



COMMENTARY

Pediatricians must be included in workforce discussions

by **Beth A. Pletcher, M.D., FAAP**



Dr. Pletcher

As all pediatricians know, children are not simply little adults. Pediatrics is a field of medicine that encompasses care for individuals across a range of developmental stages with an ever-expanding focus on prevention. Although pediatricians care for a different population, our issues are quite similar to other primary care physicians in the United States. With limited resources and health care dollars, all citizens need to receive their fair share. This includes children.

In a commentary in the May 13 issue of the *Journal of the American Medical Association* (2009;301:1920-1922), Gary L. Freed, M.D., M.P.H., FAAP, and James A. Stockman, M.D., FAAP, contend that concerns about the supply of primary care physicians and cries of impending shortages are oversimplified; they point out that pediatrician supply is “different” than for other types of primary care physicians. While this may be true to some extent, I would like to highlight a number of similarities and common ground on which to base future workforce discussions.

With a growing elderly and aging population, much more attention is drawn to health care for these Americans, at the exclusion or at least diminishment of our younger citizens. Money spent on prevention and good health for children has the potential to reap benefits far in excess of the investment. Clearly, the future of our nation depends on a healthy adult workforce. Don't get me wrong, I am all in favor of caring for adults and seniors — especially as I approach my later years. However, as we as a nation move forward with health care reform, decisions are being made that will impact health care for the foreseeable future.

Will pediatric patients lose out because there is no recognition that children are not just little adults or because of a belief that there are no workforce shortages in pediatrics? Will assumptions be made that what works for internists and family practitioners will work the same for pediatricians? If pediatrics is removed from the national workforce landscape based on the debatable assumption that we have an adequate supply, then pediatricians will not be fully included in the workforce discussions being held in this country, and children will lose out in a big way.

Although prior workforce policy, even coming from the AAP

Committee on Pediatric Workforce, has suggested that there may in fact be a reasonable current supply of pediatricians (*Pediatrics*. 2005;116:263-269), it cannot take into account many forces of change. It most certainly does not address what is perceived by many to be a critical and worsening shortage of pediatric medical subspecialists and pediatric surgical specialists (*J Pediatr*. 2005;146:20-25, *Psychiatr Clin North Am*. 2008;31:105-122, *J Neurosurg Pediatr*. 2009;3:1-10). This, too, is a pediatric workforce issue that must be addressed.

Furthermore, geographic maldistribution of pediatric generalists and specialists is a problem deserving of national attention. As more pediatricians are choosing to practice part time, not just for a short while but for an extended period of time, sheer numbers of physicians in the specialty can no longer be used to define supply. If we are to take a position that pediatricians are doing well “by the numbers” compared to other primary care physicians, we may inadvertently harm the children of this country by not being present and accounted for during regional and national health care deliberations.

Contrary to popular belief, internists do not have a corner on the market caring for chronically ill or medically complex patients. Pediatricians have been, and continue to be, at the center of the medical home for many complex and medically fragile patients. As we continue to collaborate with our adult medicine colleagues in the transition to adult care for such patients, we need to have a forum, which will foster dialogues about shared needs and ways to optimize the process. This, too, must be part of the health care reform discussion.

Because physician supply and even insurance coverage do not guarantee access to appropriate, affordable, patient-centered care, the supply issue cannot stand alone at the core of our country's health care discourse. As pediatricians, we need to ensure that children are not lost in this rush to improve health care in the United States. A focus on physician supply to the exclusion of other medical needs and forces of change is a very risky approach. The cost of such an oversight would be unimaginable and could reverberate for decades to come.

Dr. Pletcher is chair of the AAP Committee on Pediatric Workforce.