



Pediatrics 2025: AMSPDC Workforce Initiative
Virtual Meeting Summary
November 12, 2021 | 1:00 pm – 5:00 pm ET

Ann Reed, MD, President of the Association of Medical School Pediatric Department Chairs (AMSPDC), welcomed 54 participants, spanning 23 organizations to the fourth summit of the [Pediatrics 2025: The AMSPDC Workforce Initiative](#).

Initiative co-lead, AMSPDC Board Member, Bob Vinci, MD, provided background and updates. First, Dr. Vinci displayed a 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.~~

Dr. Vinci restated the governance structure, including:

- Oversight Committee: 5-year commitment to providing strategic input of the initiative with a focus on diversity and inclusion.
- Domain Leads Committee: the leads of each domain and meet monthly.

Initiative co-lead, AMSPDC Executive Director, Laura Degnon, CAE, along with Dr. Vinci, briefly presented key accomplishments:

- February 2020: Summit #1
- March-May 2020: Created the Pediatrics 2025: AMSPDC Workforce Initiative
- June-July 2020: [Two Publications](#) (Vinci in *Pediatrics* on Match Data; Vinci, Degnon, Devaskar in *Journal of Pediatrics* Summarizing Our Work) and the governance of the initiative was established
- August-September 2020: Website was created with a comprehensive [bibliography](#)
- October 2020: Summit #2: Focus on Domain Updates
- November-December 2020: action teams, goals, and prioritization
- January-February 2021: environmental scans, relationship building prioritization
- March-May 2021: Dr. Vinci and Ms. Degnon presented at spring meetings about the Initiative
- May 2021: Workforce Summit #3: Economic Strategy Discussion led by Dr. Mary Leonard
- June-July 2021: APPD summit on curriculum, subspecialty, and the physician scientist pathways
- August-September 2021: NASEM study statement of task and funding, CoPS meeting-data on subspecialty care impact
- October 2021: APPD/COMSEP Mini Summit on UIM Pathways
- November 2021: [Busting the Myths Webinar](#)
- November 2021: Summit #4



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The agenda for the November 2021 AMSPDC Workforce Summit included Domain Updates, the ABP Pediatric Subspecialty Workforce Modeling Project, updates on the NASEM Consensus Study on the Pediatric Subspecialty Workforce and Its Impact on Child Health and Well-being, and discussions on Medicaid parity from the ABP and the CHA.

Domain 1 Updates: Change the Educational Paradigm

Domain Lead, Becky Blankenburg, MD, MPH, from APPD provided updates on the Domain's efforts. To address curricular reform, curricular recommendations, and subspecialty exposure, Dr. Blankenburg held a curriculum summit in July 2021. This summit identified gaps and opportunities in pediatric GME. The next step from the curricular summit is to write a consensus paper that describes opportunities for residency curriculum, subspecialties pathways, and physician scientist pathways.

Dr. Blankenburg also spoke about the ACGME Alternative Scenario Planning from August 2021 with the ACGME Pediatrics Review Committee planned revisions of the Pediatrics Residency Core Requirements. The timeline includes a literature review this fall and winter, and in 2022 ACGME will propose revised requirements for core pediatric training. The community will have an opportunity to give feedback and the new requirements are planned to begin in July 2023.

The UIM Pathways mini summit was an effort from Domain 1 and Domain 4 to address positive role models. The most recent mini-summit on October 26 reviewed pathways from medical school through faculty and an upcoming mini-summit scheduled for January 21, 2022, will address local and national solutions for pathways from elementary school through college. In addition, a third mini summit on IM Physician Scientists will occur this winter. The goals of these summits are to identify and assess the effectiveness of current UIM mentoring programs and evaluate gaps and potential collaborations. Next steps include writing consensus papers on current UIM mentoring programs, pathways, and opportunities, as well as developing an interactive map of mentoring programs

Domain 4 Updates: Early Exposure and Integration

April Buchanan, MD, COMSEP, presented an update on Domain 4 on behalf of Joe Gigante, MD, COMSEP, which includes four areas: advocacy, marketing, early exposure, and recruitment/outreach. The current initiatives in advocacy include developing a career advising collaborative with a primer for career advisors, a newsletter, a career advising tool in the pre-clinical years, and creation of a peer career advisor network. Other advocacy efforts are a survey to the MD degree granting medical schools with the highest percentage of graduates entering pediatrics.

