Todd Askew recaps takeaways from National Advocacy Conference

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Featured topic and speakers

In today's COVID-19 Update, Todd Askew, AMA’s senior vice president of Advocacy in Washington, D.C., sums up benefits of having a virtual AMA National Advocacy Conference, top issues addressed at the conference and the importance of physician advocacy during and after the pandemic.

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Speakers

- Todd Askew, senior vice president, Advocacy, AMA

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today we're joined by Todd Askew, the AMA senior vice president of advocacy in Washington, D.C., who will share highlights from the AMA's National Advocacy Conference and discuss the importance of physician advocacy during the pandemic. I'm Todd Unger, AMA's chief experience officer in Chicago. Mr. Askew, you just wrapped up the AMA's first ever virtual National Advocacy Conference. Can you tell us what was the virtual meeting version like, and more in general, what is advocacy like in the virtual era?

Askew: Well, thanks Todd. Thanks for having me. We had an absolutely terrific meeting. It came off pretty much without a hitch in the virtual world. It's different for sure. We had to keep the agenda a
little more limited, a little tighter. You can't really expect people to sit there all day for two or three days in front of a computer listening to the conference. But that said, I think they did a nice job of selecting the right issues, having a nice array of speakers join us. So I think participants came away with a viable experience. Everybody obviously would love to be in person and have that interaction and that networking, but just not possible right now. So I think a really nice job was done. As far as advocacy in kind of this virtual world, there are pros and cons.

Obviously a lot of what we do it's people-based, it's relationship-based. It's running into folks and learning what's going on and so we miss all that. That doesn't happen in the virtual world. But when it comes to the basic sitting down and having a meeting, talking to your member of Congress and getting your point across and having them listen to you, there are some real advantages. I think the greatest one is they're not distracted as much. You're not doing a meeting in the hallway, you're not doing a meeting crammed in a corner of a little office, you have their attention. They're looking right at you through the screen hearing what you have to say, and you are their focus for that five minutes or 10 minutes or 15 minutes. And so to that extent, I think there are some advantages of it. I think probably going forward, you're going to see more of a mix. I think obviously we really hope to be back in person doing the Hill meetings, visiting with members back in their home district. But I think some components of this will probably continue and that's not necessarily a bad thing.

Unger: Yeah. Because I have to imagine that would kind of widen the playing field a little bit in terms of people who want to be advocates, but can't be in Washington. Do you see that as kind of an advantage?

Askew: Oh, absolutely. I mean, I think people, it'd be a little bit of a mistake to assume that you could only be an advocate when you come to Washington and we can talk a little bit about that in a bit, but in terms of having that direct impact, it's hard a lot of times to schedule a meeting with your member of Congress and making sure everybody's schedules match up, and you've got to set out, it's not just the five minutes of the meeting or the 10 minutes of the meeting. It's planning beforehand, it's traveling to go to the meeting, it's time afterwards. So it could take a pretty big time commitment. If you have a computer now, it's 10 minutes and really that makes, I think, the direct model of advocacy, much more accessible to a lot more people.

Unger: It just kind of changes the nature of quote "the Hill" visit to one which is talking to your members of Congress directly virtually.

Askew: Yeah, absolutely.

Unger: Well, let's talk a little bit about some of the key topics at this year's National Advocacy Conference. The first one is Medicare. So a lot of discussion about that. Do you want to take us through some of the key highlights of the discussion there?

Askew: Sure. So I think the thing to understand about the National Advocacy Conference, I think it
would be a little bit of a mistake to think of it as an issues conference. Yes, we do have specific issues, but so much of the advocacy conference is learning how to become a better advocate. Learning from each other, learning from the speakers, hearing from the members of Congress themselves. And so it's teaching people to exercise that advocacy muscle so that they can continue to apply it throughout the year. That said though, you have to have something to talk about. And so what we have selected is a series of issues that are specific, that are actionable, that you can kind of wrap your head around in that relatively short period of time we have to be together. Things that you can go, and there's a specific step a member of Congress can take right now, you can ask them to sign on to this bill or vote this way.

And that is something they can do immediately rather than kind of a more, "Oh, I'll ask support you on these issues," and then no specific follow-up, no specific action. So the Medicare issue you mentioned is a very important one. It's very timely because part of the relief package at the end of last year was to delay further the implementation or the resumption, if you will, of the 2% sequester of Medicare payments. So essentially 2% Medicare cut. However, they were only able to do that for three months. So beginning, April 1, that 2% Medicare payment reduction will come back into play. And so it's critical, especially since we're still in the public health emergency to extend that out. And there is legislation to do that. We heard from a couple of the sponsors of that legislation at our meeting. And so the ask there was simply to have people support, ask people to support the bill ask leadership in Congress to find time to consider the bill on the floor before our deadline runs out in April.

**Unger:** I think that's a really great point that you made, which is this conference is about learning why you need to be a physician advocate and how, and basically providing people with some clear options and very actionable steps about what to do with their Hill visits or in their subsequent interactions with the legislature. So let's go into one of those other areas, which is health equity. What was kind of the subject of discussion there and what were you prompting people to do?

**Askew:** So obviously health equity is something that we are looking to kind of embed across all of our work, and so that is one of those big issues. It's not a very specific thing. It is something that we all need to learn more about and exercise the muscle to continue to be able to make progress on a whole array of issues. One of the very focused ones though, that we focused on during this conference was maternal mortality, which is just a national tragedy and it obviously disproportionately impacts our women of color, and it's a direct result of the inequities that are to kind of pervasive throughout the entire health care system.

And so while we need to do more than just treat the symptoms, we need to have a broader view of equity and see to work kind of upstream more so that we're getting to the root causes of some of these things. Maternal mortality is a real thing that we can impact right now. And so one of the pieces of legislation that we were supporting, the MOMMA's Act, focuses on how do we have a real impact now on addressing this crisis of maternal mortality. So that's the specific ask that we can do today.


