

Gerald Harmon, MD, on physicians' role in a pandemic of mistrust

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Featured topic and speakers

In today's COVID-19 Update, AMA Chief Experience Officer Todd Unger talks with AMA President Gerald Harmon, MD, a family medicine specialist in Pawleys Island, South Carolina, about the important role physicians can play at this pivotal time in the pandemic and the support they need to do so.

Learn more at the AMA COVID-19 resource center.

Speaker

- Gerald Harmon, MD, president, AMA

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update video and podcast. Today we're talking with Dr. Gerald Harmon, AMA president and a family medicine specialist in Pawleys Island, South Carolina, about the important role that physicians can play at this pivotal moment in the pandemic and the support that they need to do so. I'm Todd Unger, AMA's chief experience officer in Chicago.

Dr. Harmon, thanks so much for joining us. I know you got a busy day between your practice and being AMA president. So thanks for being here. We're going to dig right in and start on that topic of vaccine mandates, which is something that the AMA had strongly supported. We had a couple of Supreme Court decisions a few weeks ago and then as a result, the Biden administration was forced to withdraw its mandate, which would've required employees at large companies to either be vaccinated or regularly tested. What happens now and how can physicians help?

Dr. Harmon: Todd, thanks for having me with you. It is a busy day in every doctor's practice these days, it seems like. So thank you. But part of what we have to do is be ambassadors for vaccines. So we have to do that as part of our day. This is part of my day-to-day as AMA president. It's part of every physician's day in practice these days. We need to understand that although the Supreme Court decided that the vaccine mandate as described was not constitutional, what we have decided and I think we know is that vaccines do work. Effective vaccination with appropriate, full vaccination and boosters seem to have a substantial influence on reducing the spread of the COVID, including all variants, even Omicron right now. So it's very important to get vaccinated.

We still encourage large employers and any employer to require or recommend to their employees to get vaccinated fully. Not only will it help the employees themselves it'll protect the other employee, it'll protect their families, their loved ones. It'll allow the employer to keep the practices open the businesses open to be the economic engine for recovery that we need to be in the COVID pandemic. So we still are preaching the sermon of getting vaccinated and encouraging employers of every size to require vaccinations for their employees. Thank you.

Unger: When you think about this pandemic for two years, there's been a great deal of confusion, part of which is because we're always learning along the way here but I can't recall a more confusing time than right now. Lots of questions for folks about boosters, about testing, quarantine, isolation rules, how do you help patients keep up and navigate these issues?

Dr. Harmon: Well, it is. I could tell you from my personal experience in my practice, I literally filled probably a dozen questions every day, including Saturdays and Sundays at a seven day a week operation in small town, America, I'll tell you that. I get questions from, "I think I've been exposed or my sister's been exposed," or "My brother or I've got a persistent cough" or "I've got a headache or some undefined ill-defined symptom," but they're wondering, can this be COVID because we tell them with the new variance, some of the symptoms a little more subtle, it's not always a loss of sense of taste or smell or shortness of breath and the previous variants have indicated as their warning signs that you've gotten it. And now we have such a transmissible variant in the Omicron variant that everybody's a little suspicious, any out of the ordinary symptom. So they ask me and what we tell them is, I try to be consistent in my advice.

If you know you've been exposed and certainly try to get a test and certainly quarantine until you can be tested if you've been exposed, they ask me about treatments. I try to talk about their various treatments. There's been a little confusion with the withdrawal of certain treatments that are found to be no longer effective. There are now some oral treatments that it can be difficult to find if you can find them at all. And then the quarantine times, the isolation times have been a little bit mixed in the messaging from the CDC and other society. So the confusion is really unfortunately, part of the learning process that you indicate we've learned more and more about this coronavirus pandemic over the last 23 months. We didn't really have a lot of concerns about it before because we were learning

on the go and this is science.

Science is going to be based upon studies upon experiences. It's not going to be mathematics for the fixed number to start with. So as the science evolves, we have to evolve our therapies and our recommendations and I ask everyone to continue to be variable or at least be sensitive to the fact that sometimes of recommendations can change but they tend to change for the better they changed consistent with the knowledge in this science and they seem to be recommending the right things to do at the right time. No one's deliberately trying to mislead us, they're all trying to give current science based information.

Unger: And that's really been the challenge of this pandemic around communication, given what you kind of just laid out. With those challenges that you just outlined, how do we make sure that we're delivering people the facts on a timely basis, science based and rebuild trust in our nation's health care institutions?

Dr. Harmon: Todd, I found myself in the last, probably more in the last couple of months than I did at the early start of the pandemic, realizing that we have certainly we have a pandemic, a coronavirus pandemic, an infectious disease pandemic but we also have a bit of a pandemic and of mistrust and distrust and perhaps miscommunication that's caused and exacerbating what is already a problem of the viral pandemic.

We need to continue to understand that we need to be vaccine and truth ambassadors in health care, the trusted physician, a local physician, a community physician like myself and many others in America can demystify some of the processes that we're talking about. You can ask the questions of your patients. They can ask you individually, whether this particular vaccine or that particular vaccine affect my fertility, will it affect my heart, can it make me infectious, things like that.

