

July 24, 2018

The Honorable Alex M. Azar II
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

I am writing on behalf of the Clinical Laboratory Improvement Advisory Committee (CLIAC) to express the Committee's recommendations regarding the clinical laboratory workforce.

BACKGROUND

During the April 10-11, 2018 CLIAC meeting, the Committee was provided an overview on past CLIAC discussions related to the clinical laboratory workforce topic. Two presentations were given on current issues surrounding the laboratory workforce shortage. The meeting summary can be found at https://ftp.cdc.gov/pub/CLIAC_meeting_presentations/pdf/CLIAC_Summary/cliac_0418_summary.pdf. The Committee discussed the challenges of sustaining a competent laboratory workforce and recognition of laboratory professionals as integral members of the healthcare setting.

After deliberation on the issues, the Committee voted to provide the following recommendations to HHS.

Recommendation 1:

CLIAC recommends that CDC, CMS, and FDA prioritize approaches to address the 20-year shortfall of trained laboratory professionals and report back to CLIAC, including but not limited to:

- Create incentives for clinical affiliate sites to allow more mentoring and training of laboratory students (similar to the Graduate Medical Education model).
- Develop a crosswalk for trained Veterans to accelerate entry into the laboratory professional field and qualify under CLIA regulations.
- Create or evaluate existing career ladder models developed by laboratory organizations and developing strategies to implement them.

- Develop methods to demonstrate the economic impact of laboratory testing, possibly using return_on_investment (ROI) and/or cost-savings and avoidance.
- Create strategies for increasing public awareness of clinical laboratory science as a career.

Recommendation 2:

CLIAC recommends that HHS:

- Issue a recommendation to the U.S. Department of Education to include laboratory science professions in the science, technology, engineering, and mathematics programming.
- Issue a recommendation to request that Health Resources and Services Administration include Title VII funding to authorize resources to educational programs for laboratory professions experiencing a workforce shortage crisis.
- Create a plan and appropriate funding for a program within the Public Health Service Act to ensure training for citizens seeking to enter the clinical laboratory workforce.

Recommendation 3:

CLIAC strongly recommends that HHS and/or its agencies fund a study of the opportunity costs of the two decades of reduction in the laboratory workforce.

We suggest proceeding along the lines of past government funded/sponsored/written reports, such as the number of deaths due to medical errors, to provide data, context, and guidance to the public and the healthcare establishment regarding the likely effect of continued pressure on the laboratory workforce (in terms of numbers, training, and compensation).

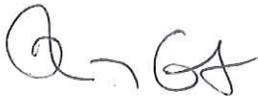
We specifically recommend:

- 1) a careful analysis of the role of technology and other efficiencies (perhaps reminiscent of changes to the U.S. agriculture workforce over the past century) vs. contraction of purview and provision of care (for example, resources insufficient to provide the best test with the best turnaround time, or to make improvements that would otherwise have been possible to the full laboratory cycle, as opposed to just the pre-to-post-analytical phases).
- 2) calculations and analysis of the ROI on laboratory personnel, in useful units (e.g. dollars, quality-adjusted life years, or errors avoided), that can be used as a landmark reference for the public, healthcare industry, and potential future members of the laboratory workforce.
- 3) that HHS create a workgroup or fund the process to develop a simple quantitative method, considering current laboratory methodologies and utilization patterns, that any clinical laboratory can use to demonstrate the impact of the laboratory on the healthcare system. This method needs to be able to demonstrate the economic impact of laboratory testing, possibly using ROI and/or cost-savings and avoidance. It should also address the impact on quality of care and timeliness of results.

CLIAC is committed to providing HHS thoughtful advice related to clinical laboratory quality improvement and laboratory medicine practice. Thank you for your consideration.

If you have any questions regarding CLIAC's recommendation, please feel free to contact me via email at arnaout@bidmc.harvard.edu or by telephone at 617-538-5681.

Sincerely,



Ramy A. Arnaout, M.D, D.Phil
Chairperson
Clinical Laboratory Improvement Advisory Committee (CLIAC)

cc:

Dr. Robert R. Redfield
Director, CDC

Dr. Reynolds M. Salerno, CLIAC Designated Federal Official
Director, Division of Laboratory Systems, CDC

Ms. Karen Dyer, CLIAC Ex-Officio
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