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but it is not the equity answer. The equity elements of all of this are much, much broader.

**Unger:** Well, one of the other issues that may not seem at first glance an equity issue, but is, is around the topic of cannabis. A lot of medical marijuana laws, a lot of other laws in discussion across the country. How does that fit in to the discussion?

**Askew:** Well, it's an important issue. Obviously, the AMA has great concerns with the kind of rapid, you're really seeing it in the last year or so, increase in the number of states that are legalizing marijuana, not only for so-called medical purposes, but recreationally as well. And one of the great things that I don't think people understand is there is no scientific basis for health care claims related to marijuana. The research has not been done and partly is because of how it is scheduled. There's very little marijuana that researchers are allowed to access to even do the research on. And so part of what the legislative effort is to open up the ability of researchers to conduct that scientific research. We may find there are great medicinal properties and that they should be developed further. We may find out there are none, but until we do the work and to understand the science, which always has to be our guide, we think it is dangerous to continue to promote a so-called "medical marijuana" without any scientific basis.

**Unger:** Good point. A lot of impressive speakers. Tell us what you learned in terms of the political landscape this year that physicians need to know about.

**Askew:** Sure. Well, I think that the keynote kickoff with Doris Kearns Goodwin was great. She is always such a terrific speaker and always has such a good kind of perspective on things. Kind of the big picture, given her very long and distinguished career here in Washington. And I think her message about the importance of strong leadership and those kind of common threads of good leadership. She talked about humility and empathy, and resilience and ambition and trust as kind of the key elements. And that's an important lesson, not only for our political leaders, but I think for all of us as we seek to lead folks, our colleagues, be they at the hospital or in our organizations. As we seek to lead people on some of these advocacy pathways that we're all traveling. So just enjoy hearing from her and the perspective she gives.

And then we always like to see the members of Congress because they kind of give us a window into what's going on on Capitol Hill. What life is kind of like right now. They are eager to hear from us about our issues, but they're also eager to share with us some of the things that they think are important and they would like to see, support from the medical community for their issues. And so I think that's always a highlight of the meeting to me is having those members have an opportunity to directly talk to and hear from the meeting attendees and kind of be part of the conversation that we're having about some of our priorities.
Unger: Yeah, it's kind of interesting we think of generally our advocacy's being about what we want for physicians and patients. What did you hear back from them about their agenda and what they'd like to see us supporting?

Askew: Oh, they love to talk about some of the bills that they're doing. I mean, there was some talk on workforces. There were some efforts on equity. There was some efforts on other physician-friendly things on practice stability and physician burnout, and just a whole array of things that these members are interested in. They want to hear from us. They want to share with us and kind of help build support. And a lot of times they'll come to us with an issue, right? And it will begin a dialogue. We may not have been an issue that we were engaged in, but when they come to us, we can work with them. We can improve their ideas. We can kind of sometimes wave them off a bad idea and they are very receptive to that input. So it's always good to have that interaction.

Unger: Well, looking obviously at the bigger picture, we have a new administration in place. How is that influencing AMA's advocacy efforts in the overall agenda this year?

Askew: Well, it's really for the most part, an entire reset. We had a switch in party control, not only in the White House but in the Senate as well. We're very early in this process for multiple reasons. Obviously everything has gotten off to kind of a late start. So it is yet to be seen. However, we already know kind of on the big picture things, there will be an entirely different approach. And so we are seeking out those opportunities to take advantage of the new kind of vision. And one of them obviously is with the Affordable Care Act. We have very specific improvements we would like to see to the Affordable Care Act in order to increase the number of people who are insured and to make the health care coverage options more affordable. The previous administration was not interested in that. They were going in the opposite direction, trying to tear it down, trying to replace it.

And so now we have an entirely new opportunity to begin that work of repairing some of the damage, and it's not entirely damaged. It's a pretty resilient bill. Really the numbers have not fluctuated that much among people who have been enrolled, but there's obviously a lot of more work that can be done on the upside. So we now have that opportunity and we're really looking forward to engaging in that conversation. A lot of the issues obviously remain the same. The imperative of fighting COVID-19 and putting an end to this pandemic remains right at the very, very top of the issue list. And beyond that, we'll begin to feel out and see where opportunities present themselves for us to support physician practices, for us to support the best health of our patients, and to kind of grow our agenda as Congress kind of loosens up and opens up to new to new efforts.
Unger: So it has to be a very, very different landscape for you and the team at AMA. You are going from really four years of kind of defending the ACA to what you're saying is around improving it. And of course, full court press on moving us past the pandemic, which is job number one. If there are physicians that couldn't make the conference, what are the ways that you would recommend that they get involved with advocacy efforts? Either through the AMA or even at their state or local level?

Askew: Well, from the AMA level, I would certainly encourage them to sign up, if they're not already, for the AMA's Grassroots, the VIP program, the very influential physician program, in order to receive information from us on activities that are going on. Certainly to follow along some of the AMA social media accounts, puts a lot of this information out, as well as the AMA's Advocacy Update and other newsletters. And then they will be things in there that they can act on locally and we can obviously provide resources. Staying in touch with their state medical associations as well, in terms of advocacy at the State and local level. It is critical. So there's always opportunity for folks to engage. It's something you have to make a little bit of time for, but like we mentioned earlier, in this virtual environment, it may not take as much time or effort as it may have previously.

Unger: Well, thank you so much and that is it for today's COVID-19 Update. For additional resources on COVID-19, visit ama-assn.org/COVID-19. Mr. Askew, thanks so much for being here today and all the work that you and your team are doing. We'll see you soon for another episode. In the meantime, take care.

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