

The Lead in Peds

Transcript: Season 2, Episode 5 – Kids First: Strengthening the workforce behind pediatric care

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Guests: [Matthew Cook](#), president and CEO of the Children's Hospital Association, and [Torey Mack, MD](#), chief medical officer and neonatologist at the Children's Hospital Association.

Michelle Riley-Brown (00:00):

Hello and welcome to The Lead in Peds, a podcast from Children's National, where we talk with the experts who are shaping the future of pediatric medicine. I'm Michelle Riley-Brown, president and CEO of Children's National, and I have the honor of stepping in as guest host for today's special episode. Dr. Nate Kuppermann usually has this seat, so the pressure is on to fill those shoes. But I have to say, this is a fun assignment because today we are talking about something that sits at the heart of pediatric healthcare, the people who care for kids. I'm joined by two national leaders from the Children's Hospital Association, Dr. Torey Mack, chief medical officer and neonatologist by training, and Matthew Cook, who is the CEO of the organization. Together, we'll be discussing why building a stable, sustainable pediatric workforce is essential to making sure every child can get high-quality care when and where they need it. Torey and Matt, thank you so much for being here with us today.

Dr. Torey Mack (01:10):

Thank you. Happy to be here.

Matthew Cook (01:13):

Thanks, Michelle. It's great to be here today.

Michelle Riley-Brown (01:15):

This issue is incredibly personal to the people performing the work and so important to the future of children's health. I just love the Children's Hospital Association campaign, Put Kids First, because at Children's National, we say kids are our everything. So we clearly are speaking the same language, and I just love that. Before we get into the policy details, I want to just ask you, was there a moment in your career that was the epitome of that sentiment, put kids first and kids are our everything, that stands out to you that you can share with us today?

Matthew Cook (01:54):

Yeah. I think for me, Michelle, I remember back to my early days at Riley Hospital for Children in Indianapolis, and every year there's a special event that goes on and it's put on by the students at Indiana University in Bloomington, and it's called IU Dance Marathon. It's a year-long process that culminates in a 36-hour dance marathon, and they raise funds for the hospital. And this past year they raised over 3 million for Riley. But I went the first year I was running the hospital, and it's really just sort of awe-inspiring because there's about 1,200 students that participate in this dance marathon. And I was up on the stage and I was telling this story about my first week, and I was shadowing a schoolteacher inside the hospital. And I met this young woman who was a teenager who unfortunately had a newborn baby boy that had to be transferred into Riley from an outlying hospital. In fact, the outlying hospital had wanted to sit her in a room so that she could hold her child while he passed, and she advocated for her baby boy and insisted that he be transferred down to Riley. And so I met her. She was actually going to school. She's going to high school inside our hospital while her child was being cared for. And the story ends well. And by the way, she wanted to become a nurse.

Michelle Riley-Brown (03:25):

Oh, nice.

Matthew Cook (03:26):

But I was telling this story up on the stage at IU Dance Marathon, and they kept chanting FTK, and FTK meant for the kids.

Michelle Riley-Brown (03:36):

Love that.

Matthew Cook (03:36):

And it was so incredible to me that this student-run organization was raising money for the hospital and was chanting for the kids. And they understood what many of us don't at such an early age. And that was really inspiring for me.

Michelle Riley-Brown (03:54):

I love that. Thanks for sharing that. Torey?

Dr. Torey Mack (03:57):

Great share, Matt, for sure. When I think about put kids first, the first thing that comes to my mind is my clinical training, and I'm fortunate enough to complete my pediatric residency at Children's National.

Michelle Riley-Brown (04:09):

Yes, you're a part of the Children's National family.

Dr. Torey Mack (04:11):

I am, and proud of it. And so when I think about that moment, it's actually not the first time I saw patients. It's actually walking into that room full of my co-residents who I hadn't met yet, us all together, excited, nervous, looking at one another. But what sort of really strikes me as I think about it now is that we have a room full of people who have decided to dedicate their lives, their careers to children, and that's sort of the common bond that we all had. And as I think about the years that we spent there and the nights, the weekends, the mornings, the days that we all spent together, we made that dedication because we think that children are so important, that their needs require that specialized training, and we just worked together to really ensure that we had that, all those skills and all those techniques that were required.

