Comment Ideas for Developmental-Behavioral Pediatric Professionals

Follow-Up post on the ACGME Review and Comment Page

**DUE AUGUST 23, 2023**

**EXAMPLE COMMENTS**

I am a board-certified/licensed/certified Developmental-Behavioral Pediatrician/Advanced Practice Clinician/Child Psychologist/Licensed Clinical/Medical Social Worker, and I appreciate the ACGME Pediatric Residency Committee for addressing our concerns about the proposed changes to pediatric residency training that appeared to eliminate board-certified Developmental-Behavioral Pediatrician faculty from the residency program requirements.

I continue to advocate for the critical role that Developmental-Behavioral Pediatricians (DBP) and allied DBP professionals play in providing sub-specialty care to the 23% of children who have developmental concerns and behavioral health problems (National Survey of Children’s Health (NSCH) 2020-2021. Data Resource Center for Child and Adolescent Health Accessed January 10, 2023). The level of training and expertise that DBPs acquire through rigorous training and board certification provides ongoing high-quality standard-of-care training for pediatric residents and consultative services for the pediatric professionals. Maintaining the requirement for board-certified Developmental-Behavioral Pediatricians also helps address issues of health equity that are rife for Children and Youth of Color with Special Health Care Needs, including limited access to subspeciality care, delayed diagnosis, and fewer referrals to appropriate therapeutic interventions.

Since there is an ongoing workforce shortage of Developmental-Behavioral Pediatricians, I also advocate for increasing the efforts to build the DBP workforce and increase the capacity for general pediatric providers to care for children with developmental disabilities and behavioral disorders. I suggest the following possible solutions:

* Research has found that 65% of health maintenance visits in primary care pediatric clinics include at least one behavioral health concern (Lancaster B, Cook A, Bruni T, et al. Comparing primary care pediatricians' perceptions of clinics with and without integrated behavioral health. *Prim Health Care Res Dev*. 2018;20:e63. Published 2018 Aug 22. doi:10.1017/S1463423618000579), and 17% of children have developmental disabilities (Cogswell ME, Coil E, Tian LH, et al. Health Needs and Use of Services Among Children with Developmental Disabilities - United States, 2014-2018. *MMWR Morb Mortal Wkly Rep*. Mar 25 2022;71(12):453-458. doi:10.15585/mmwr.mm7112a3). . Therefore, it is imperative that Pediatric and Internal Medicine-Pediatric (Med-Peds) residents who aspire to become primary care physicians learn the knowledge and skills necessary to meet this significant clinical need by having additional DBP training during residency training. I suggest that Pediatric and Med-Peds residents on primary care tracks be required to participated in a one-month DBP rotation each year of residency training to prepare them for meeting the developmental and behavioral demands of a General Pediatrics practice. Evidence has found that primary care pediatricians seek more training in child development and developmental disabilities (Stein RE, Storfer-Isser A, Kerker BD, et al. Does Length of Developmental Behavioral Pediatrics Training Matter?. *Acad Pediatr*. 2017;17(1):61-67. doi:10.1016/j.acap.2016.07.007) and in behavioral health (Petts, Rachel PhD; Shahidullah, Jeffrey D. PhD; Kettlewell, Paul W. PhD; DeHart, Kathryn A. MD; Rooney, Kris MD; Ladd, Ilene G. MS; Bogaczyk, Tyler BS; and Larson, Sharon L. PhD (2018) "As a Pediatrician, I Don’t Know the Second, Third, or Fourth Thing to Do: A Qualitative Study of Pediatric Residents’ Training and Experiences in Behavioral Health," International Journal of Health Sciences Education, 5(1). Available at: <https://dc.etsu.edu/ijhse/vol5/iss1/5>) in order to meet the clinical demands of their practices. Providing more intensive training in DBP during residency can meet this need and better prepare the general pediatric workforce.
* I also advocate for alternative training certification pathways for practicing primary care pediatricians to build their skills in managing patients with developmental disabilities and behavioral health disorders. With the new requirement for mini-fellowships through Maternal Child Health Bureau (MCHB)-funded DBP fellowships, more primary care pediatricians will become better trained and equipped to care for the patients in their practices that have developmental delays and behavior problems. There is emerging evidence that such an approach for additional formal training of practicing pediatricians can improve quality of care and access to care for children with DBP concerns (Roberts MD, Christiansen A, O'Hagan B, Jansen E, Augustyn M. Developmentally-Trained Primary Care Clinicians: A Pipeline to Improved Access?. *J Dev Behav Pediatr*. 2023;44(5):e350-e357. doi:10.1097/DBP.0000000000001178).
* Since there are not enough board-certified DBP faculty to serve in all pediatric residency programs, I suggest supporting joint faculty academic appointments and salary support for DBP faculty. Residency programs that do not have DBP faculty can partner with institutions that have DBP faculty and DBP faculty in private practice to establish joint academic appointments and additional salary support for faculty who serve two institutions. These joint DBP programs can leverage technology, such as telehealth visits, video conferencing software, and collaborative electronic health records to facility patient care and residency training. This model has been implemented in adult diabetes care to provide access to subspecialty care and improve health outcomes (Noya C, Alkon A, Castillo E, Kuo AC, Gatewood E. Shared Medical Appointments: An Academic-Community Partnership to Improve Care Among Adults With Type 2 Diabetes in California Central Valley Region. *Diabetes Educ*. 2020;46(2):197-205. doi:10.1177/0145721720906792).
* Finally, a recent critical article shows that Developmental-Behavioral Pediatricians have the lowest Lifetime Earning Potential compared to general private practice pediatricians, general academic pediatricians, and all pediatric subspecialists (Catenaccio E, Rochlin JM, Weitzman C, Augustyn M, Simon HK. Lifetime Earning Potential and Workforce Distribution in Developmental and Behavioral Pediatrics. *Acad Pediatr*. 2023;23(3):579-586. doi:10.1016/j.acap.2022.09.017). This pay disparity can be a disincentive for future pediatricians who may be interested in the field of DBP but unable (or unwilling) to wok for low pay. Therefore, increasing salaries of DBPs is another important step in improving the DBP workforce. This can be done through a multi-pronged approach including reducing length of fellowship training, increasing the variety of medical school loan repayment opportunities, improving formulae for reimbursement of clinical services, influencing policy makers pass legislation that adequately pays for DBP care, and working with health insurance payers to structure models of coverage that address the complex medical and behavioral health needs of children with developmental disabilities and behavior disorders.