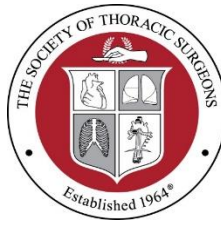


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March 17, 2023

Nakela L. Cook, MD, MPH
Executive Director
Patient-Centered Outcomes Research Institute (PCORI)
1333 New Hampshire Ave, NW, Suite 1200
Washington, DC 20036

Re: Enhancing Workforce Development to Accelerate Patient-Centered Outcomes Research Request for Information [RFI # WD-2023]

Dear Dr. Cook,

On behalf of The Society of Thoracic Surgeons (STS), I write to provide comments on the Enhancing Workforce Development to Accelerate Patient-Centered Outcomes Research Request for Information (RFI) issued by the Patient-Centered Outcomes Research Institute (PCORI). Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,600 surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lungs, and esophagus, as well as other surgical procedures within the chest.

PCORI has released an RFI with the goal of engaging the PCORI community regarding the opportunities to develop and support the patient-centered outcomes research (PCOR) workforce. PCORI conceptualizes the PCOR workforce broadly to include researchers, health system leaders, patients, community members, and others from diverse backgrounds who lead and partner in patient centered outcomes research.

PCORI seeks responses to the following questions related to the PCOR workforce landscape.

- 1. What are the greatest opportunities for health research workforce development? In particular, please comment on opportunities, gaps, and challenges in any of the following areas: engagement; data and technology; methods; and organizational issues such as culture change, diversity, equity and inclusion, and skills and capacities to effect system change (for example, accelerating progress toward a learning health system).*
- 2. What are the top strategic opportunities for PCOR workforce development that PCORI might consider supporting or leading? Are there partners or exemplar programs with which PCORI might consider engaging?*

Clinicians are an integral part of the health research workforce and there is currently a critical need to train and develop our health care workforce. Specially, thoracic surgeons treat some of the most

common and devastating conditions in the United States and contribute patient outcomes data to the Society of Thoracic Surgeons (STS) National Database and the STS/American College of Cardiology (ACC) Transcatheter Valve Therapy (TVT) Registry. The STS National Database has four components, each focusing on a different area of cardiothoracic surgery—Adult Cardiac Surgery, Congenital Heart Surgery, General Thoracic Surgery, and Mechanical Circulatory Support. Currently, the Adult Cardiac Surgery Database (ACSD) alone contains more than 7 million cardiac surgery procedure records and has more than 3,800 participating physicians, including surgeons and anesthesiologists, representing more than 90% of all adult cardiac surgery hospitals across the United States and Canada. Additionally, the STS/ACC TVT Registry has been innovative in gathering data from patients on their assessment of their individual health status, using the Kansas City Cardiomyopathy Questionnaire (KCCQ) before treatment. The registry also gathers data on whether there are post-surgical changes in quality of life (QOL), functional state, and other patient reported outcomes.¹

As pivotal members of the PCOR team, there is an urgent need to address the cardiothoracic workforce shortage. The Health Resources and Services Administration (HRSA) recently projected there will be 900 less thoracic surgeons practicing in 2035, while total demand over the same time period would increase by 20 percent, resulting in only 69 percent adequate supply of physicians within the specialty. Thoracic surgery has the largest projected shortfall in supply of any physician specialty evaluated.

Despite these trends, few actions have been taken to address this long-term challenge. Meanwhile, factors such as the pandemic, additional administrative burdens such as complying with excessive prior authorization requirements, and financial pressures have all contributed to physician burnout being at record levels in recent years.²

We recognize there are no universal solutions to the health care workforce challenges across the country, but we believe solutions have been developed in recent years that would warrant further consideration and support by PCORI.

STS urges PCORI to consider supporting these recommendations:

- Urging Congress to increase the number of federally funded graduate medical education (GME) positions;
- Urging Congress to address rural workforce recruitment via student loan relief; and
- Advance research that helps diversify the health care workforce.

GME Funding

The effectiveness and availability of PCOR requires a capable and strong physician workforce. A key factor exacerbating this workforce shortage is the artificial cap placed on Medicare-supported GME positions. In December 2020, Congress provided 1,000 new Medicare-supported GME positions, the first increase of its kind in nearly a quarter century. This momentum continued with the addition of 200 additional slots being provided in December 2022. While this was a promising start, it will not reverse the projections of a severe cardiothoracic workforce shortage.