In the early exposure topic area, the pre-clerkship collaborative has developed a pre-clerkship curriculum with goals and objectives and educational content. There is an ongoing survey on subspecialty training that is collecting information on how subspecialties can increase awareness with the aim of developing a toolkit for medical school pediatric education leaders. CoPS has been hosting



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subspecialty webinars and two areas have most recently been highlighted: pediatric nephrology and pediatric gastroenterology.

As mentioned above, Domain 4 is partnering with Domain 1 to expand efforts on recruitment and outreach which is evidenced by the most recent and upcoming UIM Pathways Summits.

Domain 2 Update: Data/Needs and Access

Laurel Leslie, MD, MPH, ABP, presented on Domain 2 on behalf of herself and co-Domain Lead Jill Fussell, MD, CoPS, which is focused on the recent trends in the pediatric workforce, workforce diversity and work profiles as well as partnerships with organizations like the Sheps Center at UNC to understand the distribution of workforce, the link to patient outcomes, and future efforts.

Active workstreams include manuscripts in press with the *Journal of Pediatrics* (osteopathic medical school graduates) and in development (ARP/IRP pathway physician scientists and diversity in the resident and fellowship pipeline), work profile and practice setting dashboards, and an ABP and AAP collaboration which resulted in the development of dynamic state dashboards.

Domain 3 Overview - Economic Strategy

Mary Leonard, MD, MSCE, AMSPDC, presented on the topic areas: financial burden, children's hospital GME and compensation and revenue stream. The Pediatric Subspecialty Loan Repayment Program was reauthorized for five years with the passage of the CARES Act. Thirty-eight representatives and 16 senators signed bipartisan letters urging funding of 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 the coming months.

Dr. Leonard explained that CGME supports the training of half the nation's pediatricians and most subspecialists but the CHGME funding per trainee is less than half of Medicare GME. With Medicare GME funds growing four percent annually, the gap of parity will increase. The long-term goal is to create parity with Medicare GME.

In terms of compensation and revenue stream, new papers demonstrate the disparity is growing between adult and pediatric care. Multiple subspecialties show a reduction in lifetime earning potential. In addition, medical school debt is growing. In 2008, 87% of graduates had a mean educational debt of \$158,061 but by 2019, this has increased to \$200,000 with significant racial inequities being identified. The compensation is highly correlated to fellowship positions. Nephrology, rheumatology, and endocrinology were examples of specialties with the largest number of unfilled fellowship positions and these specialties are noted to have low median 21 compensation.



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Presentation on the ABP Pediatric Subspecialty Workforce Model Project

Dr. Leslie introduced Erin Fraher, PhD, MPP, at the Cecil G. Sheps Center for Health Services Research at the UNC Chapel Hill. They are partnering with the ABP to develop a workforce model project for the pediatric subspecialties from 2018 to 2040. The project goal is to develop a rigorous and flexible model that forecasts headcount and clinical FTE for 14 pediatric subspecialties at both the national and regional level. The baseline supply is estimated based on historical data.

Andy Knapton, MSc demonstrated the North Carolina Nurses Supply & Demand Model to demonstrate a potential model for the pediatric subspecialty workforce. The tool allows for discrete variables, such as positions, education, total or population rate, headcount or FTE, location, setting, and various supply scenarios.

Then the team went through some “what ifs,” including modeling retirement and attrition, clinical FTE, and training pipeline. Examples were discussed such as changes in entry numbers, changes in FTE, effect of COVID-19, new fellowship programs such as hospital medicine, and telemedicine. A number of participants shared their thoughts with the Sheps research team.

