2009

President

Nancy Berliner, MD
Chief, Hematology Division
Brigham & Women's Hospital
75 Francis Street
Boston, MA 02115-6110
phone 617-732-5840
fax 617-264-5215
pberliner@parthers.org

President-Elect

Hal E. Broxmeyer, PhD
Walther Oncology Center
Indiana University School of Medicine
950 W. Walnut Street, Room 302
Indianapolis, IN 46202
phone 317-274-7510
fax 317-274-7592
hbroxmey@upui.edu

Vice President

J. Evan Sadler, MD, PhD
Washington University Medical School
660 South Euclid Avenue, Box 8125
Saint Louis, M0 63110-1093
phone 314-362-9029
fax 314-454-3012
esadler@im.wusti.edu

Secretary

Charles S. Abrams, MD University of Pennsylvania School of Medicine 421 Curie Boulevard, #912 Philadelphia, PA 19104-6140

phone 215-898-1058 fax 215-573-7400 abrams@mail.med.upenn.edu

Treasurer

Linda J. Burns, MD
Division of Hematology,
Oncology, and Transplantation
University of Minnesota
420 Delaware Street, SE
Mayo MC 286/Room 14-154A Moos Tower
Minneapolis, MN 55455-0341

phone 612-624-8144 fax 612-625-9988 burns019@umn.edu

Councillors

Thomas Bensinger, MD
David M. Bodine, PhD
D. Gary Gilliland, MD, PhD
Richard A. Larson, MD
Stephanie Lee, MD, MPH
Elaine A. Muchmore, MD
Robert F. Todd, III, MD, PhD
David A. Williams, MD

Editors-In-Chief

Cynthia E. Dunbar, MD, Blood Roy L. Silverstein, MD, The Hematologist

Executive Director

Martha L. Liggett, Esq. American Society of Hematology 1900 M Street, NW, Suite 200 Washington, DC 20036

phone 202-776-0544 fax 202-776-0545 mliggett@hematology.org April 30, 2009

Thomas J. Nasca, MD Chief Executive Officer Accreditation Council for Graduate Medical Education 515 North State Street, Suite 2000 Chicago, IL 60654

Dear Dr. Nasca,

The American Society of Hematology (ASH) appreciates this opportunity to provide input regarding the Accreditation Council for Graduate Medical Education's (ACGME) review of Resident Duty Hours and Learning Environment Standards. We are encouraged by the proposed review and would welcome the opportunity to be involved as the process moves forward.

ASH represents over 11,000 U.S. clinicians and scientists committed to the study and treatment of blood and blood-related diseases. ASH also has over 1,200 Associate Members, hematologists-in-training who are directly impacted by the policies of the ACGME. Training program directors for hematology training programs, combined hematology/oncology training programs, and hematology-related training programs (e.g. Pediatric Hematology/Oncology, transfusion medicine, and hematopathology) are represented by ASH's Committee on Training Programs.

Implementation of the 2003 ACGME regulations forced many training programs to redesign their curricula, clinical rotation structure, and approach to providing medical care to patients around the clock. Although not typically a direct problem for hematology-related fellowship programs, the implemented changes in the delivery of patient care have often led to significant indirect effects on our hematology-related training programs. In addition, compliance with these duty-hour restrictions has been quite difficult for some programs and for some specialties.

As you know, in the face of increasing concerns voiced by the public and by health-care workers, as well as increased media attention regarding patient safety and the role of fatigue and sleep deprivation, in 2007 the U.S. Congress asked the Institute of Medicine (IOM) "to evaluate current evidence on the topic and to develop strategies to optimize work schedules and other activities." The IOM report, released in December 2008, makes several recommendations that expand on the current ACGME regulations.

Thomas J. Nasca, MD April 30, 2009 Page 2

The ACGME's 2003 duty-hour policies and the IOM's new recommendations have created a number of significant concerns for training programs and teaching hospitals. We urge the thoughtful review and consideration of these concerns as the duty hours standards are finalized:

