

Gerald Harmon, MD, on his priorities as incoming AMA president

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In the first video of the Moving Medicine series, a discussion with the AMA's incoming president, Gerald Harmon, MD, a family medicine specialist, who shares his priorities for the coming year.

Speaker

- Gerald Harmon, MD, family medicine specialist; incoming president, AMA

Transcript

Unger: Hello and welcome to AMA's Moving Medicine video and podcast, a series that amplifies physician voices and highlights developments and achievements throughout medicine. I'm excited to kick off our first video of Moving Medicine with the AMA's incoming president, Dr. Gerald Harmon, a family medicine specialist in Pawleys Island, South Carolina, who shared his priorities for the coming year. I'm Todd Unger, AMA's chief experience officer in Chicago. Well, Dr. Harmon, congratulations on your term as AMA's 176th president to officially start after your inauguration ceremony tonight. You're taking that helm at a challenging but also hopeful time for physicians in our country. Over half of the U.S. population has received at least one COVID vaccine and much of the country is getting back to at least some level of normalcy. Talk to us about your priorities in dealing with the pandemic and moving beyond it as we progress.

Dr. Harmon: Thank you, Todd. You're very kind. Thanks for having me here. You're right, it's an incredibly busy dynamic time, certainly challenging. But I think the silver lining of all these challenges is an underlying hope, optimism. I've described myself and probably been accurately diagnosed as a pathological optimist. I know that we're going to get better. I know we're going to come out of this

stronger than before. I have incredible faith in the system, in our country and in the profession. So, we're going to do well. My goal is going to be those with the AMA. Not surprising, it's obviously a pat answer. But I think AMA's goals align appropriately and very accurately in this dynamic world. We need to recover from the pandemic. We need to establish access to care, reduce those obstacles. And with regard to the COVID pandemic response, particularly, we need to establish a broad base of vaccination and understand how safe this vaccine is, how its the best answer to recover from the COVID pandemic, not only in the past and in the present, but in the future.

Unger: What's interesting is there've been so much innovation, so to speak. Over the past year, I think a big focus would be making sure that we continue the progress in those areas and we don't kind of roll back to business as usual. Is that kind of how you're feeling?

Dr. Harmon: Again, this is exactly what we need to be doing. And you're right—the progress we have made, and I've had it in other interviews that I've had to discuss at other levels—the progress we've made in telehealth and telemedicine has been incredible. We've moved more over the last 18 months that one would have thought we could have done in 10 to 18 years. So now, we have distance medicine. We have qualified recognition that it is a valid way to provide medical care to a limited population and appropriate resources. And we'd like to see that the current policies that are in effect by the regulators are continued on in the post-pandemic years or the post-pandemic future, for sure.

Unger: Yeah. I think we discovered throughout the pandemic, it's not just a technology issue. There are so many parts of that ecosystem that have to come together to make something like telehealth work. When you think, again, kind of beyond the pandemic in terms of what the top priorities are in this kind of transitional time, are there any of the things that kind of float to the top of your particular list?

Dr. Harmon: Well, in addition to telehealth, which has exposed not only an opportunity, but a gap in care. Because some of our rural areas like South Carolina, which is essentially a rural state. We don't have large metropolitan areas and we don't have as many tall buildings as you see in the photographs and pictures because they're not necessarily here. I hesitate to use the term skyscrapers. We don't have a real urban environment. We have a largely rural environment. And then, telehealth doesn't reach out in rural areas very well. I know when I drive to work, there's even a gap when I drive between my home and my office. And shortly when I travel some distance to other parts of the state, I might be without telephone or cell coverage for a half an hour.

So broadband and our digital health coverage is sparse in some areas, not only in my state but America. So, that's certainly a gap. And then we find that in addition to the telehealth concerns, we need to look at reducing other barriers to care that have been somewhat exposed by the COVID pandemic, such as prior authorization approval of treatments, not just medications, but various treatments. We have new technologies available to us too. And I want to see those barriers that have been reduced a little bit continue to be even more improved in our advocacy efforts.

Unger: Well, speaking of gaps, one of the big gaps that's been pointed out through the pandemic is in the arena of health equity. And you have been really involved in AMA's early work in the health equity space. And I think you're going to see a big chance to advance that during your presidency. How do you see the work expanding and continuing under your leadership?

Dr. Harmon: Well, thank you, Todd. We have the AMA board, the leadership, the House of Delegates has really taken pretty strong stands in advancing health equity over the last several years. I'd say we started about a decade ago. We actually started clearly a long time ago. But in the past decade, we've been making substantial, incremental improvements in addressing health disparities. And we are on path to do this before we had the COVID pandemic that exposed some of the gaps from the COVID impact on communities of color, marginalized communities in certain areas of America. We were actually, we formed a health equity task force in 2017—House of Delegates directed the Board of Trustees, I happened to be assuming the chairmanship at the time—to address health equities, to come with a vehicle to address health disparities.

And we formed a task force. It was chaired by a current trustee and had other trustee members. And we solicited input from a wide variety of physicians too, who had public health disparity experience to report back a year later. And in 2018, we actually got that report back. We decided we're going to have an annual report from the AMA board to the House of Delegates. 2019, we formed the Center for Health Equity at the AMA. And we have moved right along. This was well before, years before the COVID pandemic exposed some issues.

