CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

ADVANCING INTEGRATED HEALTHCARE

Pediatric Workforce Capacity Preliminary Survey Results

RI AAP / PCMH Kids | September 11, 2024

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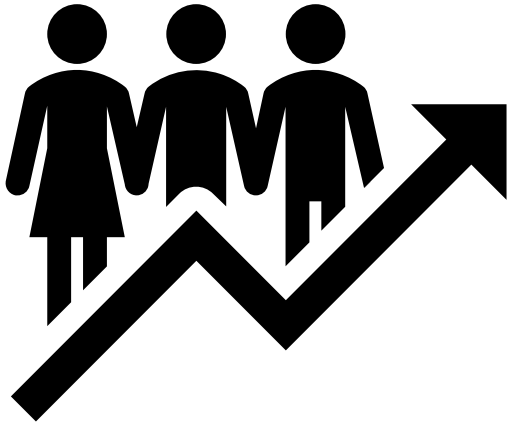
Care Transformation Collaborative of RI

Survey Response Rate

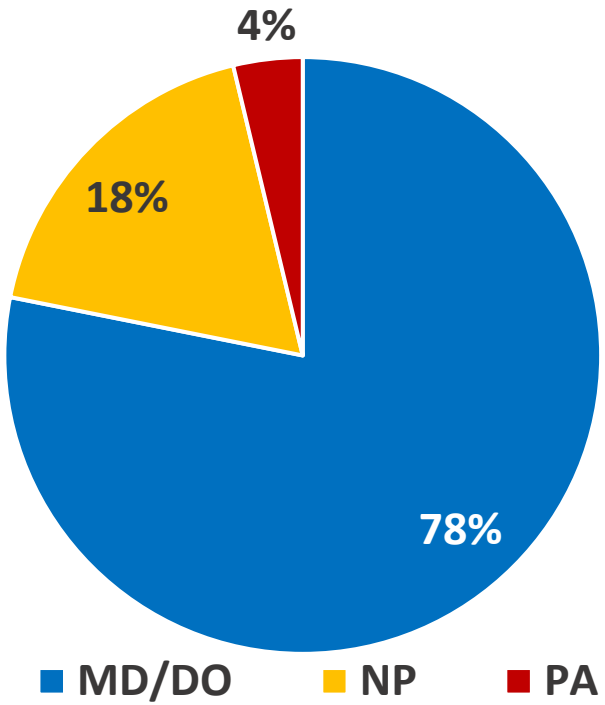
680	Pediatric Clinicians requested to participate in survey	Listservs: RIAAP list – 358 Hasbro's trainees list – 114 Pediatric Faculty Grand Rounds (Hasbro & WIH) list- 216 Hasbro's Provider Guide – 265 RIAAP/PCMH Kids Primary Care list - 233
244	Survey Responders	**35.9% Response Rate**
78	Specialists	Specialists included Neurodevelopment, ED, ICU, hospital, endocrinology, GI, PICU, Nutrition & Liver Disease, Heart, Ophthalmology, eye, Orthopedics, child abuse, etc.
161	Primary Care Pediatric Clinicians	**61.5% Response Rate** out of 262 eligible PCP responders.

Analysis is focused only on the 161 Primary Care Pediatric Clinicians' responses

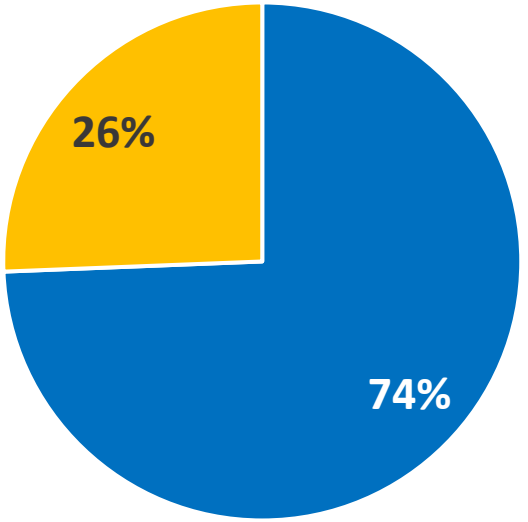


Background information on Primary Care Responders

Credentials of Survey Responders
n=161

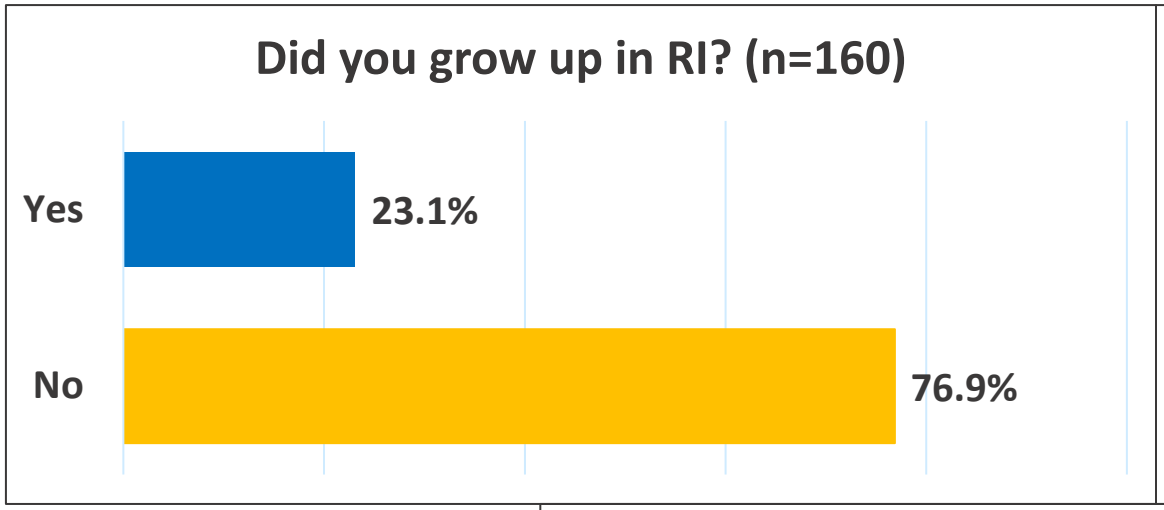


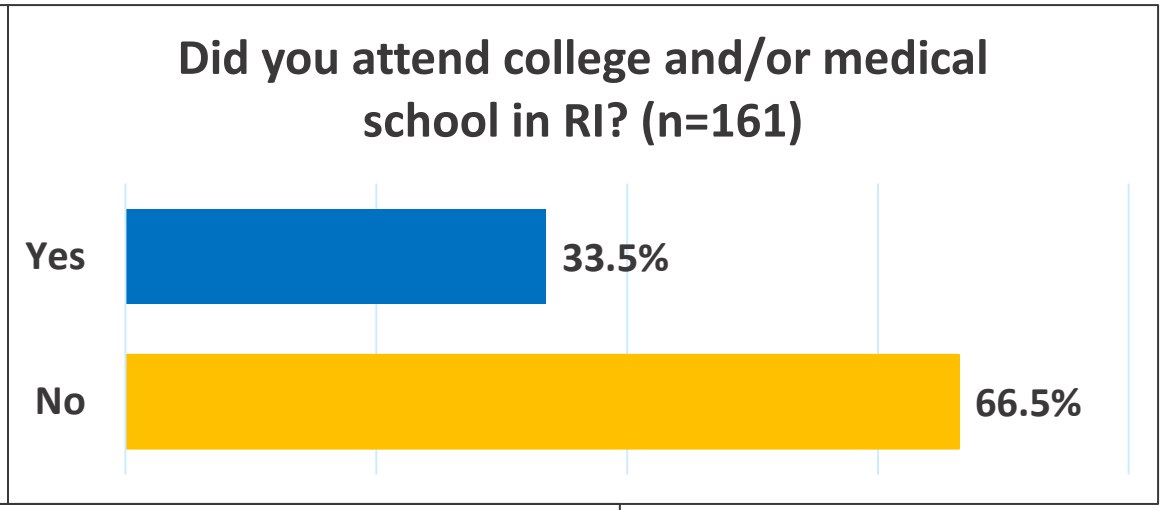
Gender of Survey Responders
n=160

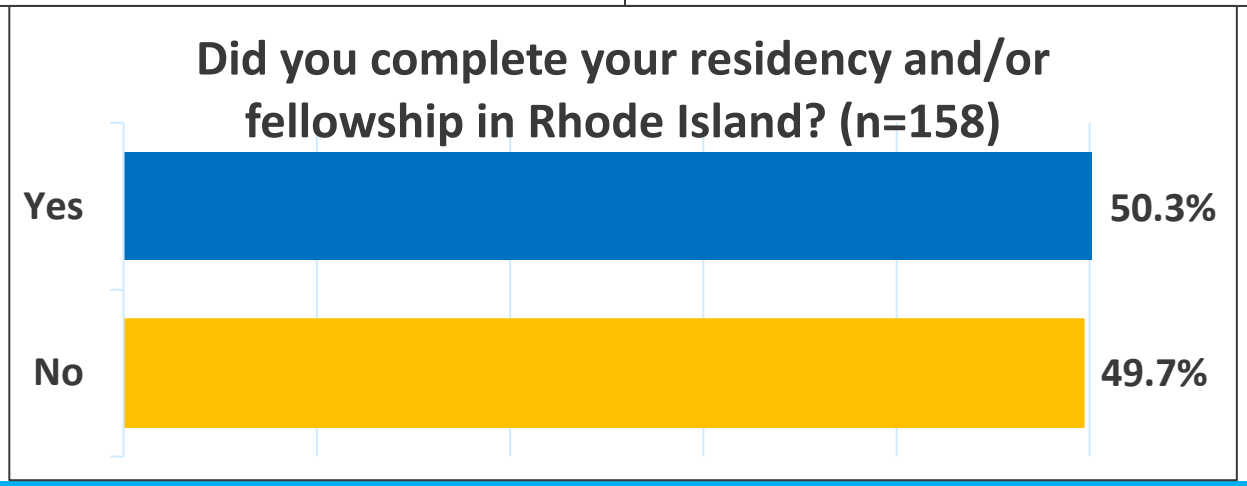


*nonbinary was another option

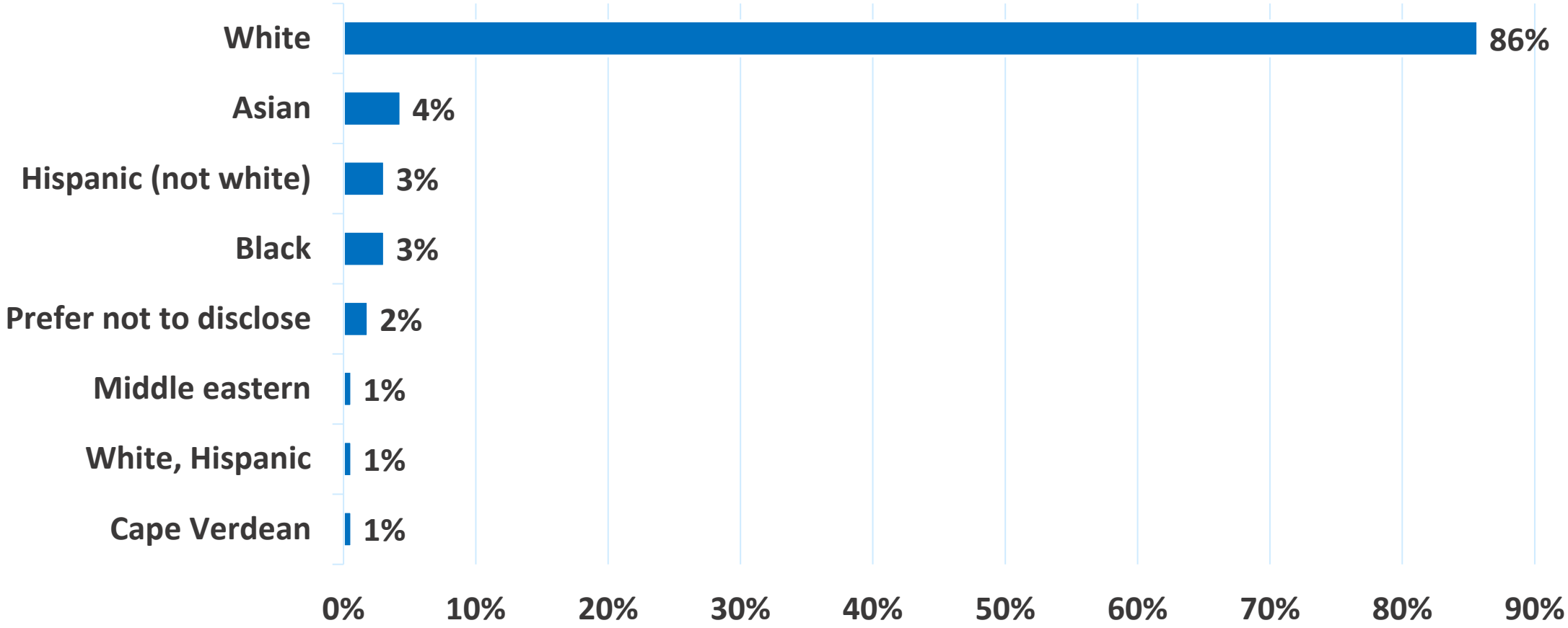
Background information on Survey Responders



