Time to stimulate, not limit, pediatric subspecialist training

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As Washington looks for ways to trim budget costs, one of the programs facing continued threats of cuts or elimination is the Children's Hospitals Graduate Medical Education (CHGME) Program, a program administered by the Health Resources and Services Administration (HRSA) that provides federal funds to freestanding children's hospitals to support pediatrician and resident training. A new commentary in the May Archives of Pediatrics & Adolescent Medicine illustrates the critical need for continued funding of this vital program, which supports the training of more than 40 percent of all pediatricians and 43 percent of all pediatric subspecialists.

Written by Dennis Rosen, MD, a pediatric pulmonologist at Children's Hospital Boston, the article describes a concerning trend in pediatrics that CHGME plays a crucial role in addressing. Across the nation there is a growing shortage of pediatric subspecialists. Fewer pediatric residency graduates are pursuing subspecialty training, creating significant vacancies nationwide in fields such as pediatric rheumatology, nephrology, and pulmonology, among others. The causes of this vary, and may include lifestyle choices and personal/financial issues (large burdens of debt, non-competitive salaries). As the current pool of subspecialists age toward retirement, substantial gaps in the ability of health care institutions to provide care and a greater inability to meet increasing demand are developing.

"Access to pediatric subspecialty care varies significantly across the country, with some states already lacking subspecialists in fields such as

pediatric pulmonology and critical care," says Rosen. "The trends we see now are very worrisome, and without intervention we can expect to see increasing shortages in almost every area of pediatric subspecialty medicine. This will have severe implications for the health of those children in need of specialty care, such as those with diabetes, asthma, or developmental delay, affecting their quality of life as well as that of their families, and ultimately lead to increases in health care costs."

The CHGME program has proven to be successful in addressing a diminished pediatric specialist workforce by helping to fund pediatric training programs. Prior to its enactment in 2000 there was a decline in the numbers of both general pediatricians and pediatric subspecialists. Following its enactment, the decline was reversed.

While the number of primary care pediatricians has increased in recent years, it has not increased at the rate needed to keep up with demand. This further underscores the importance of sustaining CHGME in order to help children's hospitals attract and educate the next generation of pediatric care providers.
"We've seen the positive impact of CHGME, and sustaining this program is one of many interventions needed to ensure provision of high quality health care to the children of this country in the years to come," says Rosen. "We're already seeing the effects of the declining pediatric workforce. At Children's, we see patients who need to travel great distances for treatment because they have no access to the care they need in their home states. If current trends are not reversed, the situation will get dramatically worse."

CHGME is due for reauthorization this year, and is expected to be filed in the coming weeks. While authorized through September 2011, short and longer term funding for CHGME is in jeopardy. There is a significant reduction in funds available for HRSA through the end of FY2011, as part of the agreement made to avoid a federal government

shutdown, and President Obama's budget proposal for FY2012 would eliminate the program.

Provided by Children's Hospital Boston