DEVELOPMENTAL-BEHAVIORAL PEDIATRICS:
CRITICAL FOR PEDIATRIC HEALTH OUTCOMES

WHAT IS THE PROBLEM?

- Developmental, behavioral, and learning problems are common, affecting approximately 25% of youth- that is 17.5 million children.
- 1 in 5 children in the U.S. have learning and thinking differences such as ADHD or a learning disability.
- 1 in 44 children and 1 in 29 boys are diagnosed with autism spectrum disorder, a >200% increase since 2000.
- During the COVID-19 pandemic, life and learning were negatively impacted for youth with developmental disabilities.
- People with autism spectrum disorder are at increased risk of suicide attempts compared to individuals without autism, varying from 11-50% having suicidal thoughts and behaviors across all ages.

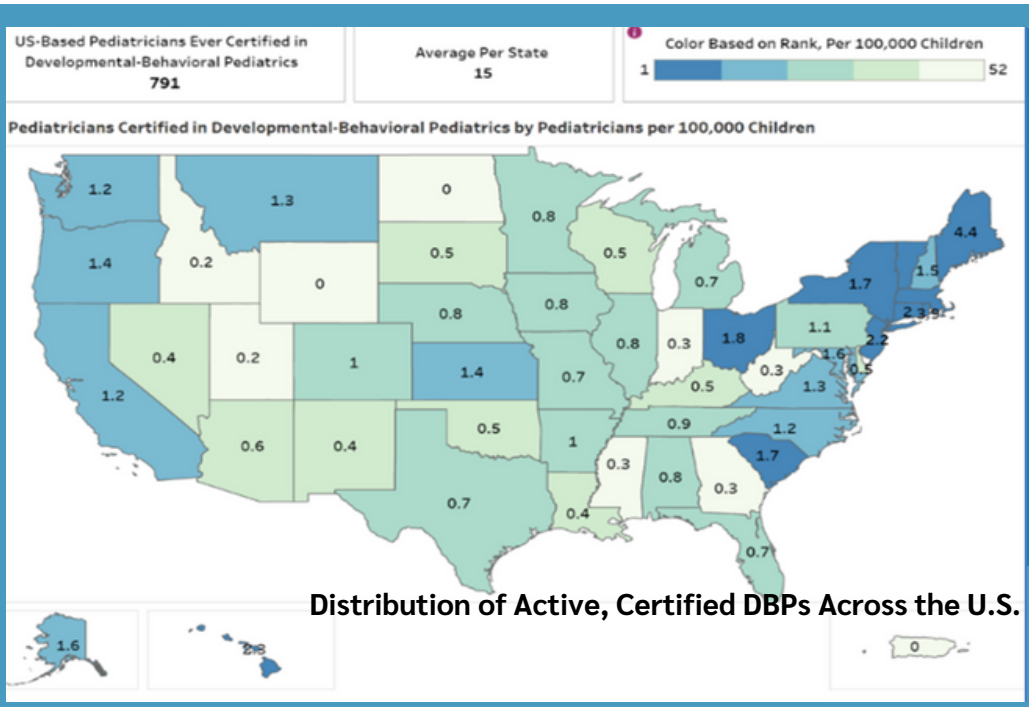
In December 2021, the US Surgeon General outlined the pandemic's unprecedented impacts on the mental health of America's youth and families, as well as the mental health challenges that existed long before the pandemic.

WHO WILL ADDRESS THIS CRISIS?

•Developmental behavioral pediatricians (DBPs) play an important role in addressing this national crisis.
•If DBP is not available to address this crisis, diagnosis of critical developmental disorders and comorbid mental health issues will be delayed, impacting the long-term growth and development for 25% of US youth or over 17 million individuals.

DBP ITSELF, HOWEVER, IS IN CRISIS

- **Only 904 pediatricians have been board-certified in DBP since its inception, with just 706 physicians maintaining active certification and many planning to retire within 5 years.**
- **Contrast this with 10,000 Child and Adolescent Psychiatrists, who also report a severe shortage.**
- **While 2022 had the largest number of applicants to the overall Pediatric Specialty match, with 88% of programs filling, DBP had only 28 applicants nationwide, with 55% of DBP programs unfilled.**
- **27 states have < 1 DBP per 100,000 children and 30 states have <15 DBPs in the state.**
- **Poor compensation is an important barrier to DBP recruitment. A recent study showed that the Lifetime Earning Potential of DBPs is almost 2 million dollars less than that of general pediatricians (greatest decrement among pediatric subspecialists).**



Distribution of Active, Certified DBPs Across the U.S.

A DBP physician serves as a subspecialty consultant for children with developmental and behavioral problems of high complexity requiring close integration of medical and community-based services.