I try to answer specifically the questions that my patients bring to me. If I answer them with facts, with my perspective and our recommendations, all of our studies show that that trusted family doc or that trusted physician advisor or health care advisor can really sway and encourage people to take appropriate precautions whether it's public health precautions, whether it's vaccine acceptance, whether it's treatment options, certainly whether it's quarantine and isolation. So we need to be purveyors of the truth and we need to answer these questions with the best science available, knowing that we are trusted advisors for health care for everybody.

Unger: Now, with two years of this pandemic kind on under our belt, we also are thinking a lot about how we support physicians and health care teams who've been under such enormous strain and continue to be to this day. You're a person with experience both in your own private practice and in health systems. And as president of the AMA, you're talking to your colleagues all over the country every day and hearing what they're going through. In your mind, as you think about that, what do you think people need to hear most right now about the challenges that physicians are facing and how is

the AMA addressing those challenge?

Dr. Harmon: You know, Todd, we were already struggling with workforce issues in health care and physicians. We were already challenged in independent private practices with maintaining that practice model with current surveys, AMA's performing show that less than 50% of doctors are an independent private practice and that continues to decrease every year. So economic viability of private practice model has been concerned, has been a concern of the AMA for some time now. And then when you take the pandemic that threw in here, decreased access, we had to close some practices. We lost opportunities to take care of chronic diseases. Patients could not get to us. We had isolation, quarantine imposed upon us. We had concerns about PPE. Patients were concerned about being in a waiting room where they might be contagious or be exposed to chronic diseases. All those economic pressures were really thrust upon us.

We were already beginning to struggle and then we've had thank goodness, some regulatory relief. We've had the CARES Act. We've had some release of funding, thank goodness, to sustain us. But now we're also having to address and doctors' offices are not just discussing pandemic related issues, we're discussing economic issues. We have had to take some legislative efforts and advocate on behalf of physicians with certain parts of what's called the No Surprise billing act. So it's been a concern for us. We like the idea and we very much support keeping patients out of the billing process and having to not worry about economic issues, but the physicians need to be fairly treated when they deliver healthcare and the insurance company seems to be in a little bit of in and some of my comments, the recipient of an early holiday gift when the regulators interpreted part of the act and strongly in favor of the insurance industry to the detriment of physicians. Also we've had doctors have substantial concerns about economic viability at the Medicare payment system.

We haven't had a real positive update in health care for payment for physicians over the last 20 years. And on average, we've lost 20% of our economic buying power over the last two decades. And without an end in sight, we're still subject to budget neutrality, only part of the health care delivery system that's capped. So we really need to have a lifeline from the Center for Medicare and Medicaid Service in Congress to allow us to have economic viability, to sustain our practices. If we can keep our doors open, if we can keep independent practice available, we'll have better health care for all. That's one of our mission, the betterment of public health. So all of this is not lost in the middle of the COVID pandemic.

Unger: I mean, just hearing all of those things that you just talked about, those obstacles, of course, it's so important that we speak with a unified voice but it's also not surprising that this, the concept of the great resignation that we hear so much about is affecting health care. And it's affecting physicians. In fact, last year we heard a really staggering statistic that one-in-five health care workers had left medicine since the pandemic began. And that was before Omicron. So, it's tough, you have served in the military, is this like a war for our health care workforce. It must feel like that being in the trenches

for two years. And how do we prevent physicians and health care teams from being the casualties of this war?

Dr. Harmon: We have to watch that you're exactly right. The great resignation is across all workforces but it's particularly important in health care. You mentioned that one-in-five health care workers have left. Surveys right now indicated two-in-five nurses are planning to retire or leave the health care workforce in the next year or two, one in five physicians. And this is across the entire health care worker workforce, whether it's respiratory therapy, pharmacist, dentist, physicians, nurses, this it seems to be not ending. And I'll tell you it's a lot like battle fatigue. It really is. In my military experience, you keep wondering, when is it ever going end? Because now we're in the middle of the third wave where we have now Omicron has been around. It is actually having a higher fatality rate than previous than in the Delta variant. You might think, oh, it's not quite as serious as not quite as prevalent but because of its acute and extreme transmissibility but 99.5% of the cases in the U.S. being Omicron now it's had a substantial killer impact on our daily mortality rate.

We're setting record highs in many locations. It also is just diverting and delaying some care that we might otherwise be able to provide for other patients if issues chronic disease has continued to be with us cardiovascular disease, diabetes. And now that you have COVID is the third leading cause of death in the U.S. We are getting a little tired. And so you're getting some health care worker fatigue and burnout. I think we need to consider that and we need to make sure that we take care of our health care workers with the reality that they need to be afforded some behavioral health support.

We've had Congress with the Lorna Breen act recently passed that shows that health care workers can access and be supported in behavioral health issues. But behavioral health needs to have more than just words, it needs to have some infrastructure placed in it. We need to destigmatized health care workers who say, "Hey, I need a little help encouragement, I'm stressed a little bit." You need to be able to seek that kind of advice. You need to have resources for you. And we need to have what we don't have and that's behavioral health and mental health parity.

