



California's Children Need Access to Pediatric Subspecialists

In the United States, approximately 1 in 25 children are considered medically complex. The number of children with complex health care needs is expected to double in the next decade, as advances in technology and medicine reduce mortality rates.¹

These children typically require care by one or more pediatric specialists, as well as access to services beyond the health care system.

According to a survey conducted in 2013, 34% of California's families with children with special health care needs reported difficulty accessing care.²

Access to care is a multidimensional concept involving affordability, timeliness, frequency, geographic proximity, and cultural sensitivity.³

Important role of pediatric subspecialists

- ❖ Pediatric subspecialists are the only physicians highly trained to treat children with complex chronic conditions.
- ❖ Some examples of conditions pediatric subspecialists treat include cerebral palsy, congenital heart disease, diabetes, cystic fibrosis, and cancer.
- ❖ Pediatric subspecialists understand that children are not just small adults, and that there are distinct physiological and cognitive differences between children and adults.
- ❖ Pediatric subspecialists treat the most fragile and chronically ill children, including those that participate in the California Children's Services program (CCS).
- ❖ The majority of their patient population is on Medi-Cal, and for some medical groups this number exceeds 60%.

The current supply of pediatric subspecialists in California is inadequate to meet the health needs of children

- ❖ Medi-Cal rates are still not sufficient to recruit and retain providers for certain subspecialties.
- ❖ Physicians are opting to work in other states where the cost of living is lower and reimbursement/ salaries are higher.
- ❖ More medical students are opting for general or hospitalists track due to post graduate debt, and amount of time and cost in lost salary to become a pediatric subspecialist, while the current workforce is aging and approaching retirement.

¹ The Chartis Group White Paper, Five Keys to Success: Advancing Care Models for Children with Complex Health Care Needs

² Bethell C, Zuckerman K, Stumbo S, Gombojav N, Robertson J. Children with Special Health Care Needs in California: a profile of key issues. CAHMI, Lucile Packard Foundation for Children's Health. Jan. 2013.

³ Daphna Gans, Molly Battistelli, Mark Ramirez, Livier Cabezas, and Nadereh Pourat, Assuring Children's Access to Pediatric Subspecialty Care in California

- ❖ Pediatric subspecialty care delivery is geographically regionalized to have appropriate patient volume, and allow for optimal specialization by condition.
- ❖ Access to and utilization of pediatric subspecialty care and facilities are also adversely impacted by the uneven distribution of providers and potentially the availability of specialty care facilities.
- ❖ Most children's hospitals are concentrated in more densely populated areas, leaving the Central Valley and rural north with lower concentrations of specialists.
- ❖ With 97% of children now covered in California and advances in medicine and treatment of conditions, the demand for services is on the rise.

CSCC conducted a survey in 2017 of its 15 member medical groups with a 73% response rate. Findings from this survey are highlighted below.

- ❖ **The average patient wait time for the following specialties that exceeded 15 business days* for the 3rd next available** initial appointment:**

Allergy-43 days	Infection Disease-19 days	Plastic Surgery
Behavioral/ Developmental	Medical Genetics-87 days	Psychiatry*-34 days
Pediatrics-76 days	Metabolic-83 days	Pulmonary*-39 days
Cardiology* -17 days	Nephrology*-35 days	Rehabilitation*-39 days
Dermatology*-41 days	Neurology*-46 days	Rheumatology-56 days
Endocrinology*-42 days	Orthopedics*-17 days	Urology-30 days
Gastroenterology*-32 days	Otolaryngology*-36 days	

- ❖ **The average patient wait time for the following specialties that exceeded 15 business days for the 3rd next available follow-up appointment:**

Behavioral/ Developmental	Medical Genetics-56 days	Pulmonary-35 days
Pediatrics-43 days	Metabolic-45 days	Rheumatology-35 days
Cardiology*-16 days	Nephrology*-35 days	Surgery*-16 days
Dermatology*-22 days	Neurology*-35 days	Urology-19 days
Endocrinology*-20 days	Orthopedics*-18 days	
Gastroenterology*-32 days	Otolaryngology*-22 days	

* Third-next available was used because it is considered a more accurate measure of access than "next available" since the next or even second next available appointment may have become available due to a cancellation or other event that is not predictable or reliable.

** Timely access requirements for specialists currently are required under the Knox Keene Act and the Department of Health Care Services to Managed Care Plan contracts – the patient should be able to make an appointment to be seen within 15 business days of request unless an alternative access standard is approved, and apply to the areas of specialty noted with an asterisk above.

❖ **It is difficult to recruit many subspecialists. The following is the average length of time our member organizations have been recruiting for certain subspecialties that exceed one year:**

- Allergy-18 months
- Dermatology-24 months
- Hematology/ Oncology-13 months
- Medical Genetics-13 months
- Metabolic-15 months
- Neurology-14 months
- Otolaryngology-16 months
- Plastic surgery-15 months
- Psychiatry-18 months
- Rehabilitation-15 months

Protecting Access to Pediatric Subspecialty Care

- ❖ Sufficient Medi-Cal reimbursement is essential to maintain access to specialty care for children.
- ❖ Medi-Cal funding is the underpinning of reimbursement to support pediatric subspecialists, who provide specialty care for ALL CHILDREN in California.
- ❖ Increased funding to medical school debt reduction/ loan forgiveness programs to encourage medical students to enter into pediatric subspecialties is vital.
- ❖ Increased funding to supported the expanded use of telehealth, e-consult and physician extenders, when appropriate, should be considered.

The Children's Specialty Care Coalition represents nearly 2,500 pediatric subspecialists in the state of California that are affiliated with almost every children's hospital. CSCC's mission is to ensure that children with complex health care needs have access to timely and high quality medical care, and that pediatric specialists are able to thrive in California's health care environment, through strong leadership, education and advocacy.