

# 2018 AAAAI Board of Directors Election

Secretary-Treasurer Candidates Mary Beth Fasano, MD, MSPH, FAAAAI, and Aidan A. Long, BSc, MB BCH BAO, MRCP(I), FRCP(C), FAAAAI, Respond to Questions from the Membership

What do you see as the biggest strengths of the AAAAI and the specialty over the next 5 to 10 years?



Fasano

- Educational outreach to policy makers (Office of Practice Management)
- Educational activities on changes in healthcare delivery, reimbursement models, etc. (Office of Practice Management)
- Advocacy for innovative research funding (Advocacy Committee)
- New initiatives to address physician burnout and resilience
- Improvements to the AAAAI website and use of social media
- Improved partnerships with the American College of Allergy, Asthma & Immunology (ACAAI), other societies and lay organizations and the American Board of Allergy and Immunology (ABAI)
- Educational innovation (Office of Medical Education)
- Robust educational activities, world-renowned journals and practice improvement modules on the AAAAI Continuing Education Center to expand scope of practice and assist with ABAI's Maintenance of Certification program

The AAAAI's strength lies in continued focus on its core mission of advancing the knowledge and practice of allergy, asthma & immunology for optimal patient care, its core values (professionalism & integrity, scholarship & education, service, stewardship, inclusion and leadership) and collaborative work to achieve goals through a robust strategic plan.



Long

The AAAAI has strong and **balanced leadership** with a focus on appropriately representing the diversity of our membership.

There is powerful commitment to work with other voices in our field, most notably ACAAI but also the European Academy of Allergy and Clinical Immunology and World Allergy Organization, for **unity of message** on issues important to our specialty (e.g. recent regulatory issues related to allergen immunotherapy compounding) as well as in development of educational offerings (e.g. practice parameters and board review courses).

AAAAI has a strong and active **advocacy** team (comprising MDs from within our membership and outside experts) positioned to anticipate as well as react to issues with legal and regulatory impact for our field. AAAAI has demonstrated excellent leadership in responding to the changing healthcare reimbursement environment as exemplified by development of a registry to facilitate reporting of quality metrics for our participating members.

AAAAI has a strong **focus on education** to keep our membership abreast of new developments in our field as well as promoting opportunities for consolidating and increasing the scope of our practice. This focus is exemplified by the outstanding quality of AAAAI journals (JACI and JACI: *In Practice*), the high caliber educational content of our Annual Meetings and the continuously updated educational offerings on the AAAAI website.

AAAAI has a strong focus on supporting **developing leaders** in the field as exemplified by the recent increased focus on career development support awards offered by the Foundation and active fundraising campaigns focused on maintaining that in the future.

What do you see as the biggest weaknesses of the AAAAI and the specialty over the next 5 to 10 years?



Fasano

- Practice revenue reliance on skin testing and traditional immunotherapy
- Slow to embrace expanding scope of practice and advancements in novel diagnostic modalities, changes in immunotherapy and use of biologics
- Paucity of allergy/immunology presence at national levels
- Incomplete/inadequate understanding of changes in healthcare reimbursement models and regulatory and research environments
- Underrepresentation of allergy/immunology in medical schools
- Paucity of opportunities for doctoral students and post-doctoral research fellows in the area of allergy/immunology

Many of our weaknesses are unique to the AAAAI and the specialty, however, some also reflect challenges faced by other national societies/organizations and specialty/subspecialty areas. Identifying weaknesses represents the first step in developing effective strategies to change and improve the future of allergy and immunology.



Long

**Recruitment of trainees** into our field continues to be challenging. Allergy and immunology has limited visibility in medical school education and many large medical centers including teaching hospitals do not have a visible allergy presence. This is an area in which we need to redouble existing efforts to ensure our manpower pipeline and the leadership of our discipline.

Limited stable funding mechanisms to **support junior faculty** in transition years between fellowship and independence represent a perennial challenge we face in common with other subspecialties.

Allergy and immunology has relative lack of within-specialty expertise or visible widespread efforts to **demonstrate our value** within increasingly value-based payment systems or healthcare systems generally. This expertise and prominence will become increasingly important to develop to solidify our importance in healthcare delivery.

Clinically, there is a large **over-reliance on revenues from management of traditional atopic diseases**, which are potentially at threat from increased reliability of serological diagnostic testing and adoption of immunotherapy by other practitioners. Any reticence to embrace opportunities to diversify and expand the scope of practice could be seen as a weakness to the further stability or growth of our specialty.



