October 19, 2017

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
200 Independence Avenue, SW
Room 415F
Washington, DC 20201

RE: HHS Strategic Plan Comments

Dear Acting Assistant Secretary and Principal Deputy Assistant Secretary:

The American College of Rheumatology (ACR), representing over 9,500 rheumatologists and health professionals, thanks you for the opportunity to provide feedback relating to the HHS FY 2018-2022 strategic plan. The ACR agrees that a robust and successful workforce strategy is required to meet the healthcare demands of the 21st century. Rheumatologists care for patients with serious conditions that can be difficult to diagnose and treat, including rheumatoid arthritis and other debilitating and potentially disabling rheumatic diseases. Early access to a rheumatologist can improve patient outcomes, and can prevent disability and costly procedures.

The most recent workforce study conducted by the ACR examining the number of adult practicing rheumatologists in the United States estimated there to be roughly 1.7 adult rheumatologists per 100,000 persons. With the aging U.S. population and lack of growth in the number of rheumatologists, experts projected that by 2025 there will be a severe shortage of over 4,500 rheumatologists. Additionally, a 2013 study analyzed the distribution of rheumatology practices across the U.S. The study found that several regions with populations of 200,000 or more have no practicing rheumatologist in the area. We are pleased to see that HHS is investing in a number of strategies to strengthen and expand the healthcare workforce. Please find our comments on these strategies below.

**Goal 1: Objective 1.4 Strengthen and expand the healthcare workforce to meet America’s diverse needs**

*Graduate Medical Education (GME)*

In order to incentivize healthcare providers to work provide subspecialty care, particularly in underserved and rural areas, Graduate Medical Education (GME) support should be provided for subspecialty fellows, not just residents, and should fund both more residents, and more subspecialty fellows than are currently being trained, particularly in underrepresented fields like rheumatology. Funding should be supplemented for programs providing care for underserved populations and for high quality programs.
We recommend that higher quality programs be provided leeway to develop new programs to address future needs, and/or further improve training, such as in musculoskeletal ultrasound. One potential mechanism to drive innovation would be a GME grant program to develop new training programs or curricula to meet the goals described in the IOM report. Doing this without reducing or dramatically redistributing existing funding would allow high-quality programs to drive innovation in a way that could be further developed if proven successful and cost-effective.

The ACR has engaged in numerous education and recruitment strategies aimed at highlighting the field of rheumatology for medical students and resident physicians. Our Rheumatology Research Foundation has developed funding mechanisms for potential future rheumatologists to gain exposure through preceptorships or attendance at ACR meetings.

**Pediatric subspecialties**

There is a significant disparity in the number of pediatric subspecialists trained to treat children with rheumatic disease, resulting in many children in underserved areas not receiving timely or appropriate health care. The Pediatric Subspecialty Loan Repayment Program was created to help alleviate these harmful shortages. We encourage HHS and HRSA to consider ways this program can be updated or expanded to include pediatric subspecialties, which will help reduce the workforce disparity in rural areas.

**Collect, analyze, and apply data to better understand opportunities to strengthen the healthcare workforce**

**Workforce Research and Analysis**

We appreciate that the Health Resources & Services Administration (HRSA) conducts research estimating the supply and demand, and distribution of, health care workers, which helps to inform public policy to help prevent both shortages and surpluses. We suggest that HRSA make changes to the way workforce projections are calculated. We feel the HRSA workforce analysis should include disease prevalence, demographics of patients and doctors (e.g., older age = more arthritis, more MD retirements), and productivity of the workforce. We feel strongly that improvements in the quality of government-sponsored data would lend support to legislation to increase the workforce, such as increasing the number of GME slots or making corrections to the Pediatric Subspecialty Loan Repayment Program.

Ultimately, the ACR continues to advocate for the following recommendations that would help to better meet the physician workforce demand and decrease the severity of rheumatologist shortages:

- Rather than radical changes to the system, we suggest that changes to the system be driven by innovations created with input from providers and specialty societies and verified by a priori metrics of success.
The existing arbitrary cap on publicly funded residency positions should be removed.

The number of GME positions should be increased in line with future physician workforce, regional, and specialty needs.

Additional sources of GME funding, including states and all-payer models, should be sought to ensure adequate and stable support for medical education programs.

HRSA workforce analysis should be updated to more accurately reflect the specialty landscape.

The ACR sincerely appreciates the attention and careful consideration HHS is giving to the 2018-2022 strategic plan. We encourage the HHS to take a comprehensive approach to its examination of future supply and demand for physicians to care for patients from all backgrounds and with all types of conditions. We hope to be a resource to you as you continue to evaluate approaches HHS may take. Please contact Kayla L. Amodeo, Ph.D., Director of Regulatory Affairs, at kamodeo@rheumatology.org or (202) 210-1797.

Sincerely,

Sharad Lakhanpal, MBBS, MD
President, American College of Rheumatology

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