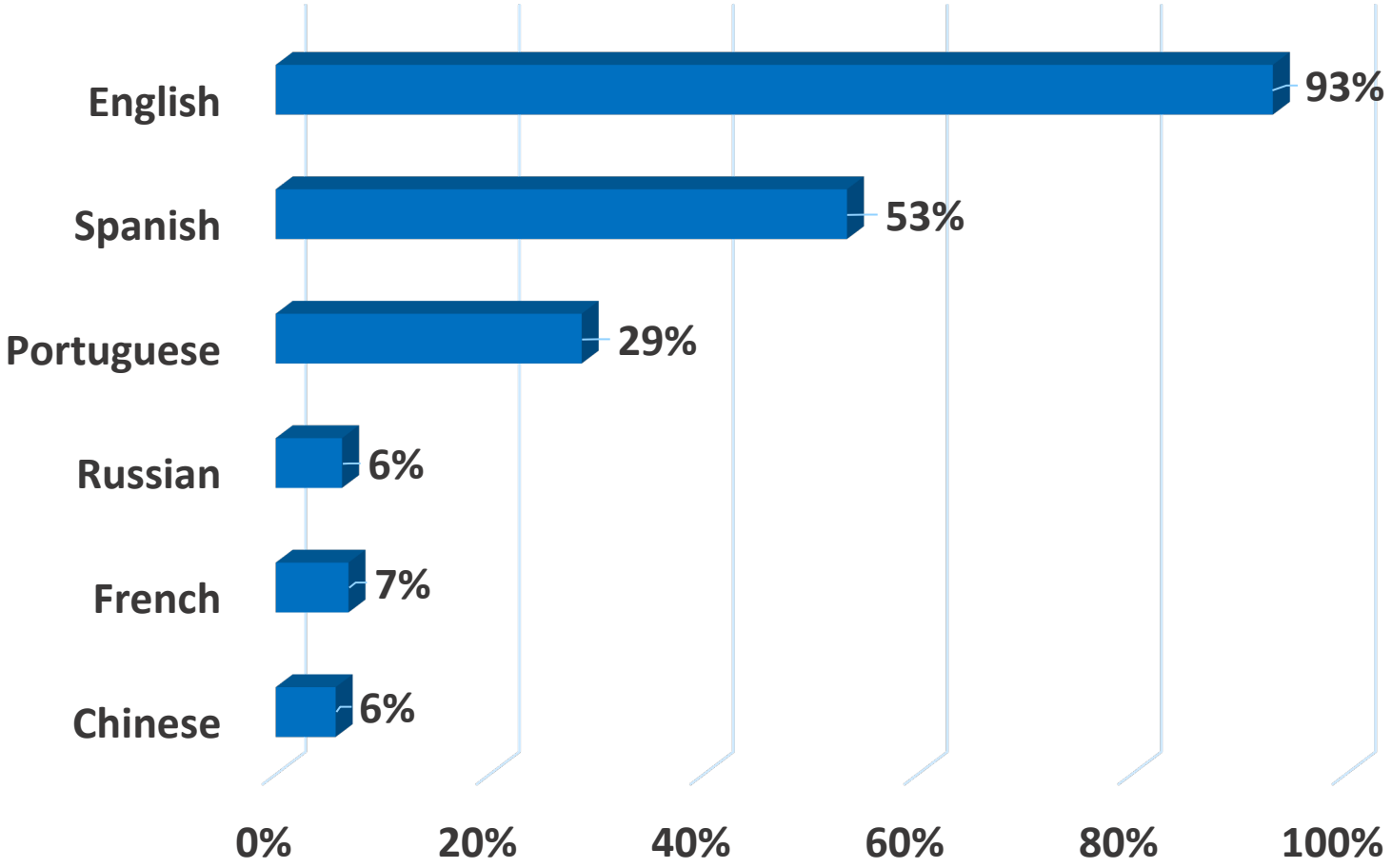




Race of Survey Responders (N=161)



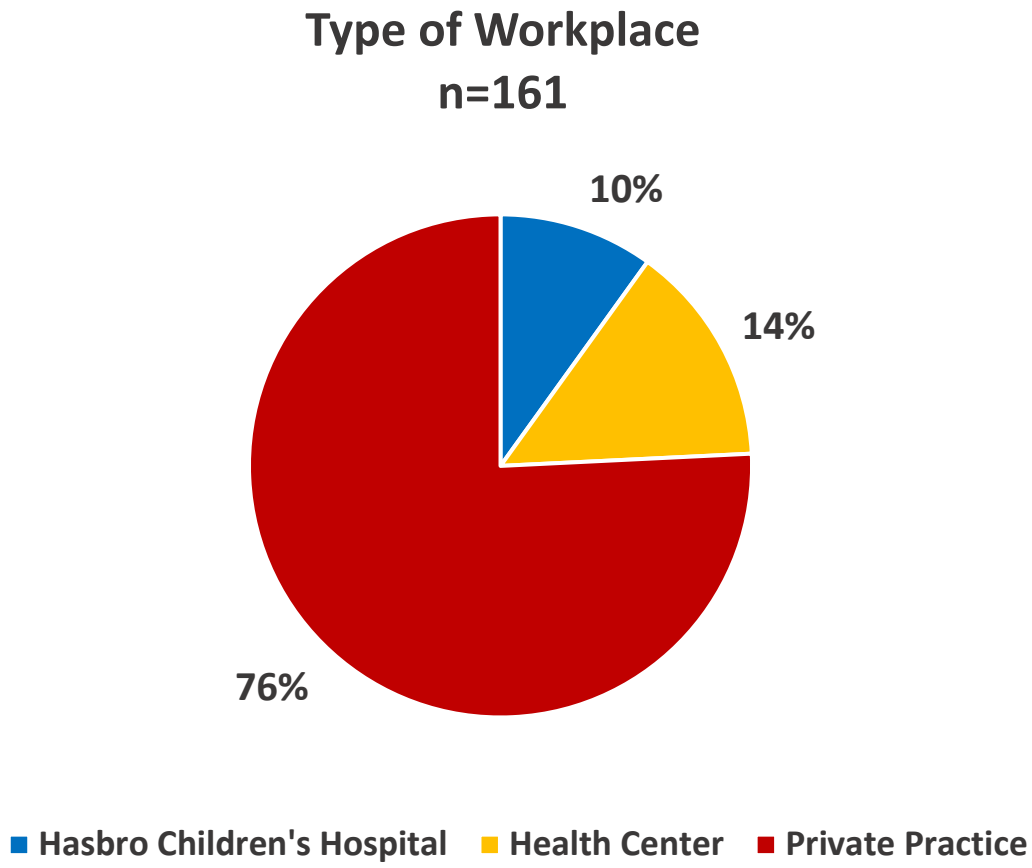
Languages Spoken (n=156)



Other languages spoken

- Arabic
- Swahili
- Burmese
- Cape Verdean Creole
- Hindi
- Polish
- Bengali
- Italian
- Indian dialects
- Swedish
- Laotian
- Khmer
- Hmong

Background information on Survey Responders

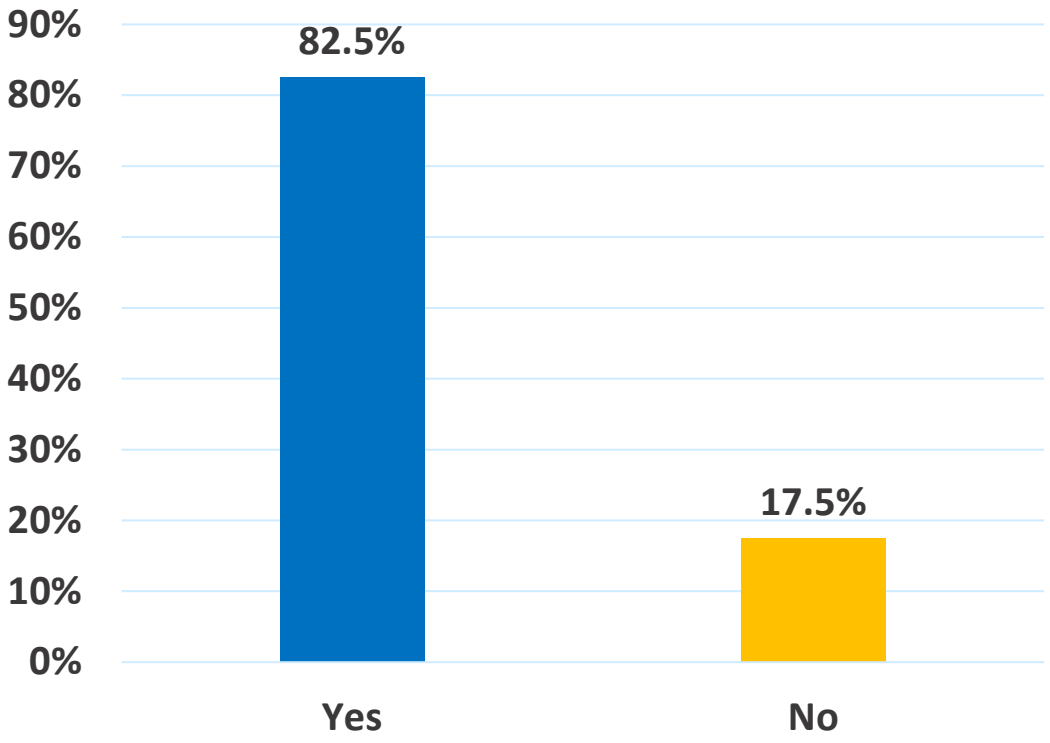


Time spent on practice work vs research: (N=156)

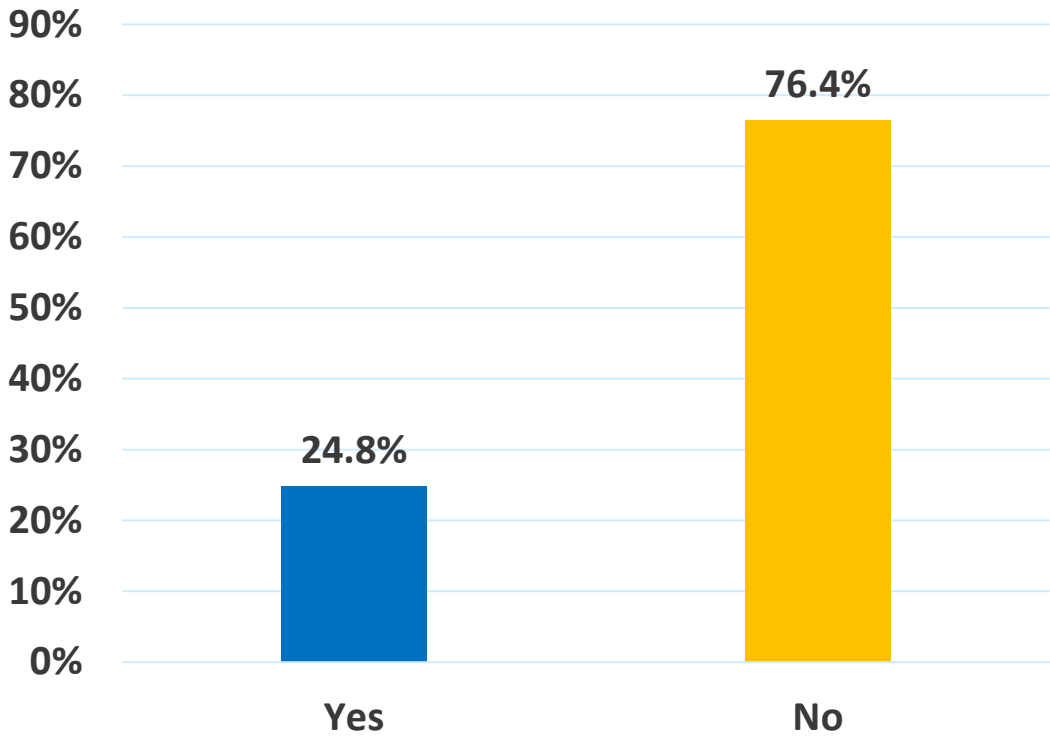
- 81% of survey responders work 100% of their time in practice
- 19% are participating in some level of research, in addition to their practice work

Percent Responders replied - Does your practice…?

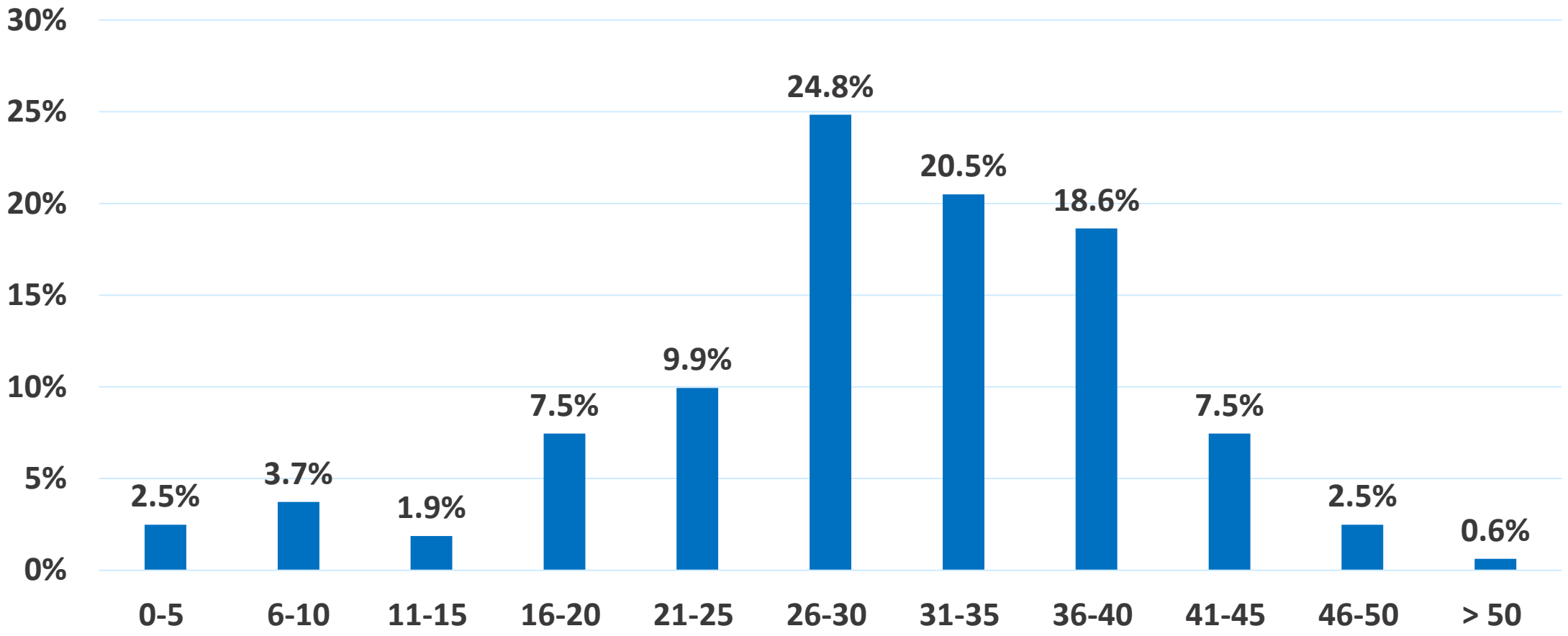
Offer Weekend Sick Visits (n=160)



