AMA celebrates the kick-off to Women in Medicine month

Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger talks with AMA leaders as the AMA celebrates 2020 Women in Medicine month, with special episodes throughout September to discuss women physicians and COVID-19.

Learn more at the AMA COVID-19 resource center.

Speakers

- Susan R. Bailey, MD, AMA president
- Willard Edwards, MD, MBA, member, AMA Board of Trustees
- Lisa Bohman Egbert, MD, vice speaker, AMA House of Delegates

Transcript

Unger: Hello, this is the American Medical Association’s COVID-19 update. September is the AMA’s Women in Medicine Month, a month to highlight accomplishments, advocacy and other important issues for women physicians, as well as health issues affecting women patients. To honor this month, we’ll devote special episodes throughout September to women physicians and COVID-19. To kick off this series, we’re speaking with three AMA board leaders about equity, advocacy and practicing medicine during the pandemic.

I’m joined today by Dr. Susan Bailey, president of the AMA, and an allergist and immunologist in Fort Worth, Texas; Dr. Willard Edwards, an AMA trustee, and a managing partner of an internal medicine practice in Baltimore. Dr. Edwards is also a retired commander in the U.S. Navy Reserves, where she served for 24 years; and Dr. Lisa Bohman Egbert, vice speaker of the AMA House of Delegates and
an OB/GYN in solo private practice in Dayton, Ohio. I'm Todd Unger, AMA's chief experience officer in Chicago. Well, first let's talk about the theme of this year's Women in Medicine Month, what it is and why it's so important right now, Dr. Bailey, let's begin with you.

**Dr. Bailey:** Thanks, Todd. The theme for this year's Women in Medicine Month is Advancing Equity, Creating Change, and I can think of no better theme for 2020. Gender equity has always been a very important issue for me, and the AMA has taken this full on. We are working to make sure that women physicians and women in the AMA have opportunities to achieve the things they want to achieve. Women medical students are about half of medical students now, half women, half men. Women in practice, it's about one third female, two thirds male. But in terms of leadership positions, as you get on up the ladder, the proportion of women, unfortunately, decreases and only about 16% of med school deans are female. So we've clearly got a lot of work to do.

**Unger:** Dr. Edwards, why is this theme especially important to you, personally?

**Dr. Edwards:** I'm seeing this as a time for us to have a call to action. We've always talked about disparities in health, and also the social environment that impacts health, like housing, food deserts, jobs, education and safety. And I feel that this theme is a call for action to make change in our communities. It's not just talking about the data or the facts, but now putting into action the change that you need to see.

**Unger:** So can you talk a little bit about your role, Dr. Edwards in founding the Women Physicians Congress, now Section?

**Dr. Edwards:** Certainly. I feel that in order to achieve our goals, it takes a collaboration, teamwork, and also an alliance. And that's what I found in my work with the Women's Physician Congress, which is what it was called before it became a section. But at the WPS, we find that other women physicians are there and learning from each other in terms of how we can collaborate and what's available through organized medicine on the local, state and national level. There's a kinship and an opportunity really to learn from each other and to exchange ideas and be supportive of one another as we walk the path of leadership together. As a matter of fact, work-life balance, I heard it first at the WPS.

**Unger:** You were also the chair of the AMA Task Force on Health Equity that helped lead the way for what is now the AMA Center for Health Equity. Can you talk a little bit about that?

**Dr. Edwards:** Absolutely. As a past president of the National Medical Association with a focus on, the focus is on health disparities and in chronic disease and diversity of the workforce, and also as the AMA Board of Trustees member, it was my pleasure to be chosen to be the chair of the Taskforce on Health Equity. And Dr. Gerry Harmon, who's now our president-elect, chose me to do that. And I was very proud of the fact that we recommended, the creation of the Center on Health Equity. Our recommendations included also the defining of health equity as optimal health for all. And then we
also requested an annual report that reflects our reaching out to everyone, outside of even the AMA, to address the social determinants of health that impact communities, regardless of race, ethnicity, gender, sexual orientation, geography or being differently abled

**Unger:** Dr. Egbert, Advancing Equity, Creating Change. What does this mean to you?

**Dr. Egbert:** Well, I think of two things. First, just pride. I am so proud of our AMA from going when I was a first year medical student and looking out at the House of Delegates and seeing maybe nine or 10 women, to now where we have 30% of our House of Delegates are women, and we reflect the 30% of practicing physicians out there who are women. And the second thing I think of is excitement. As Dr. Edwards was talking about, we've got so many initiatives to improve equity, equity within ourselves, equity in health, equity everywhere across the broad span that is medicine. So I'm just excited that we've chosen this theme and that we've got a real action plan to move forward.

**Unger:** This has been quite a couple of years. We're just coming off a year, we had three women presidents. All the councils this year are being run by women physicians. So it's very significant in our history. Dr. Egbert, you treat all women in your practice. Can you talk a little bit about what that's been like for you personally and for your patients during the pandemic?