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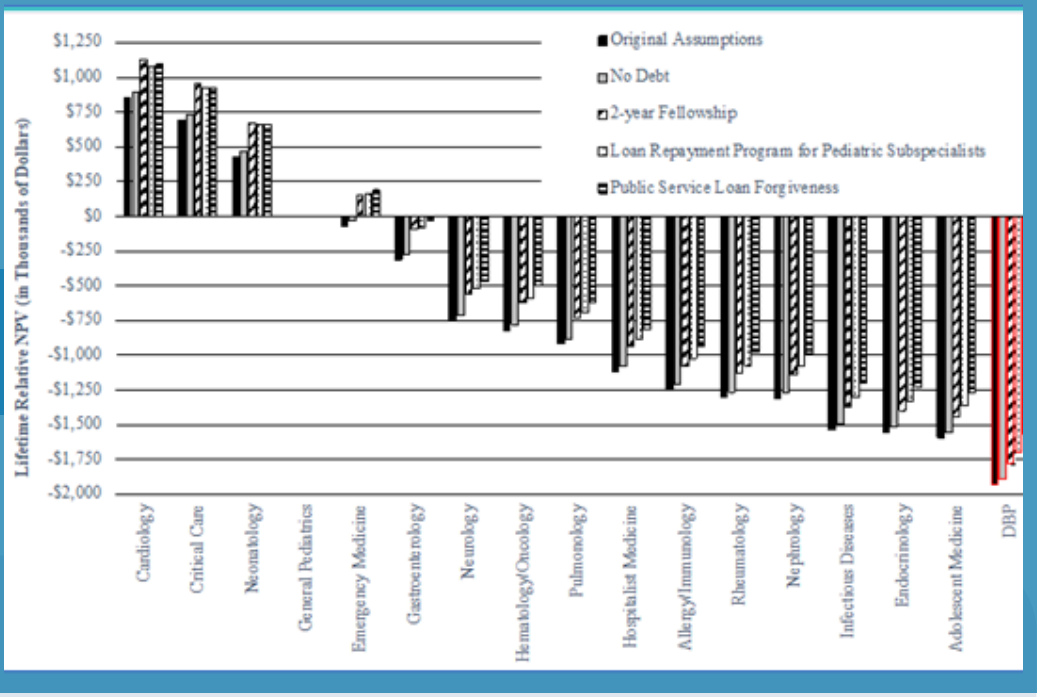
References:
1. https://www.abp.org/content/us-map-subspecialists-state; 2. Catenaccio E, Rochlin JM, Weitzman C, Augustyn M, Simon HK. Lifetime Earning Potential and Workforce Distribution in Developmental and Behavioral Pediatrics. Acad Pediatr. 2022 Sep 30:S1876-2859(22)00442-9. doi: 10.1016/j.acap.2022.09.017. Epub ahead of print. PMID: 36191811.; 3. Weitzman CC, Baum RA, Fussell J, Korb D, Leslie LK, Spinks-Franklin AIA, Voigt RG. Defining Developmental-Behavioral Pediatrics. Pediatrics. 2022 Apr 1;149(4):e2021054771. doi: 10.1542/peds.2021-054771. PMID: 35260884.

THE VALUE OF DBP

LIFETIME EARNINGS FOR PEDIATRIC SPECIALISTS RELATIVE TO GENERAL PEDIATRICS



WHAT ARE THE SOLUTIONS?

The U.S. is not able to address the crisis in children's behavior and development and overall well-being. To meet the needs of our children, urgent attention needs to be directed towards growing the DBP workforce with a broader and more diverse personnel who can address the crisis in children's behavior and development:

- 1. Using campaigns that showcase and promote the field, we need to recruit more trainees across disciplines and level of training, particularly trainees of color, into DBP from across the nation.
- 2. We need salaries for DBP clinicians to be significantly improved by addressing poor insurance reimbursement, which often undervalues the time-intensive, non-face-to-face work done by DBPs.
- 3. To meet the needs of families who do not live in close proximity to a DBP in a sustainable fashion, we need telehealth to be reimbursed at the same level as in-person care.
- 4.We need loan repayment and loan forgiveness programs for all DBP clinicians regardless of practice location.
- 5. To boost DBP clinician recruitment and retention, we need novel solutions such as shorter fellowship training, more efficient models of care, and strategies to reduce DBP documentation burden (which is directly linked to physician burnout).
- 6.To raise visibility of the field and ensure we promote effective collaboration of DBP clinicians with related disciplines, we need more DBP clinicians elevated to leadership positions within Pediatric Departments.
- 7. We need a more prepared primary care workforce by delivering (and increasing) competency-based training in DBP across disciplines and levels of training.
- 8. To provide more coordinated care and to support primary care clinicians who collaborate with us on patient care, we need integrated DBP clinicians within primary care settings.
- 9. We need more funding towards research focused on prevention, management, and outcomes of DBP problems in children, in the context of health services and across educational and other systems.

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