

## James Madara, MD, on the future of medicine in 2022

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

### Featured topic and speakers

Concluding the AMA's "Look Forward/Look Back" series, AMA CXO Todd Unger talks with James Madara, MD, the AMA's CEO in Chicago, for a big-picture look at the storylines that dominated 2021 and what we expect to see in the coming year.

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#### Speaker

- James Madara, MD, CEO, American Medical Association

### Transcript

**Unger:** Hello, this is the American Medical Association's Moving Medicine video and podcast. As we look back on 2021, it was a year unlike any other.

It was a year when physicians needed a trusted and powerful ally on their sides to make sense of what was happening and to navigate the very real challenges that they and their patients faced. The AMA and its people were at the forefront of all of it. In our Look Forward, Look Back series. We focused on the AMA's critical work in advocacy, ethics, medical education, health equity, physician burnout and telehealth during the historic year and have also taken a look at what's in store for the many areas that matter to physicians in 2022.

Today we wrap up the series with Dr. James Madara, the AMA's CEO in Chicago, for a big picture look at the storylines that dominated 2021 and what we expect to see in the coming year.

I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Madara, thank you so much for joining us. Once again, this has been quite a year for the AMA and our nation's physicians. While we saw a

lot of progress in our fight against the pandemic with the development of vaccines. We also continue to see overcrowded hospitals and loss of life due, in part, to misinformation and vaccine hesitancy.

Why don't we start by talking about something that you mentioned in your address to the House of Delegates back in November? It was about the power of trust in a crisis like this. And while trust in our institutions has definitely been tested over the last couple of years. Talk about how the AMA continued to foster trust in our nation's physicians in 2021.

**Dr. Madara:** Well, thanks, Todd. And we also hope that'll be true in 2026. As people say the fastest any progress can be made is at the speed of trust. And we have evidence that physicians trust the AMA we have now 10 straight years of growth in membership. We have tremendous growth and engagement over our various channels. And this, I think, indicates the amount of trust that physicians have in the AMA. And they convert that trust, I think, and base it on the fact that we're in the channels that we own. We're the powerful ally in patient care for them. And these physicians care for our population and we, the AMA, care for them. And I think that is the foundation of the trust that we have.

**Unger:** It is and because we also know that physicians are very trusted by their patients. That's something that's come through loud and clear this year. Part of the AMA's goal throughout this pandemic is to make sure that physician voices are heard above the din of so much out there. A lot of it misinformation, really to try to cut through that, talk about why this work is so important, particularly now, and the success we've had in elevating those voices.

**Dr. Madara:** Well, right now, the challenge that we face in the pandemic is medical and health in nature and who are the experts in medicine and health? It's the physicians. And there is a lot of misinformation out there as you indicate, Todd.

Misinformation is always bad. Misinformation in the context of a pandemic kills people. And we have to be certain we lift and elevate the voices of physicians and scientists in this realm so that we can get the right information to folks. And in a pandemic what is known today, as the best evidence, might be slightly modified a year from now as best evidence. And that's better voiced and explained by physicians.

Now it's important that physicians connect in this regard with Congress, with large population groups but it's also down to the individual patient and the physician's voice is really important there.

I had a recent conversation with a family physician, small practice, asked him about this. And one of the ways he explained it is he talked to his patients about vaccine hesitancy, and for a few that he couldn't get over the hump, he laid the cards on the table and said, "Look, you've trusted me with your family. You've trusted me with your life for the last 50 years. You trust me on this one." And so voices are really important, whether it be in Congress, large populations or down to the individual level, the physician's voice is just critical during this pandemic time.

**Unger:** Yeah. A lot of it is. It's more than just the data part. It is those stories and that connection that physicians have with their patients that's so important right now.

One of the themes that I think we've definitely seen, of course, over the last two years are all of the existing problems that we saw going into the pandemic have gotten worse. And that certainly is the case in terms of health care disparities. We've definitely seen those amplified and more clear than ever how much more we have to do in the arena of health equity.

Can you talk a little bit about how the AMA is working toward the creation of a more equitable health care system to ensure that all people have access to high-quality care?

**Dr. Madara:** Yeah. Thanks, Todd. I mean we were fortunate in creating our Center for Health Equity before the pandemic hit. As you say, the pandemic exposed the inequities that are present in our society. And one of the reasons we created this center was when you think of our strategic arcs of chronic disease, access of patients to physicians, training physicians for the 21st century. When you think of those arcs, if we don't have health equity, we have a glass ceiling that blocks progress toward any of those arcs.

