

California's Children Need Access to Pediatric Subspecialists



IN THE UNITED STATES
APPROXIMATELY

1:25 CHILDREN

ARE CONSIDERED
MEDICALLY COMPLEX



358,000

Children in CA today considered
medically complex

THE NUMBER OF CHILDREN WITH COMPLEX AND
CHRONIC HEALTH CARE NEEDS IS EXPECTED TO

DOUBLE IN THE NEXT DECADE

AS ADVANCES IN TECHNOLOGY AND MEDICINE
REDUCE MORTALITY RATES



Important Role of Pediatric Subspecialists

- Pediatric subspecialists are the **only physicians highly trained to treat children with complex health care needs**. Many of these kids are enrolled in the California Children's Services (CCS) Program.
- **Examples of these conditions include** cerebral palsy, congenital heart disease, cancer and cystic fibrosis.
- Pediatric subspecialists **understand that children are not just small adults**, and that there are distinct physiological and cognitive differences.
- These **children typically require care by one**, but **more often many pediatric specialists**, as well as access to services beyond the health care system.

A crisis is looming. The current supply of pediatric subspecialists is inadequate to meet the current and future needs of children in CA.

- The **majority of their patient population is covered by Medi-Cal**. For some CSCC members this number exceeds 70%.¹
- Medi-Cal reimbursement rates are significantly lower than Medicare rates. For example, to insert a breathing tube down an airway of a patient, a lifesaving procedure, **Medi-Cal reimbursement is 60% less than Medicare**, yet the procedure is often more complex on a pediatric patient.
- Nationally the mean age of pediatric specialists exceeds 50 years, and over **90% of CSCC members reported substantial expected retirements in at least one specialty in the next 5 years**.¹
- **More medical students are opting for a generalist track or adult medicine** due to post graduate debt, and amount of time and cost in lost salary to become a pediatric specialist.
- There has been a **marked increase in unfilled fellowship slots for many specialties**, for some the number exceeds 50%. This can be attributed to low Medicaid reimbursement rates.²
- **Pediatric subspecialty care delivery is regionalized** to ensure appropriate patient volume and allow for optimal specialization by condition. **Rural areas have especially low concentrations of pediatric specialists**.

¹Klima, T. (2023). *Access to Pediatric Specialty Care in California: Results of The Children's Specialty Care Coalition 2022 Member Survey* (pp. 1–11). California: Practical Research Solutions.

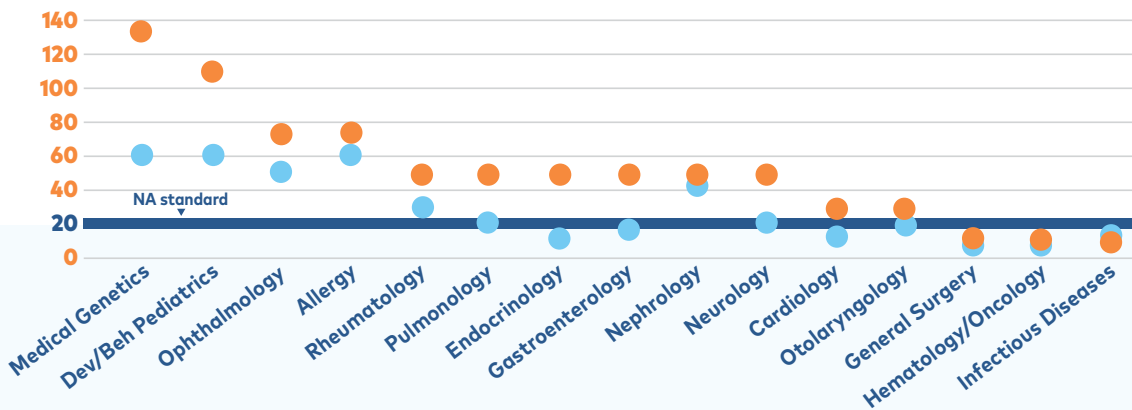
² *Low Compensation for Academic Pediatric Medical Specialists: Role of Medicaid, Productivity, Work Hours, and Sex* by Satyan Lakshminrusimha, MD, Susan Murin, MD, MSc, MBA, and David A. Lubarsky, MD, MBA

³13 specialties exceed network adequacy standards for patient wait times. <https://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx>

Patient wait times have worsened since 2019



Patient wait times: 2019 vs 2022



13 specialties exceed network adequacy (NA) standards³



“Demand for outpatient specialty care services continues to outpace our supply of new patient appointment slots. In order to accommodate new patients, providers routinely add sessions and overbook beyond their paid clinical effort, further contributing to burnout.”



9 pediatric subspecialties had average recruitment times that exceeded 1 year among CSCC members.¹

It is notable that **among CSCC members**, there were **positions open for 2 years or longer** among 9 pediatric subspecialties.¹

11 pediatric subspecialties make on average less than an adult internal medicine doctor. This is **fueling the marked decrease** in medical students pursuing specialization.²



Sufficient **Medi-Cal reimbursement** is essential to maintain access to specialty care for children.



Policies that ensure equitable payment and access to **telehealth** are vital for pediatric specialty care.



Medi-Cal funding is the underpinning of reimbursement to support pediatric subspecialists, who provide specialty care for ALL CHILDREN in California.



Pediatric subspecialty physician **inclusion and funding** for pediatric residency programs and loan forgiveness programs is vital to maintain a sufficient workforce in California.

“Our pulmonologists provide exemplary service but are spread too thin making for long waits to get services. Ability to recruit is hampered by heavy work load, low reimbursement and high costs of living.”

“One of our Development Behavioral Pediatricians left and it caused us to incur very long wait times to get appointments for DBP care. It took us about 3 years to hire her replacement.”

