Dear Ladies and Gentlemen,

The American College of Rheumatology (ACR), representing over 9,500 rheumatologists and interprofessional team members, thanks you for the opportunity to provide feedback relating to the Healthy People 2030 (HP 2030) objectives. 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. We are pleased to see that HP 2030 includes a number of core and developmental objectives regarding Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC). Please find our comments on these objectives and how they can be expanded to better encompass the current landscape of rheumatic and musculoskeletal diseases.

The ACR’s most recent workforce study examined the number of adult rheumatologists in active practice in the United States. This study estimated that there are 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. This shortage leads to serious access issues for patients that affect care in a number of ways.

Decrease time to diagnosis/increase speed of getting to a specialist (Research)

In order to treat patients early in their disease course, it is critical that they have access to an appropriate specialist. An important research objective to consider for HP 2030, therefore, is to determine ways to decrease the time to diagnosis or increase the speed at which a patient can see the appropriate specialist.

Arthritis is the fastest growing health problem worldwide. New Centers for Disease Control and Prevention (CDC) data finds that all forms of arthritis have a startling economic burden in the United States – to the tune of over $300 billion annually – resulting in higher medical costs and earnings losses among people with the disease. As the U.S. population ages, it is critical that
there is an adequate supply of rheumatologists to properly diagnose and manage care for the growing number of patients with musculoskeletal and rheumatic diseases such as arthritis.

More research into geographic and workforce disparities is needed to curtail this dire shortage. One way in which the government collects this sort of informative data is through the Health Resources & Services Administration (HRSA). HRSA conducts research estimating the supply and demand, and distribution of, health care workers; this research helps to inform public policy to prevent both shortages and surpluses. We would like to see 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 physician retirements), and productivity of the workforce. We feel strongly that improvements in the quality of government-sponsored data would lend support to legislation to expand the workforce. This could be done by increasing the number of GME slots and by making corrections to the Pediatric Subspecialty Loan Repayment Program.

**Increase Rates of Treatment Initiation and Adherence (Core)**

We believe potential additions to the core objectives in the AOCBC area should include increasing the rates of treatment initiation and medication adherence. For many rheumatic and musculoskeletal diseases where medications have proven benefits on outcomes – including rheumatoid arthritis, osteoporosis, and others – objectives such as self-management and exercise counseling are not sufficient alone for improving process of care.

We recommend development of an additional objective of treatment initiation for patients with such diseases, as well as a focus on treatment adherence. Once treatment is initiated, medication non-adherence is also a common problem in patients with acute and chronic diseases. According to Foster et al. (2011) only about 25% of medications are filled correctly, and 30% of new prescriptions are never filled. Specifically, osteoporosis patients take oral bisphosphonates correctly only 60% of the time. For complex chronic diseases like rheumatoid arthritis medication, adherence worsens as treatment regimens become more complex.

Failure to adhere to a medication regimen can cause higher risk of disease flare, joint damage, the requirement for surgical intervention, and even inappropriate medication changes. Non-adherence can also lead to higher rates of absenteeism from work and reduced productivity. All of this has the potential to lead to increased cost and an increased number of prescribed medications.

**Increase ability to afford/access therapies (Developmental)**

Similarly, we strongly recommend increasing the ability to afford or access therapies as a developmental objective. Data has shown that early intervention in rheumatoid arthritis, for example, prevents irreversible joint destruction. The downstream effects of restricted access lead to the complications of uncontrolled disease for the patient, increased disability, and ultimately, higher health care costs.

The ACR sincerely appreciates the attention and careful consideration HHS is giving to the HP 2030 objectives. We encourage 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,

Paula Marchetta, MD, MBA
President, American College of Rheumatology