All attendees will receive a survey to help them to guide scenario development, prioritize three to six scenarios, and identify data sets or clinical expertise that can be used. In the next three to six months, the team will be convening experts to quantify the scenarios in greater details, prioritizing scenarios, and using the data and expertise to provide numerical detail on how the scenario will be modeled.

Updates on the NASEM Consensus Study on the Pediatric Subspecialty Workforce and Its Impact on Child Health and Well-Being

Joe St. Geme, MD, provided an overview on the promised launch of a NASEM Consensus Study on the Subspecialty Workforce. Dr. St. Geme highlighted the NASEM contacts and reviewed the statement of task:

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

Topics to be considered by the 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



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- 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
- 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

The competencies of the committee will include pediatrics (subspecialists, physician-scientists, behavioral health experts), pediatric workforce development, health/healthcare disparities, public health, public policy, health care economics, and CMS.

With funding of \$1.3 million confirmed, Dr. St. Geme listed the sponsors, including the Robert Wood Johnson Foundation, Annie E. Casey Foundation, AMSPDC, American Academy of Pediatrics, American Board of Pediatrics, Children's Hospital Association, Council of Pediatric Subspecialties, and the National Institute of Child Health & Human Development.

Breakouts

Attendees were divided into three breakout groups to discuss aspects of the NASEM study:

- When we meet 18 months from now, what would we like to see as the recommendations of this study?
 - The group was moderated by Dr. St. Geme and Dr. Ackerman was the scribe. The group discussed achieving Medicaid parity as a foundational goal to improve health outcomes for children. They also identified recommendations that the NASEM study should develop in order to achieve this goal. They also discussed using predictive data to understand the health outcomes of care provided by pediatric specialists. Other recommendations that might be important for the NASEM Study to discuss include CHGME funding, technology and access to technology, and medical license/care across state lines.



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- Are there other competencies that should be represented on the committee? Any suggestions for committee members based on our list of competencies?
 - The group was moderated by Laura Degnon and Dr. Boyer was the scribe. Areas of competencies discussed were data/quality, understanding of the physician scientist workforce, impact of community pediatricians, health systems/insurance, drug development expertise, CMS and Medicaid reimbursement, medical schools. The importance of including high-level family/patient representative advocate was emphasized.
Suggested members of the NASEM Study committee included:
 - Kim Rhodes, UCSF
 - Candace Chen, GW
 - Mark Schuster, Kaiser CA
 - Gary Freed, UM
 - Norma Poll-Hunder, AAMC
 - David Rubin, CHOP
 - Kristen Ray, Pittsburgh
 - Jean Raphael, Texas
 - Audrea Burns, Texas
 - Nora Wells
 - Cara Coleman
- Are there suggestions for how we can disseminate findings of this study and/or partner with stakeholders to highlight study recommendations?
 - The group was moderated by Dr. Vinci and Dr. Myers was the scribe. The group suggests needing specific recommendations to be easily translated to other disciplines, including OB-GYN, family medicine, and internists. It was suggested that we review the marketing of a recent NASEM study on geriatric health care and how they disseminated the results of that NASEM study. We should consider academic outlets through journals such as *Pediatrics* and global outlets like *The Lancet*, and finally distributing the results to various groups like government relations teams, CEOs, nursing groups, AARP (Back to Sleep campaign/grandparents voices), and government agencies (DOD).

Medicaid Parity

Mark Del Monte, CEO/EVP, presented the child Medicaid/CHIP enrollment trends to explain that federal policy can make a difference (e.g., when the economy grows, the Medicaid CHIP declines). The talking point for all to know is that enrollment increased 11.5% from January 2020 to May 2021. (No state hasn't had less than double digit cumulative percent change in enrollment in this time range.) As of May 2021, children accounted for 47% of Medicaid and CHIP enrollees and 53% of children are enrolled in Medicaid or CHIP which means that it is the primary source of coverage for most children in the United States. The policy implication is that Medicaid and CHIP is foundational to child health.



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Mr. Del Monte also referred to a 2019 study that shows that an increase in Medicaid payment affects access to care. For every \$10 increase in Medicaid reimbursement per visit, parents were 25% less likely to report difficulties finding a provider for their Medicaid enrolled child. There were also improved health outcomes and reduced school absences in this study.

