

Association of Medical School Pediatric Department Chairs

Title: Clinical Care Committee Report

Name: Satyan Lakshminrusimha

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Members

- **Chair:** Satyan Lakshminrusimha, MD FAAP, UC Davis Children's Hospital (term ends March 2025)
- Francis Chan, MD, Loma Linda University School of Medicine
- John M. Cunningham, MD, University of Chicago Medicine Comer Children's Hospital
- Gul Dadlani, MD, University of South Alabama College of Medicine
- Morris Gessouroun, MD, University of Oklahoma College of Medicine
- Laura Hesemann, MD, University of Missouri-Columbia School of Medicine
- Catherine Krawczeski, MD, Ohio State University College of Medicine
- Leonard R. Krilov, MD, NYU Long Island School of Medicine
- Carolyn Milana, MD, Stony Brook Children's Hospital
- Dedrick Moulton, MD, Louisiana State University School of Medicine in New Orleans
- Ann Reed, MD, Duke University School of Medicine
- Steven Seidner, MD, University of Texas School of Medicine at San Antonio
- Manu Sood, MD, University of Illinois, Peoria School of Medicine
- Mary Taylor, MD, University of Mississippi School of Medicine



Goals and Objectives for 2024-25

1. Complete and publish Vice Chair/ Division Head/ Medical Director survey
2. “Raising the bar” concept
3. Role of APPs in pediatric inpatient and outpatient coverage – implications
4. Clinical hours discussion – Definitions of clinical FTE
5. Burnout and work hour challenges faced by inpatient pediatric providers in the NICU, PICU, CICU and pediatric floors





