

New AMA president: COVID-19 can spur positive changes in health care

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Earlier this month, Susan R. Bailey, MD, became the third consecutive woman to hold the office of AMA president. Her early tenure has been eventful, and Dr. Bailey has already weighed in on the U.S. Supreme Court's groundbreaking decision protecting LGBTQ Americans from workplace discrimination, the need for continued vigilance against COVID-19, and more.

Dr. Bailey recently shared time to discuss her life in private practice and how the pandemic is shining a harsh new light on the administrative barriers and other obstacles that interfere with physicians' ability to deliver high-quality care.

AMA: You've talked about private practice being a backbone of American medicine. Tell our readers more about your private practice and how that experience will shape your term as AMA president.

Dr. Bailey: I am in a three-person independent practice of allergy and immunology, seeing children and adults. And I've been in the same practice since 1988.

In the beginning, it was pre-managed care and I had one single, 8-and-a-half-by-11-inch sheet of paper that were our financials for the whole year. There were 12 lines on there, one for each month. It was charges in the first column, collections in the second column, accounts receivable in the third column. And we had new numbers penciled in every month.

We ushered in the managed-care era. We've gone through capitated contracts. We've gone from paper to EMR and now have made the transition to telemedicine. And we've had to get leaner as time has gone on.

So, I have hands-on experience with all of these practice issues that are so important. And there are definite headaches, of course, in being your own boss and running a business. But the autonomy—and just the feeling that the practice is really yours—more than makes up for it.

I'm passionate about private practice and I'm passionate about physicians having the autonomy and the tools they need to take care of their patients in the way that they feel is best. Seeing things through the private practice lens enables me to really focus on physicians and their particular needs, whether that's in private practice or employed in a large system. It's all about taking care of the physicians and helping them take care of patients.

AMA: Everyone knows about the negative impact the pandemic has had on physician practice revenues. Some are even saying COVID-19 could mean the death knell for private practice. What do you think?

Dr. Bailey: Private practices have been disproportionately affected because of local shutdowns of economies. Many private practices, and those that are larger groups, have shut their doors—hopefully, temporarily—are not seeing patients and have had to furlough employees. Physician incomes have definitely gone down because patients are concerned about going to the doctor.

I've been very proud that the AMA has fought so hard to make sure that physicians in private practice received some of the economic benefits of the CARES Act. That, I think, is going to keep a lot of practices afloat, but people have talked about private practice being an endangered species way before COVID. I think we will see, actually, a new interest in private practice. This happened before, to some extent, at the height of the professional liability crisis.

Physicians realized that the tradeoff for a semblance of security and having an employer taking care of the business aspects of your practice is not worth it in terms of the tradeoffs in autonomy—and just the value the physician feels from being independent.

And there are the stories that we've heard that are all too common, of physicians being disciplined for wearing their own PPE [personal protective equipment], or not being able to get PPE, who have been furloughed, have been laid off, or really have been treated as commodities while literally putting their lives on the line for their patients.

I think there will be physicians who decide, "OK, I'm getting out. I will strike out on my own and be my own boss." And one of the things I want to work on this year is making sure the AMA has the resources and the services for those physicians to help give them a soft landing. To help them get their practices set up in a time of economic uncertainty, to help them negotiate new contracts and navigate their way back to independence.

AMA: You've discussed your practice's transition to telehealth during COVID-19. Talk about this new way of practicing, and how we should be incorporating this care modality into our health care system over the longer haul.

Dr. Bailey: I've heard it said that we've gained 10 years of telehealth experience in 10 weeks as an industry. I think we very much needed a jump-start. We were not doing any telehealth in our practice before the pandemic. And we switched to 100% telehealth in probably less than 10 days. We never completely closed our office. We continued to give allergy shots and some other types of specialized asthma treatments for which the patient has to come into the office. And we've completely reconfigured our office layout so that patients could maintain a physical distance while in the office.

The challenge going forward for everybody in medicine is, No. 1, making sure that telehealth services continue to be paid with parity to in-person visits after the national emergency is over. And then, I think, each specialty has to figure out on their own—and each practice figure out on its own—what is the ideal percentage of telehealth-to-face-to-face visits that's right for my patient population without sacrificing the quality of patient care. What can we keep doing by telehealth? What do we really need to do face to face? You can't allergy-test somebody over the phone.

Everybody's going to have to figure that out for themselves. We're not going to back to 100% face to face and 0% telehealth like it was for many practices before the pandemic.

AMA: Let's talk about administrative burdens. The pandemic has spurred many payers to ease up on their use of prior authorization, for example. How do you think this experience should inform our future policy action?

Dr. Bailey: I hope there can be some open, transparent conversation with payers about the effects that easing prior authorization restrictions during the pandemic have really had. Does their cost of doing prior authorization—because it takes people and processes to get that done—does that really justify the savings? And does that justify the harm that comes to patients that surveys the AMA has done have shown, that patients ended up hospitalized or had other negative outcomes because of prior authorization?

We need to have an honest conversation about that, because I remain convinced that prior authorization adds very little to the quality of patient care and detracts an incredible amount from the ability of their doctors to deliver that care. The old adage is that justice delayed is justice denied. I think health care delayed is health care denied.

AMA: You have a long history of involvement with the AMA and have talked about its vital role in areas such as medical ethics, scope of practice, medical education, physician payment and more. When it comes specifically to the AMA's advocacy for patients and doctors during the pandemic, and

looking ahead, what stands out most for you?

Dr. Bailey: The fact of the matter is the AMA is the physician's most powerful ally in helping physicians take care of their patients and is the trusted voice of medicine.

On COVID-19, the AMA went to bat for physicians about the lack of PPE very early on. [The AMA's then-President] Dr. Harris had that meeting with the White House to explain how dire the situation was—and still is—and asked the administration to invoke the Defense Production Act to ramp up the production of PPE.

The rapidity with which the JAMA Network™ has been able to publish data, and play an incredibly important role in disseminating the science about COVID-19, has just been dramatic. The free CME that's available in the AMA Ed Hub™ on COVID-19 is mind-boggling. This all happened in less than three months. And the latest thing I'm really proud of is the AMA coming out early and expressing concern about the reliability of the coronavirus antibody tests, even before the CDC did.

More broadly, we need to see this pandemic as a platform to look at the weaknesses in our health care system. While we've got people's attention, we should work on overall improvements in the way we deliver care and look at the way we've paid for care, and evaluate our current public health infrastructure—or lack of public health infrastructure—and work on restoring that.