

Association of Medical School Pediatric Department Chairs

Clinical Care Committee

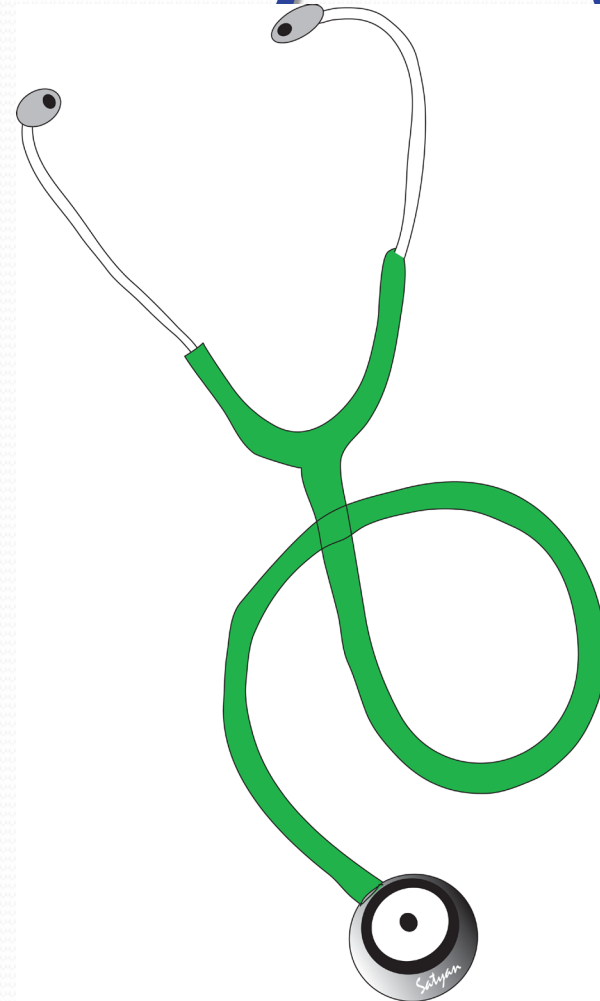
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Clinical Care Committee Activity Charge

- The AMSPDC Clinical Care Committee strives to share best practices and approaches to new challenges in an effort to promote access to high quality care for all children.
- More recently, mental health crisis, challenges of cFTE definition, compensation plans, support time for vice chairs, division heads and medical directors are being discussed.



Clinical Care Committee Roster

- Francis Chan, MD, Loma Linda University School of Medicine
- John M. Cunningham, MD, University of Chicago Medicine Comer Children's Hospital
- Morris Gessouroun, MD, University of Oklahoma College of Medicine
- Catherine Krawczeski, MD, Ohio State University College of Medicine
- Carolyn Milana, MD, Stony Brook Children's Hospital
- Ann Reed, MD, Duke University School of Medicine
- Steven Seidner, MD, University of Texas School of Medicine at San Antonio
- Manu Sood, MD, University of Illinois, Peoria School of Medicine
- Mary Taylor, MD, University of Mississippi School of Medicine
- Christopher Tiongson, MD, UND School of Medicine & Health Sciences
- Yasmin Tyler-Hill, MD, FAAP, Morehouse School of Medicine
- **New addition: Gul Dadlani – University of South Alabama**
- AAAP representative - Jack Curran, the President Elect of AAAP and Elaine Gallagher



Accomplishments:

October 2023 - Feb 2024

- A survey of chairs and CAO's to determine support time for vice chairs, division heads and medical directors to be launched in February (being sent out this month)
 - The following topics were actively discussed at our committee meetings during this period
1. Implementation and discussion of NASEM report
 2. Impact of changing fellowship duration on clinical care
 3. Impact of APPs (NPs, PA etc.,) on clinical care and workforce
 4. Evaluating ways to approach mental health crisis using examples of innovative measures taken by members of the clinical care committee



Publications – Clinical Care

NOTES FROM THE ASSOCIATION OF MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS, INC.



Two Steps Forward, One Step Back: The Complexity of Accurately Defining and Measuring Clinical Activity in Academic Pediatrics

Susan Kline, MS¹, Ann M. Reed, MD¹, Liz McCarty, MS², Desiree Brown, MAIOP³, Angela Fuste, MHSA⁴, Kristine Kirstein, MHA⁵, Gil Pak, MHA⁶, Lucky Jain, MD², and Morris Gessouroun, MD⁷

NOTES FROM THE ASSOCIATION OF MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS, INC.



