



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:
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May 19, 2021

The Honorable Bernie Sanders
Chairman
Subcommittee on Primary Health
and Retirement Security
Senate Committee on Health,
Education, Labor & Pensions
332 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Susan Collins
Ranking Member
Subcommittee on Primary Health
and Retirement Security
Senate Committee on Health,
Education, Labor & Pensions
413 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Sanders, Ranking Member Collins, and Members of the
Subcommittee on Primary Health and Retirement Security:

On behalf of the more than 82,000 members of the American College of Surgeons (ACS), thank you for your leadership and interest in addressing health care workforce shortages. The ACS has serious concerns with the growing crisis in surgical workforce shortages and the impacts that these shortages have on patients. We urge you to consider the need for additional data as well as the importance of designating general surgical shortage areas as you examine these issues.

Background

General surgery is an essential element in the care of a community or region. In areas without general surgeons or with an insufficient surgical workforce, patients in need of care must travel to a place with surgical capabilities, leading to delays in care and potentially suboptimal outcomes. In both rural and urban areas, the availability of general surgical care facilitates the treatment of an expanded spectrum of a local population's health care needs, because a general surgeon cares for patients with a broad range of surgical needs.¹ This obviates the need for transfer, time away from employment, travel, and associated costs.

In addition to improving care and outcomes for patients, a general surgeon contributes substantially to the local economy, both in terms of hospital revenue and creation of jobs, which are critical to the hospital and the community they serve.² Loss of surgical services and their associated revenues can contribute to hospital closures which can be catastrophic to the local community.³ The loss of surgical services and hospital closures is felt acutely as over 100 rural hospitals

¹ <https://www.facs.org/education/resources/residency-search/specialties/general>

² <https://digitalprairie.ok.gov/digital/collection/stgovpub/id/24192>

³ <https://www.beckershospitalreview.com/finance/the-rural-hospital-closure-crisis-15-key-findings-and-trends.html>



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closed from January 2013 – February 2020.⁴ A recent report from the Center for Healthcare Quality and Payment Reform found the COVID-19 pandemic has increased the number of rural hospitals at immediate risk of closure to 500 with an additional 300 also at heightened risk of closure in the near future.⁵ Rural hospital closures further impede access to surgical care.

A shortage of general surgeons is a key component of the crisis in the health care workforce and patient access to health care services because surgeons are the only physicians who are uniquely trained and qualified to provide certain necessary, lifesaving procedures.

A Congressionally mandated 2020 report conducted by the Health Resources Services Administration (HRSA) detailed potential surgical shortages, especially as it relates to geographic location (i.e., rural, urban, and suburban).⁶ Specifically, the report found a maldistribution of the surgical workforce, with widespread and critical shortages of general surgeons particularly in rural areas. Additionally, a 2020 report released by the Association of American Medical Colleges projects shortages of between 17,100 and 28,700 surgeons by 2033.⁷

Support Health Care Workforce Data Collection

ACS strongly believes that building a solid foundation of accurate and actionable data is critically necessary to better understand the physician workforce and begin to identify and define general surgery shortage areas.

At present, our health care system is in dire need of accurate data. ACS believes the periodic, repetitive collection and analysis of workforce data on both a regional and national basis should be a top priority. This data collection should be undertaken in consultation with relevant stakeholders to ensure accuracy of both the data collected and its subsequent analysis. Data collection is necessary in order to better understand the health care workforce supply and distribution and to project workforce demands for the future.

Unfortunately, these data do not tell us if the supply of all surgical specialists nationwide is adequate to provide access to the surgical services demanded by the population. This is largely because there is no agreed upon definition of what constitutes a shortage of general surgeons for a given population. Since there is no federally accepted definition of a surgical shortage, projections reset each year and

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⁴ <https://www.gao.gov/products/gao-21-93>

⁵ <https://revcycleintelligence.com/news/covid-19-increases-rural-hospital-closure-risk-care-access-concern>

⁶ <https://www.facs.org/-/media/files/advocacy/federal/hrsa-general-surgeon-projection-report-to-appropriations.ashx>

⁷ <https://www.aamc.org/media/45976/download>



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assume that the then current ratio of surgeons to population is the appropriate baseline rather than tracking the decline and growing shortage over time. The data simply tell us that year after year we are falling behind, with a shrinking proportion of general surgeons to population. **In order to prepare for future surgical workforce demands, Congress should support the comprehensive, impartial research and high-quality data needed to form dynamic projections of the health care workforce.**

Create Optimal Surgical Access

Congress cannot consider reforms to strengthen the healthcare workforce without also considering the disparities that exist in access to surgical care. Access to surgical care is impacted by socioeconomic status, age, gender, level of education, race, ethnicity, health care availability, and geographic distance. Timely access to surgical care is necessary for optimal outcomes. Efforts to increase surgical presence and availability are crucial to providing the right care, at the right time, in the right place.

Optimal quality, the centerpiece of the mission of the ACS, is not achievable without optimal access. A new study finds that older cancer patients are less likely to have optimal results following their cancer operation if they live in an area highly affected by social challenges, especially if they are racial-ethnic minorities.⁸ Another recent study of liver transplant centers confirms that non-Hispanic, white patients get placed on liver transplant waitlists at disproportionately higher rates than non-Hispanic, Black patients.⁹ The ACS motto is, “To serve all with skill and fidelity.” One key step to live up to this motto and provide high quality care to all is eliminating racial disparities in access to care as there can be no quality without access.

Designate Formal Surgical Shortage Areas

Unlike other key providers of the community-based health care system, HRSA does not maintain a geographic shortage area designation for surgery. ACS believes that increasing evidence highlights the urgent need to establish a surgical shortage designation. Determining what constitutes a surgical shortage and designating areas where patients lack access to surgical services will provide HRSA with a valuable new tool for increasing access to the full spectrum of high-quality health care services. Identifying communities with workforce shortages is a

⁸ High social vulnerability is associated with a decreased chance to achieve a “textbook outcome” following cancer surgery. *Journal of the American College of Surgeons*. DOI: /10.1016/j.jamcollsurg.2020.11.024.

⁹ Racial Disparities in Liver Transplantation Listing. *Journal of the American College of Surgeons*, 2021. DOI: <https://doi.org/10.1016/j.jamcollsurg.2020.12.021>

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critical first step in guaranteeing all patients, regardless of geographic location, have access to quality surgical care. Only then can necessary actions be taken to address these shortages and disparities in access to care.

Concluding Remarks

To build upon existing data and plan for the future, ACS urges the subcommittee to consider the *Ensuring Access to General Surgery Act of 2021 (S. 1593)*, introduced by Senators Brian Schatz (D-HI) and John Barrasso, MD (R-WY). The legislation would direct the Secretary of HHS, through the HRSA, to study and define general surgery workforce shortage areas and collect data on the adequacy of access to surgical services. Additionally, the legislation would grant the Secretary of HHS with the authority to designate general surgery shortage areas.

ACS appreciates the opportunity to weigh in on health care workforce concerns faced by surgeons and their patients and urges you to authorize the collection of data on general surgery shortage areas, which would provide the same opportunity to ensure access to care for all surgical patients, regardless of geographic location. Additionally, establishing a surgical shortage designation will allow for better resource allocation and incentives to practice in areas where we know there are not enough general surgeons.

ACS remains dedicated to working with Congress to further address the physician workforce issues facing our nation. Please contact Carrie Zlatos in the ACS Division of Advocacy and Health Policy at czlatos@facs.org if you have any questions or need additional information.

Sincerely,

David B. Hoyt, MD, FACS
Executive Director

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