¹ Carroll JD, Mack MJ, Vemulapalli S, et al. STS-ACC TVT Registry of Transcatheter Aortic Valve Replacement. *Ann Thorac Surg.* 2021;111(2):701-722. doi:10.1016/j.athoracsur.2020.09.002

² <https://doi.org/10.1016/j.mayocp.2022.09.002>

Urging Congress to advance legislation such as the *Resident Physician Shortage Reduction Act* would build on this historic investment by gradually raising the number of Medicare-supported GME positions by 2,000 per year for seven years, for a total of 14,000 new slots. **The physician community needs outside support to address the shortfall of up to 124,000 physician that is expected by 2034.³ Medicare supported GME positions are essential to addressing the growing deficit of physicians.**

Address Rural Workforce Recruitment via Student Loan Relief

A key challenge facing newly trained physicians, especially those from more underrepresented backgrounds, is student loan debt. The average cost of medical school in the United States reached \$275,000 in 2020, with the average debt for recent graduates being around \$200,000.⁴ The average physician salaries during residency or fellowship training programs is around \$61,000 during the first year and escalates annually to reach \$83,000 by the eighth year.⁵ The length of a training programs varies by specialty, from a minimum of three years to longer programs like thoracic surgery that typically take six to eight years. Often residents and fellows are forced to enter forbearance on their student loan payment due to this imbalance of high debt, training salary, and long length of training.

STS encourages PCORI's support of bipartisan legislation which has been proposed by Sens. Jacky Rosen and John Boozman, S. 704, the *Resident Education Deferred Interest (REDI) Act*. This legislation would permit a pause on student loan interest accrual and principal loan repayment for the duration of medical residency and fellowships. The REDI Act does not provide any loan forgiveness or reduce a borrower's original loan balance.

This legislation would provide important relief for a specialty like thoracic surgery who has a uniquely large workforce shortfall projections, combined with its longer than average training requirements. Rural areas are even more dire for thoracic surgery than for the specialty overall. In metro areas, thoracic surgery's workforce shortfalls are projected to come in future years due to reduced supply combined with increased demand. In rural areas, there is already a tremendous gap in supply and demand that is projected to grow even wider over time. There is also a higher burden of lung cancer and heart disease in rural areas.^{6 7} The REDI Act would allow all physicians to have a lower student debt burden, which could remove barriers to practicing in rural areas.

Another bipartisan bill that addresses the challenge of bolstering the rural physician workforce shortages is S. 705, the *Specialty Physicians Advancing Rural Care (SPARC) Act*, from Sens. Jacky Rosen and Rodger Wicker. This bill would create a repayment program for specialist physicians and non-physician specialty providers practicing in rural areas.

Advance Research that Helps Diversify the Health Care Workforce

STS is committed to the elimination of racial bias and disparities in healthcare. We recognize disparities in access to health care and health outcomes across races, socioeconomic status, and gender. The STS

³ <https://www.aamc.org/media/54681/download>

⁴ https://store.aamc.org/downloadable/download/sample/sample_id/368/

⁵ <https://www.aamc.org/data-reports/students-residents/report/aamc-survey-resident/fellow-stipends-and-benefits>

⁶ <https://www.annalsthoracicsurgery.org/action/showPdf?pii=S0003-4975%2819%2930879-3>

⁷ <https://doi.org/10.1001/jamacardio.2022.5211>

Research and Analytic Center conducts disparities research leveraging the STS National Database and geocoding to link >70 percent of ACSD records to the census tract/block level of the US Census/American Community Survey, allowing unprecedented ability to investigate disparities in cardiac surgical access and outcomes. We support policies that advances racial and socioeconomic equity in access to health care and health outcomes, while maintaining high quality care for patients. We encourage PCORI to support research focused on health care disparities and diversification of the workforce.

We believe more can be done by all actors in the health care system to diversify the physician workforce. STS has actively worked to educate, involve, and provide a voice to underrepresented groups within our membership – and it's helping reshape the culture of the specialty over time. For example, STS membership currently 86 percent male and 14 percent female, but the ratio is rapidly changing, with the Resident/Fellow membership category composed of 69 percent male and 30 percent female.⁸

Despite these efforts, there remains a lack of racial, ethnic, and gender diversity in the physician workforce, which is reflected in cardiothoracic surgery. Black and Hispanic cardiothoracic surgeons are severely underrepresented in both the workforce and the resident/fellow pool. Current research suggests that increasing racial/ethnic and gender concordance between physicians and the patients they serve can positively affect the quality of care perceived and received by patients. STS supports policies that incentivize recruitment, training, and retaining of a diverse physician workforce. Parental leave varies significantly by geographic location and by training program. Differences exist in both the amount of time permitted and pay offered. For actively planning parents-to-be, this creates a significant barrier of entry to longer training pathways or the consideration of time-consuming careers such as cardiothoracic surgery. STS encourages PCORI to consider solutions to addressing the need for improved options for parental leave, financial security during parental leave and educational, academic and promotional security.

Thank you for the opportunity to provide these comments. Please contact Molly Peltzman, Associate Director of Health Policy, at mpeltzman@sts.org or 202-787-1221 or Derek Brandt, Vice President of Government Affairs, at dbrandt@sts.org or 202-787-1223 should you need additional information or clarification.

Sincerely,

A handwritten signature in black ink, reading "Thomas E. MacGillivray". The signature is fluid and cursive, with the first name "Thomas" being the most prominent.

Thomas E. MacGillivray, MD
President

⁸ <https://www.sts.org/resources/diversity-and-inclusion-resources>