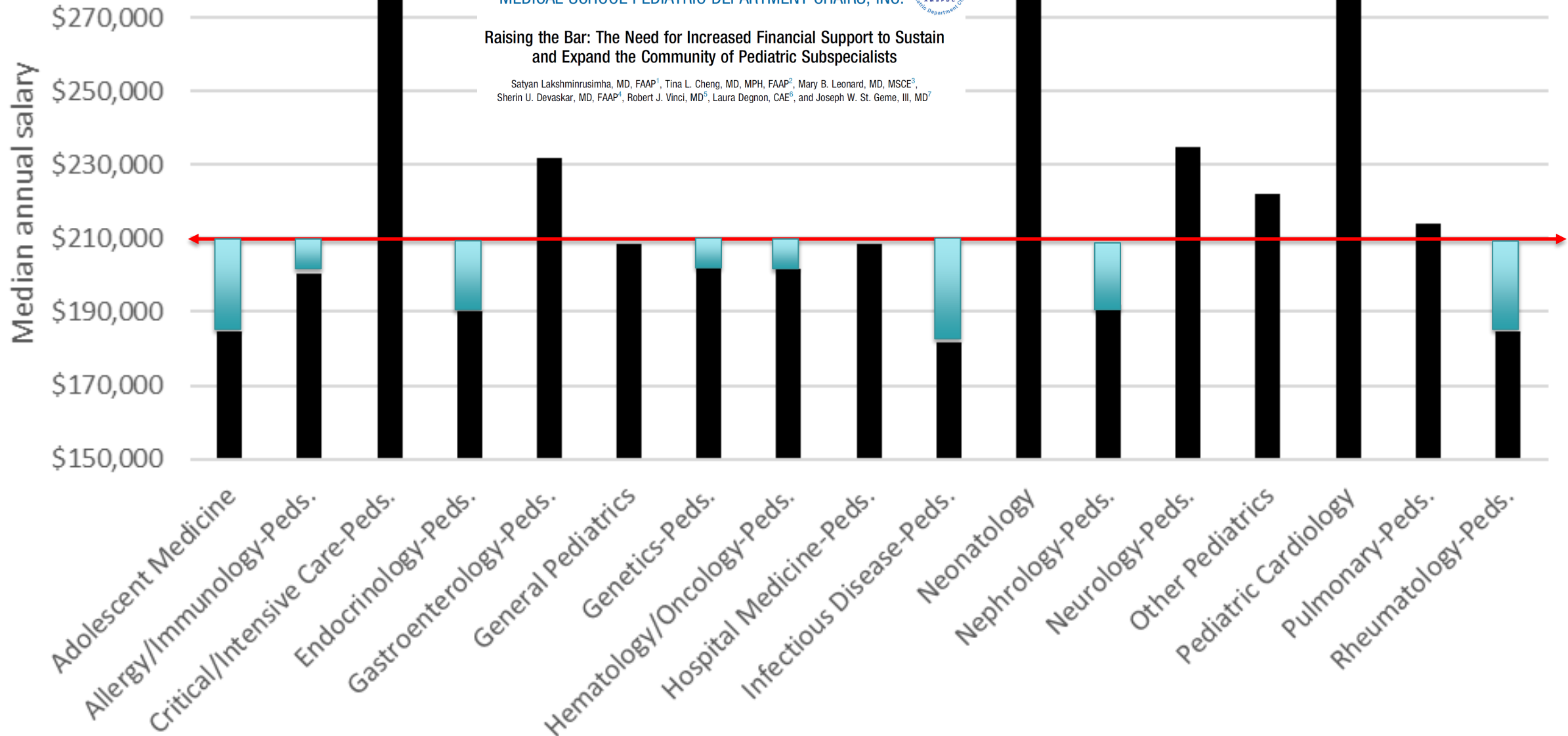
Raising the Bar

NOTES FROM THE ASSOCIATION OF
MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS, INC.



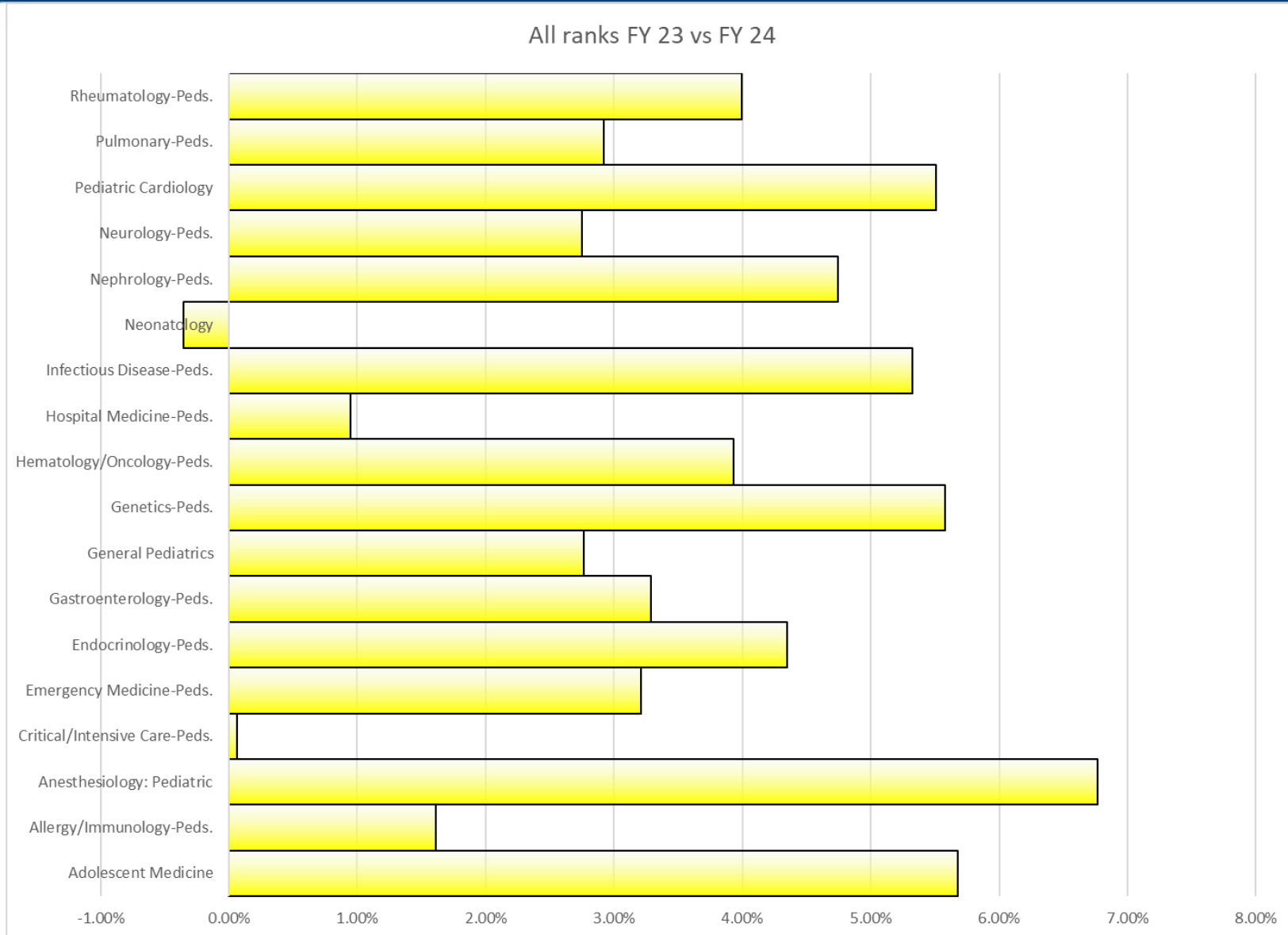
**Raising the Bar: The Need for Increased Financial Support to Sustain
and Expand the Community of Pediatric Subspecialists**