(04:57):

When I think back on it now, I think it's really important to this conversation too, because it really is a moment that we saw the pediatric workforce in action. And it wasn't just us, of course. It's everybody working together. And I just think it's so critical to make sure that we support all of those clinicians who have dedicated their lives to kids.

Michelle Riley-Brown (05:16):

Thank you. Love that. Thank you for sharing that. I would say for me, the defining moment or when I knew when that was the epitome is out of grad school, I had the good fortune of interviewing at several hospitals for my administrative fellowship. And I went to several adult hospitals to interview, but it was that moment that I walked through the doors of a pediatric hospital that I knew it was different. It was the culture, it was the environment, it was the staff, it was the leadership team. Everything was centered around the child and the patient and delivering family-centered care.

(05:51):

And I made that decision 28 years ago now that pediatric healthcare was where I wanted to focus and dedicate my career. And it's so fulfilling because I feel that children are our future, and I know everyone believes that, and we have to cultivate, nurture, and make sure that we're taking care of our kids because they are our most vulnerable population and they can't speak for themselves. So it's an honor every day to be in roles such as we have to be able to advocate for children and put kids first, right?

Dr. Torey Mack (06:21):

Agree.

Michelle Riley-Brown (06:21):

Excellent.

Matthew Cook (06:21):

Absolutely.

Michelle Riley-Brown (06:22):

So that's why this conversation today matters so much. We're going to talk about workforce and pediatric workforce and why it's so important to make sure that we have the specially trained professionals and individuals to take care of children when and where they need specialized care. So let's start there. Why is the pediatric workforce different?

Dr. Torey Mack (06:47):

I'm happy to start with that one. Certainly, I know one thing we always talk about, and you do as well, is children are not tiny adults and their needs are very different. I think when I think about the pediatric difference, the first thing that comes to mind is really the growth and development stages. When you think about a premature infant, the needs are not going to be the same as they would be for a school-aged child, definitely not the same for an adolescent. And so when we think about all those stages, whether it's physical, emotional, social even, all of those require specialized training, and pediatricians and pediatric subspecialists really work to understand and learn and be a part of that complex system. And so it's just really a huge difference when you think about that versus adult medicine.

(07:31):

I think another way when we think about adult healthcare and pediatric workforce is really the shortages are different also. And so the needs are different nationally. When we look at adult medicine, certainly there are a lot of gaps when it comes to primary care, but when we look at pediatric workforce, we're really looking at a lot of subspecialists. We're looking at that gap that really needs to be filled across the country from that perspective. So of course the needs and challenges are different.

(07:55):

And I think I'd also be remiss without saying that when you're caring for a child, as you all know in hospitals, you're not only caring for that child, you're also caring for that family. And that requires a different skill set too. And so as I talked about pediatric residency training earlier,

certainly that's a part of it when we think about the unique needs of our pediatric workforce in training.

Michelle Riley-Brown (08:16):

Excellent. Matt?

Matthew Cook (08:18):

It's also interesting. There are a lot of pediatric specialties where the length of training is longer than their adult counterparts. And so when you pull back a little bit and you think about the workforce issue, one of the challenges we have with workforce is the Medicaid program itself.

(08:39):

So the Medicaid program covers nearly 50% of children in this country. And that's a fact, that's a statistic that most people don't know. And when you say that, they're really quite surprised by that number. They're like, "How is that possible?" But in fact, that is true. It's nearly 50%. But the reimbursement in the Medicaid program has been historically low. And so the issue that that creates with the workforce is when you have low reimbursement, then you have low earnings potential for the clinicians that work in pediatrics or your physicians, your physician specialists. And so then you sort of scratch your head and you're like, if you're a person going into medicine, you're like, "Okay, so I can train longer and then make less money."

(09:30):

That doesn't quite add up for a lot of people. And so the ones that do choose pediatrics really is a mission-driven part of who they are, but it's really hard to attract and retain physicians when your earnings potential is much lower than your adult counterparts.

Michelle Riley-Brown (09:50):

Right. It's not really an incentive to go through additional training, right? Yeah.

