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Pediatric dermatology workforce in the United States.

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BRIEF REPORT

WILEY Pediatric Dermatology

Pediatric dermatology workforce in the United States

Abstract

Studies have suggested there is a shortage of pediatric dermatologists in the United States, but the workforce has not been well defined. The Society for Pediatric Dermatology (SPD) Workforce Committee sought to characterize the US pediatric dermatology workforce with a nine-question survey, sent to all 484 US SPD members in December 2016. The response rate was 30%. Most pediatric dermatologists were practicing in major metropolitan markets, seeing an average of 80 patients a week with an average 6-week wait time. These findings indicate that geographic maldistribution and long wait times for new patient appointments remain substantial hurdles for adequate access to subspecialty pediatric dermatology care.

1 | INTRODUCTION

Pediatric dermatology remains an underserved pediatric subspecialty.[1-3] Subspecialty board certification requires completing an accredited dermatology residency training program followed by a 1-year pediatric dermatology fellowship, and subsequently passing the certifying examination. Since the first biennial examination in 2004, a total of 283 pediatric dermatologists have been board-certified. Workforce attrition has not been investigated. By further defining the workforce, it may be possible to identify regions within the United States where the need for pediatric dermatologists is greatest and identify mechanisms for addressing this need.

2 | METHODS

A nine-question survey was emailed to all 484 US SPD members in December 2016 to determine practice location, number and types of patients seen, wait times, and association with advance practice providers.

3 | RESULTS

A total of 146/484 surveys were completed (30% of all respondents, see Table 1). Of these, 109 (75%) were board-certified pediatric dermatologists, representing 38% of all board-certified pediatric dermatologists. The majority were practicing in and around large cities with few in remote areas (Figure 1).

Sixty percent of all respondents and 68% of board-certified respondents were practicing full time, exclusively seeing pediatric patients; an additional 30% were practicing part time or also seeing adults. A total 73% of board-certified and 52% of nonboard-certified

TABLE 1 Pooled results of all survey responses

Board certified in pediatric dermatology: Yes 75%, No 25%
Practicing pediatric dermatology:
Full-time seeing only pediatric patients: 61%
Full-time, but seeing both pediatric and adult patients: 21%
Part-time seeing only pediatric patients: 7%
Part-time, but seeing both pediatric and adult patients: 10%
No longer practicing: 1%
Number of pediatric patients seen per week:
0-40: 18%
41-80: 50%
81-120: 32%
Average wait time for new patient appointments:
> 2 wks: 18%
2-6 wks: 32%
6-10 wks: 23%
10 wks or more: 27%
Percentage of medicaid patients seen:
< 10%: 11%
11%-30%: 29%
31%-50%: 26%
> 50%: 24%
I do not see medicaid patients: 10%
Seeing inpatient consultations: Yes 82%, No 18%
Number of advanced practice providers:
1: 27%
2-3: 19%
4-5: 5%
> 5: none
Not affiliated with advanced practice providers: 49%
Patients seen by advanced practice providers:
New and follow-up patients with specific diagnoses: 33%
Follow-up patients with specific diagnoses: 3%
Follow-up patients with any diagnosis: 1%
New and follow-up patients with any diagnosis: 14%
Not affiliated with advanced practice providers: 49%

This study was presented as a poster at the July 2017 Society for Pediatric Dermatology meeting in Chicago, IL.

