COVID-19 put spotlight on state medical association advocacy efforts

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Early last year, the Mississippi State Medical Association (MSMA) was knee-deep in scope-of-practice battles. The staff paused to take a breath when the state legislature recessed in March, but then the COVID-19 public health emergency was declared and the organization found itself taking on new roles and responsibilities.

“When the pandemic hit, it was like a brick wall for us and for the advocacy that we were doing,” Claude Brunson, MD, executive director of MSMA, said during the 2021 AMA State Advocacy Summit, held virtually this year. “But it also provided us with an opportunity to stand up as physician leaders and as the real and truthful voice of medicine, to help our governor, and to help our elected leadership.”

Dr. Brunson was part of a “fireside chat” discussion with leaders of the Maryland, Minnesota and Washington state medical associations and the American Academy of Family Physicians who talked about setting an advocacy agenda amid COVID-19 while working to improve patient access to care along with bolstering safety and practice stability for physicians.

MSMA was part of Gov. Tate Reeves’ advisory commission on the state’s pandemic response and that it began having weekly meetings with state health officials in which the association served as “a voice for the public health department.”

When the legislature reconvened, the MSMA successfully lobbied for legislation “that gave our physicians immunity against frivolous lawsuits” and for directing money from the Coronavirus Aid, Relief and Economic Security (CARES) Act to be used for acquiring personal protection equipment (PPE).

The MSMA also worked on telehealth issues with Mississippi State Board of Medical Licensure, and Dr. Brunson noted how these activities built new relationships and strengthened old ones, which wound up being helpful in the successful effort to get payment parity between services provided in
person and via telehealth.

In addition, MSMA physicians have become regular voices in the local media, relaying trusted information to the public and promoting vaccinations, he said.

“We ended up with a stronger and more influential voice for the house of medicine as we went through all this,” Dr. Brunson said. “So, in spite of the hard stop on our advocacy efforts, we were able to pivot on a dime and stand up as true leaders in medicine and healthcare, and help direct the care and response to the pandemic for the health of Mississippi and for Mississippians.”

The other panelists shared stories similar to Dr. Brunson’s.

Jennifer Lawrence Hanscom, CEO of Washington State Medical Association (WSMA) and the WSMA Foundation for Health Care Improvement, talked about how her organization took a public role advocating for wearing masks, practicing physical distancing and refuting misinformation.

“Our advocacy became very focused on personal calls and outreach with the governor, with our secretary of health and then, certainly, all the agencies impacting health care delivery,” Hanscom said. “WSMA had to be an advocate in the media, and we had to be an advocate for patients and keep them informed.

“We needed to be an advocate for infectious disease specialists and public health officers and make sure that the right clinical voices were at the table as decisions were being made,” she added.

Like their counterparts in Mississippi, the WSMA advocacy turned to getting PPE to their members and easing restrictions and improving payment for telemedicine services.

Learn why physician advocacy is needed at all levels in 2021.

**Surveys identify priorities**

Prior to the event, the AMA Advocacy Resource Center surveyed state medical associations and national specialty societies on their 2021 advocacy priorities.

The top priorities identified were the COVID-19 response, scope of practice, digital health and public health.

For the state medical associations, the top COVID-19 priorities included:

- Vaccine distribution: 87.8%.
- Legal liability protection for services provided during the pandemic: 71.4%.


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Financial assistance for physician practices and other health care professionals: 57.1%.
Strengthening the public health infrastructure: 57.1%.

Earlier this year, the AMA conducted a survey on the financial impact of COVID-19 on physician practices that found physicians have averaged a 32% drop in revenue since February.

Dave Renner, director of advocacy for the Minnesota Medical Association, presented findings from his organization’s survey on how COVID-19 related delays in care affected their patients’ health.

Minnesota physicians observed the following with their patients:

- Worsening health status: 33%.
- Serious adverse outcomes 22%.
- Delayed routine or preventive care: 19%.
- Delayed surgery: 17%.
- Delayed diagnosis: 14%.
- Poor chronic illness control: 11%.
- Death: 5%.

**Pandemic exposes disparities**

Renner also noted how Minnesotans tend to “pat ourselves on the back” because the state is among the national leaders in overall health. But the pandemic and the killing of George Floyd by police in Minneapolis exposed how deep the health disparities are between white and minoritized communities in the state and how the dominant fee-for-service payment system doesn’t reimburse for addressing the social determinants of health.

Panelists also lamented the historical underfunding of public health departments and that the recent political climate has led to harassment of public health officials.

Even though they are in tough circumstances, Dr. Brunson noted that “physicians have stood up and they have risen to the occasion” and that one state official even said: “This may be medicine’s finest hour.”

Panel moderator Gene Ransom, CEO of the Maryland State Medical Society, agreed.

“The physician community has shined,” Ransom said. “I can just give countless examples of folks who have gone above and beyond in this crisis.”