**Dr. Egbert:** Absolutely. So the pandemic started out, I guess the first word I think of is fear. Every patient was afraid. My pregnant moms were worried that they would get COVID and what that would mean. And then there was the scare that if they did test positive for COVID, their baby would be ripped away from them the minute they were born. Just frightening. And then we know also that pregnant women, because of just the general immune deficiency of pregnancy, are at risk for really having a more severe course of the disease. So fear number one. Number two, fear in trying to figure out how to manage. Do I need my regular care? Can I put everything off? Is it time? Isn't it time? Unfortunately, I diagnosed two cervical cancers in the past few months. Now, these are women who had been putting off their care for a lot longer than the pandemic, but it just highlights that putting off care and putting off screening really does have some serious detrimental effects.

And then the final thing of course, is just worry. Moms, women, moms, we're in charge of everybody's health, right? We're in charge of everybody in the family. We've got moms who are worried about how do they work and how do they take care of their kids who are remote learning, and how do they take care of their older family members who need to be kept safe? Just worry, worry, worry. I think I spend probably most of my day calming the fears of my patients. So it's really been a challenge, and it's brought a lot of anxiety, both for me and for my patients. We're just muddling through.

**Unger:** Well, all three of you either own your own practice or have leadership positions within your practice. So how has the pandemic impacted your practices and how are you dealing with those challenges? Dr. Bailey?

**Dr. Bailey:** Our practice went from zero to 100% telemedicine at the beginning of the pandemic in
about two days because everything got shut down and we were desperate to find ways to take care of our patients. I'm still completely doing remote patient care, but that's as much because of my AMA responsibilities as anything. But it's been clear that it's affected everybody, men and women. And in the beginning when everything was shut down and everybody was staying home, my hope was is that it would bring a new appreciation for the challenges that women physicians and women in general face, trying to achieve that work-life balance that Dr. Edwards mentioned.

But unfortunately, I'm worried now that we're starting to see women professionals losing ground because they're kind of being expected to stay home while the guys go back to work. Women are having problems with they're not publishing as often since the pandemic began. And I think that this is a real cry that we need to make sure that we're very intentional about women professionals, women in general, and especially women in medicine are able to achieve a work-life balance, but aren't forced into pigeonholes that they really don't want to be in.

**Unger:** Dr. Edwards?

**Dr. Edwards:** Yes.

**Unger:** How are you finding the pandemic has impacted your practice and how are you dealing with those challenges?

**Dr. Edwards:** Very similar to what Sue has experienced in the fact that we had a very robust patient panel and appointments, and then for two weeks we had no one coming into the office. We didn't want them to come in. They didn't want to come in until we could get our PPE set up. But first of all, we started with the fact that we needed to have telehealth and that has worked phenomenally well. And I mean, this is another plug I'm going to say for organized medicine in the sense that MedChi, my state medical society gave all of the physicians in Maryland a little one-sheeter on how to apply for the Payroll Protection Program. I applied April 10 and was able, fortunately, to get the payment in our account by April 22. And so as a result, we never missed a pay day and we were able to maintain our staff. We were truly blessed, all because organized medicine helped us to move forward.

**Unger:** That's fantastic, yeah.

**Dr. Egbert:** Same for here. I'll just jump in. Absolutely, Willarda. Now, I'm a solo physician, so there are seven people in my office. And while we didn't shut down completely because OB patients, babies keep coming. They don't care whether there's a pandemic or not. So I had to keep seeing them, but I did convert to telehealth for a lot of my other visits that I was able to do virtually, not everything in GYN is virtual either, but at least some of the things I could do. But thank goodness for both my state medical association and the AMA for getting that word out, because I too was able to apply for that PPP loan, get it, distribute it and not lose any of my staff and keep the doors open. And truly, I would not have kept my doors open without it, absolutely not.
Dr. Bailey: And the Telemedicine Implementation Playbook that the AMA published early on was a great roadmap. And if the AMA hadn't already had model bills about telemedicine and hadn't already been working with CMS to talk about appropriate payment, it would have never happened as quickly as it did. And that kind of brings me back to an issue that I think it's so important that women physicians have the same concerns about their practices that men physicians do. They want to be able to provide care for their patients. They want to be able to get paid fairly. They want to be able to take care of their employees. I initially kind of resisted the concept of a women's section because I, again, didn't want to be pigeonholed. But now I realize how important it is to be very intentional and very proactive about making sure that women get involved. Our issues are the same as men and we can represent everyone.

Unger: Well, you mentioned the advocacy work that we've done on telemedicine. And I know each one of you have had advocacy issues they passionate about prior to COVID-19. Talk to me a little bit about how those have changed or become amplified by what's happened over the past few months, and where do you see AMA applying its advocacy efforts here in there in the near future. Dr. Edwards, why don't you start?

Dr. Edwards: Well, we do have the pillars of care that we have always had, and that being physician satisfaction and also medical education and advancing that as well as addressing chronic disease like blood pressure and diabetes, and then having health equity diffused throughout that. That's still a priority for us. But what I think that COVID, in this particular time, has shown us is how very important telehealth can be, both in the fact that we need to be able to communicate with our patients in any kind of condition, whether it's bad weather or whether it's a virus in the community. And so it would be great if we could continue to have telehealth available in our toolkit in terms of being able to provide care for our patients. Not only because of weather or because of COVID, but geographically. There are a lot of folks out in the hinterlands that may not be close to the cities that could benefit from telehealth. So that has helped us a whole lot.