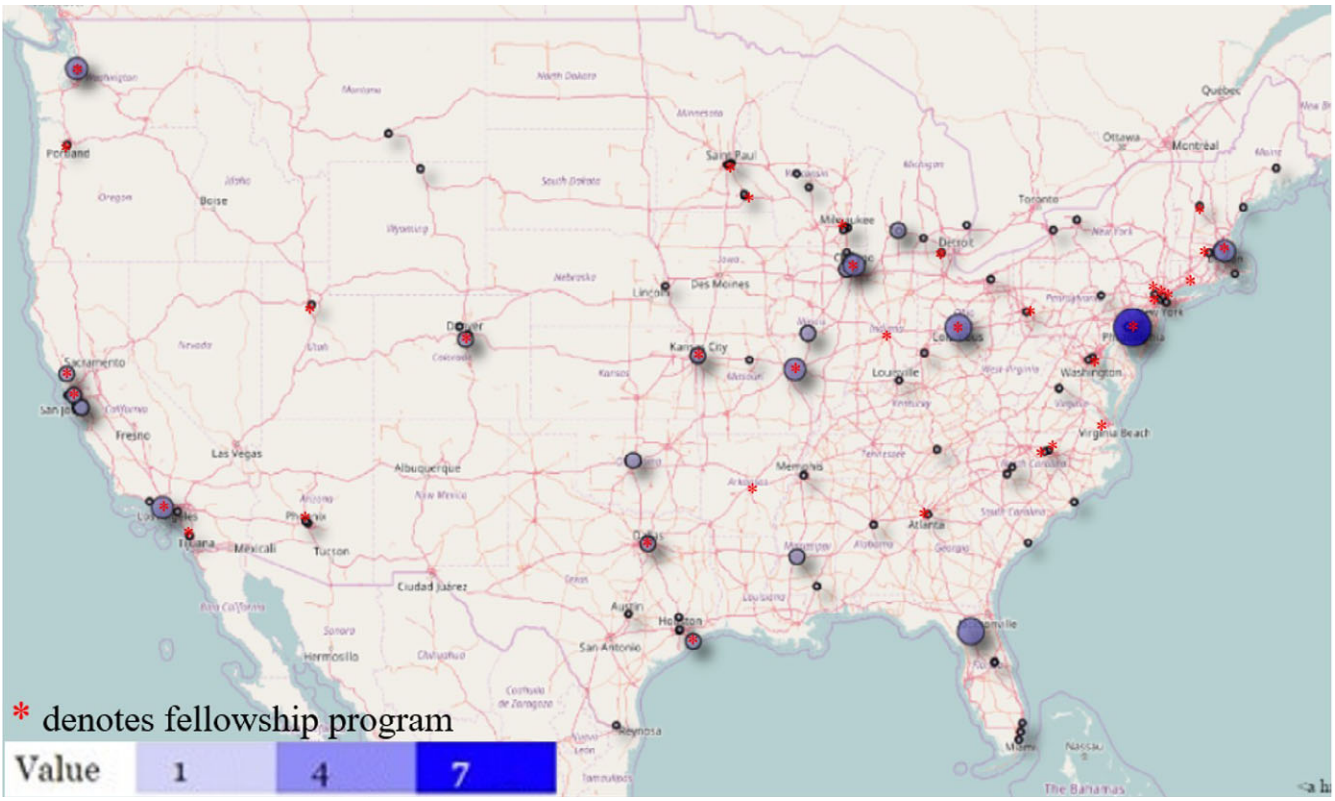

FIGURE 1 Geographic distribution of pediatric dermatologists based on all survey responses in relation to accredited fellowship locations

respondents were seeing exclusively pediatric patients, full or part time. Board-certified pediatric dermatologists saw an average of 80 pediatric patients a week. The average wait time for a new patient appointment for all respondents was approximately 6 weeks, but > 25% had a > 10 week wait time.

Ninety percent of all respondents provided care to Medicaid-insured patients; approximately 50% of patients seen by board-certified pediatric dermatologists were Medicaid-insured. About half of respondents worked with 1 to 3 advanced practice providers.

3.1 | Limitations

Limitations of this survey-based study include the length of the survey, question design, and 30% response rate.

4 | DISCUSSION

One of the most important variables impacting access to optimal pediatric dermatology care is appointment wait times. Among respondents, the estimated average wait time for a new patient appointment was shorter than the 13.2 weeks reported in a 2009 survey.[1] However, significantly longer wait times remain a barrier to care for some new patients. Most pediatric dermatologists with long wait times are practicing in geographic locations with higher patient-to-provider ratios,[1] making maldistribution of subspecialists one hurdle to providing adequate access to all children. Although almost all of the pediatric dermatologists who responded to our survey accept Medicaid, this payor type may be another important variable that negatively impacts resources and access as several studies have documented that wait times for Medicaid-insured patients may be up to double those for patients with private insurance.[1,4]

Dermatology is among the top three subspecialties to provide routine follow-up care to pediatric patients.[5] Educating primary care providers about long-term management of common chronic skin conditions may help improve patient access to care. However, the current shortage of pediatric dermatologists limits opportunities to implement further primary care training.

To address geographic maldistribution, increasing opportunities for remote mentorship may encourage pediatric dermatologists to establish practices in underserved areas. Advanced practice providers, with adequate training and supervision, may also increase access. Ideally, the workforce will expand to meet the needs of our patients by training additional pediatric dermatologists and supporting mechanisms to alleviate geographic maldistribution and inadequate reimbursement.

Keywords
children, education, pediatric, pediatric dermatology, pediatrics, workforce

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