- The quality and relevance of the published methods and data that were reviewed have not achieved critical acceptance. There has been disagreement as to the selection, interpretation, and quality of the studies performed in an attempt to address the effects of sleep and fatigue. We urge the ACGME to ensure that any decisions about the implementation or change of duty hour regulations be based on well-designed, relevant clinical research. If these data do not exist, then we encourage the ACGME (and other stakeholders) to support the conduct of such research.
- The accumulation of requirements reduces the flexibility of the training programs to meet educational imperatives while responding to local or regional conditions. This abundance of regulations makes innovative approaches difficult, particularly for programs with a complex skill set, such as internal medicine.
- Program directors (and others) have consistently expressed concern that the current (and assumed to be modified) duty-hour regulations have been implemented without any assessment of the possible effects of these changes on the areas examined by the IOM report (impact on trainee quality of life and safety, impact on trainee workload, impact on education, and impact on patient safety). There is acknowledgment that "unintended consequences" have arisen and will continue to arise. The IOM does recommend that *flexibility be included* in duty-hour policies in an attempt to minimize the negative impact that might occur as a result of duty-hour restrictions, but it also acknowledged that it was not charged to look into the downstream effects of the recommendations. We urge the ACGME to modify current (and any future) duty hour policies to include flexibility in how these duty hour restrictions are implemented. Individual programs should be allowed to determine how best to incorporate these policies into their curriculum in order to optimize their fellows' education and well being (as well as patient safety). Every situation cannot be anticipated and codified; overly prescriptive requirements may make compliance with the spirit of the standard needlessly difficult.

In addition to flexibility we seek stability in the ACGME standards. If changes are implemented, consider allowing at least a two year period before making additional changes; this will allow program to make changes in a thoughtful way and allow evaluation of the impact of those changes without intervening variables.

• The true financial costs of complying with the IOM's recommendations will be many orders of magnitude greater than initial estimates. Having more trainees in a program might be a solution, but doing that would require adjusting the current

caps on training positions in place since 1996. The current stresses on graduate medical education and on the physician workforce can be seen as an unexpected consequence of the 1996 caps on training positions and funding provided for these trainees by the Centers for Medicare and Medicaid Services and other third-party payers. In addition, with anticipated physician workforce shortages, it is not clear whether there will be enough qualified physicians to fill these needs even if there were funding for them. We are already seeing a shift to using physician assistants and nurse practitioners in the delivery of health care in the United States without a clear understanding of the long-term implications on patient care and safety.

- As duty hour restrictions have increased, there has been a recognized increase in daily clinical responsibilities for the teaching attending physician. This is adversely affecting the professional attitudes of many of the teaching faculty and may affect retention and recruitment of academic faculty; thus contributing to the specialties' workforce problems.
- The impact of further duty hour restrictions on the education of trainees is not known. Concern has been raised that further restrictions on House Officer duty hours may necessitate some specialties' needing to extend the required length of training in order to make up for the lost clinical and educational opportunities that will occur as a result of shorter work schedules. There is already concern that 2003 standards have challenged ACGME and specialty board certification requirements. This would have obvious financial, patient care and institutional consequences and would likely provide further disincentive to trainees who are considering the pursuit of research-based careers, exactly the type of physicians who are vital to the growth of hematology–related fields (as well as to other specialties).

We are dedicated to providing excellent care for our patients and effective, high-quality training for our residents, fellows and students. The matters of patient safety and trainees' sleep and fatigue are certainly deserving of attention, as patients' well-being and trainee education are crucial elements in today's health care continuum. However, significant changes to patient care and training environments must be thought out in advance and must not happen without collaborative communication with and involvement of the many stakeholders, including program directors, trainees, and patients. Change should not consist of precipitous actions made in response to emotionally charged comments from politicians or news media. Any changes should be data-driven and must optimize trainee education and patient safety. How any mandated changes will be paid for, not just monetarily but also with human resources, must also be considered. Much needs to be taken into account before any further regulations are imposed upon trainees and their training programs.

We strongly encourage the ACGME to move cautiously and to allow appropriate time to consider all of the items of concern discussed above. This may likely require the conduct of specific surveys and other clinical research studies in order to answer specific

Thomas J. Nasca, MD April 30, 2009 Page 4

questions about sleep and fatigue. In our opinion, it is best to make any decisions based on high quality data and not because it "sounds good."

The plan laid out in your letter of February 16, 2009 would suggest that the ACGME has taken many of these concerns into consideration. We hope you will share the substance of these deliberations and the means by which a decision was reached when weighing the "pros & cons" of possible actions. We look forward to providing collaborative contact as you formalize the process and the changes.

Please contact Karen Kayoumi, ASH Senior Manager for Training and Evaluation, at 202-552-4939 or kkayoumi@hematology.org for any additional information.

Sincerely,

Nancy Berliner, MD

nanesportines

President