December 14, 2012

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Gail R. Wilensky, Ph.D., Co-Chair  
Committee on the Governance and Financing of Graduate Medical Education  
Institute of Medicine / National Academy of Sciences  
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Re: Comments on Graduate Medical Education Funding for the December Committee Meeting

Dear Dr. Berwick and Dr. Wilensky:

The undersigned organizations representing the pathology workforce are writing to commend the Institute of Medicine’s efforts to evaluate a critical and growing shortage of qualified health care professionals, including the need to support Medicare’s increased funding of physician training to address a worsening physician shortage. We respectfully request that the Committee consider adding pathology to the list of specialties that are recommended for targeted increases in Medicare funding for graduate medical education. This request is supported by data in the 2008 Health Resources and Services Administration’s (HRSA) report, which is the standard being used by Congress and the Association of American Medical Colleges to gauge “shortage” specialties, as well as by an extensive pathology workforce study currently in preparation for publication, which confirms the HRSA-projected shortfall relative to demand, but also projects an absolute and progressive decrease in the pathology workforce commencing in 2015.

Pathology plays an essential role in the delivery of high quality health care. Pathologists and the laboratory professional team are intimately involved in providing physicians, nurses, community health centers and other health care providers with the objective information that is needed to prevent, diagnose, treat, and manage disease. It is estimated that laboratory data have an impact on over 70 percent of medical decisions. The contribution to patient care that pathologists and other laboratory professionals make cannot be overstated.

Below are some points our professionals would like the Committee to reflect upon, as you consider our request to support additional GME funding for pathology:

▪ The pathologist workforce in the United States is the second oldest among all medical disciplines (AAMC 2012 Physician Specialty Data Book, Figure 6). Continued support for resident training is necessary to replace pathologists who will retire. Approximately 40% of all practicing pathologists today are 55 years of age and older and will be expected to retire over the next 5-10 years.

▪ As we move toward capitated and other value-based coordinated care models, pathologists will be an ever-more integral part of the healthcare team. Pathologists’ expertise will be critical for optimizing clinical outcomes by providing timely and accurate laboratory-based information across the continuum of care, keeping patients out of hospitals and promoting effective test-utilization for optimal treatment and hospital length of stay.
As baby boomers retire at the rate of 10,000 per day over the next 20 years, increasing numbers of ever-more-busy primary care physicians and physician extenders will require progressively more assistance in appropriately ordering and interpreting the growing number and complexity of laboratory tests, particularly those dealing with genomic and other molecular abnormalities. Pathologists are the physicians who are trained to provide this support to healthcare professionals, including other physicians.

Cancer is disproportionately prevalent in an aging population. Cancer care involves extensive use of anatomic and clinical pathology testing and services (e.g. diagnostic biopsies, fine needle aspiration of nodules, human stem cell collection and storage, specialized blood products, molecular testing, cancer pharmacogenomics, etc.).

Use of informatics and analysis of laboratory testing paradigms to support requirements of affordable care will increase the need for appropriately trained physicians, including an adequate and appropriately trained pathologist workforce. Certification in Clinical Informatics is a joint and equal function of the American Board of Pathology and the American Board of Preventive Medicine (ABPM). Specialists trained in clinical informatics will be needed to develop and support the necessary future reliance on information technology for data collection and handling, in the treatment of patients, in the sharing of electronic health information among health care professionals and other providers, and in the maintenance of electronic health records.

As genomic diagnostics and personalized medicine become more widely utilized, they will require an adequate and appropriately trained pathologist workforce to formulate and oversee effective utilization and performance of these assays, and to interpret the assay results in the context of individual clinical situations.

The 2008 HRSA report (http://bhpr.hrsa.gov/healthworkforce/reports/physwfissues.pdf), which projected physician supply to 2020, showed the baseline FTE projected supply of pathologists to increase by 3% from 2000 to 2020 (exhibit 51) compared to a baseline projected required increase of 23% (exhibit 39). The report states that "non-surgical specialties such as cardiology and pathology show demand growing significantly faster than supply."

