Health policy, medical research, clinical care & more with Kirsten Bibbins-Domingo, MD, PhD

AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

In today’s AMA Update, the new editor-in-chief of JAMA and the JAMA Network, Kirsten Bibbins-Domingo, MD, PhD, discusses her transition from academic, physician-scientist to starting her new role at one of the most widely circulated general medical journals in the world. AMA Chief Experience Officer Todd Unger hosts.

Celebrate #WomenInMedicineMonth and learn more.


Speaker

- Kirsten Bibbins-Domingo, MD, PhD, editor-in-chief, JAMA and the JAMA Network

Transcript

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Unger: Hello and welcome to the AMA Update video and podcast, an ongoing series coming covering a range of health care topics affecting the lives of physicians and patients. Today, we’re talking with Dr. Kirsten Bibbins-Domingo, the new editor-in-chief of JAMA and the JAMA Network in Chicago about what it’s like to take on her new role at such a pivotal time in science, medicine and public health. I’m Todd Unger, AMA’s chief experience officer in Chicago. Dr. Bibbins-Domingo, welcome to the Update.

Dr. Bibbins-Domingo: Thank you so much for having me.

Unger: It's a pleasure to have you today and to introduce you to the Update audience out there. Just a little bit of background about you. You spent pretty much your academic life as a student, physician scientist and academic leader at UC San Francisco. What drove you to make a change like this?

Dr. Bibbins-Domingo: That's exactly right. I've been really my entire academic and professional life at UCSF. It's a wonderful place to be. It's where I learned to practice medicine, learned to do research. I think for many of us, the pandemic was a time of raising awareness about important issues about where medicine is working well and where it's failing us, the deep inequities that really are a challenge for all of us and, I think, the urgency to do something more about them.

And so that's what led me to think about what we can do from other parts of the medicine and scientific ecosystem and having a platform like JAMA and the JAMA Network to try to attract science, vet science and then disseminate it as broadly as possible to try to address some of these issues was a really extraordinary opportunity.

Unger: Well, let's talk about some of those changes and how you can make those with a platform like JAMA. Just for starters, as you're likely aware, September is AMA's Women in Medicine Month. And this year's theme is "Leading with Purpose." Talk to us a little bit about this urgency you mentioned before. And what is leading with purpose mean to you?

Dr. Bibbins-Domingo: Sure, again, I think the pandemic uncovered issues that we all knew were out there. We have extraordinary advances in science. But they don't always reach and have the broadest impact we'd like them to have.

As we look at your opening viewpoint in JAMA, was titled "The Urgency of Now and the Responsibility to do More." Talk to us a little bit about this urgency you mentioned before. And what is leading with purpose mean to you?

Dr. Bibbins-Domingo: Sure, again, I think the pandemic uncovered issues that we all knew were out there. We have extraordinary advances in science. But they don't always reach and have the broadest impact we'd like them to have.

We have a disconnect sometimes between medicine and public health and all of the factors that contribute to health. In all of these, the inequities loom large. And they really are both disproportionately impacting particular communities and also preventing all of us from achieving the health goals that we have, whether in the clinical setting or in public health.
So the urgency is clearly there. I feel that even more so now as we start to move a little bit into the next phase of the pandemic because there's a tendency to sort of snap back to the way we were doing things before. I think the opportunity is to take the principles and values that I hold dear, the experiences that I have and to bring them to a really strong organization that is already doing its work very well and to think about how, with that perspective and that urgency, we can have an even broader impact.

**Unger:** Well, you mentioned that juxtaposition between the innovation and the connectedness that we saw in medicine during the pandemic but at the same time, the exposing the magnification really of flaws and disparities. When you look back at of the lessons that we learned, how do we apply those learnings going forward?

**Dr. Bibbins-Domingo:** Right, I think we do have some really wonderful examples of people thinking in innovative ways, of institutions thinking across sectors, of innovations, let's just say things like telemedicine, which, before the pandemic, we were all wringing our hands about how we might do this. And now we accept that as a routine part of the way we practice medicine, with its own challenges of thinking about how we sustain them.

I think we have to really highlight those lessons and those areas where people have been thinking in more innovative and creative ways and then make sure we amplify them and think about the ways in which we can sustain them. But it's really important, I think, for those of us who are in the business of communication the way we are at *JAMA* and the *JAMA* Network, that we are constantly highlighting the things that have worked and really putting the pressure on to think about what we can and should sustain because the health challenges as the pandemic winds down will remain. And many of them will actually, I think, be even greater.

**Unger:** Just picking up on something you said, because I think it's been a real issue through the pandemic. You said, the job is about communication. And I think a lot in the pandemic, the job that some people thought it was about the science. Tell me a little bit about how you think about those two things, especially as we emerge from the pandemic?

**Dr. Bibbins-Domingo:** Sure, Well it is about both, right? So we are, any of us in our daily lives, we know that we have the luxury right now of being able to consume information from so many different sources. And I think live in an environment where innovation, scientific discovery is happening at an extremely rapid pace.