Matthew Cook (09:54):

Not at all. No.

Michelle Riley-Brown (09:55):

Yeah. No, good point. What are you trying to get policymakers to understand that may not be so obvious from the outside?

Matthew Cook (10:06):

At CHA, we always start with the mantra, "Educate before you advocate." And we start with this notion we have to really educate lawmakers about children's healthcare, because quite frankly, most healthcare policy starts with adults in mind and often starts with the Medicare program. And what happens with the Medicare program generally trickles down to the Medicaid program and then perhaps into a commercial insurance arena.

(10:36):

And so we start with educating about how a policy that is more adult-oriented can impact children's healthcare. And that happens a lot. There's a lot of unintended consequences of policy. And if we think about last year's reconciliation bill, H.R. 1, that's going to have a negative impact on children's healthcare. And that's not what was envisioned or explained last year in the lead up to the passage of that. And so we spend a lot of time focusing on that.

(11:08):

And I think the other part that is usually news to lawmakers is we talked about 50% of children being covered by the Medicaid program. Well, for children's hospitals, the percentage of patients they treat that are on Medicaid is even higher. So nationally, the median for children's hospitals, about 55% of their patients are covered by the Medicaid program. I ran a hospital where it was 60% and I ran a hospital where it was 70%. And the Medicaid program generally covers about 80% of the cost of providing that care. And so when you think about the math equation of that, it just doesn't work out. And so we talk about the financial sustainability implications of the Medicaid program because without it, you wouldn't be able to provide care to children. Children's hospitals rely on the Medicaid program and families rely on the Medicaid program to get access to care. And those are nuances that are just not often well understood.

Michelle Riley-Brown (12:17):

I have found that too in my conversations, in my advocacy when we've done it together or on behalf of Children's National, that people don't quite understand those statistics, and that the Medicaid population, it's an important part of our mission. It's a mission, but the reimbursement isn't where it needs to be. It's not sustainable.

Matthew Cook (12:38):

That's right. And I think the other part, and Torey, you could comment on this, I think there's a misunderstanding of who the Medicaid population is.

Michelle Riley-Brown (12:46):

Absolutely.

Matthew Cook (12:46):

I think we have this image in our heads of who's a Medicaid family or who's a Medicaid patient, and that often doesn't really match the reality of who's on Medicaid.

Dr. Torey Mack (12:58):

That's exactly right. Yeah, absolutely, Matt. I think the reality, to the point that you were making about education, is that Medicaid is so impactful. And you already mentioned the numbers of children and families that it's covered. One other point, and you all both were speaking about this too, is when you have so much of your financial sustainability tied into Medicaid, that's going to impact kids on private insurance also, right? When you think about the wonderful programs that hospitals like Children's National are able to provide, the multidisciplinary teams, all of the great specialized programs that you have, those wouldn't be available without Medicaid, and that's for all kids. And I just think that's an important nuance that we need to make sure is out there.

Michelle Riley-Brown (13:38):

That's a great point, Torey. Thank you for sharing that. So how do long waits and limited subspecialty access and families needing to travel actually change the care experience for families?

Matthew Cook (13:54):

The situation that we have with pediatric specialists is, one, we don't have a supply of specialists to match the demand. So what does that actually mean? Well, it means that because they're in short supply, not every hospital, I'm going to say hospital in general, not just children's hospital, not every hospital has a pediatric specialist. And so they tend to be located in our children's hospitals, and children's hospitals tend to serve large geographic areas. And if you think about parts of our country, like in the West, you have a hospital like Children's Colorado located in Aurora outside Denver that isn't just serving the state of Colorado, it's serving multiple states. And so what does that mean? Well, it means families have to travel.

Michelle Riley-Brown (14:41):

That's right.

Matthew Cook (14:41):

So in that case, they're traveling multiple states to see a specialist that's in demand that is probably the only person that can provide care for their child. And so just the notion that I have to travel that far to get care is one issue, but then because they're in short supply, I may have to wait weeks to see that specialist. And that's a real burden on families. And so that's where we fundamentally end up in this country with an access to care issue.