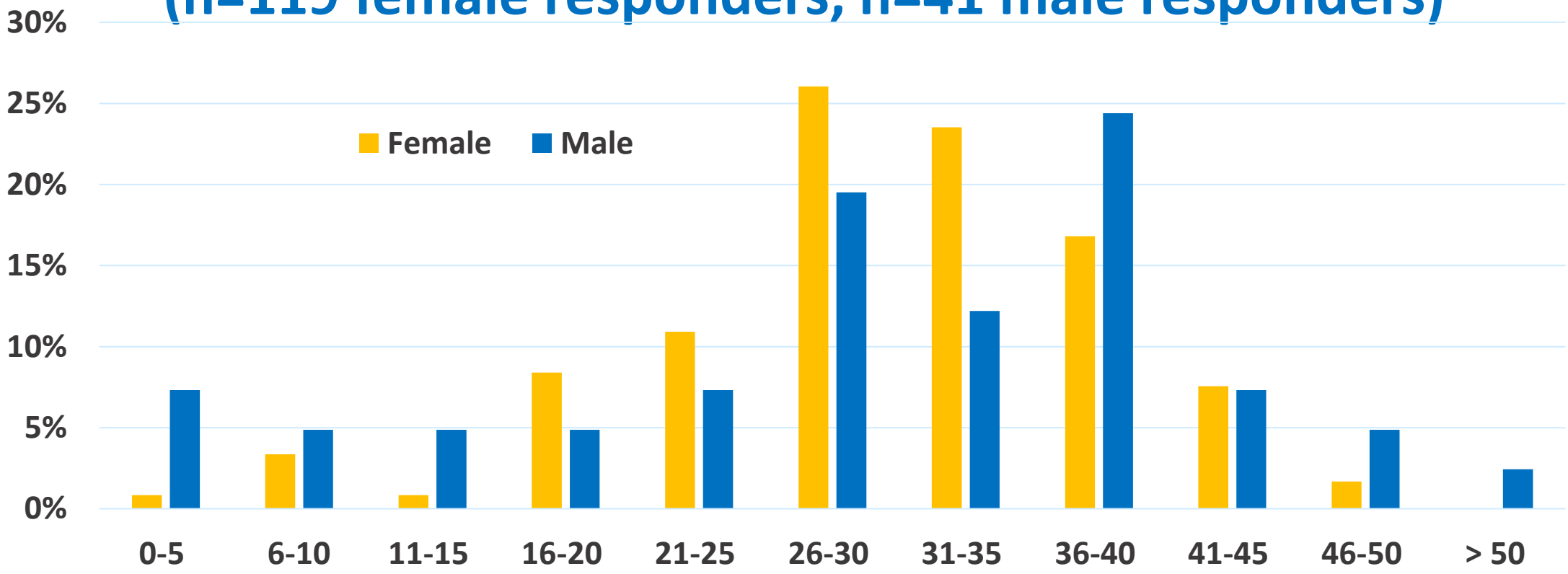
Offer Weekend Well Child Visits (n=159)



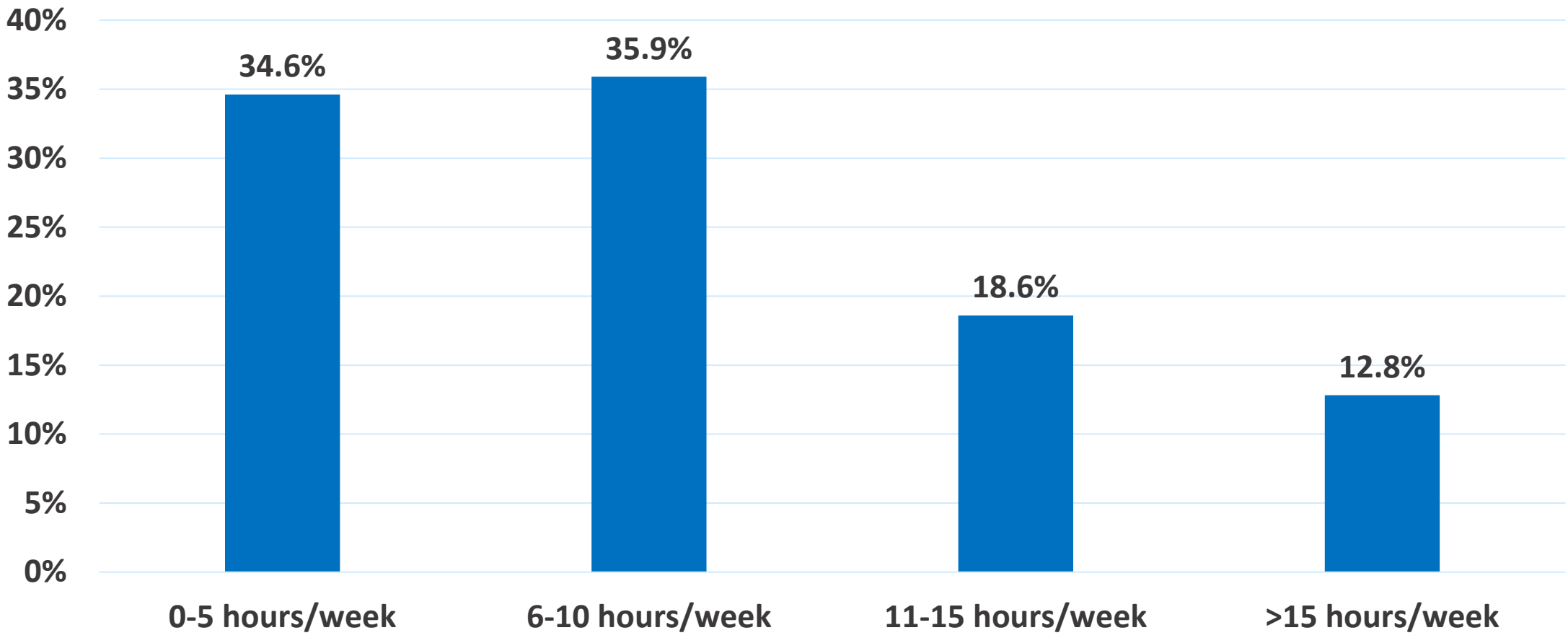
Percent of Responders - Office hours worked in Direct Patient Care (n=161)



Percent of Responders by gender
Office hours worked in Direct Patient Care
(n=119 female responders, n=41 male responders)

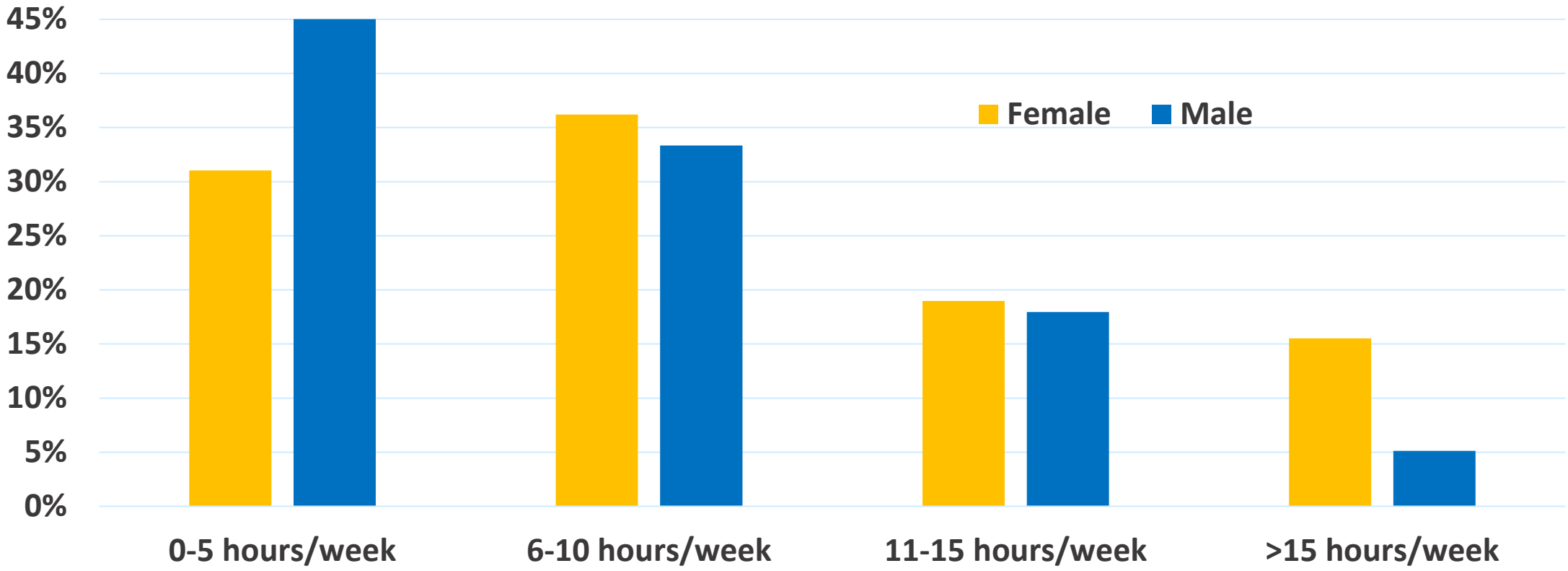


Percent of Responders - After office hours patient care-related work (admin, charting, etc.) (N=159)

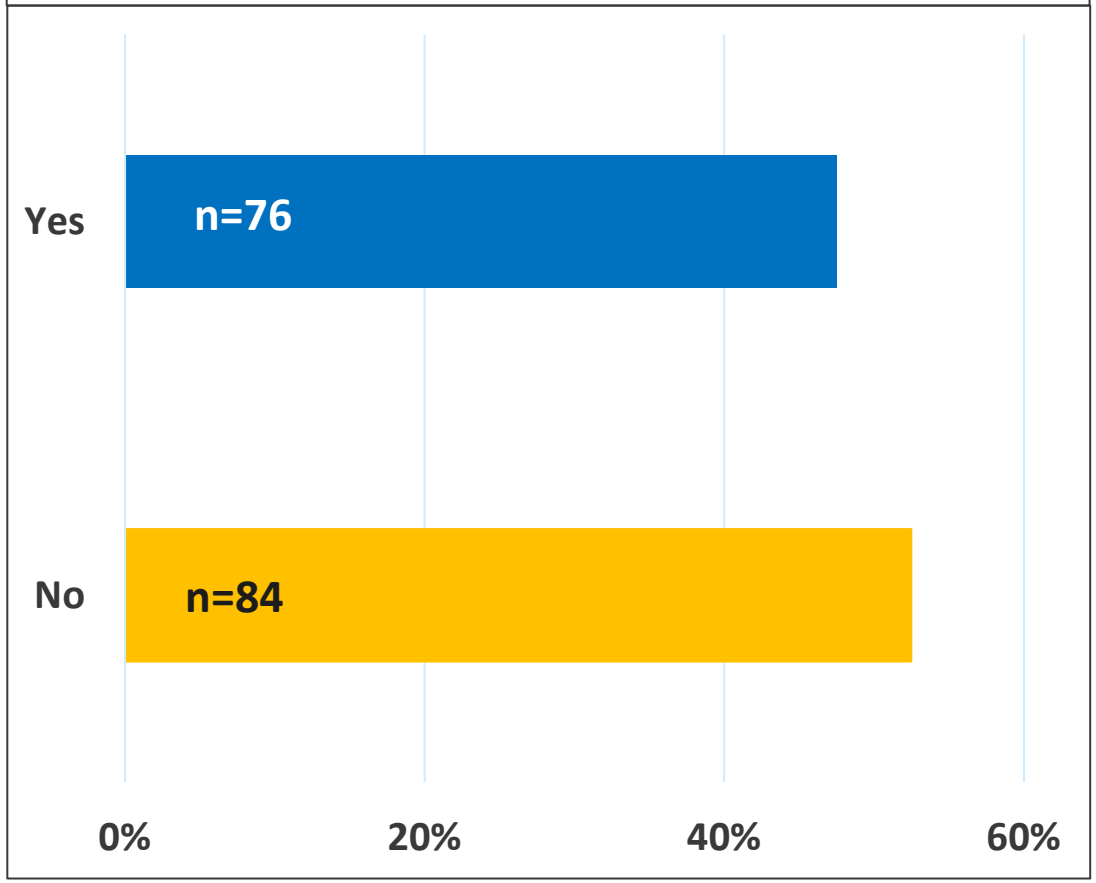


Percent of Responders by gender - After office hours patient care-related work (admin, charting, etc.)

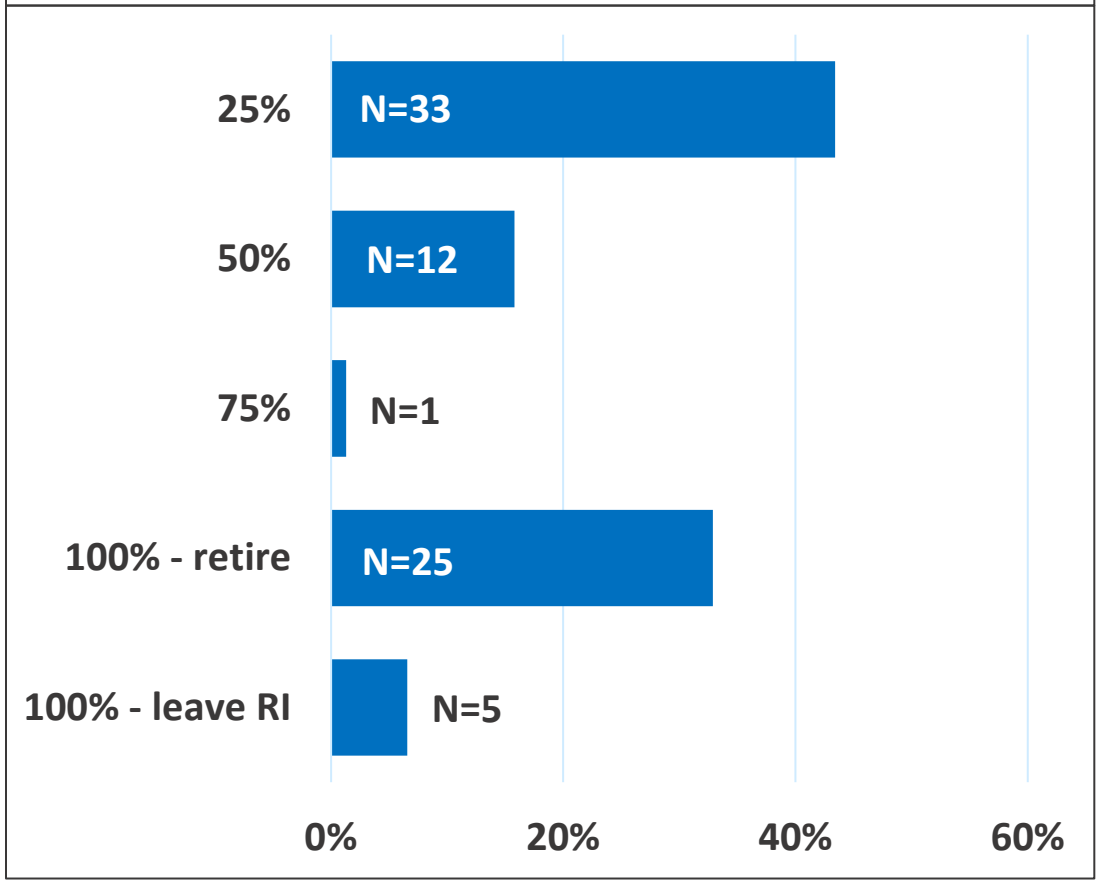
(n=118 female responders, n=40 male responders)



