Creating work-life balance as a physician leader with Betty Chu, MD, MBA [Podcast]

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AMA Update

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In today's AMA Update, September marks the AMA's #WomenInMedicineMonth. Betty Chu, MD, MBA, senior vice president, associate chief clinical officer and chief quality officer at Henry Ford Health System in Detroit, discusses how she leads with purpose—this year's theme. Dr. Chu also serves on the AMA Council on Medical Service. AMA Chief Experience Officer Todd Unger hosts.

Celebrate #WIMMonth and get involved.

Speaker

Betty Chu, MD, MBA, senior vice president, associate chief clinical officer and chief quality officer, Henry Ford Health System

Transcript

Unger: Hello and welcome to the AMA Update video and podcast, an ongoing series covering a range of health care topics affecting the lives of physicians and patients. Today, in recognition of the AMA's Women in Medicine Month, we're talking with another physician leader about how she leads with purpose. That's this year's theme for Women in Medicine Month.

I'm joined today by Dr. Betty Chu, senior vice president, associate chief clinical officer and chief quality officer at Henry Ford Health System in Detroit. Dr. Chu also serves on the AMA Council on Medical Service. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Chu, it's a pleasure to have you back.

Dr. Chu: Hi. Great to see you, Todd. It's wonderful to see you again.
Unger: And this time, I'm seeing you in your office and not in your living room, which hearkens back to when we last talked, which was August of 2020, right in the heat of the first big kind of surge of the pandemic in summer. When you look back on leading your health systems response during the pandemic, what do you think got you through this, personally and professionally, during that very, very difficult time?

Dr. Chu: Yeah, it's amazing to think about where we were and where we've come. And I so appreciate the conversation today and the recognition of women in medicine. For me, of course, it was my family, especially being at home, my kids being at home. And my husband, my two teenage boys really got me through this. It was a daily waking up and, of course, doing the work and being committed to taking care of our patients, as well as our employees in getting them through the pandemic.

But from a personal level, it was definitely having my family around me, nourishing me and bringing me food when I needed food or just providing comic relief and humor when that was necessary as well, too. So it was really my family that got me through it.

Unger: Let's think a little bit about your role as a physician leader. COVID certainly gave all of us kind of this—a very singular purpose. And I can't imagine any place where that would count more than in a care setting with patients. How did that play out for you and the Henry Ford Health System?

Dr. Chu: Yeah. I think what's, of course, always an opportunity in a crisis is it really strips away everything else, except what's the most important thing in life. And during COVID and during especially the early days of the crisis, keeping people safe was the number one priority we had as an organization. That was keeping our employees safe primarily but also keeping, of course, our patients safe. And there's something I would say rather beautiful about having a singular focus and having an entire organization, an entire world focused on that.

If you think about the things that we did, as a society, around social distancing or caring for each other during that first year of the pandemic. Having that singular focus was, I think, in some respects, kind of beautiful and something that I hope we remember as we go forward and how we all were united together against a common threat.

Unger: It's interesting because we certainly, at the AMA, experienced that same kind of sense of a very singular sense of purpose. And then as the pandemic has at least receded in some people's minds—even though we're still losing almost 400 people a day to COVID—we're starting to hear loud and clear from doctors that their needs and priorities are starting to change. That was part of our emphasis on the recovery plan for America's physicians.

I'm curious if you're seeing in your own setting, kind of a set of changing needs is this need for a kind of a post-pandemic reset in terms of priorities? How is that playing out for you?
Dr. Chu: I think it's no different than what we're seeing from our workforce, our physicians and our employees that this recognition, I think, during the pandemic, that this work-life balance is really critically important. And it's, again, reflected in the priorities of the AMA as well, of course, related to our physicians. We're seeing that pretty loud and clear. People are voting with their feet. And they're retiring early.

But we're also seeing that the people that are working are recognizing that they really need to separate themselves sometimes from their work and their home lives, so that they can be present in both and live a joyful and a happy life. So I think that is certainly one of the exhausts that we've experienced in our organization.

But I know on a larger context in the AMA with our physicians around the country, folks are feeling that they've been really reassessing what's important to them. And while being physicians and providers and taking care of patients is certainly their calling and their profession, many folks are realizing that they can't do that effectively, unless they have a good work-life balance.

Unger: Well, that's a good segue into this next question. In a commencement speech that you gave last year, you talked about this idea of innovating your life. And sometimes, innovating your life comes out due to a situation like COVID. And sometimes, it's proactive. Talk to us about what you mean by that. How would you apply that, knowing what you know now?

Dr. Chu: Yeah. When I gave that speech, too, what I was thinking a lot about was we often design and create change. But innovating is actually applying that change to the ways that we work every day in the ways that we behave every day, so that we can create a different reality for the way that we show up and that we're present. For me, personally, I think it has to do with how I've thought about, for instance, a hybrid work environment in my administrative life, while I still see patients clinically. And that needs to be in person.

Can I, like many people around the country, think about that hybrid work life in a way that allows me to still be effective, get the things that I need to get done from a goals and outcomes perspective for my employees, for my patients, for my employer. However, can I do it in a way that allows me to still have time for myself? And so that I make sure that I'm coming to my work environment, whole and present.

