

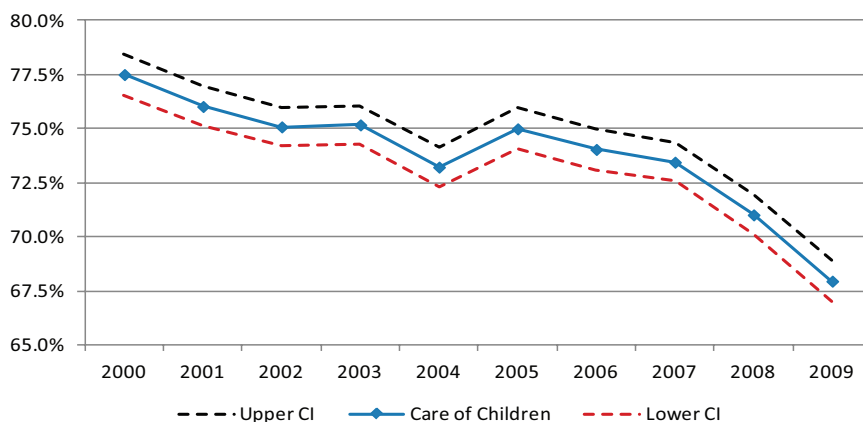
## POLICY BRIEF

## Declining Numbers of Family Physicians Are Caring for Children

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Despite continued growth of the primary care workforce, profound maldistribution persists among providers available for the care of children. Family physicians (FPs) spend, on average, approximately 10% of their total practice time caring for children; however, given that, among physician specialties, FPs are geographically distributed most evenly across the US population, the self-reported decline in the share of FPs caring for children should be disturbing to policymakers, especially with the looming insurance expansion in 2014. (J Am Board Fam Med 2012;25:139–140.)

Figure 1. Declining percent of family physicians caring for children. From the American Board of Family Medicine Examination Application.



Access to health care is critical for the health status of American children. The provider workforce available to care for children in the United States continues to grow relative to birth rate and the

concomitant growth in the number of young patients, although there remains significant maldistribution, with many communities having few to no physicians caring for children.<sup>1</sup> Many rural and underserved areas depend on family physicians (FPs) for the care of children.

In 2006 we reported on the declining proportion of children cared for by and office visits performed by FPs in the United States between 1992 and 2002.<sup>2</sup> Using data from a census of the American Board of Family Medicine diplomates who were applying for the board certification examination during the years 2000 through 2009 (n = 7436, 8021, 9223, 9241, 9400, 7794, 8263, 9507, 9692, and 9558, respectively), we provide

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evidence of further decline. We calculated the average percent of practice time spent caring for children and the percent of self-reported care of children across the study years. The care of children consistently accounted for approximately 10% of FPs' total practice time during the study period, whereas the proportion of US FPs reporting that their personal practice included the care for children declined from 78% to 68% (see Figure 1 with 95% confidence intervals).

Unlike pediatricians, whose role in the care of America's children is clear to both patients and providers, FPs face an ongoing identity crisis amid an increasingly competitive environment of child health care.<sup>3</sup> At stake is access to care for children in underserved rural and urban areas, which is disproportionately dependent on FPs.<sup>4</sup> Policymakers shaping a new era of workforce policy to accommodate health reform's ambitions must consider how to support the broad scope of Family Medicine, especially as it relates to comprehensive, co-

ordinated care in a medical home, along with strategies to support distribution of child health providers in areas of unmet need. Potential policy solutions include payment reform aimed at appropriate valuing of office-based visits, incentivizing distribution of FPs to underserved areas, and ensuring adequate training in child health and continued education for FPs.

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