An Approach to Compensation Plans for Physician Faculty in Academic Pediatric Departments

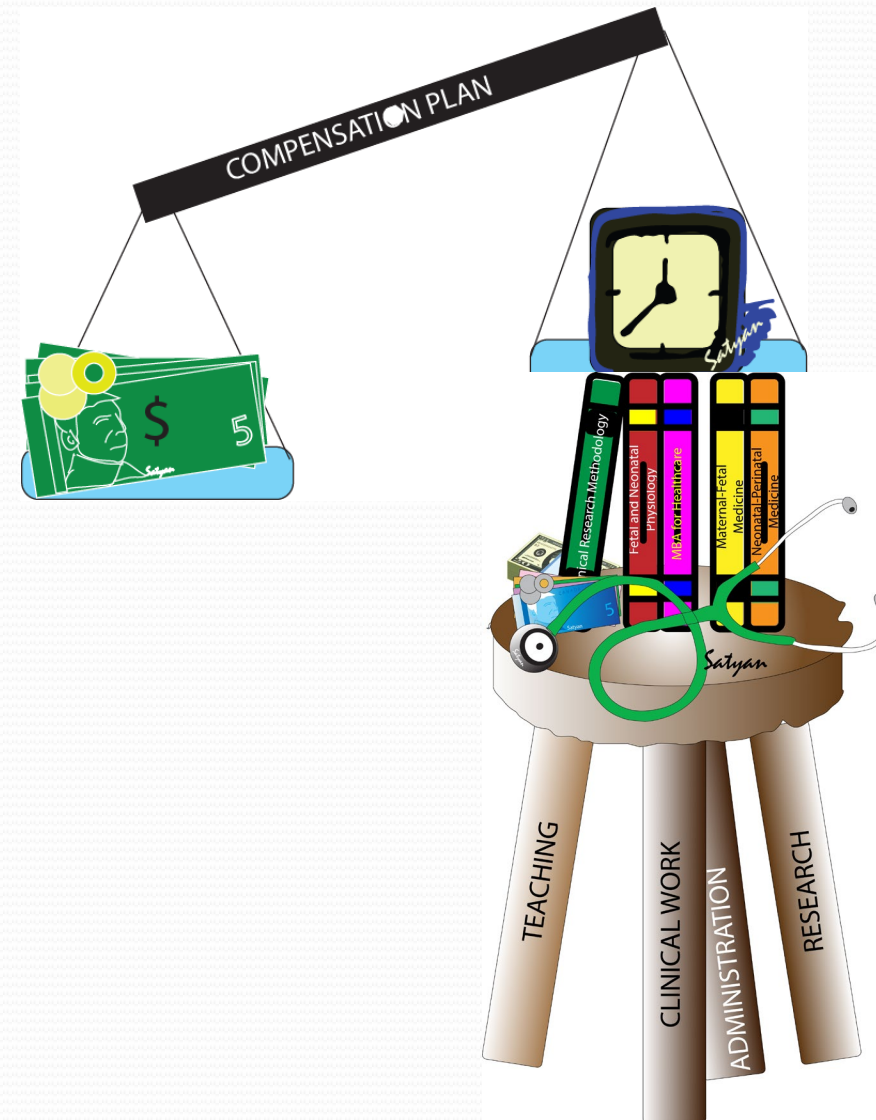
Satyan Lakshminrusimha, MD, FAAP¹, Ann M. Reed, MD, FAAP², Tina L. Cheng, MD, MPH, FAAP³, John M. Cunningham, MD⁴, and Sherin U. Devaskar, MD, FAAP⁵

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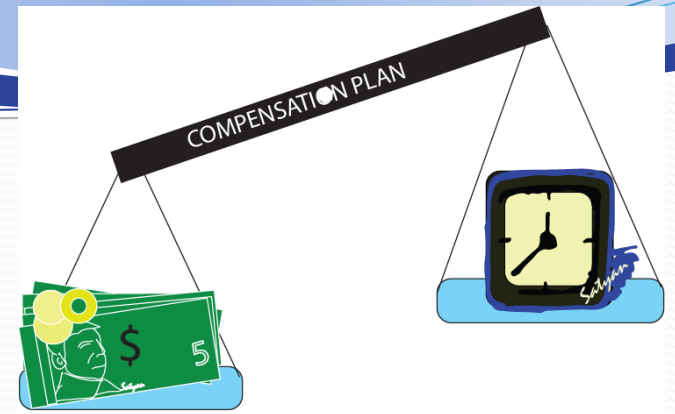