Unger: And with the release of AMA's plan for health equity, are you seeing increased energy and focus from the house and from physicians across the country?

Dr. Harmon: Todd, we clearly are. It's not without some conversational issues. These are difficult conversations that many of us have been experiencing over the last several years, for sure. It's something that we need more educational opportunities about. We need to be willing to learn and receive perspectives and accept the realities. The AMA House of Delegates last year in Interim Meeting in 2020, defined and established that racism is a public health threat, that it is existent right now, it's a social and not a biological construct. And we also took the difficult step of recognizing that some police brutality disparities is a direct result of a manifestation of racism. Those are three broad steps forward in declaration from the House of Delegates that really worked, again in advance of the COVID pandemic.

Unger: And if you haven't seen it yet, viewers out there can download the entire AMA plan from the AMA website. I encourage you to do that. Dr. Harmon, one thing people might not know about you is that you're a retired major general in the U.S. Air Force and you have a long career in the military. Can you talk about how that experience is going to inform and guide your leadership at the AMA?

Dr. Harmon: I can only thank the United States Air Force for letting me serve so long. I was 35 years in. They taught me so much about myself, about the strength of the American people, the talents that I might find among my colleagues in the military, especially in the medical corp of the United States military. I was in the Air Force, as you indicated. That is such a great organization. You get to trust people literally with weapons that if you are in a situation and you say, "Hey, I'm going to go somewhere. Will you protect me?" You can guarantee to take them at their word and they will take care of you. And beyond the basic attributes of trust and confidence and the abilities, one of the things you learned in the military and I think I carry it with me now is you get to compartmentalize.

When you have a strategic arc you want to accomplish, you have a goal. There are a number of steps that the military will teach you have to take tactical plans and put them in an effort to have an accomplished outcome. One of the things that we learned in the military though is when you're doing these plans, you can't get distracted and you have to be able to compartmentalize things, much as doctors do every day anyway. We might have some personal issues. We might have even experienced something like difficulty getting to work or the weather's impacting us. I get out to go to work at the hospital, for instance, and it's raining. And so, I'm thinking I'm going to get my coat wet or something. Those are environmental issues. But when I go to an exam room or go into a patient's room or I deal with a difficult clinical diagnosis, I compartmentalize everything else and I'm 100% focused on that patient. That's what doctors do every day, much like the military taught me to do.

Unger: Dr. Harmon, you've talked about the need for physicians, residents and students to "Act worthy of yourselves." What does that mean?

Dr. Harmon: I really hadn't thought much about that phrase, "Act worthy of yourselves," until one of my colleagues with one of my military background. Again, one of my fighter pilot colleagues that I met over 35 years ago when I was assigned as a flight surgeon for the fighter squadron flying F-16s at the

time. One of my squadron leaders was a gentleman whose call sign is Waldo, as in the Great Waldo of Aeronautical Flame. He still thinks he's the Great Waldo, and he is. But anyway, he had various signs of motivational aspect in his office. And he's a good arbitrary of what's important in life and what really is just interference. He sent me an email about a year, within the past year until the entire reserves retired squadron fighter pilot makes it.

As we're approaching the election of 2020, he suggested all of us need to participate in that election and act worthy of ourselves. That's a quote from a revolutionary war general, who was also a major general and a military commander, Major General Joseph Warren. He gave a speech before the Battle of Bunker Hill saying, "Act worthy of yourselves." Because upon which the outcome of that battle would depend and affect millions of Americans yet unborn. So when we went into battle, when we go into the battle against COVID and every other health care challenge of the day, we as physicians need to act worthy of ourselves because our efforts will have impact for generations of Americans even yet unborn.

Unger: Well, as we hope that worst of the pandemic is behind us, do you have any kind of final thoughts or words that you'd like to offer physicians at this very pivotal moment?

Dr. Harmon: This is a pivotal moment. Todd, we ... also, while we're acting worthy of ourselves and we're challenged every day, and I'm asking you, and we're asking ourselves to compartmentalize to address the patient's need as the highest priority, one of the things is we get pummeled with fighting against regulatory burdens, against the uncertainty of future compensation, removing these obstacles and barriers to care. We address the very serious issue and urgent problem of health equity. We need to remember why we went into medicine, what we read on that application in medical school. I want to serve humanity. I want to give back to my colleagues. I want to be worthwhile as a physician. I feel qualified to do it. I know I have the ability, just give me the chance. We got our chance now. And I think we need to remember that well.

Unger: Well, thank you so much, Dr. Harmon, for being our first guest on this video segment of AMA Moving Medicine series. We wish you the best of luck in your term as the AMA president. We look forward to having you back many times over the course of the coming year. If you'd like to watch tonight's inauguration ceremony beginning at 6:00 p.m. Central time, you can find the link in the YouTube description. Space is limited, so please come in early. You can join us for future episodes and podcasts in Moving Medicine by subscribing at ama-assn.org/podcasts. Thank you for joining us.

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