

August 2012

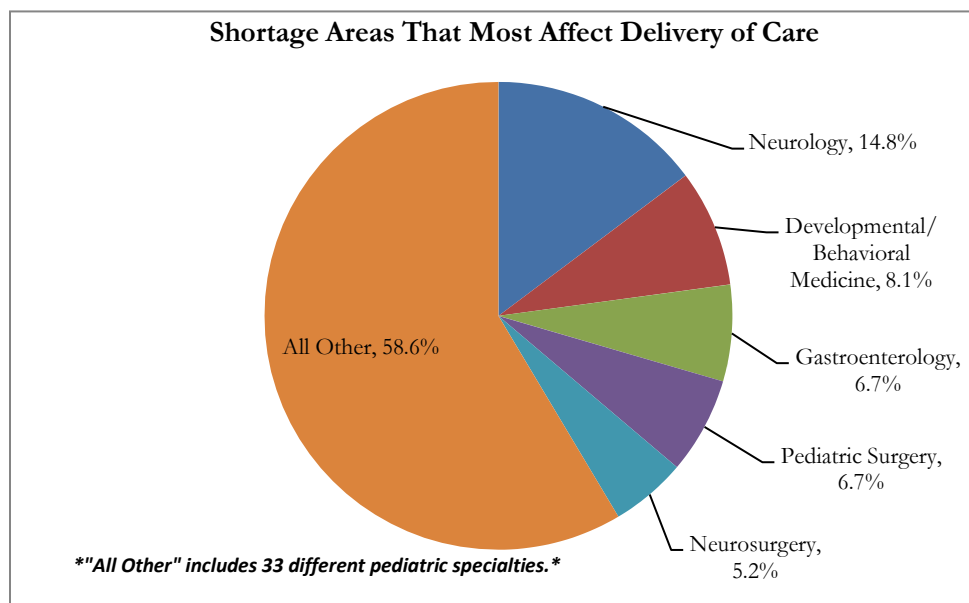
## Pediatric Specialist Physician Shortages Affect Access to Care

Children's hospitals across the country continue to experience significant shortages in some pediatric specialties. Causes include limited supply of specialists, rising debt burden, noncompetitive salaries, changing lifestyles and a decline in physicians seeking specialty training.

### Children's Hospitals' Pediatric Specialist Shortages

According to the children's hospitals that responded to a May 2012 Children's Hospital Association survey (n=69), the pediatric specialist shortages that most affect their ability to deliver care are:

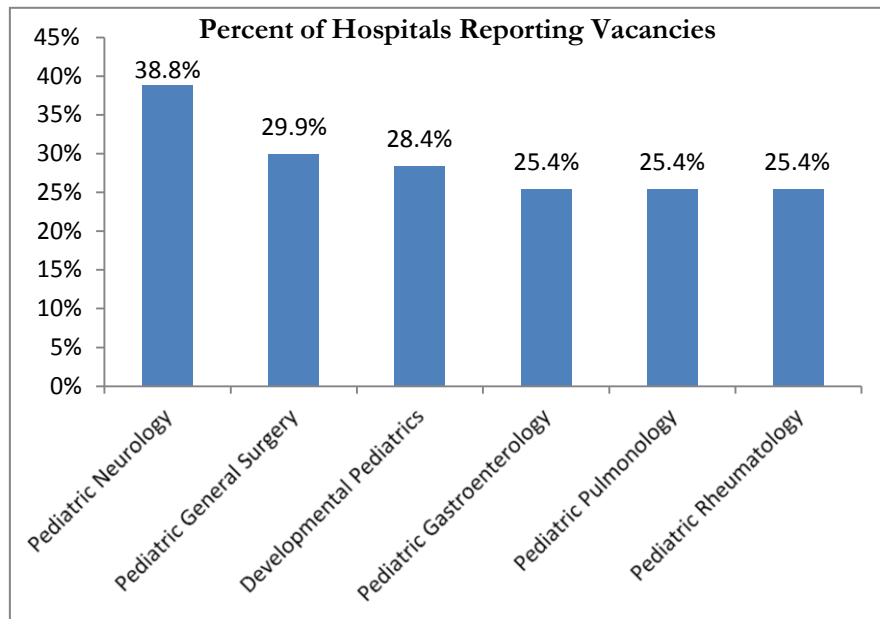
- Pediatric Neurology
- Developmental Pediatrics/Behavioral Medicine
- Pediatric Gastroenterology
- Pediatric Surgery
- Pediatric Neurosurgery



Pediatric Emergency Medicine, Genetics, Child and Adolescent Psychiatry, Pediatric Endocrinology and Pediatric Pulmonology are the next most frequently cited specialty shortages that most impact children's hospitals.