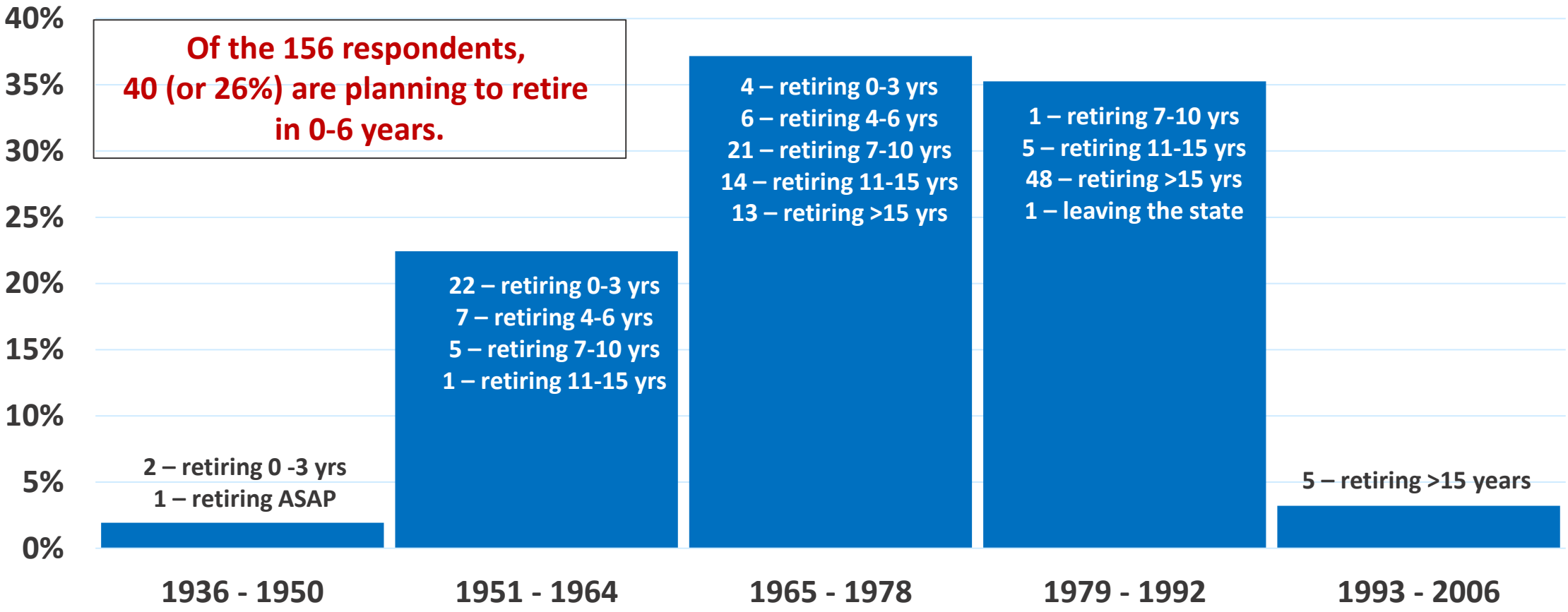
Are you planning to reduce your patient care hours in the future? (n=160)



If yes, how much are you planning to reduce your hours? (n=76)



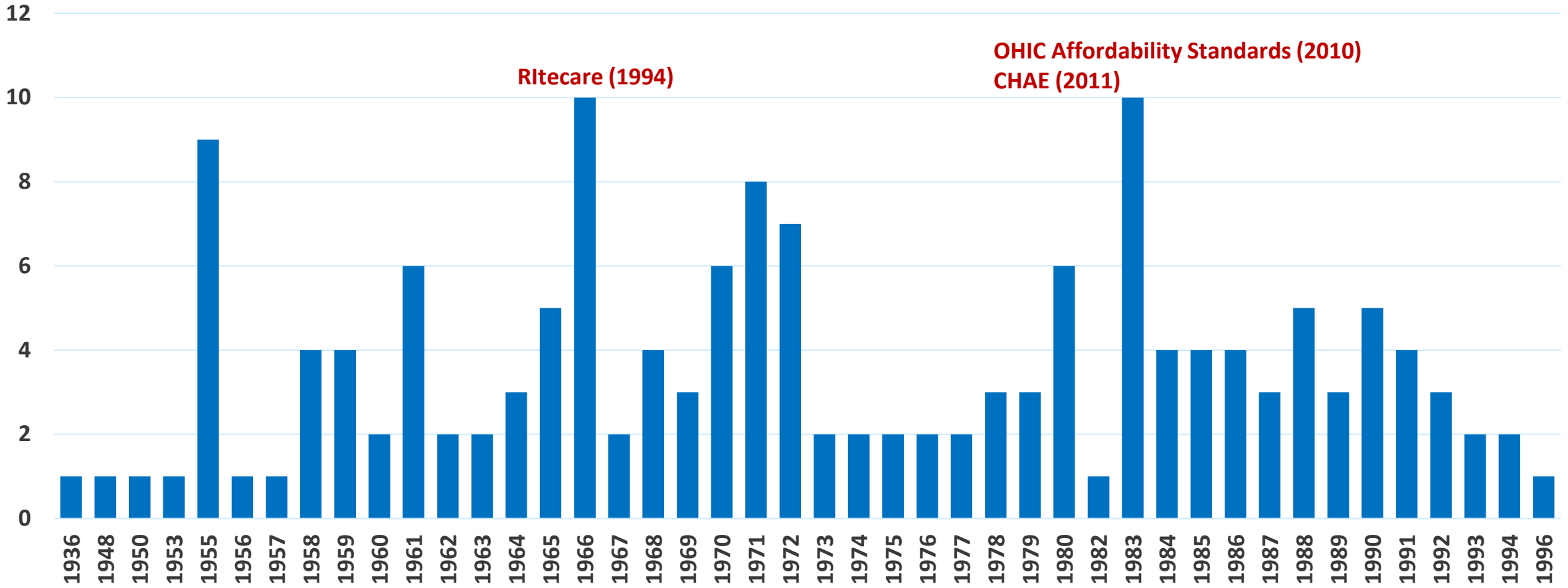
Survey Responders by Birth Year with years to retirement



Number of Survey Responders by Birth Year

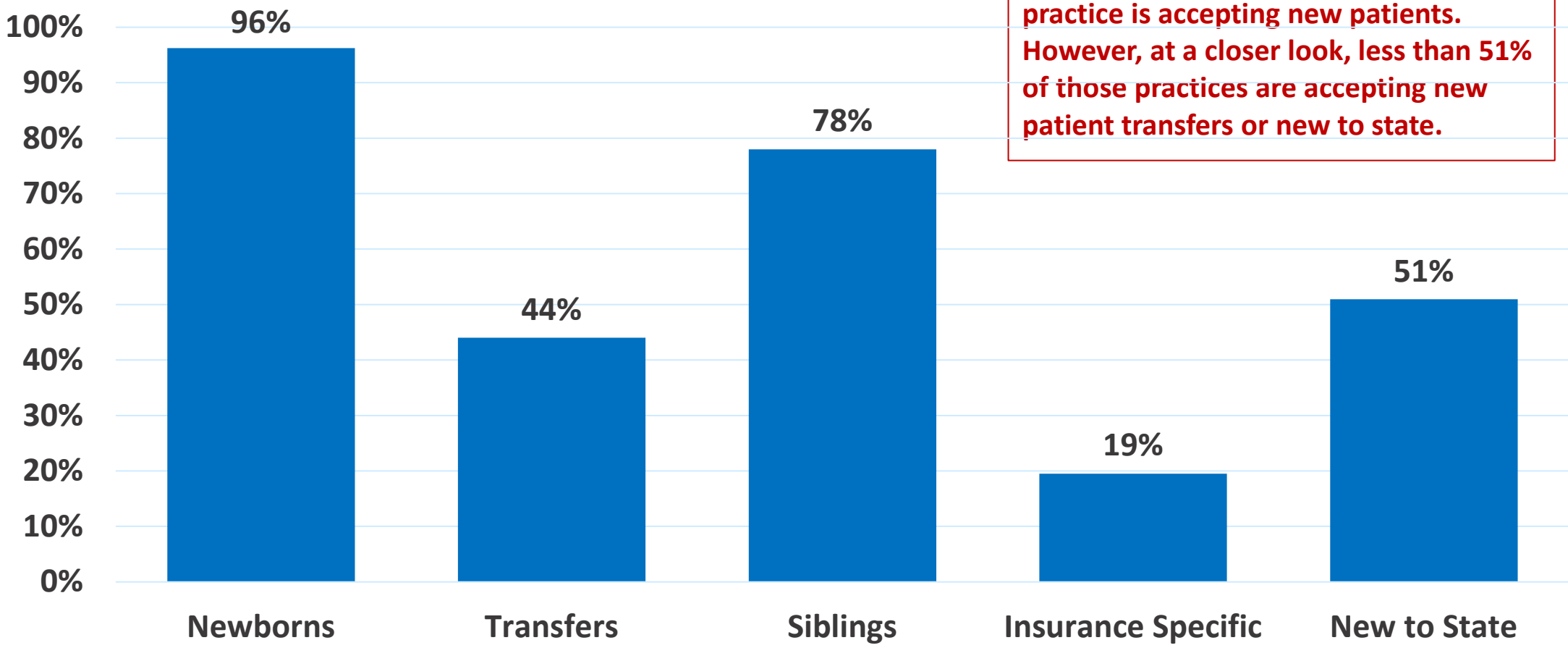
When RI makes significant investments in pediatric care, pediatricians stay in the state to work

(assuming earliest post residency age of 29)



Percent responders accepting new patients by type of new patient (n=159)

91% of responders suggested that their practice is accepting new patients. However, at a closer look, less than 51% of those practices are accepting new patient transfers or new to state.



What words would you use to describe pediatrics in RI?

AND

"System broken after Pandemic."

"Too many pressures - too many patients / too many hoops to jump from payment side"

"Insurance companies make it difficult."

"Too many patients too few doctors."

"It is our goal to provide a true patient centered medical home, and to avoid having patients seen unnecessarily in the emergency room. We see every patient who is acutely ill on a same day basis. We will need a workforce to continue to do this. New hires and experienced providers deserve to be compensated on a par with the rest of the nation."

"Kaleidoscopic"

"We work hard to meet our patients needs but are underpaid compared to other states. Inflation is vastly outpacing our salaries."

"Many pediatricians limit by insurer and do not accept certain Medicaid insurances. Most pediatricians are closed to transfer patients. Many doctors are aging out and have retired, or plan to retire in the next 2-5 years."

"under reimbursed compared to other states, difficult to recruit new providers"

"Great state to practice. Love that immunizations are covered for all children. Love having a children's hospital and specialists nearby."

"overworked, lots of after-hours paperwork, staff turnover, kids are fun and resilient"

"Good hard working and competent pediatric providers but not enough of them, especially for low-income patients in core cities."

"Great bunch of docs in private practice, but kind of an aging group. Lots of small practices unable or not interested in hiring new associates. It seems many of the small practices may be closing in the next few years, and the larger practices are often not taking new patients."

"Not enough pediatricians and underpaid"

"patient's insurance limits provider's ability to provide standard of care"

"Physicians are underpaid and overworked Time to get patients into specialty care is ridiculous (1 year to get into developmental pediatrician?)"

"Threatened by the urgent cares. They pick off the low hanging fruit of easy reimbursable sick visits while I pay staff to be referral coordinators, and enter health screening data, and fight with insurance companies. Our underpaid nurses give out free advice all day, we started paying an astronomical amount to a night call service so we can eat dinner with our families, it is all unsustainable."

"Still joyful for me but burning out…"

"At the whims of insurance companies; jumping through more and more hoops to get what we deserve for compensation; getting less and less over time; less a profession and more and more like a corporate service industry."

"Collaborative across specialties yet poorly valued at many administrative levels."

"Primary care pediatrics is a nightmare in RI due to poor reimbursements and long waits for specialty care when needed."

"Low reimbursement rates some of the lowest in the country (why stay why come) High-cost malpractice High cost to run business. More hoops to jump through Losing Pedi's to other states, hard to recruit new Pedi's More mid levels doing our job AT crisis point in 5 years may lose about half of the Pedi's."

"It has been an honor and a privilege to work with RI children and their families. There are not enough clinicians to meet the needs of our population. A large number of Pediatric providers are at or near retirement age, making the situation much worse. Foresee significant shortage in Pediatric Primary Care workforce."

"We just hired a full-time nurse practitioner and taking new patients. At the current rate of new patients her schedule will be full very soon. We have the space, but it is challenging to find staff especially to work weekends."

"It is harder and harder to recruit new pediatricians to Rhode Island and there are fewer and fewer offices accepting new patients, so access is becoming a major issue. Patients are going to urgent care more and more where they are receiving inadequate care and getting excessive tests, imaging, and prescriptions. Insurance company requirements for documentation is overwhelming. They are paying us for garbage information when they should be employing secretarial staff to comb through our records and let us document how we see fit. The attempts to control our documentation process causes significant interference in our ability to best care for patients. The prior authorization requirements for basic daily maintenance medications are also becoming excessive and time consuming. We are employing four nurses just to manage phone call triage. We pay their salaries and benefits; are unable to recoup any costs from their services as insurance does not reimburse nurse phone calls. I love my job, but the reimbursement issues are a huge deterrent for incoming residency grads who have high levels of debt. And I will certainly retire as early as possible to leave the stressors behind even though I do enjoy the day-to-day life of pediatric practice. The kids and the families are wonderful."

"I am Family Medicine, and I think we are the future of pediatrics."

"Very high-quality doctors who are committed to staying current and taking excellent and big-hearted care of their patients."

"We are a committed group of doctors and providers. We care about our patients, but we are stretched thin with EHR excessive documentation requirements. We have to read 4-6 pages of EHR reports that could have been summarized in 2. So, excessive writing and reading leads to wasting time and energy :(. It is very hard to hire new providers for our practices. Higher compensations in neighboring states make it very difficult to bring new providers to RI."

"Sad. The burnout is real & the financial compensation is horrible. Patient care suffers when doctors are overworked and not happy."

"Challenging to work in primary care - patients are more anxious since COVID, less tertiary support by Hasbro, more demands from insurance companies."

"Enjoy my job."

"Pediatrics everywhere is severely underpaid, RI not being an exception, maybe somewhat worse as I hear from my colleagues from other parts of USA."

Scarce specialty office, significant wait times to get into needed practices. Very nervous, needy parents.

"As owner of my practice, I have been grossly underpaid compared to national averages my entire career to be able to keep the practice financially stable and be able to pay fair rates to recruit staff. If we didn't have family reasons to be here, I would have been much better off practicing in MA or CT. It has been impossible to recruit any new clinicians to the practice. Even midlevels are asking more than I can afford, and more than I pay myself, which makes it hard to expand. We have not been taking new patients for several years as a result. I do like the community here, which has been supportive and trying hard to make things better. But I feel that the reimbursement is clearly subpar and there has not been a true understanding of the infrastructure weaknesses by legislators and payors in the state (which hopefully is starting to slowly change). There is also not enough subspecialty support. Long waits to get patients seen etc."

