Q&A: Health inequity hit home early for woman physician leader

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Suja Mathew, MD, had a first glimpse of health inequities in medicine as a teenager, when her father became ill and needed cardiac surgery.

Although successful, the months after his surgery were difficult for her working-class immigrant family. The bills for his care wiped out most of their funds, she explained. “We had insurance as a family. But at that time, the patient was still responsible for a significant cost share,” said Dr. Mathew, whose family hails from South India.
AMA member Suja Mathew, MD
Accompanying her father on visits to see his cardiologist and other doctors, she was struck by the differences of care in certain health care environments. “This was years ago, long before everyone was talking about health equity or social determinants of health,” she said. The experience encouraged her to work toward a medical degree.

“It made me want to become a physician myself and address health equities,” said Dr. Mathew, executive vice president and chief clinical officer at Atlantic Health System in Morristown, New Jersey. Atlantic Health System is a member of the AMA Health System Program, which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

She has since built her medical career on addressing social determinants of health while mentoring her younger colleagues.

Mentoring and coaching is one of her favorite things to do. “I'm a medical educator at heart,” said Dr. Mathew, an AMA member. “I love to see people grow around me and I absolutely delight in the success of the folks whom I have mentored and coached.” The newly elected member of the AMA Council on Medical Education has coached doctors on how to create a culture of well-being in practices and improve leadership communication during times of stress, a topic that's been especially relevant during COVID-19.

To celebrate Women in Medicine Month this September, Dr. Mathew spoke about the vital role of networking and coaching in building professional satisfaction for women, offering a preview of her own efforts to establish a network for South Asian women physicians.

AMA: You recently transitioned from chair of medicine at Cook County Health in Chicago to chief clinical officer and executive vice president at Atlantic Health System. How has that change been for you?

Dr. Mathew: It's been a wonderful opportunity. As I reflect on how my life has changed over the last five or six months, it's remarkable how comfortable I feel in this new position, given that it’s a new organization, a new city, a new part of the country. It's been a smooth transition.

AMA: What made you decide to make the change?

Dr. Mathew: I spent 22 years providing care and leadership that was very meaningful to me at Cook County Health. I had the opportunity to meet Brian Gragnolati, Atlantic Health's CEO, at a meeting and really connected around his vision for his organization. It was a great opportunity to join a real first-class organization that's committed to patients and committed to providing the best possible care to
our communities.

**AMA:** As a woman physician and leader, how might this new role help pave a way for other women physicians?

**Dr. Mathew:** I think any leadership role I take, whether it’s this one or in other spheres that I operate in, helps open opportunities for other women. As much as I can be successful and good at what I do, it creates opportunities for others. I have brought and will continue to bring certain principles to my style of leadership.

This includes a commitment to individuals from underrepresented demographics in health care—health care leadership particularly—women being one of those groups. I certainly would expect that they will not only look to me as an example of what they may accomplish, but also look to me as a supporter and an advocate for their needs.

**AMA:** Every September, the AMA celebrates women physicians, residents and students during Women in Medicine Month. The theme of this year’s campaign is “leading with purpose.” Talk a bit about how that plays out in your career and advocacy as a woman physician.

**Dr. Mathew:** My purpose around health care and medicine comes from a very personal place. I experienced health care at the side of my parents, both of whom needed a lot of health care during my teenage years. Particularly, the experiences of my father helped shape how I see medicine and the role of health care in furthering communities with an eye to health equity.

When I see a patient, I remind myself that this patient is somebody's father or somebody’s sister, or somebody’s important, loved one and we need to make sure that person feels exactly that—and that we give care that we would want for that loved one of ours, like the care that I wanted for my father. That’s what I strive to give to my patients.

My leadership role allows me to have an impact … not just in the direct patient care that I may have provided for years, but now in leadership, to ensure that all patients across the organization are treated with the level of care, compassion and empathy that I wanted for my own father.

**AMA:** What role does professional networking play for women physicians? Do you participate in ongoing mentoring and coaching?

**Dr. Mathew:** Networking is important for everyone, and it’s important for women physicians. It’s important to see role models, to see peers that are doing work you can learn from. It’s important to have sounding boards for problems or challenges. Often when we’re at a crossroads, we may not know which direction to go when considering a career move, patient management, or interpersonal conflict. Whatever the case may be, it’s great to have that network.
A network I’ve developed regionally and nationally through the American College of Physicians, in addition to the AMA, has meant a great deal to me. It’s been an incredible way to support my decision-making over the years.

I go to my mentors through those networks to bounce off challenging scenarios. As you rise as a leader and particularly as a woman who’s a leader, it can sometimes be quite lonely. There may or may not be folks that you can talk to at your own institution depending on the content of the conversation. So it’s important to cultivate relationships with women as well as men—but certainly women—within your region or at a national level.

In a medical education role, I served as a program director of a very large residency program for many years. Over seven or eight years, I had the responsibility of mentoring and coaching hundreds of young physicians. I've loved to do that and watch people grow and succeed, and I continue to do that in my current role.

I maintain relationships that I've developed over many years. Here at Atlantic, I've been delighted by how many younger, more junior physicians have approached me during my very early weeks here, asking for that level of mentorship. That’s really striking to me. I don’t think it’s easy as a young developing leader to initiate a conversation around mentorship with a new senior leader that joins the organization. So the simple fact that so many have done that indicates to me that there's a real need for it.

As I've gone through my leadership journey, I have not seen too many individuals that look like me in the leadership roles that I strive to hold. I see again, a real opportunity to build some infrastructure around that. Along with one of my mentees, Lakshmi Warrior, MD, a wonderfully talented neurologist in Chicago, we are founding a group for South Asian women in health care leadership called the South Asian Women's Healthcare Collective.

It’s an opportunity for South Asian women who are leaders in health care—and aspire to grow their leadership skills—to come together to peer network and to peer mentor.

AMA: How does mentoring and coaching help build professional satisfaction for women?

Dr. Mathew: We all need human connection. Medicine's a very demanding field, no matter what level or type of medicine you're practicing or where you are in the health care ecosystem. Having that opportunity to interact both as a mentor and a mentee, as a coach and the recipient of coaching allows us to grow and find impact.
AMA: What other things can be done to elevate women physician voices and career trajectories?

Dr. Mathew: There are system initiatives to ensure that women are well-represented at every stage of the game, when clinical decisions are being made. Again, speaking as a clinician, women need to be represented when we are making policies that affect our work lives. Women need to be represented at all levels of leadership and they need to be represented at our senior governance levels as well. That representation, that invitation to participate is really important at the system level.

And then for my women colleagues there, I'll say you must insert yourself, you have to take the risks, you have to be willing to speak up for your values, for your needs and do so respectfully and courageously.

AMA: During the pandemic, many women physicians took on multiple roles. They're physicians, but they're also primary caregivers at home. This has caused a lot of burnout unique to women. I was wondering if you could speak about that.

Dr. Mathew: That's absolutely correct. I know that the last two years has put a disproportionate burden on women physicians. They're caregivers, not only to their own children and their nuclear families but often to extended family members and certainly to aging parents.

As leaders, we need to recognize that. I think we need to look at how we create an inviting culture for our women. They have so much to offer. In some cases this will require some flexibility. But it is an opportunity for all of us to grow and serve the unique needs of women in our health care workplace.