Imagine we want uniform quality and uniform safety in our population. Well, in the absence of equity, that's impossible to get. So this has been a really important effort for us and an accelerator across all of our strategic arcs. And we are doing a lot of work including work on West Side United, West side of Chicago, where the life expectancy is many years less than it is just a few miles toward the lake. And we're looking at how one interacts with groups of organizations, banks, institutions that are health-related, others, to channel to the community what the community feels that it needs because after all health is an important component that relates to medicine.

But even as important, if not more, certainly to our ties and historically excluded populations are the social conditions that have been infringed upon them, and that we have to understand better. And that is the nature of the West Side United Project.

**Unger:** Well, I know in the discussion we have around health equity, access has always been a pretty important one. And on that particular topic, the explosion in digital health and telehealth has been a major development of the past couple years. And we've been lucky enough to talk with many experts

from the AMA in that arena and really understand how complex bringing this to bear has been. It's not just a technology issue. There're so many things that go into making this work.

Let's talk a little bit about how the AMA has worked to advance digital health and telehealth over this past year?

**Dr. Madara:** Well, first let me say that what happened between March 2020 and the spring was just astounding related to one digital form of health and that's telemedicine, telehealth. There wasn't a doubling and there wasn't a tenfold increase. It was more like a two log increase in visits and that required some loosening of restrictions so that physicians could interact with their patients through this media. And those restrictions were the product, in part, of the AMA interaction with CMS.

And now with the expanded use of telemedicine, we are arguing for the flexibility extension along these lines. We also have tools and training. We have produced a digital medicine playbook for practices to talk about how you incorporate digital medicine into your practice. An important part of that being telehealth and telemedicine. And we're now looking at practices in establishing best forms of practice in the digital area that we share with the community.

We also have, as you know, an innovation company, Health 2047 on the west coast, that will be making interesting tools that can be used in a digital way. We have a digital ed hub, for an educational hub and a tool that's going to be tested this year is a tool that can go into a physician's electronic medical record and interrogate exactly the panel that he or she sees and then create a bespoke educational component wrapped around the exact thing they see in their practice.

There's another venture that has just launched, SiteBridge, and it's a trial in a box. So the physician offices that are small can participate in clinical trials. Offer their patients something new and also lead to real-world evidence gathering by the National Institutes of Health. And this is being done, taking away the cost and digital hassles that clinical trials have so small practices can participate. So a lot going on and this is really an important area in the AMA.

**Unger:** One of the major initiatives alongside those that you've talked about already for the AMA has been around physician wellness and really addressing the issue of physician burnout and making significant progress there. But the pandemic has really thrown a new layer on this. We're going to have two years of very traumatic times for physicians with overcapacity and kind of decisions that are horrifying for physicians to have to make.

How is the AMA working now to address this issue of physician burnout, which is more important than ever?

**Dr. Madara:** Well, let me say something first, the definition of burnout, and that is it's not due to a lack of resilience. Physicians have more baseline resilience than the general population. So it's a function

of the dysfunction in the environment. That's the causative agent in burnout. And so we provide resources for organizational change. We have, for example, a burnout tool where if we take the data from a health care institution, we can predict the savings that they would have if they would just decrease burnout.

And then we have tools to mitigate burnout. And we have tools to measure to see if burnout has been mitigated then inevitably again, and again, and again. There are many components to this, it's easing regulatory burdens is another one. The bottom line is even before the pandemic when physicians spent more time with computers and more time checking boxes and doing administrative work to fulfill their obligations. More time, doing those things, administrivia than seeing patients, which is what their love is. That is something we have to attack on all fronts.

**Unger:** And encourage folks out there, if you haven't already, to listen to the interview with Dr. Christine Sinsky, AMA's subject matter expert in the area of physician wellness, who outlined a lot of the changes, systematic or system-level changes, the AMA recommends to help improve physician burnout and wellness.

Dr. Madara, let's look ahead. I think one thing we've learned from the last year, unpredictability, will probably continue to be a theme for the coming year. But at this point right now with your crystal ball that you've got, what do you see as the top priorities, biggest opportunities, for AMA in the coming year?

**Dr. Madara:** Well, I think we have to continue to stand for science and evidence and really try to shift the conversation into what is known as opposed to conspiracy kinds of talk.