"There are so many wonderful pediatricians in RI. The problem is we truly need better reimbursement and guaranteed Medicaid parity if we want to be able to attract more. It is hard for a family to find a pediatrician."

"Best job ever, rewards, moral injury due to insurers and our non-system healthcare"

"I love the work and families. The medical system is miserable. Insurances are impeding care and burning me out."

"I really enjoy my office."

"…at times joyful, at times maddening"

"It feels like pediatrics in RI is lacking in physicians and specialists to care for families."

"Increasingly unfun."

"undervalued, like all medicine in RI. The DOH won't pay the director what he or she is worth and on and on."

"Need more providers. Not enough practices accepting new patients."

"very busy and tiring, schedule usually completely prebooked but still there seems to be a lot of patients looking for PCP"

"Poorly reimbursed compared to other nearby states. Specialist care is becoming more and more limited"

"at a cataclysmic edge. 3 attendings I know retiring in next 4 months, related to conditions/age/reimbursement/hassle. Large influx of out of state persons with pandemic. I accept transfers in but at least half of those are a problem (no shows, lose insurance, move out of state quickly)"

"Not prioritized in terms of reimbursement in comparison to our neighboring states, very difficult to recruit new pediatric providers, ongoing mental health crisis with limited accessibility of evidence-based mental health providers"

"Overall difficult to have pt seen by appropriate specialists. A general lack of work ethic in younger physicians."

"Shortage of pediatricians, very low and worsening insurance payments, increasing overhead"

"Close knit community"

"Needle in a haystack-finding a pediatrician in the state is difficult but once found they will receive great care"

"Being a pediatrician in private practice, one third of my time is allocated to paperwork and administrative tasks such as prior authorizations, filling out forms."

"Lack of offices accepting new patients"

"overwhelmed specialty clinics, decent social services resources, some infiltration into school systems"

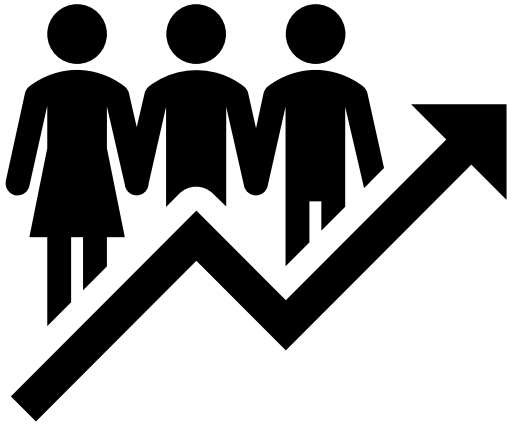
"too many patients and too little time to give quality care"

"increasing anti-vaxxer parents, poor adolescent follow up "

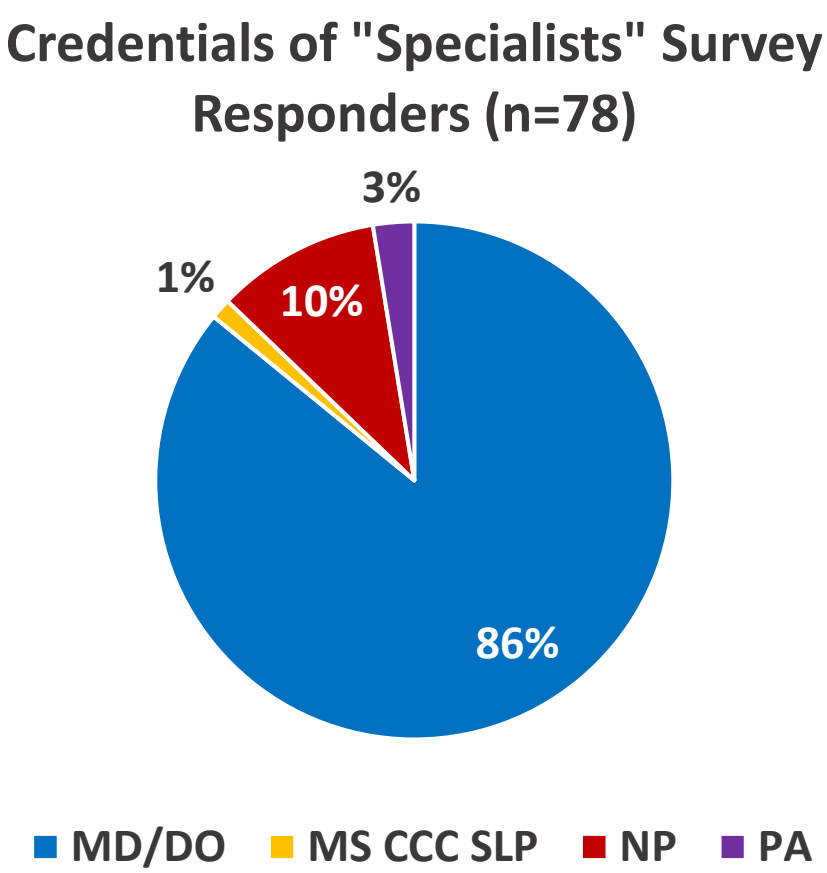
"The Care Transformation Collaborative has been a wonderful idea and process. However, Lifespan has not dedicated the resources to clinics, in particular MA and nursing staff, that will allow this to happen. This has resulted in even more work for primary care docs around charting, keeping track of data, meetings, etc. People are very close or beyond their limits. It's so short cited on the part of Lifespan to have their docs doing secretarial work -- more supportive staff would open up availability for patients and would bring in more income. It is striking that in its recent reorganization, no Lifespan senior official has been the responsibility of the wellbeing of the workforce in their portfolio. It does not seem to be a priority. In fact, as docs have spoken about being over the top, Pediatric leadership has just moved the standard visit from 20 to 15 minutes and added an additional hour of work every morning, with no increase in pay. This not only adds to workload and stress but speaks of leadership not listening for the distress in the trenches."

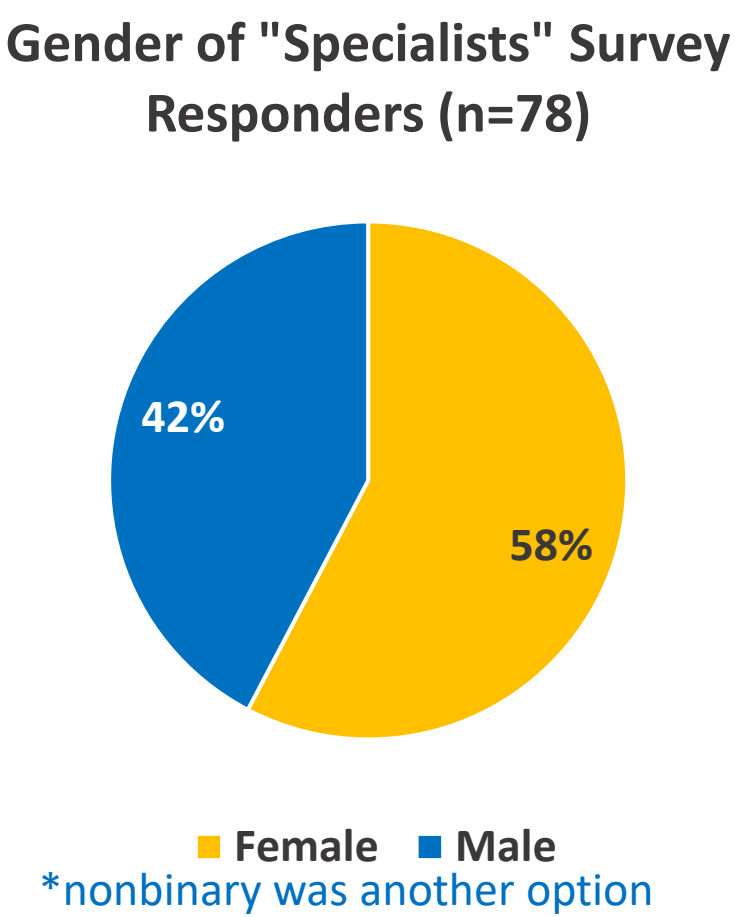
"I appreciate the necessary work of NPs and PAs. However, they lack the depth of knowledge gained from a full medical education. There is much reliance on pattern recognition. They often are not aware of what they don't know. NPs and PAs working in a specialty field often have a GREATER level of knowledge in a field than a primary care pediatrician would. Their work is much appreciated. Very experienced (multiple years) NPs and PAs in primary care help a great deal if they work with a physician-based practice that includes sharing of ideas and discussions regarding complex patients. While there is a role for NPs and PAs, we need more well-trained physicians in Rhode Island."

Following analysis is focused on the 78 Specialists' responses



Background information on “Specialists” Responders





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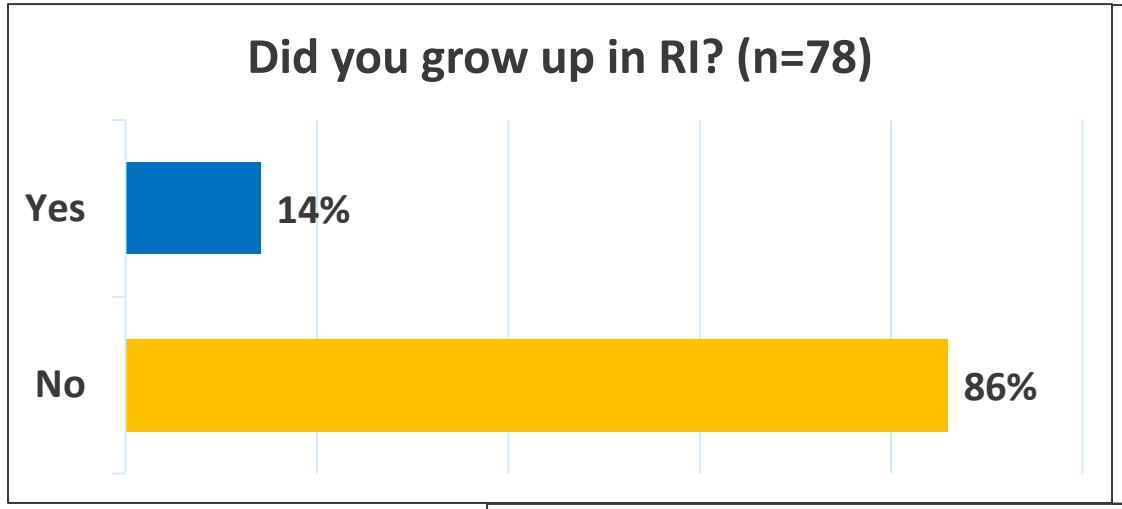
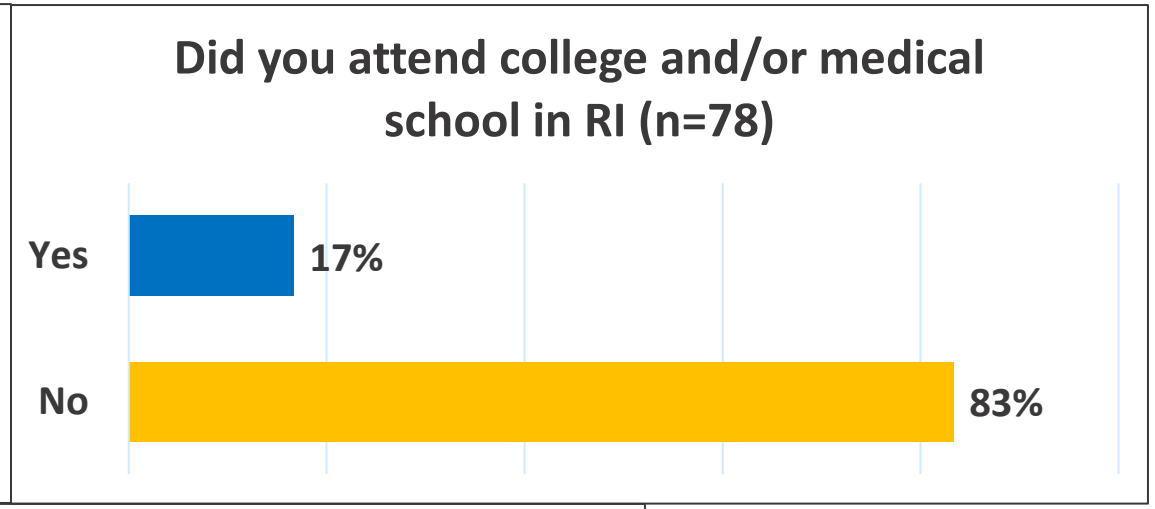
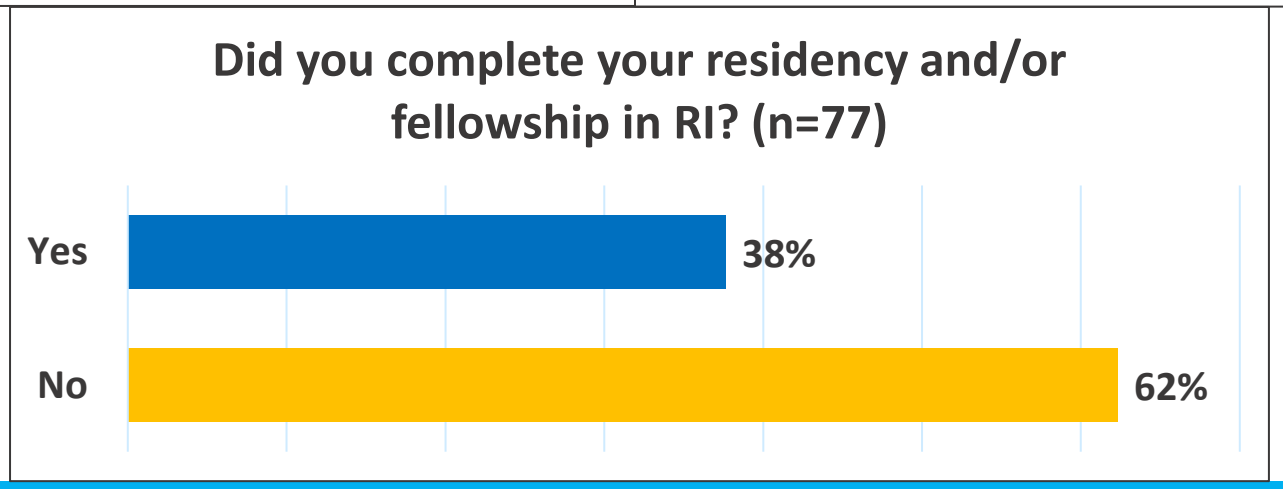
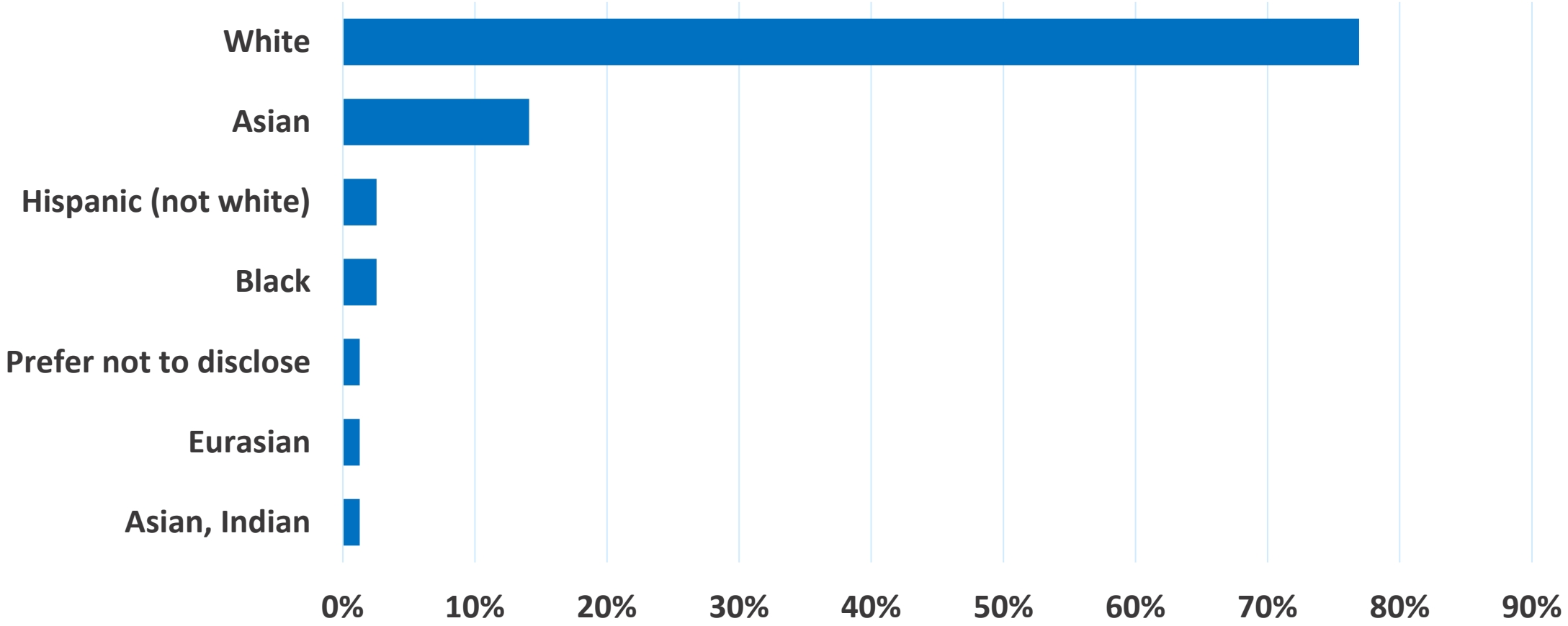
Background information on "Specialists" Survey Responders