Michelle Riley-Brown (15:13):

That's exactly right. And Matt, it ties back to being disincentivized to actually go into that specialty because of the long training and the lower salary. So it's this cycle that could continue to deteriorate and contribute to lack of access.

Dr. Torey Mack (15:33):

Yeah. And I think Matt, you were touching on this too, about the impact on families of those waits and these kids. These are kids that are in school often. These are families that have to work like we all do. And so any of those geographic barriers, those time waits that you're talking about, they have real impacts on their lives, the communities they live in, and it really just cannot be underscored how impactful these shortages are.

Michelle Riley-Brown (15:55):

That's right. It gets back to, we're not just thinking about the patient, it's the family that's a part of the care. So Matt and Torey, why do you think current federal workforce programs miss key pediatric needs?

Dr. Torey Mack (16:13):

So as the one among us here who has worked for the federal government for quite some time, I'll start there. I think there are a number of wonderful federal workforce programs. When I think about what works for kids, I think the gap we have is that they're designed on adult care models and it's just different for all the reasons we've been talking about now. When we think about the mismatch that we can see, it's really evident. So I think about Children's Hospitals Graduate Medical Education program, for instance. So CHGME, a huge mismatch there. When you think about the fact that CHGME hospitals really account for the care and the training of pediatric residents, pediatric subspecialists across this country, it's the only federal program solely dedicated to that. Yet when you look at the totality of graduate medical education funding, it's only 1.7%. So less than 2% of that funding is dedicated to children's hospitals to provide that training and resources. It just shows that mismatch, right? And it's disproportionate, I'd say, to the wonderful work that children's hospitals do to ensure that they are training our future pediatricians and subspecialists to ensure they're providing that high-quality care.

Matthew Cook (17:22):

The CHGME program that Torey is referencing goes through an annual appropriations process, unlike for the adult side that is funded through the Medicare GME program. That's a mandatory program. The CHGME program is discretionary and requires annual appropriations. And when I'm up on the hill talking to lawmakers and they may be in a state or a district that doesn't have a children's hospital that receives this type of funding, CHGME funding, a little bit like, "Well, why should I care about that?" And the answer is, well, CHGME supported physicians take care of patients from nearly 100% of the counties in the United States. So there really isn't a part of

this country geographically that isn't relying on the CHGME program for specialty care or access to care.

Michelle Riley-Brown (18:19):

So what is at risk if CHGME is not protected and not funded?

Matthew Cook (18:25):

What's at risk is really the physician workforce. So Torey, talk about how many of our pediatricians are trained in a CHGME recipient hospital.

Dr. Torey Mack (18:37):

Absolutely. I started off talking about my residency training. It's so critically important. And if you think about sort of back in the '90s, the 1900s, it's a children's day, now after 1999 is when you really saw an increase in pediatric subspecialties. And the main reason for that is because of Children's Hospital GME, right? We saw when we look at that increase, over 80% of that is because of this federal program. And then when you look nationally to your point, Matt, at all of the pediatricians and subspecialists in this country right now, 55% of them have benefited from Children's Hospital GME from those hospitals that have trained them. And then when we look even further for those even more subspecialties like cardiac anesthesia, or if we look at pathology for instance, that's even 90%, right? Almost all of them get their training at children's hospitals that have Children's Hospital GME. And so hugely impactful. If we think about what's at risk, it's really, to Matt's point, the access that we provide there. It's really thinking about our capacity to be able to care for kids in the way that we want to in this country.

Michelle Riley-Brown (19:43):

Matt, you and I both spend a lot of time on the Hill and here in Washington, DC. And to your point, CHGME, it's not an automatic every year. So every year we have to go and advocate, right? And I will tell you, I have found when we explain that disparity in adult GME versus CHGME, a lot of officials, elected officials are shocked, right? So your point about educating and continuing to educate before we advocate is so important.

Matthew Cook (20:13):

It really is. And the funding level for the CHGME program is a fraction of the per capita of what the adult GME program is. And that's often news to our lawmakers as well. They don't understand that. And so that's where the education part of this becomes critically important, is to really lay the facts out there and how underfunded our medical education is for children's healthcare.