The other thing as we go forward, and the beauty of our strategic framework, of chronic disease, getting rid of the dysfunction around patients and training physicians for the 21st century with the accelerators of innovation, equity and advocacy. One of the beauties of this framework is its agnostic to what kind of health care system evolves. During a pandemic or in any health system you can imagine it's really important that we take care of chronic disease. That chronic disease accounts for 90% of that \$4 trillion yearly health care spend.

It's important that we make the spaces and the environment around physicians and patients less dysfunctional so work can be done. And it's important that the physicians are trained to work in the 21st century, not the 20th. And regardless of what system we end up with, the health care system we end up with, mid-century, or what crisis we encounter. If we don't have those three things in better shape, we're not going to work well as a health care system.

So that's the beauty of this. And of course, all of this is really done to continue to elevate and support physicians. We'll have other crisis. We have an emerging climate crisis, which is really important and probably going to be hugely impactful. We'll be paying great attention to that. Again, our arcs are

agnostic to the environment. They can shift to the environment if the climate change impacts, for example, chronic disease, which it will, we will have that arc incorporate the consideration of climate disease in that arc. So I think we're really well-positioned for whatever comes at us with our strategic framework.

**Unger:** Yeah, I've been very struck by that. And as I've heard you talk about that strategy and how it didn't need to change. Those areas of focuses are enduring, whatever this world is throwing at us. And I think that's a testament to a great strategy. And when we think about the broader mission of the AMA, promoting the art and science of medicine and the betterment of public health.

Now that you have been through what you have been over the last couple years, does that statement taken on new meaning to you in any way?

**Dr. Madara:** Well, it is the reason I came to the AMA. I think that is who wouldn't want to be part of that? Promote the art and science of medicine, the betterment of public health, thinking of the health and wellbeing of 330 million Americans and how we can construct that interface with 800,000 or so physicians for the best possible outcome.

And so that is actually what brought me to the organization and it has just been reinforced time and again, most recently by the pandemic. And when I kind of look back, I do think of the progress that we've made in the last 20 years in bio-sciences and in services outside of health care. So for example, if we went back to 2000, the mRNA vaccine platforms wouldn't have been ready. At that time, the shortest it took for a vaccine to be developed previously was seven years.

So imagine that. Imagine not having commercial delivery systems like Amazon up and running. Imagine not having Zoom, Microsoft Teams, Grubhub, all of those things were missing in 2000. So imagine if this had happened in 2000. And as I look back, I feel that we're so lucky with the development that happened between 2000 and 2019, and 2020. And we have to make sure we make large steps in development in the next 20 years too.

And I think part of looking forward, as we look forward, is recognizing that we're an organization that has adjusted its portfolio a bit. We went from a portfolio that was, I would say prominently about knowing, to folding into that portfolio, doing. So we have knowing and doing. We adjusted our portfolio from the important aspect of convening that will always be important to us, but we added to that a more balanced portfolio of convening but also creating.

And I recently in thinking about this, co-chair at a National Academy Consortium meeting, and we had as the keynote speaker to kick off the meeting, the legal scholar, an author of nudge, Cass Sunstein. And at the end of his talk, he asked a question and the question was, what is the most blessed thing a person has? And the answer was time. Particularly, quality time. And physicians are involved in giving treatments, curing disease, making life better for those that have it. What our job is, is to increase

quality time for our nation. So in so doing, our profession gives the most blessed gift of all to our citizens and that's the gift of quality time.

**Unger:** I love, too, the way that you talked about knowing and doing, and we think about the AMA's role over the past two years in providing people, the data, the science, the research. Amplifying the voices of physicians and organizations that are putting that to use and building the tools and resources to help implement that knowledge in the practices. That has been a big contribution. And the mission that you outline and talked about, it's personally motivating. It's why we've talked to over 400 physicians on this program over the past two years in order to bring that to light.

Dr. Madara, thank you so much for your leadership over these last two years and the many before that. And I'm excited for what we can bring to the table in the coming year as well.

That ends today's final Look Forward, Look Back episode. Make sure to click subscribe on AMA's YouTube channel, Apple, Spotify or wherever you listen to your podcasts. You can find all our videos and podcasts at [ama-assn.org/podcasts](https://ama-assn.org/podcasts). Thanks for joining us, please take care.

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