To solve the pediatrics workforce, the key is advocacy for Medicaid/CHIP at the federal and the state levels. It is not a quick fix, and this group needs to think about the medium and long-term goals to improve Medicaid/CHIP and the NASEM study is a good first step.

Mark Wietecha, CEO of CHA, spoke next and discussed three areas of Medicaid: equity, sustainability, and workforce. The Medicaid program has a gap in payments and the system itself has a structural health inequality built into the model with half of children enrolled in Medicaid and the other half enrolled in commercial plans where the reality is that one group is paid at a higher level than the other and it creates an access issue for the other.

We may need to address state Medicaid disparities. Some states benefit from supplemental payments while others do not. We may also need to think about the other aspects of the workforce like nurses, techs, and other shortages in hospitals.

Final Notes

Please visit ampdc.org/workforce for more information on this Initiative and send any Workforce-related work to Ms. Degnon or Dr. Vinci. Please follow @ampdc on Twitter and use #peds2025workforce on upcoming related posts.

Dr. David Nichols of the ABP was profusely thanked by all participants as we recognized his retirement at the end of this calendar year.

Thank you for participating in this important summit, and we will share the date for the next summit soon.



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List of Attendees

AMERICAN ACADEMY OF PEDIATRICS (AAP)

James Baumberger, MPP
Mark Del Monte, JD
Anne R. Edwards, MD, FAAP
Lynn Olson, PhD
Robert Trevino, MD, PhD, Section on Pediatric Trainees (SOPT)

AMERICAN ASSOCIATION OF MEDICAL COLLEGES (AAMC)

Michael Dill, MA
Mary Halicki

AMERICAN BOARD OF PEDIATRICS (ABP)

Laurel K. Leslie, MD, MPH
David Nichols, MD
Judy Schaechter, MD, MBA
Adam Turner, MPH, PMP

ASSOCIATION OF ADMINISTRATORS IN ACADEMIC PEDIATRICS (AAAP)

Desiree Brown, MA
Liz McCarty, MS
Susan Kline, MS

ASSOCIATION OF MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS (AMSPDC)

Laura Degnon, CAE
Sherin U. Devaskar, MD
Colleen Hughes
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)

Louis Bell, MD
Latha Chandran, MD, MPH
Teri Turner, MD, MPH, MEd



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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
Mark Wietecha

COUNCIL ON MEDICAL STUDENT EDUCATION IN PEDIATRICS (COMSEP)

Rachel Thompson, MD
April Buchanan, MD

COUNCIL OF PEDIATRIC SUBSPECIALTIES (CoPS)

Debra Boyer, MD, MHPE
Jill Fussell, MD
Angela Myers, MD, MPH

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

Tracy Lustig

NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS (NAPNAP)

Kristin Gigli, PhD, RN

NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS (NBOME)

Erik Langenau, DO, MS
Robert Lee, DO, MS

NATIONAL PEDIATRICIAN-SCIENTIST COLLABORATIVE WORKGROUP (NPSCW)

Audrea Burns, PhD
Daniel Moore, MD
Kate Ackerman, MD, MPH

NEXT GEN PEDIATRICIANS

Xavier Williams, MD

PEDIATRICS WORKFORCE NETWORK (PWN)

Victoria Norwood, MD



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SOCIETY FOR PEDIATRIC RESEARCH (SPR)

Carleton Bates, MD
Stephanie D. Davis, MD

THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH AT UNC CHAPEL HILL

Erin Fraher, PhD, MPP
Andy Knapton, MSc
Emily McCartha

UNIVERSITY OF MICHIGAN (U-M)

Gary L. Freed, MD, MPH

UNIVERSITY OF NORTH CAROLINA (UNC)

Colin Orr, MD

UNITED STATES HOUSE OF REPRESENTATIVES

Congresswoman Kim Schrier (WA-08)
Alicia Bissonnette

UNITED STATES SENATE

US Senator Bob Casey (D-PA)
Kate Samuelson