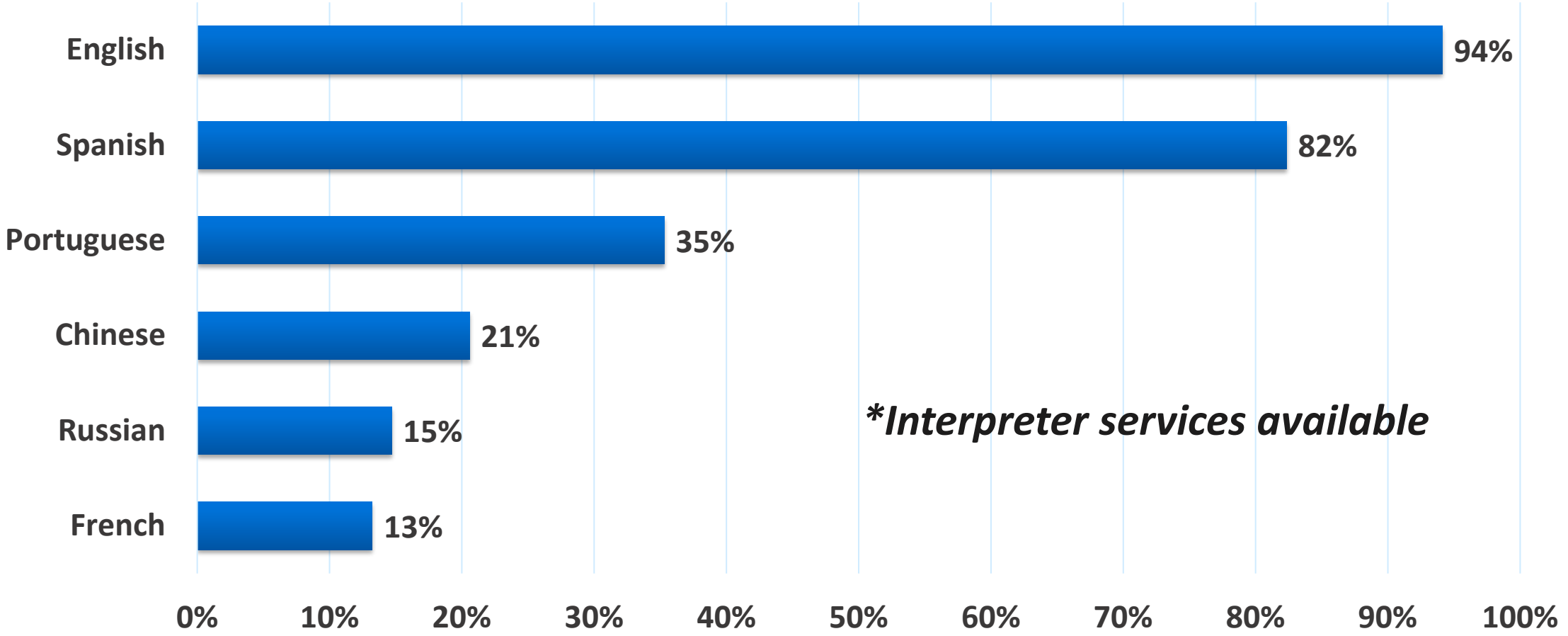




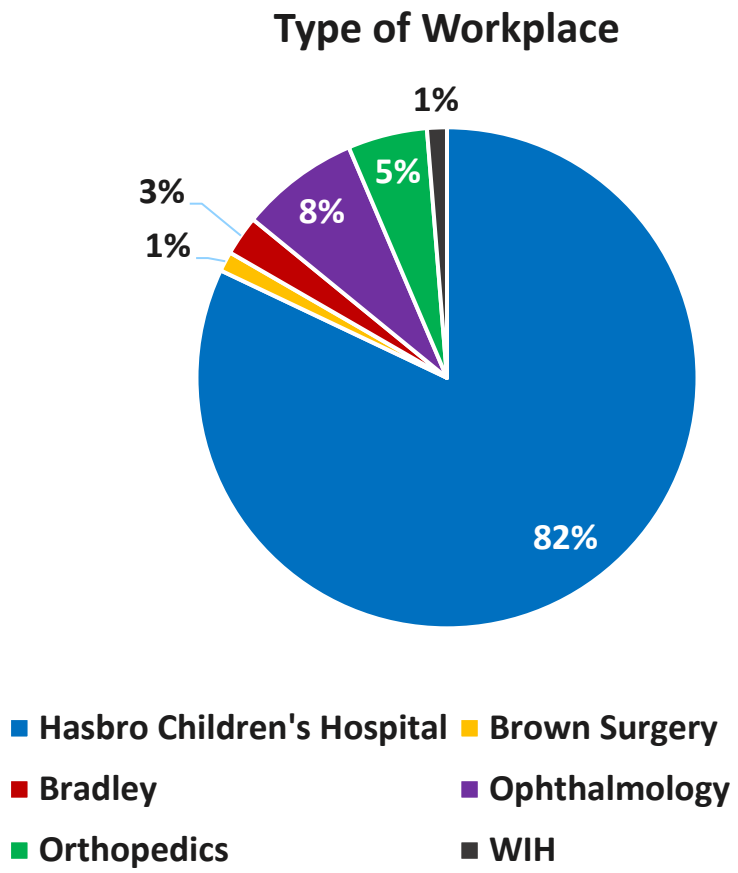
Race of "Specialists" Survey Responders (N=78)



Languages Spoken (n=68)



Background information on "Specialists" Survey Responders

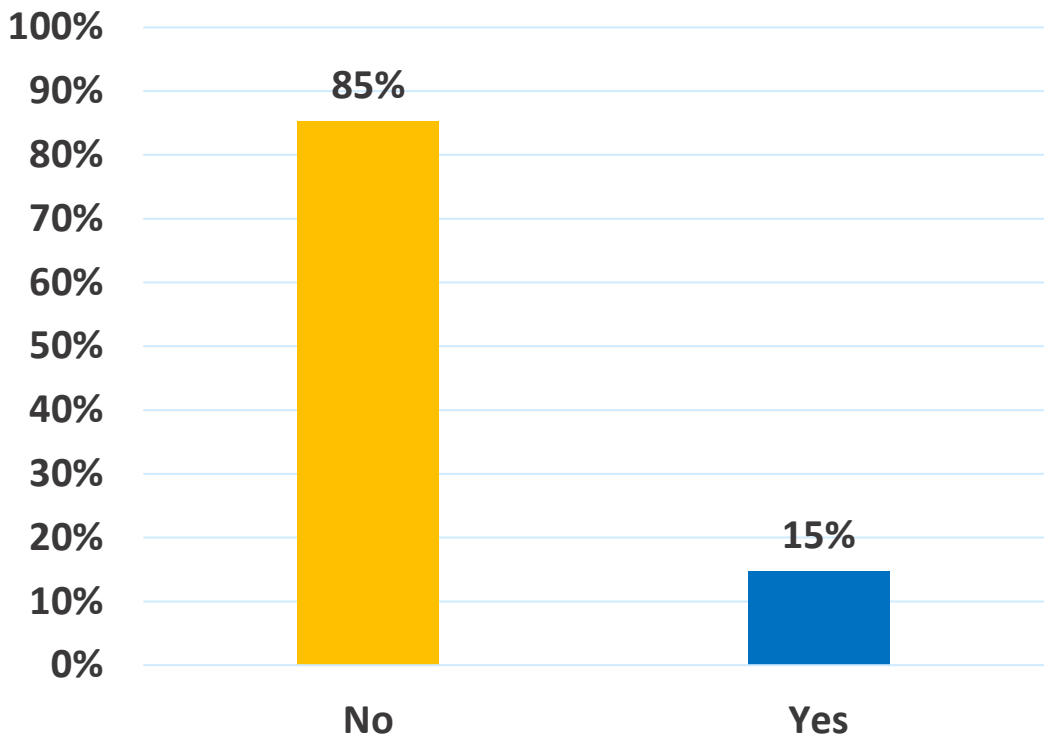


Time spent on practice work vs research: (N=75)

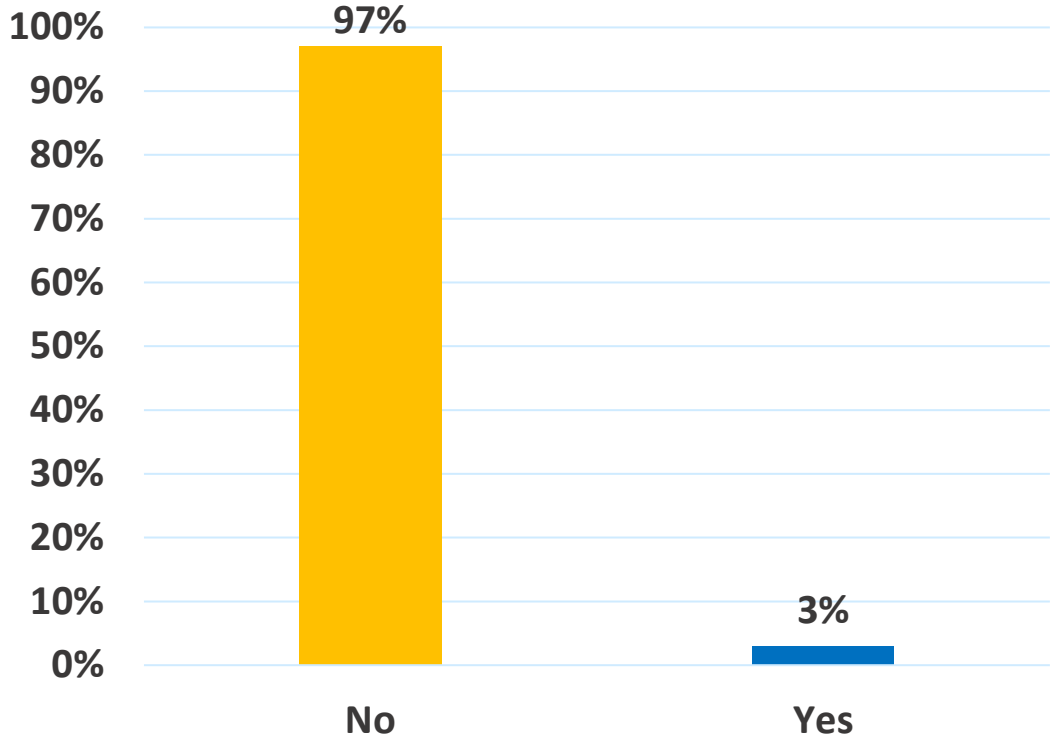
- Only 51% of "specialists" survey responders work 100% of their time in practice.
- The rest are participating in some level of research, in addition to their practice work.

Percent “Specialists” Responders replied – Does your practice…?

