March 20, 2023

The Honorable Bernie Sanders
Chair
Senate HELP Committee
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member
Senate HELP Committee
Washington, DC 20510

RE: HELP Committee Request for Comment: Healthcare Workforce Shortages

Dear Chairman Sanders and Ranking Member Cassidy,

The Infectious Diseases Society of America (IDSA) appreciates the opportunity to provide feedback to the HELP Committee on regarding healthcare workforce shortages. IDSA represents more than 12,000 infectious diseases physicians, scientists and other health care and public health professionals who specialize in infectious diseases. Our members work across a variety of settings, including hospitals, academic medical centers, long term care facilities, public health departments, publicly funded clinics, and private practice.

We appreciate the Committee's leadership in developing policies to support and grow the healthcare workforce. The COVID-19 pandemic has demonstrated the need to ensure the country has a strong workforce ready to respond to public health threats. Below, we offer recommendations and responses regarding strategies to increase the workforce needed to respond to infectious diseases. We welcome continued dialogue and collaboration with the Committee in addressing the need for strong action on these topics.

Workforce Shortages in Healthcare and Infectious Diseases Care

The COVID-19 pandemic illustrated the need for a strong, well equipped healthcare workforce able to meet the needs of their communities. However, many healthcare fields are strained due to limited staffing. Recent reports show that the U.S. faces a shortage of roughly 124,000 physicians of different specialties by 2034, and similar shortages of registered nurses and other healthcare personnel. One of the specialties hit especially hard by these shortages is the infectious diseases (ID) and HIV workforce, which perform unique roles within health care. COVID-19 has exacerbated the already existing strain on the ID workforce pipeline. While ID physicians are on the frontlines of managing the current pandemic and future outbreaks, retention and recruitment has been challenging. A 2020 study found that nearly 80% of counties in the US do not have a single ID physician. Additionally, research shows that in 14 southern states, more than 80% of counties had no experienced HIV clinicians, with disparities being greatest in rural areas. This lack of specialty care across the country puts populations at risk of complications from infections, emerging diseases, and sexually transmitted infections. The extra strain of workforce shortages on rural populations is especially pressing, and often forces patients to travel long distances to access specialty care or go without it. Additionally, ID is crucial to primary care providers and other specialties. ID physicians are invaluable contributors to the treatment of septicemia, healthcare acquired infections, and patients who have received organ transplants. Cancer teams also require ID specialty care, as studies show that infections are one

of the most common complications in cancer patients and about half of cancer deaths are estimated to involve an infection.

Despite the need for a robust ID workforce, the rate of medical students and trainees entering the specialty is decreasing. In the 2022 Match through which medical residents select specialty fellowship training programs, only 56% of ID fellowship programs filled their slots compared to 90% or more of other specialty programs, which reinforces the urgency to build a stronger ID workforce pipeline. Medical students and trainees are increasingly disincentivized from specializing in ID due to high rates of student loan debt, difficulties securing funding for training, and overall low salaries and compensation for ID physicians.

These financial concerns especially can be a particular challenge for recruiting individuals from underserved communities into the ID field, and there is a decline in people of color entering the specialty. In 2007, 23.1% of pediatric ID fellows were from populations underrepresented in medicine, and that level fell to 11.7% in 2019. Other studies found that first generation students and students from underrepresented groups (Black, Indigenous, People of Color, Hispanic and Latino/a/x) are less likely to pursue training as a physician-scientist, an important subsection of the ID and overall health workforce, critical to discovering and implementing innovations in ID care. The Congressional Research Service (CRS) found that debt levels may play a greater role in career decisions for certain racial and ethnic groups. Interventions are needed to develop a robust, diverse ID workforce.

IDSA's recommendations to support and grow the infectious diseases and HIV workforce include:

- Fund the Bio-Preparedness Workforce Pilot Program that was enacted in 2022 as part of the PREVENT Pandemics Act.

- Enact the EIS loan repayment program for CDC fellows with exemption from taxes. Doing so could help increase the number of ID and public health students entering the workforce. This fellowship program serves as a pipeline for healthcare professionals to public health careers and is a strong mechanism to grow the public health workforce.

- Take steps to support staffing and funding for primary and specialty care in rural areas. Specific emphasis should be put on including antimicrobial stewardship programs and overall AMR efforts; studies have found that there is disproportionate over prescription of antimicrobials in rural settings, which can lead to antimicrobial resistance.

- Identify shortages and overall issues impacting the healthcare workforce to develop novel, targeted policy solutions. This can be executed through surveys and holistic data collection conducted by the organizations that advise the committee, such as the Council on Graduate Medical Education (COGME), whose charter specifies its directive to "assessing physician workforce needs on a long-term basis, [and] recommending appropriate federal and private sector efforts necessary to address these needs." Data collection should be conducted on both primary and specialty care fields

Impact of E/M Codes on the ID Workforce

Physicians who provide infectious diseases treatment work in one of the lowest paid medical specialties because the codes they primarily bill—inpatient evaluation and management (E/M) codes—are undervalued. High medical student debt drives many physicians to higher paid specialties.

- **Reimbursement for ID physicians needs to reflect the high complexity and critical nature of their work to the health care ecosystem and to emergency preparedness and response**. Physicians in many other specialties including oncology, orthopedics and surgery consult with ID physicians on management of complex patients, especially those suffering infections that are resistant to antibiotics. Improved reimbursement will strengthen recruitment and retention of ID specialists, ensuring that patients in all communities have access to ID care. IDSA has urged the Centers for Medicare and Medicaid Services (CMS) to increase reimbursement for the services ID physicians provide, starting by maintaining the historic relativity between inpatient and office/outpatient evaluation/management (E/M) RVUs. Maintaining relativity would boost the values of inpatient E/M codes to keep pace with the increases provided for office/outpatient E/M codes in 2021. Unfortunately, CMS rejected this recommendation in its 2023 Medicare Physician Fee Schedule Final Rule without much rationale.

- There is also currently no existing mechanism to reimburse for many of the additional services ID clinicians perform during public health emergencies associated with outbreaks or pandemics, such as developing and updating clinical guidelines, training health care staff, scaling up testing and vaccination, managing supplies and collaborating with public health. Leaving these crucial tasks under-resourced promotes burnout among health care personnel and gaps in care.

Failure to invest in the ID workforce jeopardizes our nation's preparedness for a wide array of threats, because ID specialists are needed to respond to outbreaks of commonplace as well as emerging infectious diseases.

Recommendations:

- IDSA and HIVMA call on Congress to raise awareness of discrepancies between inpatient and outpatient E/M codes and insufficient reimbursement for ID physicians and investigate these issues and potential solutions through public hearings or other avenues.

- IDSA and HIVMA call for the creation of a payment modifier attached to existing billing codes to provide increased reimbursement for care and services directly related to outbreak response during a public health emergency. This approach could utilize guardrails to ensure the modifier is used as intended, such as clearly defining the circumstances, patients and/or services that could be eligible for increased reimbursement.
- IDSA and HIVMA call for evaluating novel reimbursement mechanisms that incentivize and support innovative models of care that improve health outcomes and quality of life

for people with HIV and other patients with complex, chronic conditions. Novel mechanisms that will sustainably finance services important to the integrated, effective delivery of HIV care, while also reducing the administrative burden associated with drug therapies and securing access to other services.

IDSA welcomes continued collaboration on developing the healthcare workforce. If you have questions about these comments or would like to connect, please contact Eli Briggs, IDSA director of public policy, at ebriggs@idsociety.org.