Extending and exacerbating this projected relative shortfall, the AAMC data indicate that the number of actively practicing pathologists has already in fact actually decreased 5-10% from 2000 to 2010 (AAMC 2012 Physician Specialty Data Book, Figure 11). This trend will almost certainly continue as baby-boomer pathologists continue to retire.

The number of pathology training positions is insufficient to meet this demand, as only 450 to 500 new residency graduates enter the workforce each year. There has been an actual decrease in the number of pathology residency training slots (AAMC 2012 Physician Specialty Data Book, Figure 17), with five residency program closings since 2009 (Washington Hospital Center, Washington, DC, New York Medical College at St Vincent's Hospital and Medical Center, NY, Texas Tech University Medical Center, TX, Nassau University Medical Center, NY, Berkshire Medical Center, MA, and Conemaugh Valley Memorial Medical Center, PA). The current number of residency and fellowship positions in pathology must not be further reduced; rather we must work on ways to increase the number of positions, as well, correspondingly, as the number of medical school graduates going into pathology.
The compounding effect of these changes has methodically been analyzed and is in preparation for publication (data available upon request). This analysis shows that the most likely projected numbers of pathologists will drop 23 percent between 2014 and 2030—from just over 18,000 pathologists in 2014 to just under 14,000 in 2030.

Para-professionals (e.g. pathologist assistants, laboratory technologists) supporting the delivery of laboratory services in the health care system are simultaneously suffering critical shortages, and the pipeline of Ph.D. scientists supporting genomic and molecular diagnostics is acutely constrained by limitations in NIH funding. The skill sets and contributions of these professionals are necessary complements to, and not supplements for, the physician pathologist workforce; these individuals do not serve as "pathologist extenders" in the same way in which nurse practitioners and physician assistants can serve as "physician extenders" in many direct patient care settings. Therefore, responses to shortages in the pathology para-professions and Ph.D.-granting programs will not compensate for a deficiency in pathologist practitioners - the physician pathologist shortage will remain an issue until GME funding is strengthened.

Several bills introduced in Congress (H.R. 6352, The Physician Shortage Reduction and Graduate Medical Education Accountability and Transparency Act, S. 1627, The Resident Physician Shortage Reduction Act) address the impending physician shortage, and recognize that training positions for both primary care and specialist physicians must be increased. The undersigned leaders in pathology education fully support targeted increases in Medicare funding for graduate medical education (GME), including increasing the number of primary care trainees and other “shortage” specialties. As has been pointed out by the Association of American Medical Colleges, "...Medicare’s support for its share of GME costs has been effectively frozen since 1997, contributing to the current shortage of physicians. Further decreasing support for GME would only worsen the projected shortage of 90,000 physicians by 2020." Specialists consist of half this predicted shortage.

Pathology bridges the basic sciences and the clinical practice of medicine. In fact, pathology has many responsibilities in our health care system that range from direct patient care to public and preventive health care. Pathology's role is often misunderstood and at times lumped together with other medical specialties that, ironically, rely on our clinical and scientific expertise to practice medicine.

Pathology professionals translate new technology and bring new testing from the laboratory to the bedside. Pathologists are in a unique position to reduce unnecessary laboratory testing and conserve health care delivery system resources by working with clinicians and provider organizations to ensure that, for each patient, the right test is performed, at the right time and at the right cost.

We urge you to consider this evidence of shortage, and our consequent request to add pathology to the list of specialties are recommended for targeted increases in Medicare funding for graduate medical education. Thank you in advance for considering this request for your support. For further information, contact Priscilla Markwood at pmarkwood@asip.org or 301-634-7408.
Respectfully submitted by the Cooperating Societies of the American Board of Pathology,

Academy of Clinical Laboratory Physicians and Scientists
American Medical Association Pathology Section Council
American Society for Clinical Pathology
American Society for Investigative Pathology
Association of Directors of Anatomic and Surgical Pathology
Association of Pathology Chairs
College of American Pathologists
United States and Canadian Academy of Pathology

cc: Deborah E. Powell, M.D., IOM Committee Member (dpowell@umn.edu)
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