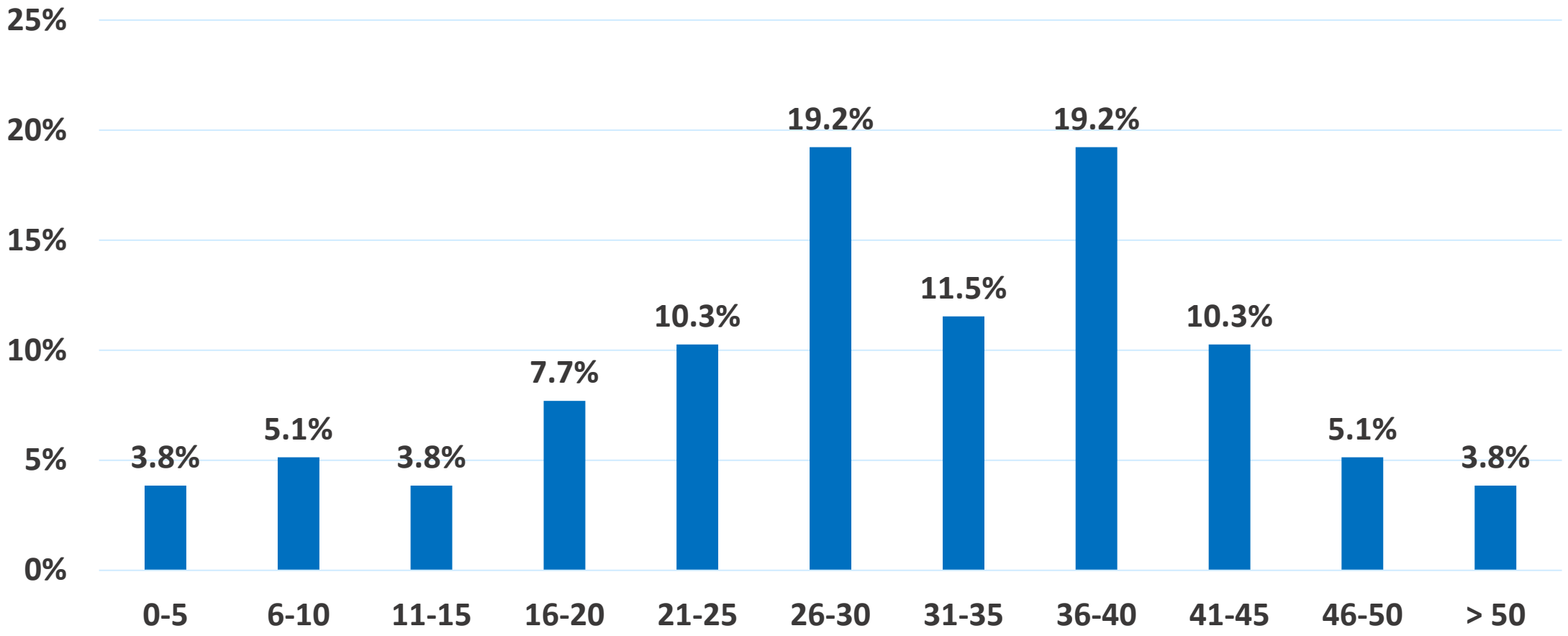
Offer Weekend Sick Visits (n=68)



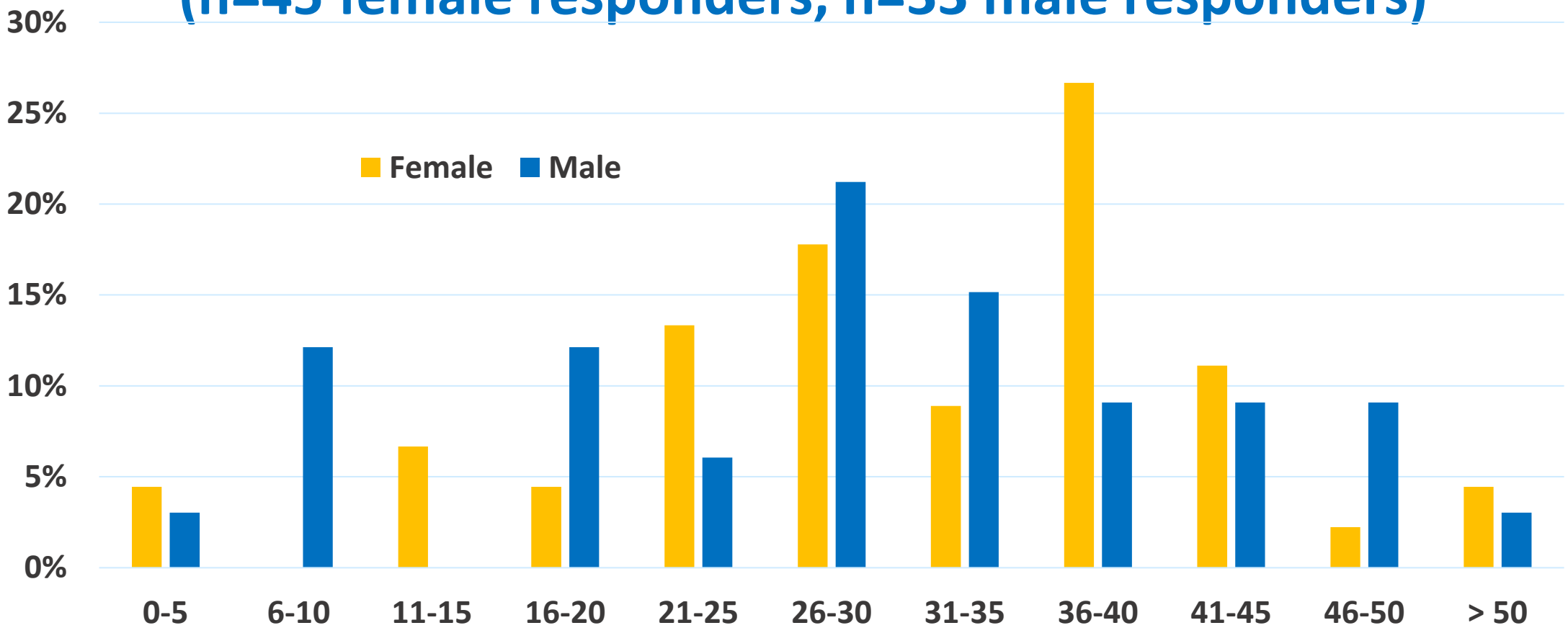
Offer Weekend Well Child Visits (n=67)



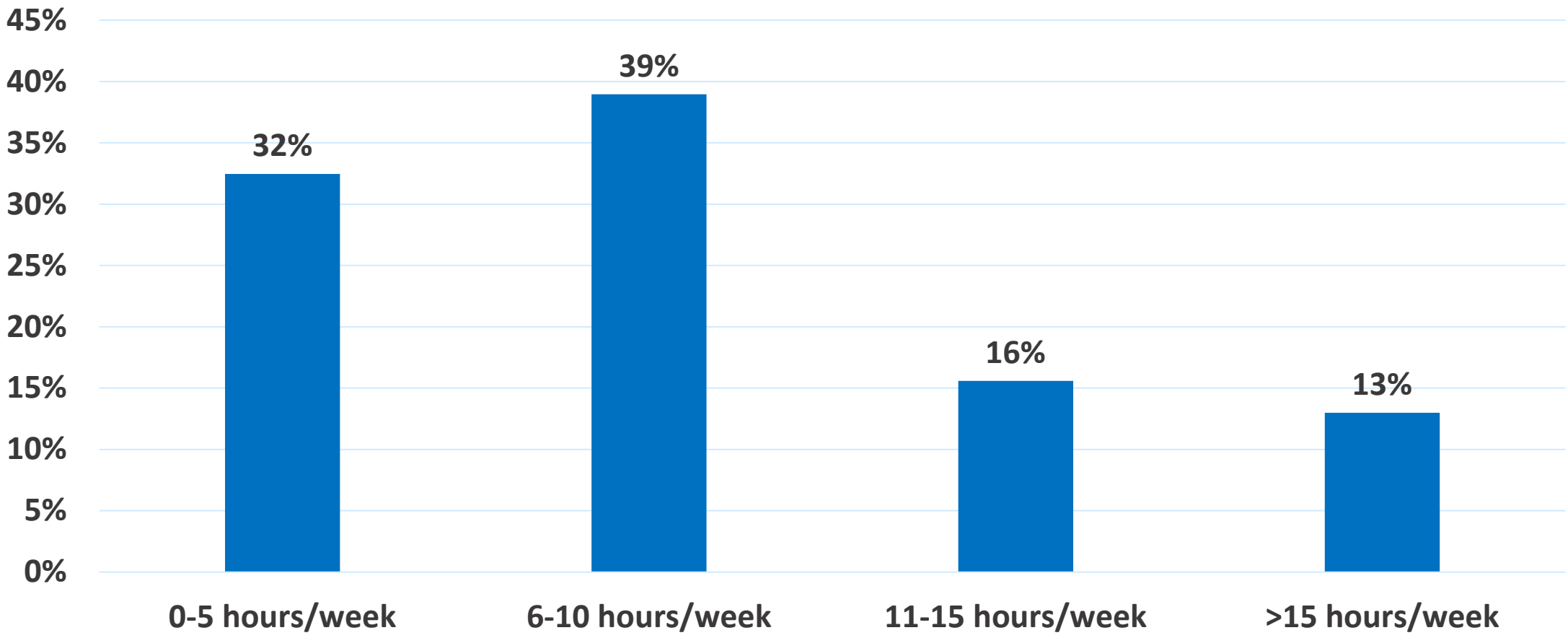
Percent of "Specialists" Responders Office hours worked in Direct Patient Care (n=78)



Percent of "Specialists" Responders by gender Office hours worked in Direct Patient Care (n=45 female responders, n=33 male responders)

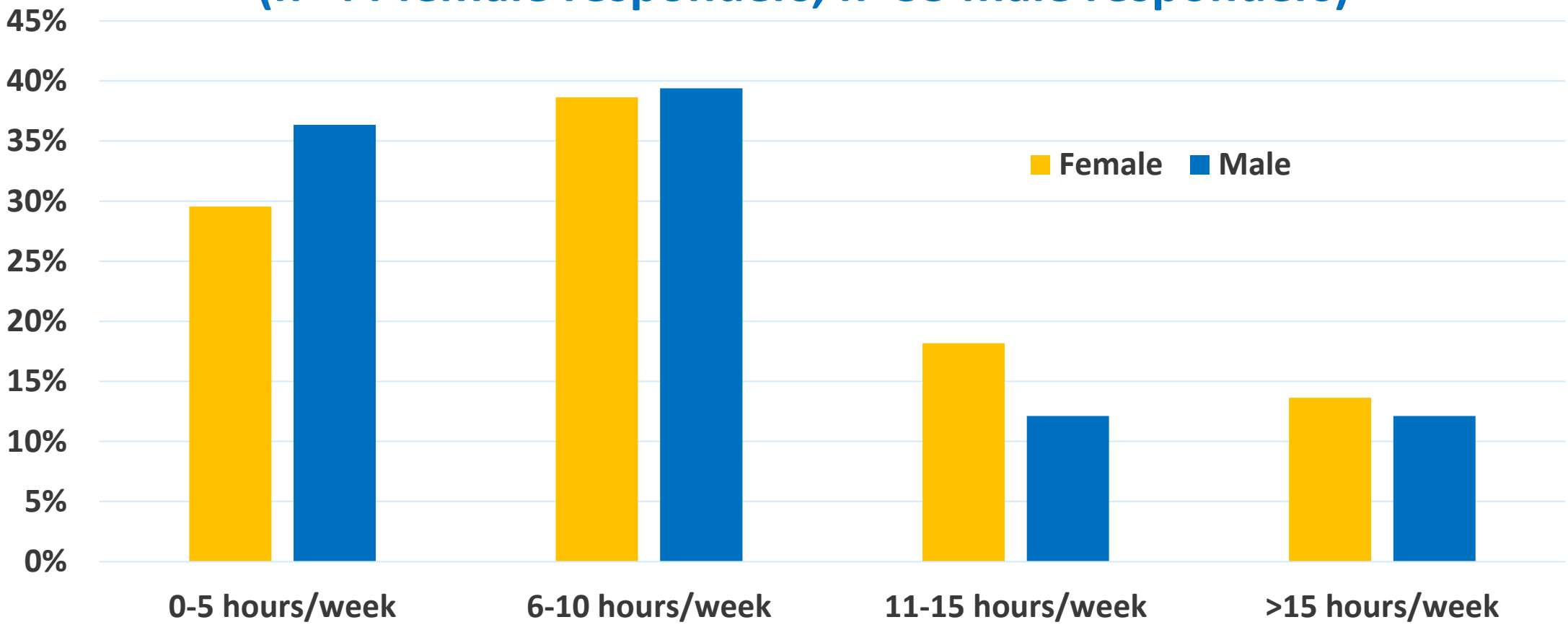


Percent of "Specialists" Responders - After office hours patient care-related work (admin, charting, etc.) (N=159)

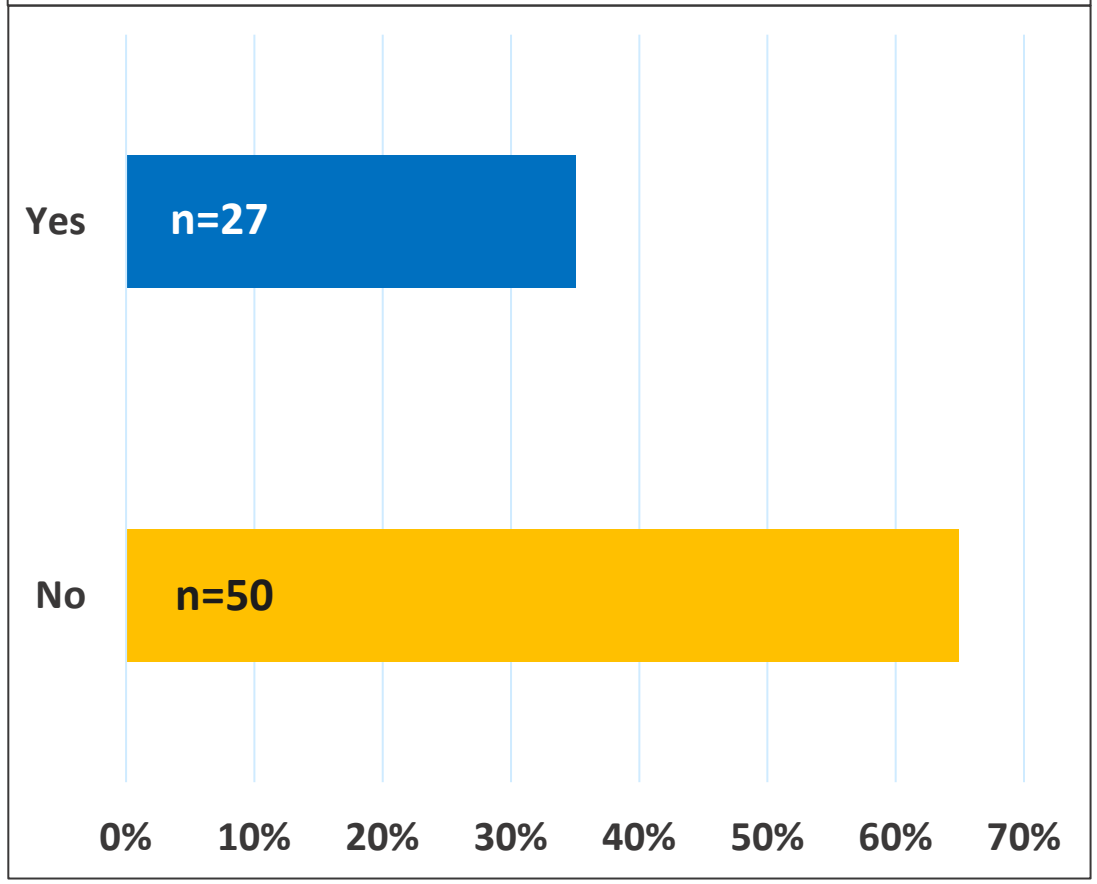


Percent of Responders by gender - After office hours patient care-related work (admin, charting, etc.)

