

## IDSA Response to ID Match for Appointment Year 2016

Attracting the best and brightest to ID is a top priority for IDSA and one that will require multiple solutions and a long-term commitment from the Society and the entire community of infectious disease specialists. The recent match results, in which a number of infectious disease training programs did not meet their quotas, reaffirm the importance of our efforts.

Why are fewer medical residents choosing to apply to infectious disease fellowships, and what can be done to address this problem? The answers are many—none of them easy. As with many other cognitive specialties, inadequate reimbursement is a key factor. IDSA is compiling data and educating policymakers and payers about the improved outcomes and lower costs that come with ID consultations, especially for patients with severe infections (bacteremia, *C. diff*, central line associated bloodstream infections, bacterial endocarditis, etc.) or chronic conditions such as infection with HIV and hepatitis C (HCV). ID specialists are essential to research, public health and to the overall healthcare system because of their key role in antimicrobial stewardship, infection control, and outbreak management, and we are working hard to disseminate this message.

The evolution of medical education also presents some challenges that need to be addressed. ID is an exciting field with many different facets, but this breadth (HIV, global health, antimicrobial resistance, public health, transplant medicine, etc.) is hard to show to trainees whose experiences are more limited to hospital-based issues. As medicine has evolved with specialized inpatient services like hospitalist medicine, students and residents have less exposure to ID physicians and fewer opportunities to be inspired and engaged by ID mentors and role models.

IDSA, the IDSA Education and Research Foundation, and the HIV Medicine Association have many initiatives to enhance opportunities for ID and HIV mentorship and scholarship, including opportunities at IDWeek. In addition, IDSA has many other irons in the fire, a few of which include:

- a new workforce study to provide baseline data and elucidate factors likely to drive future supply and demand
- ongoing research to assess factors that impact residents' decisions about choice of subspecialty, and identify interventions to motivate change (e.g., curriculum reform, mentorship, payment, etc.)
- adoption of an "all-in" approach to the annual match program, in order to more accurately assess how many residents are interested in ID
- a new communications campaign to promote ID to key audiences, including medical students and residents as well as payers and policymakers
- ongoing advocacy efforts aimed a federal officials and third-party payers to improve ID reimbursement and solidify ID's central role in health system initiatives (e.g., stewardship, etc.)
- ongoing research to document the value that ID specialists bring to the healthcare system, as well as educational efforts to share those findings

Disappointing match results are not the problem, but rather are symptomatic of a broader problem—the undervaluation of our specialty. Our patients and the healthcare system need our expertise, and IDSA is committed to ensuring that our specialty thrives.

Most importantly, we must all be good ambassadors for ID as ultimately nothing makes a greater difference than personal relationships. I urge all of us to join in that effort and convey the enthusiasm for what we do. IDSA welcomes your feedback as we continue to tackle these issues. Together, we can succeed.

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