The other issue is organized medicine has helped us in terms of addressing the issue of protective PPE and having that available, not just for our physicians and obviously our health professionals, but also for those people who are essential workers and therefore are exposed to it and can't do telehealth, who can't do a social distance, have to be at the supermarket, providing the services, have to be there helping us clean up, custodial work or whatever, or transportation.

Unger: Dr. Egbert, advocacy issues?

Dr. Egbert: Well, I have, obviously, lots of them, but one of them that really was highlighted during the pandemic is scope of practice. I work with a nurse practitioner. I love her dearly. She is in my office if I'm off running to catch a baby. So she is really a great and valued member of my team, but she's a member of the team. And we've seen in certain states, California in particular, that members of the team are seeking to be their own separate practitioners. And we know that, again, they are
wonderful practitioners, but they are not independent practitioners. They don't have the same years and years of training that it takes to make a physician.

I mean, every single day today, three text messages before we signed on here came from my nurse practitioner questioning me about, "Okay, now I have this patient. What should I do here, and what should I do there?" I want her to feel absolutely empowered to ask any time anywhere. If they're out there on their own, they're not going to ask. They're instead going to order more tests. They're going to make assumptions that probably aren't correct. And I'm worried about the health of our patients. We don't want to see health care in this country diminished because a pandemic has said, "We need more people." You still need doctors, and we still should be the head of the team.

Unger: Dr. Bailey, I remember when right after you were sworn in in your presidency, one of the things that sticks out in my mind is let doctors be doctors. Has that evolved over the past few months since this began, or you have any future plans on the advocacy front that have become even more important to you?

Dr. Bailey: My advocacy goals, if anything, have become more relevant and more acute, my theme being, let doctors be doctors to help get rid of the administrative and regulatory burdens that physicians have to face, to fight burnout, to fight physician suicide. And I think that this pandemic has shown that we have to relieve the burdens on physicians so that they can take better care of their patients and have highlighted the fact that burnout is not a moral failing. It's not a weakness. It's not because you're not strong enough. It is a system problem. And the coronavirus has shown how the health care system can even be so overburdening to a physician that literally their own health might be at risk because they're not getting the protective equipment that they need to safely take care of their patients.

The AMA, before the pandemic had started, had already started a study around the country, the Practice Transformation Initiative, looking at practices that are doing various things to fight burnout, and in a scientific way, gathering the evidence for what works and what doesn't work. And boy, I think we're going to have some really good data because of the pandemic. Hopefully that will help make that study better instead of hindering its use. So with the ENM guideline changes and the coding changes that are coming up the first of the year, I think we've still got a lot of opportunities to really make a difference for doctors in easing their administrative burdens.

Unger: Well, last question is a little bit of a lightning round. What's the one thing you want women physicians to know as we begin Women in Medicine Month during this particularly challenging time. Dr. Egbert, why don't you start?
Dr. Egbert: I want my fellow women to know that your AMA is here for you. We've got your back, girl. We are fighting for you every single day. We know it's hard. We know you're struggling to be caregivers. We know you're struggling to juggle your life and do your job, and we're here. And if there's something we can do, please ask us.

Unger: Dr. Edwards?

Dr. Edwards: Thank you. I'd like to say that I want all of our women physicians to join us in our efforts to improve health care delivery and create, as we've said in the Center for Health Equity, optimal health for all. You are the community healers. You are the ones that assure your patients and your family and friends that they know about what needs to be done. And in this pandemic, we want people to not forget about all the things that we need to do health-wise, be immunized, get the health screenings that we've been putting off through the pandemic, and some people, before the pandemic, like your eye exams, your flu shots, your mammograms, colonoscopies, the blood sugar and cholesterol, prostate and GYN exams.

Unger: Dr. Bailey?

Dr. Bailey: Well, they didn't leave me much, but actually there is a lot more. But I want women physicians to know that we care about what is happening to them, and we want to hear from them. We want to know if you're having issues with work-life balance. We want to know if you're having problems hitting a glass ceiling or getting stuck on a sticky floor. We want to be able to help you, and to do that we need to know what you need. So women medical students, and physicians, there are so many opportunities to get involved. The Women Physician Section gives you an immediate entry point into the AMA. Your county and state societies, as well as your specialty societies, really could use your input. We need you, and we're happy to help in any way that we can.

Unger: Well, Dr. Bailey, Dr. Edwards, Dr. Egbert, it's really an honor to be able to kick off Women in Medicine Month with you. Thanks for being here today and sharing your perspectives with us. That's it for today's COVID-19 update. We'll be back tomorrow with another segment. For updated resources, like the telehealth guide that Dr. Bailey mentioned, go to ama-assn.org/covid-19. Thanks for being with us here today, and please take care.

Disclaimer: The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.