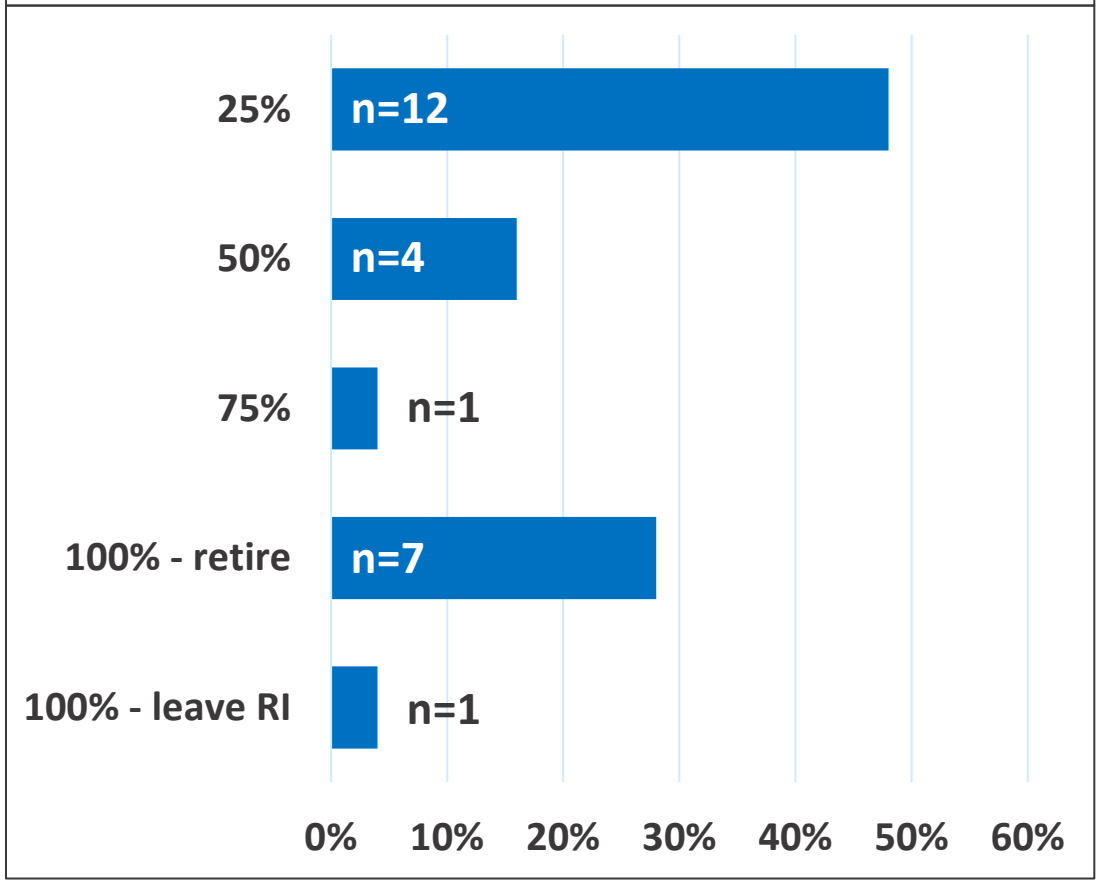
(n=44 female responders, n=33 male responders)



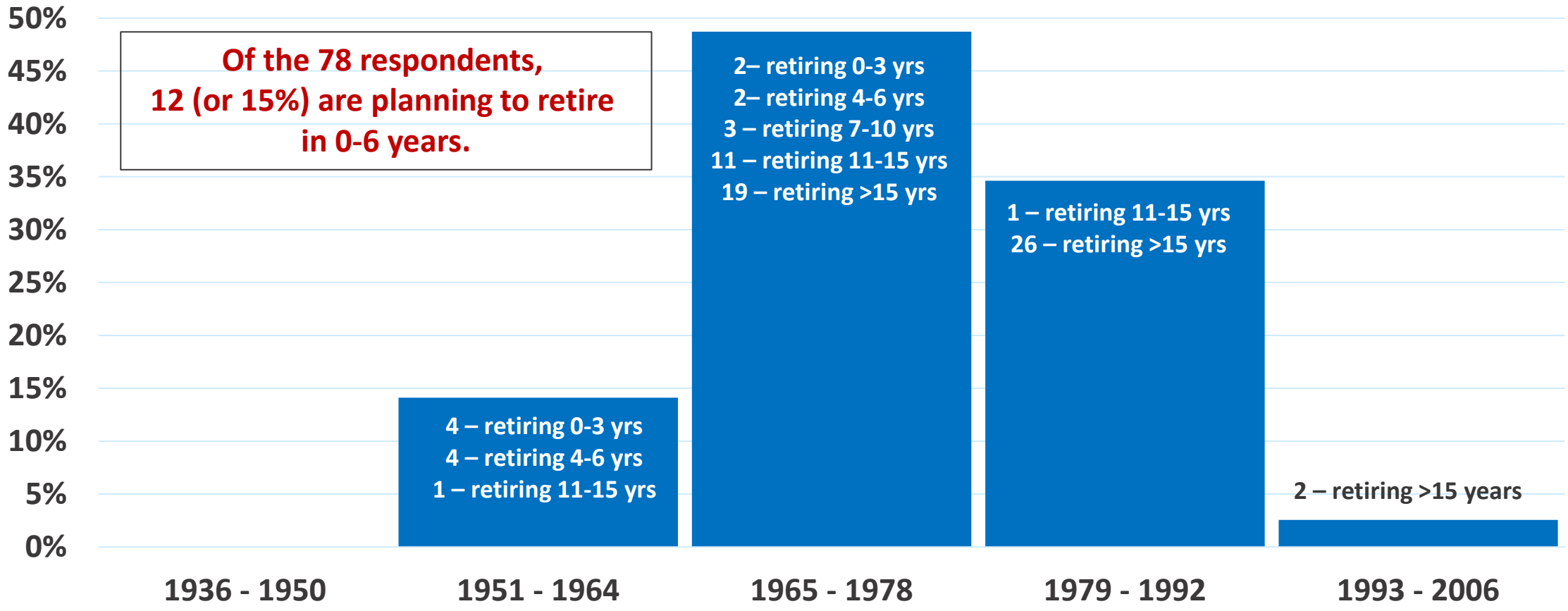
Are you planning to reduce your patient care hours in the future? (n=77)



If yes, how much are you planning to reduce your hours? (n=25)



"Specialists" Survey Responders by Birth Year, with years to retirement



Here's what the Specialists have to say…

"I love the community of pediatricians here--it is such a wonderful place to practice! As a provider in a practice that only takes 10+ yo patients (Adolescent Medicine) we often get kids who have been trying to find a PCP for a long time before they find us--the shortage of providers for non-newborn kids is real. For those of us who are both primary and specialty providers, there are insurance barriers here as well--we can only be credentialed as one or the other (not both PCP and specialty) by several of the carriers, which means patients looking for PCP can't find us on the insurance website. This seems like something that could be adjusted to support optimal access for patients (and optimal job satisfaction for those of us trained and set up to do both)."

"love the relationship we have with RI Pediatricians.. always open to patient discussion"

"We need to think "outside the box" on how to keep / attract pediatricians to RI - loan forgiveness, sign on bonus, etc ..."

"significant high population of language disordered and dysregulated children. too long wait lists to receive appropriate services (ABA). CEDARR Programs are not as effective as they could be"

"I am a specialist, and we have been experiencing challenges related to staff support and not having enough FTE to see patients. We'd like to help everyone and ask for your understanding for the wait time to see a patient. Things are being done to make this all better. We'd like to prioritize the sicker/sickest patients so the wait time for others become longer - call us if you feel the case is urgent or if you have any concern or suggestions. Thanks!"

"Rewarding, busy, high-need"

"Stretched."

"Friendly, caring people in an overworked field"

"Underpaid. Much higher volume of Medicaid than other states. V lowest Medicaid reimbursement in usa (38% of Medicare)"

"need increased reimbursement for pediatric specialists need hospital admin to respect what we do"

"under-reimbursed, limited availability (most private practices are only taking newborns, if at all) KidsNET and DCYF are wonderfully centralized, excellent advocacy"

"Becoming more corporate and institutionalized."

"Poor reimbursement leads to many primary care and specialist providers to practice in ma or ct. attracting new docs very difficult"

"Very Good"

"Supportive, dedicated, overworked"

"Underpaid"

"Hope"

"hopeful, high quality, underrecognized, under resourced"

"Too few PCPs"

"Understaffed - particularly in mental health care"

"I work in an Emergency Department that sees over 60k children annually. Many families do not have PCPs which makes follow up extremely difficult. We ask families to call to schedule PCP and they are often told PCP is not accepting new patients."

"Exhausting! Pediatrics of today is NOT pediatrics of 25 yrs ago. We do so much care taking for the worried well and mental health needs have skyrocketed w/ primary care filling the void."

"Hard to find adult providers to transition patients to"

"High quality; probably understaffed. I think ER is overutilized for nonemergent problems. Need more mental health treatment options."

"Primary care is such an important relationship and one we of unrealistic expectations where providers are expected to do more in less time, it's not sustainable. And I wish we were more thoughtful/planful/transparent on roles b/w MD/APP to optimize training/skill set, minimize resentment and impact burnout."

"We need to advocate at a state level for better reimbursement rates from insurers - otherwise we will keep losing good doctors."

"Difficult, poor reimbursement, lack of primary care providers"

"Make it easier for new patient access. Recommend Ortho referrals with fellowship trained pediatric orthopedic surgeons and ancillary staff. Access not an issue and community providers not adept dealing with pediatric issues."

"Lots of referrals sometimes worried well/minor issues that should be addressed by primary care providers"

"Gaps in quality of care"

"Too many emergency room visits for primary care problems"

"Understaffed - lack of support staff"

"VERY difficult to access (hard to find primary care, no matter what your insurance). Probably worse for Medicaid pts."

"Limited, scarce, poor availability for new RI residents"

"difficult to get appointments as a new patient"

"Pediatric care provided in RI is great."

"Centralized, insular, well-educated"

"Great people"

"more allied health providers needed as MD workforce is aging, and pediatrics isn't a lucrative field that medical students are rushing to pursue. Furthermore, pediatric intensive care is in trouble given the trajectory of residency training pulling learners out of ICUs."

"Friendly"

"Underpaid, understaffed, aging"

"Thank you for all your work! This is a great idea!"

"overcrowded"

"I work in the emergency department so I don't have a panel and can't answer many questions, but I have noticed that it is very difficult for families to even make an appointment with their pediatric provider or even get in for a sick visit and family's end up int he emergency department to seek care. Also, it is VERY hard to help families establish primary care, and we need up to date centralized lists of practices accepting."

"Under compensated. Rewarding experience."

"I'm very concerned about the national trend showing decreased rates of medical students entering pediatric residency, which will eventually trickle down to our ability to recruit and retain pediatricians in RI. I see this playing out already in our difficulty recruiting pediatric fellowship applicants to our programs at Hasbro. I think this downtrend is probably related to poor reimbursement rates for pediatricians (especially for pediatric subspecialists relative to their adult counterparts). I think there may need to be a nationwide (congressional?) push towards changing incentive and payment structures that favor pediatricians and other primary care providers in order to make the field more attractive to trainees."

"I find that there are long wait times for pediatric patients to be seen by a provider. Pediatricians that are accepting new patients are hard to find and specialty clinics have incredibly long wait times. When you do connect with a pediatric provider, they are incredibly caring and capable, but the volume of patients is often overwhelming."

"High demand, limited providers. Not well compensated."

"Kids"

"Inadequate access and very inadequate reimbursement rates"

"I have significant administrative time that was not accounted for on this form."

"not enough primary care pediatricians or subspecialty pediatricians - especially pulm and renal"

"I thank you for all that you do. I will continue to put my best efforts towards good eye care for the kids in Rhode Island"

THANK YOU!

BACKGROUND

2/8/24 – Providence Business News publishes summary of Forbes article - 10/13/23
RI - highest number of primary care physicians, third highest number of specialists – https://www.forbes.com/advisor/health-insurance/best-worst-states-for-healthcare/

4/12/24 – Providence Business News publishes summary of Wallet Hub – 4/9/24
RI third best state for children's health care –
https://wallethub.com/edu/best-states-for-child-health/34455

2024 Match – close to 30% pediatric positions did not fill –
https://www.statnews.com/2024/04/02/too-few-pediatricians-health-care-costs/

BACKGROUND CONTINUED

The lived experience of Rhode Island's families and pediatric offices does not support the Forbes statement that RI has the highest number of primary care physicians.

So - we asked questions.

MORE BACKGROUND

4/24 – Forbes health access data came from Kaiser Family Foundation, with data obtained from a special request from state licensure database, which lists 577 physicians affiliated with pediatric care, which includes all pediatric medical and surgical specialties as well as child psychiatry. In this database Nurse Practitioners and Physician Assistant licenses are not distinguished by specialty. Review of this database shows many out of state addresses, and physicians who are either retired or working in industry.

Email to KFF confirms that data obtained by Redi-Data, Inc. January 2024 with a special data request from state licensure database

RIDOH confirms that residents and fellows are listed in the license database

BUILDING THE DATA BASE
current as of 2/24, and with some overlap between lists

RIAAP membership and lapsed membership distribution list (358)

thank you, Jennifer Mann, MPH, Executive Director, AAP, RI chapter

Hasbro Children's Hospital Pediatric Trainees distribution list (114)

thank you, Helene Felici, Pediatric Clerkship Coordinator

Pediatric Faculty Grand Rounds distribution list (216) – Hasbro and Women & Infants Hospital

thank you, Laurie Sawyer, Academic Administrative Manager

BUILDING THE DATA BASE
current as of 3.24 - with some overlap between lists

Hasbro Children's Hospital Provider Guide (265)

thank you, Dr. Celeste Corcoran

RIAAP/PCMH-Kids Primary Care practice list (233)

Distilling all the lists

With all the combination of listservs, 715 unique clinicians received at least one emailed link.

REMOVED	ADDED
nonclinical	new physicians
purely research or industry	clarified all clinical NPs/PAs
practicing outside of RI	

Working survey denominator – 610 unique and individual pediatric clinicians were asked to complete the survey.

METHODOLOGY

A 28-question Survey Monkey was written, taking average 7 minutes to complete.

Thank you, Carolyn Karner, Drs. Pat Flanagan, Greg Fox, Peter Pogacar, Howie Silversmith, and Kim Townsend

Emailed to listserves –

- RI Medicaid Relief (includes family docs providing pediatric care) 4.12.24
- Faculty and trainee listserve and RIAAP listserve 4.17.24
- personal emails sent to practice physician champions and division directors 4.21.24 and 5.5.24