Michelle Riley-Brown (20:43):

That's right. That's right. So true. So we touched on Medicaid a little bit, but I want to delve into it a little bit more because the risk with some of the federal policy proposals and changes that are looming over us as children's hospitals, what you said is so true, Matt. Some of the policy decisions, children's hospitals will be the unintended consequences of some of those broad-based federal policy decisions. Tell me a little bit more about how CHA, how you are approaching that H.R. 1 advocacy for Medicaid.

Matthew Cook (21:19):

Sure. So first, the Medicaid program itself isn't perfect, right? We all know that. And so it's really about strengthening a program and not weakening a program because the minute we weaken this program, then we're putting the financial sustainability of our children's hospitals at risk at a time where we have a lot of other headwinds economically in healthcare and in children's healthcare in particular. And so one area we are focused on as it relates to H.R. 1 is its implementation. So there's a lot of unique challenges with H.R. 1 because back to an earlier point, it wasn't really designed with children's healthcare in mind. It was really an adult healthcare-oriented package. And H.R. 1 is not a piece of healthcare legislation. It's a piece of financial legislation that has healthcare implications. And so we're very much focused on how it is implemented. There's a lot of unique parts of the rules that CMS has to put in place where we are talking to them about the nuances of how this is going to impact children's hospitals. And they have been receptive to our comments and to our advocacy. Ultimately, what we'd really like to see though are the changes as they impact children's hospitals rolled back or delayed at a minimum, because they really are going to be detrimental. So long-term, what we're looking for is rollback. In the short term, what we're looking for is to talk about how this gets implemented so we can minimize the collateral damage to children's hospitals, or how we can delay the impact to children's hospitals.

Michelle Riley-Brown (23:15):

Well, as a member hospital of CHA, we certainly appreciate all of the advocacy and the efforts that CHA is undergoing right now for that. Torey, as a clinician, how do those Medicaid pressures show up in the hospital, in the clinical setting and affect the families and the patients that we serve?

Dr. Torey Mack (23:32):

Absolutely. When we think about Medicaid, we're talking about access and we're also talking about workforce. I think something that can also certainly get lost is Medicaid policy is workforce policy. It really makes a huge difference to what we're able to provide and who's there to be able to do it. And I think about the impacts of that, and Matt shared about this in terms of reimbursement and how that impacts the entire cycle of who wants to go into a specific area. I also think about from a clinical perspective, I remember being on teams, when you're short a person, certainly we can talk about access, but it really impacts everyone. It impacts the whole system. And so you have a workforce now that's leaning on each other and doing the best they can, and they're certainly very mission-oriented, but it could be a moral injury if you feel like

you can't provide the care that you want to be able to. And so it impacts the whole team well-being. It impacts ultimately from there, the care that children and families can receive. So it's a huge impact on a daily basis.

Matthew Cook (24:34):

Torey, you make this point because we do... The tendency is to think about the Medicaid program as a healthcare financing program for patient care, but you cannot separate the issue of workforce from Medicaid because you have a program that's funding more than 50% of the patients in a hospital. And so they're inextricably linked. They're not two separate issues. And that's the problem when we pass a piece of legislation that weakens a program, you're weakening the workforce at the very same time. And so that's why we need to talk about this Medicaid program, not just as a reimbursement program for healthcare, but as a workforce program.

Michelle Riley-Brown (25:23):

Absolutely. It's a great point, Matt. So we've talked a lot about challenges. We've talked about some of the concerns that we have in pediatric healthcare today, but I actually, as a CEO of a children's hospital, I'm optimistic about the future. I think we have a lot of work ahead of us, but I think we're up for the work. I think we all know it's the most important work that we can do. What are some of the other solutions you see on the horizon that encourage you in your work?

Matthew Cook (25:57):

Yeah. When I think about the workforce challenge, I do think really there are three basic strategies that we need to contend with. One is what we just said is the Medicaid program, which is we have to view it as a workforce program as well, which means we need higher levels of reimbursement so that we can attract and retain clinicians in children's healthcare. The second one is the CHGME program that we mentioned. That needs to be a priority. Education needs to be a priority. And look, the workforce challenge is not new, right? This has been going on for decades. And now we're sort of at a critical juncture with our workforce challenge, but we need to strengthen the CHGME program and increase the funding for it. And I think the third part of this, the third strategy is really around federal workforce programs that already exist and sort of eliminating the barriers for children's healthcare providers, like the loan repayment program that doesn't really work for our pediatricians. Those barriers need to be eliminated.