## What do you see as the biggest opportunities of the AAAAI and the specialty over the next 5 to 10 years?



Fasano

- Member engagement
- Requesting and listening to feedback from AAAAI members on key issues and challenges impacting day-to-day practice
- Pursuing interactions with executives of health systems and clinic/practice administrators
- Educational outreach to policy makers
- Strengthening partnerships with National Institutes of Health (NIH) institutes and other entities to assure continued research opportunities and funding in allergy and immunology related areas
- Expanding educational opportunities related to management of food allergy, severe/difficult to treat asthma, drug hypersensitivity/adverse drug reactions, anaphylaxis, allergic/immunologic skin disorders, mast cell/eosinophilic disorders, and clinical immunology/auto-inflammatory conditions
- Innovations in educational technology
- Faculty development and leadership opportunities
- Collaborations with ACAAI, the Clinical Immunology Society and other national/international societies and lay organizations

The next 5 to 10 years promise to provide exciting opportunities for the specialty to grow and for the AAAAI to be a leader in this growth. We can make an impact by demonstrating our expertise in high-quality, cost-effective care for patients with allergic and immunologic disorders.



Long

There are opportunities to **increase scope of practice**, particularly within the food allergy and drug allergy arenas, evaluation of contact dermatitis, as a central pillar of antibiotic stewardship programs and expanding our role as clinical immunologists embracing the advancements and insights regarding the immune system that the novel biologic agents are providing within medicine in general and other areas. Providing leadership and education in this opportunity must continue to be an important future thrust of AAAAI. Integral to these efforts will be promotion of expertise and leadership in clinical immunology.

Consideration of increased engagement of Advanced Practice Clinicians and mid-level providers in aspects of the practical work, particularly protocolized work related to drug allergy, food allergy and patch testing.

There is a vital opportunity to **demonstrate value, quality and superior outcomes** in our involvement in the conditions we manage to the healthcare systems. This will be crucial in the environment of changing models of care with focus on large scale disease population management and quality-based payment models. We have a likely brief but fundamental opportunity to become active in developing and promoting the appropriate quality measures that are most meaningful for the conditions we treat as well as an opportunity to develop and promote measurement of certification of competency within those areas.

Continue to work closely with ABAI and the Accreditation Council for Graduate Medical Education to encourage recognition and **promotion of innovation** in our field in the evaluation of our trainees, training programs and in the ongoing evaluation of our members.

## What do you see as the biggest threats of the AAAAI and the specialty over the next 5 to 10 years?



Fasano

- Changes in healthcare delivery and reimbursement
- Medicare Access and CHIP Reauthorization Act, Merit-based Incentive Payment System and Alternative Payment Models, along with their impact on our specialty
- The “unknown” of NIH funding
- Physician burnout
- Recruitment of physicians and investigators into the field
- Shortage of providers with the knowledge and skills to assure outstanding care to patients with allergic and immunologic disorders

The threats are real, but the ability of the AAAAI and the specialty to successfully address these threats is also real. Involved leadership, engaged membership and commitment to the AAAAI mission and core values will enable the society to develop its next strategic plan addressing practice & policy, research & training and education.



Long

Constant challenge of sustainable **research funding**. NIH funding is perpetually under threat with reduced federal spending allocations. AAAAI must continue to develop alternate funding mechanisms for investigators and development of young faculty by philanthropy, creative liaisons with pharma and other collaborative initiatives.

A concerning threat comes from the **changing healthcare reimbursement environment**. Allergy and immunology does not meaningfully appear in healthcare systems discussions. We need to strive for more participation or leadership voices to achieve integration of allergy and immunology as part of the service networks as they impact primary care transformation, episodic care and accountable care. In demonstrating value, we face the challenge of balancing cost of care with the high cost of care with novel effective biologics.

We have an aging workforce and a high prevalence of allergic diseases in the general population. **Manpower** issues will continue to challenge our specialty. The increasing consolidation of practices is resulting in isolation of the solo practitioner in allergy and immunology. The manpower shortfall coupled with increased potential for evaluation and management of atopic diseases by non-allergy specialists—as quality serological testing is widely available, as sublingual immunotherapy with pills becomes increasingly available—represent a threat to our specialty. AAAAI needs to continue to provide resources to help all of our membership.

As a specialty, we face ongoing **challenges to the practice of allergen immunotherapy** with revisions to United States Pharmacopeia compounding regulations and recent Food and Drug Administration guidances on mixing, diluting and repackaging and on insanitary practices still under consideration. Active advocacy will be required in this area together with vigilance. These types of issues are also coming under increasing scrutiny at the state level. The AAAAI will continue to work closely with the Federation of Regional, State and Local Allergy, Asthma & Immunology Societies Assembly to stay ahead of these issues.

Attempts at diversification or increasing the scope of practice will be challenged by variable and poor **reimbursement** for certain higher risk and time consuming services.