And some of that is eliminating a commute one day a week, instead of driving the 35 minutes that I have on my commute one way. Can I utilize that hour in a way that contributes to my overall wellness? And so I've tried to focus on that. I've tried to also, knowing that I'm a continual learner like many physicians, pick up new hobbies and habits over the pandemic. I started playing squash. I'm terrible at it.

Unger: It's hard.
Dr. Chu: And I think that it's very hard to do that intentionally. And I'm quite terrible. So when you're over 50 and you pick up a new sport, it comes with some aches and pains. But I think that part of innovation is trying for me to continually—maybe squash isn't the thing I'm going to pick up lifelong. But I think for me, it's challenging myself to continually try to do new things so that I can continue to grow in my own life.

Unger: And one of the ways that you are kind of leveraging your skills and your time is through your participation in the National Quality Forum's New Leadership Consortium. Tell us about your work there.

Dr. Chu: Yeah, it's a really wonderful opportunity at NQF and with this leadership consortium to really identify one singular key priority. Again, it's going back to that having focus. And the thing that the group has really decided to focus on with this large stakeholder group is the issue of social determinants of health data collection and usage.

So as you know very well, Todd—and the AMA has been focused on health equity—a lot of what we've discovered is we need to collect data related to our patients. Do they have transportation? What's their income? Do they have food and the ability to have access to their medication? And it's that information that we've been collecting. The challenge, of course, is are we actually using that data.

So when we identify a need, the need for transportation, a risk of suicide, how are we connecting those patients to the community resources in a meaningful way at scale, so that we can finally improve outcomes and things like maternal mortality and infant mortality in this country? So what I'm excited about that opportunity at NQF is as NQF defines what measurement is important for the country to adopt, we're really thinking about, not just the measure itself but how is that data being used on behalf of our patients.

Unger: It's interesting, just hearing you talk about that makes me think about initial conversations that I had with our Chief Health Equity Officer Aletha Maybank back at the beginning of the pandemic and how we weren't collecting any of this data. Now the situation has changed where we are. You've got more data. What do you do with it?

Dr. Chu: That's exactly right. Exactly right.

Unger: So kind of back to our theme for Women in Medicine Month. You've got a lot of demands on your time. You've taken a lot of initiatives that are in addition to your full time job. It's not unusual for leaders in medicine of course. When it comes to managing stress, we pulled another quote from you. You said, "If I can't say no, my yes means nothing."
So when you think about your advice to other women physicians, who have to be on a leadership path and what is now an incredibly hard thing to do—balancing career, family—knowing when to say no. What advice would you give them?

**Dr. Chu:** Yeah. And that quote, which I've been using for many, many years, still resides as a sticky note on my desktop. Mapped to this day because it's a continual process of reminding yourself, especially like many caregivers and especially many women, we have a tendency to want to say yes because we want to help. Maybe it's, we want people to like us. Maybe it's because we want to show that we're all in, and we can be competent and participate.

And of course, the thing that I've had to learn over time is that there's no possible way that I can do everything of course. And then if I say yes to everything, I'm certainly not going to be good at all of those things. And then that's going to diminish my effectiveness. It's going to diminish my ability to be successful not only for myself, but for the people that I'm serving.

So I try to maintain that discipline because saying yes to something means I'm going to be all in. It's going to mean that I'm going to be fully committed to the outcomes, to the people that are surrounding me that are contributing to that outcome. And in order to do that, I absolutely have to say no to things that I can't add value to or that perhaps aren't value added to me or to my goals, my personal goals. There's a lot of work of things that you can work on in life. And I think being very focused and deliberate about those things that you can contribute to is critically important if you're going to be successful.

**Unger:** Well, thank you, Dr. Chu. I want to close with just a return to our theme of leading with purpose. You've got a ton of experience in your life. You've been able to think through a lot of these things about your sense of purpose and your focus. What advice do you offer those physicians, maybe newer in the field, on finding their purpose and innovating in their lives?

**Dr. Chu:** Well, for me I know, and I can only speak for myself, I've really had a personal goal. And I think I've said this to you before, Todd. I really want to use my skills to serve the most amount of people. And what I mean by that is your skills you acquire over time, so 15 years ago, 20 years ago when I was primarily delivering babies, there was a capacity and ability for me to serve my patient population.

And I wanted to use my skills in a way that allowed them to feel loved and cared for, and connected. And so as my skills have grown over time, as I've acquired new skills through administrative work or through leadership or through the AMA, quite frankly, I've tried to think about how does the acquisition of those new skills apply to certain problems that we're trying to solve. And it's turned out that as I've done that, the problems that I'm able to solve now are bigger. And they've involved more people.
And so for me, as I've thought about my lifelong purpose and what I've been put here on Earth to do, I really try to make sure that I show up every day in a positive way, in a way that positively impacts people with my leadership but that I also think about how do I use my skills to serve a large population, a large community of people and affect the most amount of change.

**Unger:** Well, Dr. Chu, it's always an inspiration to talk to you. Thanks so much for joining us today. And thank you for your leadership at Henry Ford and within the AMA. I'll look forward to seeing you soon. That wraps up today's episode. We'll be back with another episode on this AMA Update. You can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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