Specialties with the most frequently reported vacancies of 12 months or longer in children’s hospitals are:

- Pediatric Neurology
- Pediatric General Surgery
- Developmental Pediatrics/Behavioral Medicine
- Pediatric Gastroenterology
- Pediatric Pulmonology
- Pediatric Rheumatology



Pediatric specialists in Child and Adolescent Psychiatry, Genetics, Adolescent Medicine, Pediatric Dermatology, Pediatric Endocrinology, Pediatric Nephrology and Pediatric Urology also are frequently reported as experiencing vacancies longer than 12 months.

### **Pediatric Specialty Shortages Burden Children and Families**

The pediatric specialty shortages affect children and their family’s ability to receive timely, appropriate care. The prevailing benchmark in children’s hospitals for clinic wait times to schedule appointments is two weeks. However, for certain pediatric specialties experiencing physician shortages, the wait time far exceeds this standard. Children’s hospitals report the following wait times, on average, for scheduling appointments:

- Developmental Pediatrics, the average wait time is 14.5 weeks.
- Genetics, the average wait time is 10.8 weeks.
- Pediatric Neurology, the average wait time is 8.9 weeks.
- Pediatric Rheumatology, the average wait time is 7.9 weeks.
- Pediatric Dermatology, the average wait time is 7.7 weeks.
- Child and Adolescent Psychiatry, the average wait time is 7.5 weeks.
- Pediatric Endocrinology, the average wait time is 7.3 weeks.

For surgical specialties, the average wait time for elective/non-emergency cases for hospitals participating in this survey is two weeks. However, for certain surgical specialties, the wait time far exceeds this standard. Children’s hospitals report the following wait times, on average, for scheduling surgeries:

- Pediatric Urology, the average wait time is 4.1 weeks.
- Pediatric Orthopedic Surgery, the average wait time is 3.8 weeks.
- Pediatric Plastic Surgery, the average wait time is 3.4 weeks.
- Pediatric Otolaryngology, the average wait time is 2.6 weeks.

### **Recruitment Difficulties Remain**

In spite of efforts to address the shortages, children’s hospitals still face difficulties recruiting pediatric specialists. The impact varies from hospital to hospital.

- 77.6 percent of the hospitals report delayed and/or lost clinic visits.
- 67.2 percent of the hospitals report increased recruitment costs.
- 64.2 percent of the hospitals report lost referrals (children referred to other providers who are adult clinicians).
- 56.7 percent of the hospitals report decreased staff morale.
- 55.2 percent of the hospitals report increased salaries.
- 52.2 percent of the hospitals report delayed and/or lost surgeries and reduction in level of service.

Pediatric specialist shortages are due to two economic disincentives to choosing a career in pediatric specialty care: the longer training times (two to three years on average) and an average Medicaid reimbursement that is nearly 30 percent less than Medicare (1 in 3 children are covered by Medicaid making it the largest payer of children’s health care services.)

### **Child-to-Physician Ratio (per 100,000 children) for High-Impact Pediatric Specialty Shortages**

| Specialty                  | Number of ABP Diplomates in the United States | Child-to-Physician Ratio |
|----------------------------|---|--------------------------|
| Developmental Pediatrics   | 551   | 1.4                      |
| Pediatric Gastroenterology | 1089  | 0.68                     |
| Pediatric Pulmonology      | 825   | 0.89                     |
| Pediatric Rheumatology     | 264   | 2.8                      |

Notes:

1. Source: American Board of Pediatrics
  2. Includes ABP-certified diplomates by State (As of Dec. 31, 2011)
  3. Population based on US Census Bureau population estimates (As of July 1, 2010)
  4. Includes only physicians under 66-years-old with a known address
  5. Some ratios of zero may be due to rounding rather than no specialists in active practice
  6. Other high-impact specialty shortages include pediatric general surgeons and pediatric Neurologists, for whom ratios are not available
- See <https://www.abp.org/abpwebsite/stats/workforce/workforcebook.pdf> for more information and data.