Unger: And I encourage those that are seeking to support physicians and health care teams to look at the AMA website the AMA offers a wide variety of resources for physician wellness. Dr. Harmon, one of the things that we've seen throughout this pandemic is, and everything that was kind of a challenge in health care before was just made worse by the pandemic. And you got to look at the public health infrastructure and say we need to be more prepared than we were for this going in. How do we approach and strengthen the public health infrastructure and fix the problems that we've seen exposed through this pandemic.

Dr. Harmon: But Todd, you've heard myself and others say that the public health system, when it's working, it's out of sight literally out of mind. You don't really think public health, whether you're a regulator, whether you're a bureaucrat, whether you're a legislator, even administrative leads in cities, counties, and states and in the nation because the public health infrastructure just quietly hums along

taking care of routine, public health issues. We don't have a pandemic and you don't even know it's there. Now when we have a pandemic, that's when we know we have to really resource and have a robust public health infrastructure. Because if we don't have one, we find what we've just found out over the last two years. You have difficulty distributing medications, distributing vaccines, distributing testing supplies, protective equipment, all the out infrastructure was under-resourced, unfortunately, for the last decade. So now we've learned what we need to do to treat this pandemic, more importantly, we need to make sure we can prepare for the next pandemic because there will be another one. A military analogies right now, the military is not just fighting the current war and past wars.

We need to be prepared to fighting future wars. So same thing applies to public health infrastructure. We need to make sure that we recognize funding needs to be in place, not just for physician care but for public health care. We need to have health care workers, trained nurses with the infrastructure in the community level. That's where the public health is best done at the community level. You need to make sure you have infrastructure that uses technology. Now we have a lot of innovative technologies, telehealth, digital health.

We need to expand broadband as part of the AMA's advocacy to improve broadband in rural areas of the country and even some urban areas that don't have broadband. And we need to think also that when we do this, we're not only going to help the pandemic we're going to address what has been a real problem. AMA is recognized too. And that's the of area of health disparities. Many of our most effective persons by this pandemic are communities of color and underserved communities in margin areas in the United States, in rural areas like where I live and in urban areas like inner city and the west side of Chicago, we need to have a public health infrastructure that's there for them in the next pandemic as well.

Unger: Dr. Harmon, last question I know from your kind of vantage point, you see and you hear a lot. You're talking with a wide variety of physicians every day and listening to their questions, hearing about their situations. What's the one thing you'd like to tell physicians right now?

Dr. Harmon: It's a team-based approach. I will tell you that I've given a lot of talks over the last several months with the theme of why organized medicine matters, while membership and organized medicine matter. Well as a team organizations like the AMA and other specialty and state medical societies can provide the resources that these younger physicians need. That those that have stress need that stress medical practices, educational needs addressing public health issues, the medical organizations, what we call societies of medicine like organized medicine, AMA. That's the way they make your voices and needs met and heard when you deal with the regulators, deal with the administrators and they get a cacophony, otherwise a request about how to do things. But if you have organized medicine, if you have the science-based approach, that's organized, medicine is a real benefit. I'll tell you what I also tell people. And I get to talk to a lot of medical students. I practice with

students and residents and young doctors in practice. And I speak with a lot of organizations.

Not long ago, I was down in Florida speaking to a diverse group of physicians, medical students, every career path, young physicians, senior physicians, retirees and residents in training. And I was there and Dr. Doug Murphy, who was the president of Florida Medical Association and I were speaking on the agenda. We had a common theme, what we told these young doctors and mid-career doctors and senior doctors who are having some of the distress, some of the burnout they're seeing wave after wave of COVID situations. They're having economic issues. They're having societal with distrust, all the things that are burdening, a lot of members of society right now, we reminded them Dr. Murphy and I did that being a physician is a real gift. We have such a gift to be able to literally give back to the community that we all wrote down, our applications for medical school. I want to serve humanity and give back to the community, well we have that gift.

We've been allowed to be doctors, a very esteem profession and we can do so much with those gifts. I know it's a challenge. We need help when we get stressed and we get behavioral health issues. But I think we both think that this is such a gift. Let's make sure that to do what I did. And when I first became president of AMA, remember the quote from revolutionary general Dr. Joe Warren, Major General Joseph Warren, let's remember the actions that we take in this pandemic will affect generations of Americans yet unborn and we need act worthy of ourselves. I think all of us on this podcast, all of us in medicine are demonstrating an incredible worthiness as we take appropriate steps for our country, our nation, our profession and respond positively to the COVID pandemic. We will get through it. I'm a professional optimist, we will get past it, just take individual steps. Think about what we can do to continue to respond possibly and serve the profession in the worthy manner. Thank you.

Unger: Well, thank you so much for being with us here today, Dr. Harmon, and for all the work that you're doing to support physicians, students, residents out there and they need it right now. So that's concludes today's COVID 19 Update video and podcast. We'll be back with another segment. Soon. If you need more resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us today, and please take care.

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