NATIONAL Sciences Engineering Medicine

The Future Pediatric Subspecialty Physician Workforce

Meeting the Needs of Infants, Children, and Adolescents

www.nationalacademies.org/pediatric-subspecialties



## **Study Sponsors**

- American Academy of Pediatrics
- American Board of Pediatrics
- The Annie E. Casey Foundation
- Association of Medical School Pediatric Department Chairs
- Children's Hospital Association
- Council of Pediatric Subspecialties
- National Institute of Child Health and Human Development
- Robert Wood Johnson Foundation

### **Statement of Task**

Examine pediatric subspecialty workforce trends related to the health care needs of infants, children, and adolescents, and the impact of those trends on child health and well-being. The committee will recommend strategies and actions to ensure an adequate pediatric subspecialty workforce to support broad access to high-quality care and a robust research portfolio to advance the care of all children and youth.

### **Focus**

#### Primary Focus

- ABP-certified subspecialty physicians (clinicians and researchers)
- Other pediatric medical subspecialty physicians
  - American Osteopathic Board of Pediatrics-certified, ABP co-sponsored, nonstandard pathways, combined training programs
  - Certified by other ABMS boards alone, emerging areas

#### Secondary Focus

- Primary-Subspecialty Care Interface
  - General pediatricians, advanced practice providers, family physicians

## **High-Quality Primary Care**





## **Challenges to Accessing Care**

- Demand for care
- Referral patterns
- Organization of services
- Geography
- Health care financing
- Changing health care needs and preparation to address those needs
- Interaction with larger health care workforce
- Reimbursement of subspecialists

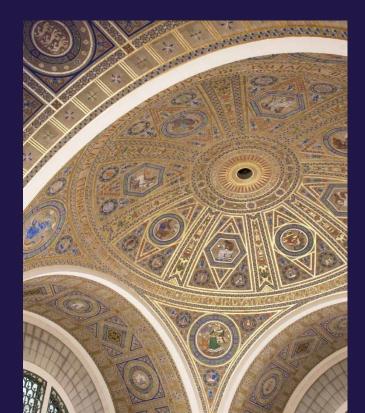
## **Vision of High-Quality Care**

- An accessible and efficient health system that enables all children to receive the appropriate type and amount of primary and specialty care whenever they need it.
- Care that embodies the **six elements for quality** defined by the Institute of Medicine: safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness.

## Vision of High-Quality Workforce

- Well-supported, superbly trained, and appropriately used workforce.
  - Effective education and training
  - Well-designed care models
  - Continued attention to changing health care and economics
- Practice at top of scope, appropriate reimbursement
- Innovation in care delivery
- Flexible training pathways

# Goals and Associated Recommendations



Promote **collaboration and effective use of services** between primary pediatric care clinicians and subspecialty physicians.

- Biennial report on changing demands/needs, access to care, disparities, generalist and subspecialist workforce
- Referral guidelines
- Reimbursement for evidence-based care delivery models
- Innovations at primary-specialty care interface, referral and care coordination processes

Reduce **financial and payment** disincentives.

- Funds to achieve or exceed parity with Medicare within 5 years
- Assign RVUs that reflect time and resource use
- Fully fund the Pediatric Specialty Loan Repayment Program



# Enhance education, training, recruitment, and retention.

- Periodically review and adjust educational and training curricula
- Distinct fellowship training pathways
- Reform GME funding formulas and programs
- Plans to increase representation

### Support the pediatric **physician-scientist** pathway.

- Central repository for data on qualitative and quantitative measures of funding and success, as well as development of new measures
- Increase number of career development awards, increase funding to reflect current salaries and project expenses, include additional explicit funding for mentorship

### **Thank You**

More information can be found at:

www.nationalacademies.org/ pediatric-subspecialties

