

Letter to the Editor

Future of Allergy/Immunology Task Force Report

To the Editor:

In 1964, Bob Dylan released “The Times They Are A-Changin’,” largely in response to the multiple events of the 1960s and a call to action. Times are always changing, and individual and group responses to these events largely determine their long-term outcome and success. The American Academy of Allergy, Asthma & Immunology (AAAAI) Board of Directors appointed a task force to assess the future of allergy/immunology and to provide potential directions to meet the needs of anticipated changes. A synopsis of our report is provided below.

METHODS OF APPROACH

A number of questions were identified, which we believed would serve as a framework for our evaluations, discussions, and eventual recommendations. They include the following:

- How might health care reform affect our specialty and how might we best prepare for these changes?
- Have changes in the patient care profiles of our specialty occurred, and what opportunities do they provide?
- Has the scope of allergy/immunology practices changed, and how will the specialty be prepared to meet these possibilities?
- What changes might need to occur in medical schools to enhance the future of our specialty?
- What is our involvement in research, and why is research important for our future development?
- What changes will occur in fellowship training?

ASSESSMENTS

To continue to be a viable specialty, a core clinical mission is required that meets the needs of patients, families, and the health services community at large. Also, we must work closely with other providers to ensure that patients and families have access to more seamless, effective, and well-coordinated health services and act in concert with health care reform efforts that are expanding across the country. Furthermore, to be sustainable and grow, the specialty needs to be attractive to current and future physicians in terms of service, personal and professional satisfaction, growth, and reimbursement.

There are many strengths to our specialty. First, we are diverse in terms of diseases seen and ages receiving care. Second, the diseases under our care are common, as well as complex, thus meeting the needs of society and expertise to complement overall effective health care. Moreover, discoveries in allergy and immunology have provided new insights into disease mechanisms from which has emerged opportunities for more effective treatment and possibly disease-modifying interventions. Finally, the specialty can accommodate many practice styles (ie, solo, group practice, and part time). On the basis of the overall care provided to patients and to the health care delivery system, our specialty remains of interest to allergists/immunologists, the medical community at large, and physicians in training.

WHAT ARE THE THREATS?

- A. Over the years, there has become an overreliance on income generated from skin testing and immunotherapy.

Emerging changes in the diagnosis and treatment of allergic diseases (ie, serologic testing for IgE sensitization and possibly sublingual immunotherapy) will likely affect this component of practice.

- B. A change in the disease profile of patients seen by the clinician is emerging. For rhinitis, patients can now obtain nonsedating antihistamines over the counter for treatment without seeking advice from a physician. In asthmatic patients the frequency of hospitalizations is less, current therapies are safe and effective, and treatment guidelines have helped primary care clinicians effectively care for many patients with asthma. As a consequence, the need in asthma care today has shifted to treatment of patients with more severe and complex disease in whom morbidity and health care costs are greatest. In contrast, the allergist has assumed a greater role in the care of chronic rhinosinusitis, urticaria, dermatologic problems, food allergies, and gastrointestinal diseases, such as eosinophil enteropathies, thus providing a new opportunity.
- C. Immunotherapy is a cornerstone of therapy for many patients with allergic rhinitis and asthma and has been for the past 100 years. Although this approach can lead to disease modification, there are limitations with current immunotherapy, including limited numbers of standardized extracts. It is unlikely that immunotherapy, as currently practiced, will continue to be the backbone of the specialty.
- D. Technology provides for new approaches and often improved care; this is an area in need of advances through research and applied translational study. In contrast to other specialties, we have not had significant changes in years.

WHAT ARE KEY FACTORS AND OPPORTUNITIES TO CONSIDER IN PREPARING FOR THE FUTURE?

