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Infectious Diseases Society of America

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IDSA Headquarters
4040 Wilson Boulevard
Suite 300
Arlington, VA 22203
TEL: (703) 299-0200
EMAIL: Info@idsociety.org
WEBSITE: www.idsociety.org

Meena Seshamani, MD, PhD
Deputy Administrator and Director, Center for Medicare
Centers for Medicare and Medicaid Services
Baltimore, Maryland 21244

January 18, 2023

Dear Director Seshamani,

Thank you for meeting with the leadership of the Infectious Diseases Society of America (IDSA) Jan. 10 to discuss infectious diseases (ID) physician reimbursement concerns, including how inadequate reimbursement is hampering recruitment of residents into ID, which will lead to a smaller ID workforce and limit beneficiary access to expert ID care. We believe the Administration has a very important role in addressing our specialty's crisis as an insufficient ID workforce will worsen patient outcomes, hamper pandemic preparedness and response and exacerbate health inequities. The Administration should undertake an initiative to grow and diversify the ID workforce to strengthen our preparedness and improve patient outcomes and safety. CMS has a unique ability to contribute to a solution through its Medicare reimbursement policy and improving the compensation for this field will greatly incentivize medical students and residents to enter it. We fear that a failure to act now could lead to severe repercussions for patient care and public health in the not-too-distant future.

As we discussed, only 56% of ID training programs filled their slots in the last match, and nearly 80% of counties lack an ID physician. In IDSA's extensive outreach to medical students and residents, low reimbursement relative to other specialties is a chief barrier to recruitment. Marginalized communities that face disproportionate impacts of infectious diseases such as COVID-19, mpox, HIV and more typically have the least access to ID care. During outbreaks, the ID workforce is even more strained, without a mechanism to be reimbursed for significant additional work, which further limits access to care. We saw evidence of this during the height of the mpox outbreak: Many patients struggled to access testing and treatment as primary care clinicians lacked sufficient time, expertise and resources to manage these patients and instead referred them to ID clinicians who suffered from heightened workload, much of which was not compensated as both vaccines and therapeutics were not FDA approved.

In the fourth year of the COVID pandemic, we have a critical opportunity to build the ID workforce – which not only will benefit the nation when confronting future pandemics but is essential to win the war on cancer, end HIV as an epidemic and combat antimicrobial resistance. Following our previous discussions with your colleagues in the Hospital & Ambulatory Policy Group (HAPG), we request that you:

- Require HAPG to revisit the value of inpatient evaluation and management (E/M) codes (the codes most frequently billed by ID physicians) in the 2024 Medicare Physician Fee Schedule to ensure, at a minimum, that they maintain historic relativity with outpatient E/M codes; and
- Establish a permanent “outbreak activation” mechanism to allow for reimbursement of significantly enhanced work during a public health emergency associated with an infectious disease outbreak.
- Work with us to develop new mechanisms to reimburse ID physicians for non-patient care activities that are crucial to improving quality and patient outcomes, such as antimicrobial stewardship and infection prevention in our health care institutions.

We look forward to following up with you and your staff to provide additional information and to explore opportunities to improve reimbursement for ID clinicians. Please contact Amanda Jezek, IDSA senior vice president for public policy and government relations, at ajezek@idsociety.org with any additional questions or feedback.

Sincerely,



Carlos del Rio, M.D, FIDSA

President, IDSA

Cc:

Liz Richter, Deputy Director, Center for Medicare

Meghan O'Toole, Senior Advisor, Office of the Administrator

Kristi Martin, Senior Advisor, Office of the Director, Center for Medicare

Christiane LaBonte, Special Assistant to the Director, Center for Medicare