Dr. Torey Mack (27:16):

I'm so glad you brought up that point again, Matt, when we think about those federal programs. And I completely agree with you. When I think about being optimistic, certainly I am, and that's because we know many of the problems, right? I think we've identified many of them for sure, whether it be sort of the training, the financing, and all the solutions that we're looking for in this space. And I'm also optimistic because children's hospitals like Children's National are really making some innovative strides towards a lot of those solution findings, whether they're thinking about high school pipeline, whether they're thinking about grow your own programs. There are

so many great examples of that work. And at CHA, we have a pediatric workforce blueprint, which really outlines not only the federal policy areas that Matt highlighted, but it also shares all of these innovative strategies that children's hospitals are putting into place, not waiting on the sideline, but looking at everyday solutions for these. And we just really want to make sure that that federal investment matches all of the energy and effort our children's hospitals are putting into caring for children.

Michelle Riley-Brown (28:16):

I would say that I'm really optimistic, Matt, and it's something you said earlier that I think is true. As we advocate and educate, I have found that the elected officials and everyone on the Hill, they're receptive. They want to seek to understand. And what we can all agree on, we may disagree on federal policy changes or funding, but what we can all agree on is that children are important and every child deserves quality healthcare. And so that to me, the fact that they're receptive, they want to seek to understand, I think there is a bright future for pediatric healthcare. So I'm excited about that. So is there anything that you want our audience today to take away from this discussion or just take away from Put Kids First?

Dr. Torey Mack (29:10):

I would want them certainly to take away that children's health is a national priority, and we are certainly excited to work with everyone to make it a reality. I would say that I want everybody to take away from this conversation certainly how important our pediatric workforce is. And I think about it as really a promise that we make to families and to children, that they will have access to high-quality healthcare and just all of these measures we've talked about, these solutions are all in part thinking about how we can achieve that as a nation. And I just think it's really important really for the future of children.

Matthew Cook (29:48):

And building on that, I think we need to reframe the conversation and look at programs like Medicaid, look at programs like CHGME and think about investments, investing in children and investing in our future. If we have this fundamental belief that children are our future and really the future of this country, then why not invest in our own future? And so if we're investing in Medicaid, we're investing in medical education for children's healthcare providers, then we're investing in our own future as a country. And so I think we need to reframe the conversation that way. And away from the expense argument or the tax argument, this is really about investing in the future of our country and we need to look at it that way.

Michelle Riley-Brown (30:41):

And what better investment than our children?

Matthew Cook & Dr. Torey Mack (30:44):

Absolutely.

Michelle Riley-Brown (30:45):

So at the end of the day, this really is about access and it's about making sure, again, that every child who deserves quality healthcare can receive that healthcare when they need it, where they need it from the people trained to take care of them. Well, thank you so much, Torey and Matt. This has been fun. I appreciate again all of your efforts that you have underway at Children's Hospital Association and really appreciate your leadership. As I like to say at Children's National, our future is bright, and I do believe that the future is bright. So thank you.

Matthew Cook & Dr. Torey Mack (31:16):

Thank you.

Michelle Riley-Brown (31:18):

Today we talked about why the pediatric workforce is different, why it needs policies designed specifically for children's healthcare, and why CHGME and Medicaid are such important backbones of the system that makes pediatric care possible. And just as important is the heart behind this work, the belief that putting kids first requires us to invest in the people, programs, and policies that make specialized pediatric care available to children and families across the country. I want to thank Dr. Torey Mack and Matthew Cook from the Children's Hospital Association for joining us and for the work they do every day. Thank you for listening to the Lead in Peds from Children's National. And Nate, I have to say, this is a really fun gig, but I promise I'm handing the reins back to you. Be sure to subscribe wherever you get your podcasts so you don't miss future conversations with leaders who are advancing the future of pediatric medicine.