1. *Health care planning* will be a major area of change. We need to be involved and proactive at many levels in this process, including educational initiatives, to position our specialty in leadership positions, as well as ensuring appropriate reimbursement.
2. *Allergy/immunology workload and physician supply:* Future workload needs can be affected by many factors, but it is likely that a shortage in our specialty will exist by 2014-2024. Careful planning is needed to effectively meet these projected needs in a changing environment.
3. *Training and postgraduate education:* Many changes in all of medicine, including our specialty, will occur over the next 2 to 3 decades. To meet these projected changes, greater emphasis will need to be placed on lifelong learning to facilitate critical appraisals of new developments and to avail ourselves of valid evidence-based developments.
4. *Clinical care opportunities* exist in immunodeficiencies, allergic reactions of the skin, gastroenterology, sinusitis, and adverse drug reactions. The development and implementation of training and skills to meet these needs is essential and a source of growth.

5. *Medical school education and research:* Our specialty is underrepresented in medical schools and needs to develop methods to become more a part of the medical educational effort. Furthermore, research is a fundamental engine for change, advance, and progress; it is essential for us to develop investigators and to support research at many levels. An active research program in our specialty will provide not only insight into disease mechanisms but also holds the possibility to improve patient care through new treatments.
6. *Annual meeting forum:* This venue can and should be a forum for change, education, and introduction to new opportunities. Continuous assessment, discussion, and implementation of these opportunities are essential for success. A greater emphasis needs to be placed on change and associated opportunities to prepare the specialty and membership for future growth.

RECOMMENDATIONS

1. Health care reform will be a major driving force in determining the future of health care delivery, and our specialty needs to be an active participant both nationally and regionally to help guide these efforts.
2. Allergists and immunologists need to continue to demonstrate our importance and contribution to effective health care to remain a viable component of research and the provision of effective health care. Research and education should be front and center of these efforts and include a strong emphasis on the beneficial and cost-saving effects that the specialty can have as part of more holistic patient-focused health service models, such as being implemented as part of health care reform.
3. Although allergy and immunology forms the basis of many diseases and expertise in these areas is essential for effective patient care across the ages, the specialty must demonstrate how we can work closely with primary care and other specialties to improve the overall health and wellness of patients while making efforts to control the growth in health care costs.
4. There needs to be a greater diversification of the practice profile in terms of approaches and patient populations under our care. Consequently, an expansion of our clinical scope is needed and can include immunologic diseases and dermatology, for example, but at the same time solidify our position as the primary specialty in allergic diseases of the upper and lower airways.
5. The approach to physician training needs to reflect changes in education and our clinical diseases portfolio. Fellowship training is moving from a service approach to lifelong education of the individual trainee. Therefore, training needs to provide effective direction and the necessary tools to ensure that the physician is prepared for lifelong education that will provide greater adaptability to change and more effective use of evidence-based care.
6. A greater effort is needed to encourage and support research related to our specialty.
7. The annual meeting and the AAAAI need to include forums that recognize emerging and inevitable changes and to prepare for these modifications in a positive and effective manner. To achieve this goal, the AAAAI will need to consider new forms of education, including electronic learning, an

expansion into a greater diversity of diseases, and identification and introductions of technology to take advantage of novel advances in allergy/immunology that could lead to improved outcomes that might also be more cost-effective.

SUMMARY

Our task force appreciated the opportunity to evaluate the future of our specialty. Although threats exist to our specialty, there continues to be exciting opportunities for our ongoing success and growth as well. Medical specialties are driven and directed by the profiles of patient for whom care is provided. New illnesses and treatments constantly emerge. Allergy and immunology form the basis of many diseases and have the potential for new and possibly more effective treatments. To continue to be a strong contributing member of a medical community, we need to be innovative, inventive and expand our clinical practice and research and, from these changes, to gather evidence to direct our education, sharpen diagnostic efforts, and consistently seek to improve the effectiveness and safety of treatment. Times are “a-changin’,” and with proper perspective, planning, and education, we can avail ourselves of these changes to the overall improvement, strength, and effectiveness of our specialty and provide our members with the necessary tools for continued success.

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