Raising the Bar: The Need for Increased Financial Support to Sustain and Expand the Community of Pediatric Subspecialists

Satyan Lakshminrusimha, MD, FAAP¹, Tina L. Cheng, MD, MPH, FAAP², Mary B. Leonard, MD, MSCE³, Sherin U. Devaskar, MD, FAAP⁴, Robert J. Vinci, MD⁵, Laura Degnon, CAE⁶, and Joseph W. St. Geme, III, MD⁷



Goals for 2024



- 1. Clinical care implications of NASEM report
- 2. Conduct and finalize a survey of chairs and CAOs to determine support time for vice chairs, division heads and medical directors – finalized and to be sent out.
- 3. Discuss the impact of increasing advance practice providers (APPs – NP and PA) on pediatric subspecialist workforce (also analyze APP productivity data from AAAP)
- 4. AAAP survey – focus on analyzing wRVU productivity and salary data based on cFTE (< 0.25, 0.25 to 0.5 vs. > 0.5 to 0.8 and > 0.8) – as AAAP was busy with their year-end survey, this could not be accomplished in the last 5 months
- 5. Impact of pediatric bed closures and creation of maternity deserts on Children’s Hospitals
- 6. Adopting the clinical hours per year white paper to individual divisions to clearly define cFTE



Preliminary Survey Results

Criteria	Median	Min	Max	25 th %ile	75 th %ile
Clinical faculty (n)	157	11	900	93	293
Non-clinical faculty	11	0	300	6	25
Female (%)	60-65%	40-45%	80-85%	60-65%	66-70%
Female leaders (%)	51%	0	88%	42%	61%
URiM (%)	13%	3%	33%	8%	18%
URiM leaders (%)	12%	0	100%	6%	20%

Salary Benchmarks

Benchmark	N
AAAP	17
AAMC	16
MGMA	3
AGMA	1
Sullivan-Cotter	6
ECG	1
Unclear	1

Comments in this section:

- Variability between salary benchmark percentile (e.g., 50th %ile AAMC) to productivity percentile (70th %ile)
- Some use a blend of AAMC, AAAP, MGMA and Sullivan-Cotter
- Those that do not use AAAP but revert to AAAP for subspecialties not well represented in other benchmarks
- Sullivan Cotter for APP benchmark salaries



Vice Chairs

- Most departments (23/24) have Vice / Associate Chairs
- Most common and median time support:
 - Research (19/23) – 20% FTE
 - Education (19/23) – 20% FTE
 - Clinical Affairs (15/23) – 25% FTE
 - Diversity Equity and Inclusion (11/23) – 25% FTE
 - Academic affairs (11/23) – 20% FTE
 - Protected time for the role – 34%
 - Stipend – 32% (Median range: \$ 10 K to 25 K (Source: Dept in 18, Hospital in 11))
 - No stipend or allotted time – 34%



Division Heads and Medical Directors

- Department of Pediatrics includes Emergency Medicine in 12/23 and Neurology in 19/23
- Median allotted time: 10 to 20%
- Departments that provide additional stipend: 8 (ranging from \$ 10K to 58K) and 18 use Division Head benchmarks for the specialty
- Inpatient medical directors – median 7 (4 – 14 IQR)
 - Most commonly get 10-15% time for this role
 - Almost 50% do not have a stipend or assigned time
- Ambulatory directors – median 3 (2-10 IQR)
- Most commonly get 10% time but a third of departments do not provide time or stipend



Please Participate and Contribute Data to the Survey

- For 24 Chairs and CAOs who finished the survey – thank you;
- Second reminder with better instructions was sent out on Thursday/Friday last week
- Appreciate your participation
- Questions or comments: slakshmi@ucdavis.edu



We look forward to hearing from you...

- What clinical challenges are you facing in your departments?
- Bed capacity
- Access
- Definitions of clinical FTE
- Compensation plans
- Please email us if you have thoughts for the clinical care committee
- slakshmi@ucdavis.edu or Ms. Elizabeth Pate - Elizabeth@degnon.org

