



Building Pediatric Leadership for Payment Reform

Virtual Gathering Pediatric Advocacy Leaders

May 26, 2026

Economic Drivers Undermining the Pediatric Workforce

Structural inequities in reimbursement and valuation limit pediatric recruitment and retention

High Debt, Low Pay

- Average debt > \$200K
- Pediatric salaries among lowest 11 specialties
- Salary inequities between pediatric and adult subspecialties
- Gender pay gap (pediatrics = highest % women)

Structural Payment Gaps

- Low Medicaid reimbursement + high Medicaid volume
- Low wRVU generation for complex/time-intensive care
- Few pediatric-specific CPT codes

Source: Damann C. et al. 2025. "Pediatric subspecialty workforce: what is needed to secure its vitality and survival?" *Pediatric Research*, 97(7), 2208-2214.



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Strategic Goal & Approach: Building Pediatric Leadership for Payment Reform



Goal: Expand Pediatric Departments' capacity to lead and engage in advocacy and coalition-building efforts focused on payment reform.

Strategy: Strengthen advocacy readiness through targeted education, development of institutional advocacy capacity, and connection to broader coalition efforts.

Economic Strategy Workgroup



Co-Chair



Stephanie Davis, MD
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A Continuum of Advocacy Efforts

From within our departments to influencing policy that improves children's health

1. INTERNAL DEPARTMENT (EDUCATION)



Build awareness, share information, and develop advocacy skills within our department.

Examples:

- Grand rounds
- Journal clubs
- Issue briefings
- Staff education

2. INSTITUTIONAL GOVERNMENT RELATIONS (GR)



Partner with our institution's government relations team to amplify our voice.

Examples:

- Identify priorities
- Inform positions
- Participate in meetings
- Support institutional advocacy efforts

3. EXTERNAL (COMMUNITY ENGAGEMENT)



Engage with patients, families, and community partners to understand needs and elevate community voices.

Examples:

- Community forums
- Listening sessions
- Partnerships with local organizations
- Service & outreach

4. COALITION JOINING



Join forces with like-minded organizations to increase our impact and reach.

Examples:

- Join coalitions
- Co-host events
- Share resources
- Unified messaging

5. POLICY ENGAGEMENT (LOCAL & STATE)



Engage in policy advocacy at the local and state level to advance children's health.

Examples:

- Meet with officials
- Testify at hearings
- Submit comments
- Support or oppose legislation

6. POLICY ENGAGEMENT (FEDERAL)



Advocate for policies and funding at the federal level that improve pediatric health and equity.

Examples:

- Engage with federal officials
- Support federal priorities
- Advocate for funding & policies



Advocacy is a continuum. Every step builds on the last. Start where you are, strengthen partnerships, and together we can drive meaningful change for children and families.

Building Pediatric Leadership for Payment Reform

Lisa Chamberlain, Stephanie Davis, Jean Raphael

Deliverables To Date

- Reviewed sample department advocacy roles and job descriptions
- Presented early findings at the fall AMSPDC meeting
- Developed practical tools:
 - Advocacy role/job description template
 - Government relations discussion questions
 - Payment advocacy function worksheet

Next steps

- Disseminate tools and ongoing feedback for refinement
- Support Chairs & Department leaders in engaging government relations teams and building local/state coalitions
- Convene advocacy leaders to share practices and strengthen peer learning



Connecting Advocacy, Financial Health, and Workforce

- Define **payment-related advocacy** broadly:
 - Medicaid policy
 - Reimbursement
 - Institutional investment
 - Department financing
- Payment advocacy supports:
 - Department financial health
 - Faculty recruitment and retention - > Competitive salaries
 - Protected time and infrastructure
 - Research
- Local, state, and federal advocacy can directly affect pediatric workforce capacity
- Stronger partnerships with GR, finance, and coalitions help elevate pediatric payment priorities
- Connecting advocacy to payment helps address the long-standing undervaluation of child health services



Goals for Today's Conversation

- Clarify what we mean by “payment-related advocacy”
- Learn how peers are structuring advocacy roles, partnerships and work with institutional government relations
- Share practical examples, challenges, and lessons learned
- Explore opportunities for ongoing connection and peer learning
- Obtain feedback on what resources would be helpful



Examples from Pediatric Department Advocacy Leaders

Vivien Sun, Stanford

Director, Advocacy, Community and Media Rotations

Sandra McKay, UTHealth Houston

Vice Chair of Advocacy

Stephen Chapman, Dartmouth

Vice Chair of Advocacy



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DISCUSSION

- How does your department currently engage with your institutional government relations team?
- Can you share an example of a payment-related issue your department has raised with government relations?
- What have you learned about building an effective relationship with government relations that might be helpful to others?



NEXT STEPS

- How could AMSPDC best support ongoing connection, collaboration, and peer learning among advocacy leaders?
- What resources, tools, or examples would help departments engage more effectively in payment-related advocacy?



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