaid-insured child after the payment increase, relative to before the increase*

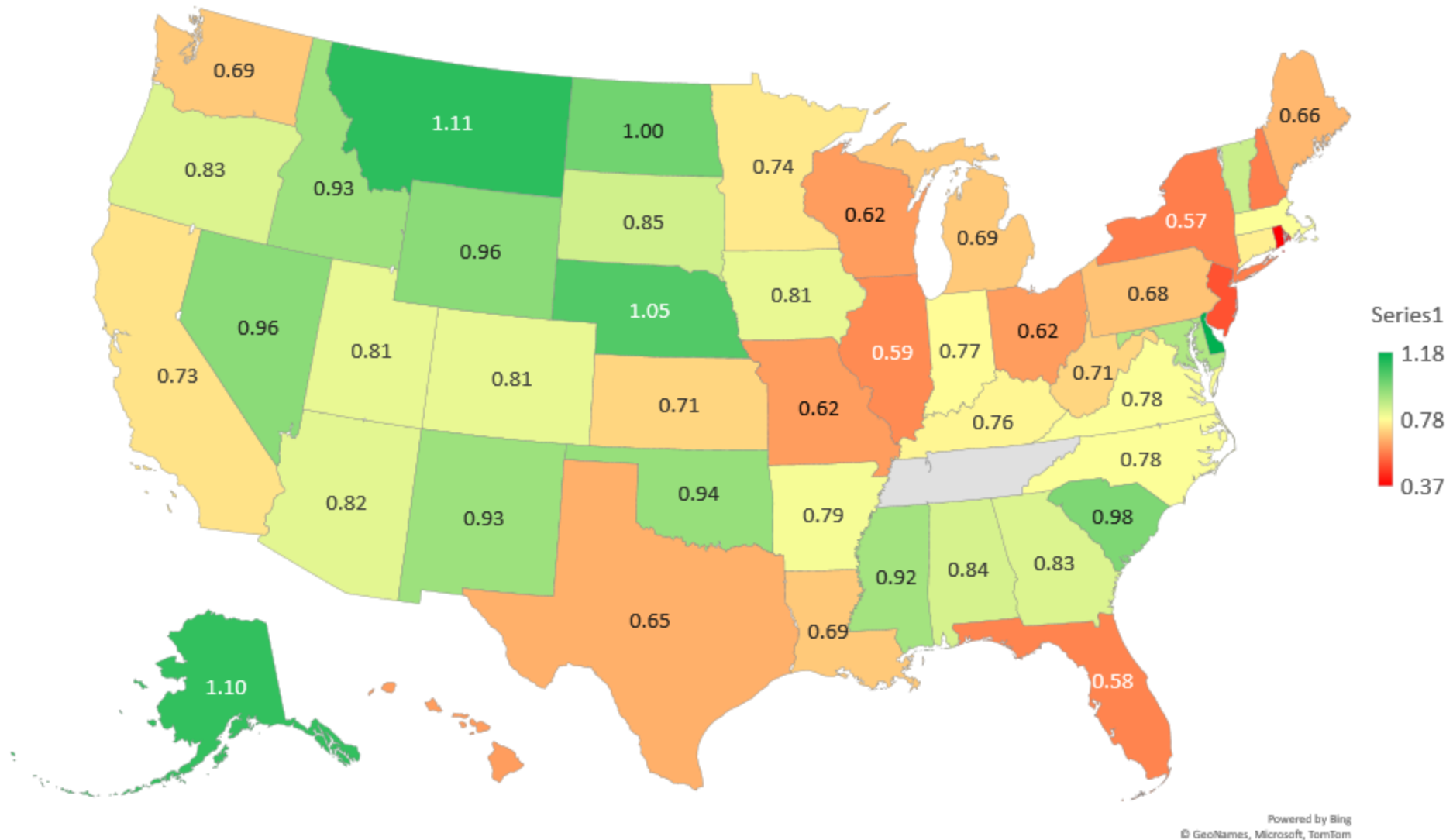
+3 percentage points



Source: Researchers' calculations using Medicaid reimbursement rates collected from state Medicaid offices and data from the National Health Interview Survey



# Medicaid-to-Medicare Fee Index, 2019





## Key to Solving Workforce in Pediatrics

# Advocacy for Medicaid/CHIP

- **Federal**
  - Legislative
  - Administrative
- **State**
  - Legislative
  - Administrative

117TH CONGRESS  
1ST SESSION

# H. R. 1025

To amend title XIX of the Social Security Act to renew the application of the Medicare payment rate floor to primary care services furnished under the Medicaid program, and for other purposes.