So we want to be in the business of attracting the best science, of vetting the best science and making sure that all of the information that we receive includes this latest scientific discovery and Innovation. At the same time, many of us are also experiencing information overload, not understanding which sources of information that we can trust. And so we have to be in the business of always recognizing that we're in an extraordinary time where discovery and innovation in science, medicine and in public
health is proceeding at a rapid pace.

We want to get that information out. And yet we want to be the trusted source for that information because the challenge, I think, for all of us is really understanding, what can we trust? Is this the most important information that allows us to help take care of our patients and to take care of all of our patients and our communities to advance health?

**Unger:** How do you take that perspective then into this new role and leverage a platform like *JAMA* to help address the challenges that we've been through and the opportunities going forward?

**Dr. Bibbins-Domingo:** Right, one of the things that I wrote about in the editorial was that the perspectives and the experiences of who in *JAMA* and our *JAMA* Network is thinking about science and the context in which science and medicine occurs, the perspectives and the diverse perspectives are actually really important. So who’s in the room matters. And I mean not just in the small room but in the extended room. The *JAMA* and the *JAMA* Network, we’re a pretty large and broad organization when you think of the many people who serve as editors, on our boards, as reviewers, as authors and contributors.

We have to make sure that the type of science we attract, the viewpoints we attract, really reflect the diversity of thought and innovation and science that is out there. We have to make sure though we’re also at the other side, also making sure that we have the standards that allow us to be the trusted source of that information.

And so I think in both areas, we are building on where *JAMA* and the *JAMA* Network has been for a long time. Trust has been a cornerstone of how *JAMA* and the network think about the work of our journals. And I think at this point we want to make sure that we are responsive in an ever-changing environment to making sure that we have all of the people on our team, on our expanded team, who can think about what the latest science that’s most important is available, how we vet that and how we disseminate it in the best, broadest possible way.

**Unger:** Now, as far as your strategy goes, that's a good lead in because you've said, the first part of that strategy is start with the science. And that's kind of interesting because we're in a place now where maybe that is not as straightforward as it sounds. How do we study the areas that don't neatly fit necessarily into traditional research methods like clinical trials?

**Dr. Bibbins-Domingo:** Right. Well, clinical trials are important, especially for those of us who are taking care of patients and prescribing therapeutics. Things like that are studied in clinical trials. That's the most important level of evidence for those types of interventions.

Clinical trials, frankly, have undergone quite an evolution themselves. And so are innovations in clinical trials. And we want to make sure that on our team we really understand and can assess all of
the ways in which scientists are pushing the envelope on how to conduct clinical trials.

We also know that many things in clinical practice are not amenable to the standard, randomized clinical trial. We live in an environment where data sources are really exploding. We have the ability to integrate data sources and study them in a way that gives us confidence for things that we can't neatly study in a randomized trial.

So we also have to be open to those new types of studies because we want to have the highest level of evidence for all of the questions that we have in medicine and public health. And that requires being open to different types of study designs in addition to clinical trials.

**Dr. Bibbins-Domingo:** Just picking up on some of the other background that I've been reading about what your viewpoint is, you've talked about context. And you've talked about breadth and depth. How do you balance all three of those things?

**Dr. Bibbins-Domingo:** Right, so I think of even when I was at UCSF and teaching about this, I want scientists, I want people who are writing scientific papers to help the reader of the paper understand the context for that scientific discovery. How is this scientific discovery going to make it into clinical practice? What will be the barriers? How do we think about access to care? How do we think about the diversity of the populations being studied?

I want us both in the science and in the discussions of our scientific articles, as well as in the many other parts of our journal, the viewpoints, the editorials, to really understand that the experience of our patients, the experience of the populations for health, really, context always matters. And we can't think of any one of the types of studies that we have just in isolation.

What I love about *JAMA* and the *JAMA* Network is that we're a broad network of 13 journals. I want readers who are loyal and have the journal that is their home. When they want to read about a pediatric discovery that they find it in *JAMA Pediatrics*.

I also want readers to think about science across the network. So I myself, I'm a general internist. I care for young adults. I find articles that are important for my practice in *JAMA Pediatrics* and *JAMA Internal Medicine* and *JAMA* and *JAMA Network Open*.

And so I think, as with everything and all of our experience and how we consume information, I think what you'll see is a more giving the reader what they need, what they want because we generally have a specific focus area. But oftentimes, I think we want to understand things across many of the issue types that we have across the network.

And that really is the opportunity for *JAMA* and the *JAMA* Network is to go deep in a particular subject area but also to go broad and to tailor this to give the reader what they want.
Unger: Dr. Bibbins-Domingo, it is such a pleasure to have you here. And we'll look forward to hearing from you regularly about what is hot in the clinical and research worlds and in *JAMA* in the future. Thanks for being with us here today. That wraps up today's AMA Update.

We'll be back soon with another episode. In the meantime, you can find all of our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today and please take care.

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