

# Grow and Diversify the Infectious Diseases Workforce to Promote Health Equity

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Infectious diseases (ID) specialists play a critical role in caring for people with HIV, hepatitis C, tuberculosis, sexually transmitted infections and many other infectious diseases in addition to treating infections associated with a wide array of health care services: cancer care, transplantation, hip and knee replacements, cesarean sections, pandemic and outbreak response, infections associated with substance use and more.

However, ID physicians are increasingly difficult to find. Roughly 80% of U.S. counties do not have a single ID physician, meaning 208 million people are living in a county with low or no ID physician coverage.<sup>i</sup>

This workforce shortage is especially prevalent in rural and underserved areas, leaving many people with serious infections without ID care. Federal investment is needed to make careers in ID more accessible, especially for students with experiences that reflect populations disproportionately affected by infectious diseases, including HIV, and to increase access to ID care in historically marginalized communities.

## The lack of diversity in medicine is even more prevalent in ID.

- Only about 5% of all U.S. physicians identify as Black/African American, and 6% identify as Hispanic/Latinx.
- In ID, 3.1% of fellows (ID physician trainees) are Black/African American, and 7.1% are Hispanic/Latinx.<sup>ii</sup>

## A diverse, accessible ID workforce leads to better patient outcomes and more diverse clinical trials.

- Patients with serious infections who are treated by an ID physician have better outcomes, lower mortality, shorter hospital stays and lower health care costs.<sup>iii</sup>
- Patients have better clinical outcomes when care is provided by a more diverse team.<sup>iv</sup> A diverse and representative workforce improves patients' access to care and their perceptions of the care they receive.<sup>v</sup>
- Intersectionality in clinical care teams helps bridge the interconnected nature of gender, race and class in treating infectious diseases.
- Clinical trial sites with higher racial and ethnic diversity among staff members see higher enrollment of patients from historically marginalized groups.<sup>vi</sup>
- ID and HIV clinicians play an important role in educating communities and patients. Research shows when clinicians look like their patients and have similar experiences/backgrounds, patients are more likely to listen to recommendations on interventions like vaccination and develop trust and connections with their physician that influence better health practices.<sup>vii</sup>

## Financial challenges hinder ID recruitment and diversity. Federal investments are needed to ensure the ID workforce reflects the racial backgrounds and experiences of patients.

- Low reimbursement relative to other specialties, high medical student debt and limited funding make the field of ID less accessible, particularly to students and trainees with limited financial means and limited opportunity to accrue generational wealth. Recent research has found that Black families owned about 23 cents for every \$1 of white family wealth, on average, with Hispanic/Latinx families owning about 19 cents for every \$1 of white family wealth.<sup>viii</sup>
- **Only 50.8% of ID training programs filled in the 2023 match.** By comparison, most other specialties filled all or nearly all their training programs.<sup>ix</sup>
- ID physicians are the third lowest-compensated medical specialty.<sup>x</sup>

- The average medical student graduates with \$250,000 in debt, making a lower-paying specialty like ID frequently out of reach for students from lower-income backgrounds who need a higher salary to pay off their debt.
  - Codes primarily used by ID physicians (inpatient evaluation and management, or E/M, codes) are historically undervalued. Further, the breadth of ID care is often not reflected in physician compensation, such as areas highlighted by the pandemic — managing therapeutics and vaccines, leading emergency clinical trials and updating guidance.
- To pursue a research career, ID physicians must complete an additional year of research training often not covered under traditional fellowship funding.<sup>xi</sup>
  - After their fellowship, research funding remains difficult to acquire.
  - First-generation students are less likely to pursue physician-scientist training, perpetuating a systemic lack of diversity in ID clinical research.<sup>xii</sup>

### **Federal investments are needed to grow a robust and diverse ID workforce and expand equitable access to ID care.**

#### **Solution:**

Provide \$50 million for the Bio-Preparedness Workforce Pilot Program (authorized, not yet funded) to offer loan repayment for health care professionals who provide ID, HIV and emergency preparedness services in Health Professional Shortage Areas, medically underserved communities, federal health facilities (e.g., VA, community health centers) or Ryan White-funded clinics. The pilot will empower more people to pursue careers in ID and work in the areas with greatest need.

#### **Solution:**

Improve ID physician reimbursement through the development of new codes that adequately value complex ID services and add a 10% incentive payment for ID (similar to what has been done for primary care and general surgery).

#### **Solution:**

Increase funding for the National Institute of Allergy and Infectious Diseases to support training and early career research, with a focus on populations under-represented in medicine.

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## **Endnotes**

- i J Infect Dis. [The Value That Infectious Diseases Physicians Bring to the Healthcare System](#). 2017.
- ii AAMC. [Report on Residents 2022-2023](#). 2023
- iii Clin Infect Dis. [Infectious Diseases Specialty Intervention is Associated with Decreased Mortality and Lower Healthcare Costs](#). 2014.
- iv J Natl Med Assoc. [Diversity improves performance and outcomes](#). 2019.
- v Commonwealth Fund. [The case for diversity in the health professions remains powerful](#). 2023.
- vi Tufts University. [To Increase Diversity in Clinical Trials, First Increase Staff Diversity](#). 2021.
- vii Ibid.
- viii Federal Reserve Bank of St. Louis. [The State of U.S. Wealth Inequality](#). 2024.
- ix J Infect Dis. [Analysis of the ID Fellowship Program Directors Postmatch 2023 Survey](#). 2024.
- x Medscape. [Medscape Physician Compensation Report](#). 2024.
- xi Clin Infect Dis. [Improving the ID physician scientists workforce from the view of junior investigators](#). 2020.
- xii Nat Med. [First-generation physician-scientist are under-represented and need better support](#). 2021.