IN THE HOUSE OF REP

FEBRUARY 11, 20

Ms. SCHRIER (for herself, Ms. CASTOR of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce:

# A BIL

To amend title XIX of the Social Security Act to provide for the application of the Medicare program to certain primary care services furnished by certain health care providers, and for other purposes.

1      *Be it enacted by the Senate*

2 tives of the United States of Amer

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the

5 mary Care Act of 2021”.

March 16, 2021

The Honorable Kim Schrier  
U.S. House of Representatives  
1123 Longworth House Office Building  
Washington, DC 20515

The Honorable Kathy Castor  
U.S. House of Representatives  
2052 Rayburn Health Office Building  
Washington, DC 20515

The Honorable Brian Fitzpatrick  
U.S. House of Representatives  
271 Cannon House Office Building  
Washington, DC 20515

Dear Representatives Schrier, Castor, and Fitzpatrick,

As organizations dedicated to promoting the health of our nation, including children, pregnant women, and families, we write in support of H.R. 1025, the Kids' Access to Primary Care Act of 2021. Medicaid provides health insurance to 15 in 10 Americans, including many individuals with costly and complex health needs and nearly 40 percent of all children.<sup>1</sup> Lower payment rates in Medicaid have historically created substantial barriers to accessing various health care services, a difficulty exacerbated by the health and financial challenges posed by the COVID-19 pandemic. Ensuring parity with Medicare payment rates will help eliminate these barriers and increase access to care for people with Medicaid coverage.

Medicaid is a critical part of our health care system. Medicaid covers some of the most vulnerable populations, including low-income children, pregnant women, and families, children with special health care needs, non-elderly adults with disabilities, and older adults. Medicaid is designed to meet the specific needs of these populations, providing access to necessary health services that include maternity care, pediatric services, behavioral health services, primary and dental care, specialized inpatient and emergency hospital services, and long-term services and supports.

As a result of these important services, Medicaid beneficiaries are less likely than those who are uninsured to postpone or forgo needed care due to cost, and less likely to have suffered a decline in their health in the past six months.<sup>2,3</sup> Medicaid coverage for low-income pregnant women and children has helped lower maternal, infant,

<sup>1</sup> Kaiser Family Foundation, Health Insurance Coverage of the Total Population, 2018 data, estimates based on Census Bureau's American Community Survey, 2008-2018. Accessed from <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=-desc%7B%22colld%22%7D&location=52%22&sort%22%7B%22colld%22%7D>

<sup>3</sup> Amy Finkelstein *et al.*, "The Oregon Health Insurance Experiment: Evidence from the First Year," National Bureau of Economic Research Working Paper 17190, July 2011, <http://www.nber.org/papers/w17190>.