Satyan Lakshminrusimha, MD, FAAP¹, Tina L. Cheng, MD, MPH, FAAP², Mary B. Leonard, MD, MSCE³,
Sherin U. Devaskar, MD, FAAP⁴, Robert J. Vinci, MD⁵, Laura Degnon, CAE⁶, and Joseph W. St. Geme, III, MD⁷





All Ranks – Change from AAMC 23 vs. 24



Why are Academic PICU/NICU Productivity Benchmarks Significantly Higher?

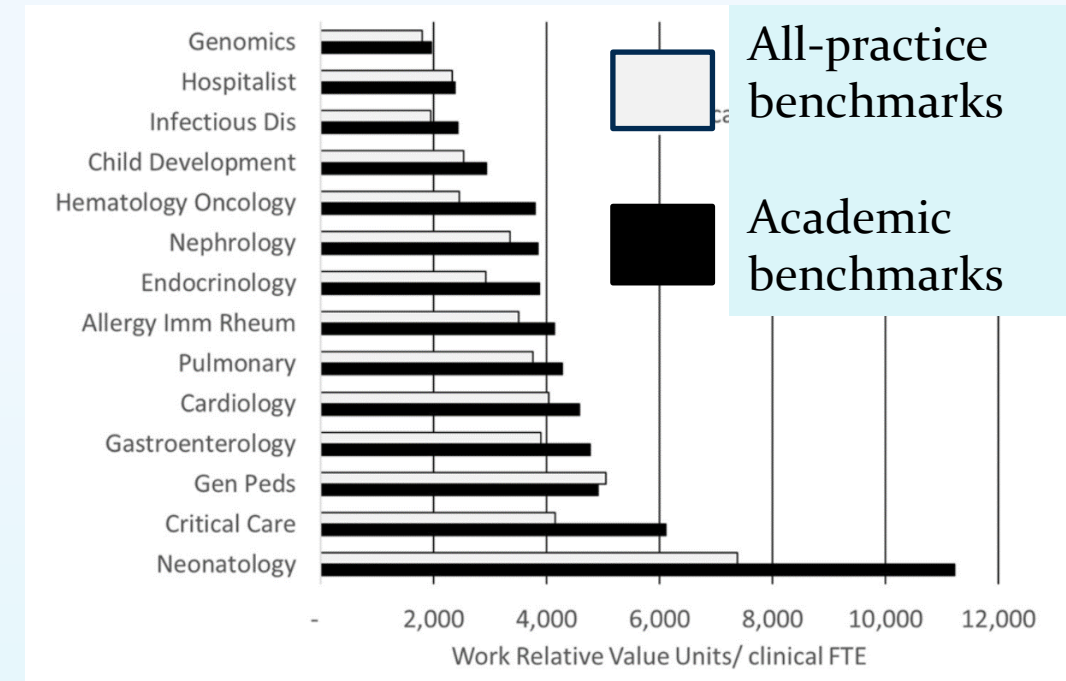
- Methodological

- “Protected time”

- Most academic faculty work 0.8 to 0.9 cFTE
 - We correct wRVUs and report to AAAP
 - If a Neo produces 10,000 wRVUs / 0.8 cFTE, we “correct” and report 12,500/1.0 cFTE

- Faculty with low cFTE (K-grants, chiefs, chairs etc.,) predominantly work day shifts and generate more wRVUs that are corrected to 1.0 cFTE
 - If nocturnists are supported by the hospital, we tend to ignore their low productivity while reporting benchmarks

- Some NICUs and PICUs are large with many critically ill patients and generate very high wRVUs



Goals for 2025-26

- Select a new committee chair
- Further implementation of NASEM recommendations
- Adjust cFTE and discuss methodology for wRVU / 1.0 cFTE benchmarks
- Reimbursement
 - Modifiers
 - Self-coding
 - RUC representation
- Optimal utilization of APP workforce
 - Billing by APPs and collection of wRVUs (e.g., hourly critical care)
 - Lack of physicians in cognitive pediatric subspecialties resulting in replacement by APPs