# Kids' Access to Primary Care Act of 2021

## Improving Medicaid/CHIP

Payment Design

Population Health

Benefit Design

Social Drivers/Equity

Care Models

**Workforce**





# Thank You!

American Academy of Pediatrics

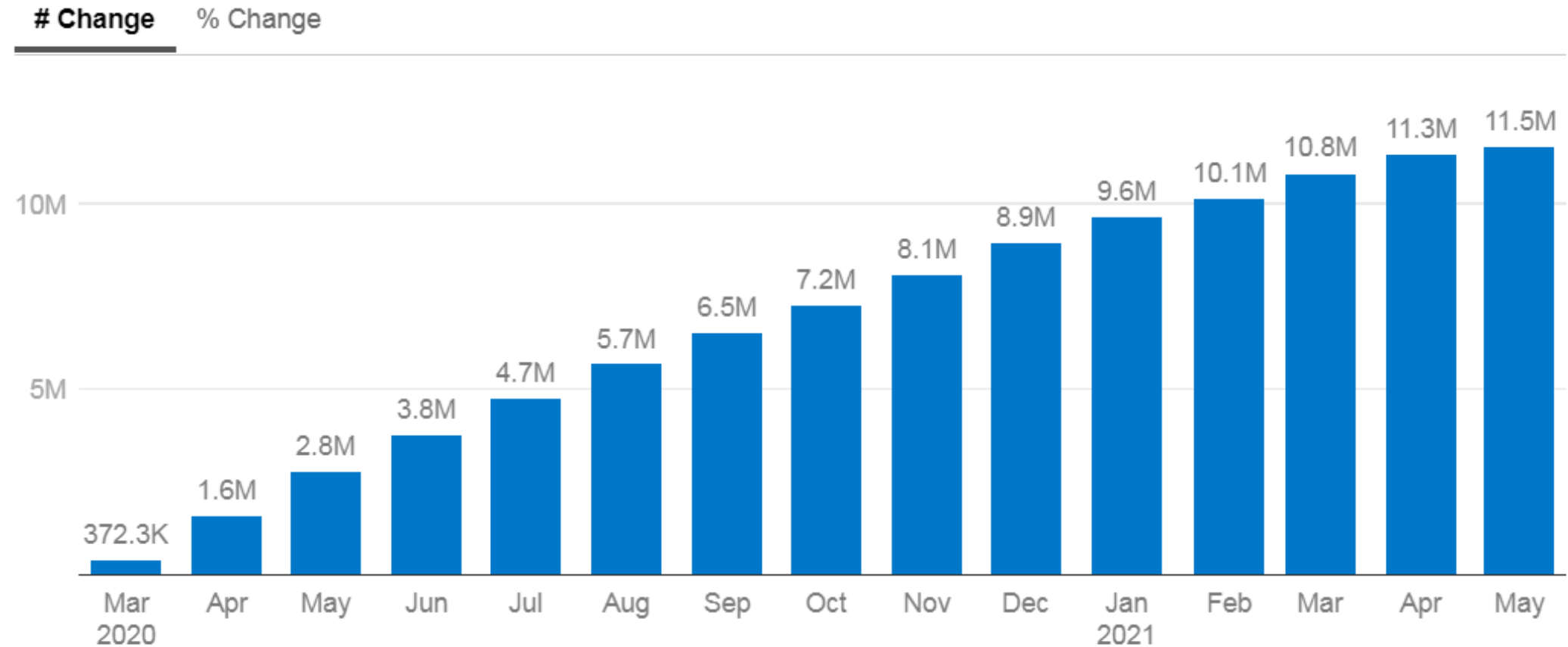
DEDICATED TO THE HEALTH OF ALL CHILDREN®





# Medicaid/CHIP Enrollment has Increased Since the Start of the Pandemic

*Cumulative Change in Medicaid/CHIP Enrollment Since February, 2020*



NOTE: M = Millions; K = Thousands. May 2021 data are preliminary and subject to change; all other months are based on updated enrollment reports. These data differ from those reported in monthly "Medicaid & CHIP Enrollment Snapshots" published by CMS, which report preliminary data for all months. Medicaid/CHIP enrollment reports are submitted monthly by state Medicaid agencies, reflecting enrollment on the last day of the month. With each update, states often revise data for the previous month(s) to better align with reporting criteria, such as including retroactive enrollment or other criteria. February 2020 (baseline) enrollment was 71,236,016 in the updated enrollment report.

SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, last updated October 26, 2021. • [Get the data](#) • [PNG](#)

# Pediatrics 2025: The AMSPDC Workforce Initiative

## Wrap Up and Next Steps



Pediatrics 2025: The AMSPDC Workforce Initiative



@AMSPDC  
#Peds2025Workforce

## Bibliography

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*Working Document 9/14/2021*

### Original Research

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### Literature Review

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**Pediatrics 2025: AMSPDC Workforce Initiative**

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# Thank you!



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