Public health: The challenges and opportunities physicians face with Frederick Chen, MD, MPH [Podcast]

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.
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Featured topic and speakers

In today’s AMA Update, we discuss pressing public health issues and the role of physicians and the AMA in our public health response with Frederick Chen, MD, MPH, the AMA’s new chief health and science officer. AMA Chief Experience Officer Todd Unger hosts.

Speaker

- Frederick Chen, MD, MPH, chief health and science officer, AMA

Transcript

_Unger:_ Hello and welcome to the AMA Update video and podcast. Today, we're talking about the most pressing public health issues and the role of physicians and the AMA in our public health response. I'm joined today by Dr. Frederick Chen, the AMA's new chief health and science officer in Chicago. I'm Todd Unger, AMA's chief experience officer, also in Chicago. Welcome, Dr. Chen.

_Dr. Chen:_ Hi, Todd. Thanks for having me.

_Unger:_ Well, you're not exactly brand new anymore but you have been with the AMA now since July. And before that, you were a professor and vice chair for clinical services at the University of Washington School of Medicine, in your most recent position in a long and distinguished career that includes research, clinical practice, education and service on a number of national committees. What made you move to the AMA?

_Dr. Chen:_ Well, I—and I will just start by saying, giving sort of some props to my home department of family medicine at the University of Washington, where I spent almost 25 years. But I'll say that, after


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COVID, I was looking for a change. I think we had all been through a lot during that time, both sort of clinically and organizationally.

And so I was looking for a bit of a change. I think I'd had some really great experiences with organized medicine. I'd had some great experiences with government. I'd been involved in sort of national-level policymaking. And the AMA is just an amazing place where so many of those issues sort of come together. All of the different topics that are facing physicians and medicine have a home here at the AMA.

Unger: You know, I was lucky enough to have a conversation with Dr. Ashish Jha, who was leading the White House Coronavirus Response and he used this term, impact at scale. And so I just can’t imagine what kind of opportunity that would be for certainly impact at scale for you here. And what an interesting time to start at the AMA, coming off what has just been this amazing experience and devastating for so many people, with the pandemic.

Now, kind of where you sit, coming in after that, still challenges ahead. What do you think the most pressing public health challenge is? Is it still COVID-19? Is it something else?

Dr. Chen: Yeah, I think nationally and globally, COVID is not finished. We're not done with it. It's not done with us. And so vaccinations, the new boosters, I think those will continue to be priority areas. We've already seen new public health emergencies and emerging infections.

Gun violence, climate change, both of those are hot topics right now in public health. But honestly, I think the biggest challenge is helping physicians, helping physicians interface with public health, work with public health better, helping make public health information more readily available. I think the AMA has a big role in that and I think that's a big challenge for all of us.

Unger: Well, that's a perfect lead-in to the next question, which is about the public health infrastructure really exposed problems there with the pandemic. What are those gaps that we're facing right now? And I love the way that you talk about linking doctors with the public health system. Where's the gap and how do we fix that?

Dr. Chen: Yeah, you know, the public health response to a pandemic was always going to be challenging. It was never going to be easy and then especially so as it became so deeply politicized. That's, I think, what made it especially hard for the public health response. I will—I'm going to talk more about sort of what we can do with physicians but I will say that probably the biggest gap that was really exposed was that around equity and health disparities.

I think it was really reflective of where we are as a society, as a planet, as a global community. These are problems that are hard to fix but as we start to look at it, as we start to look at sort of what happened during the pandemic and happens every day in our neighborhoods and communities, we're
learning more and more about it and learning more and more about things we can do better.

**Unger:** Well, your background includes not only clinical practice and research but also training future physicians in family medicine, health policy and public health. Talk about the gaps there. How do we do better?

**Dr. Chen:** Yeah, you know, for over 20 years, I was involved in helping to train family doctors for rural areas in the Pacific Northwest, in the WWAMI region of Washington, Wyoming, Alaska, Montana and Idaho. And I have to say, I'm just so excited about the future physicians in this country. The ones especially coming up now, having come up through the pandemic, having understood sort of a lot of the issues around social determinants of health, many of them are really driven by these issues around social justice and health equity.

It's a common language for them. It's a common sort of upbringing. And so for them to come to medicine with a clear understanding of the link between individual patient care and what affects their communities, the activism and advocacy that's part of that, that's really heartening and it's very exciting. I think it's something new that you look to—we didn't see as much of in past generations of doctors. And so I'm really excited that that's a big part of medicine and medical training now.

**Unger:** Is that just because the data wasn't there? People weren't paying attention? Why do you think, at this moment in time, that's happening?

**Dr. Chen:** It's a little of both. I think we've been in a societal time of change, right? And I think some of the terms that we use now—social justice, health equity—we just didn't have those same terms before. And when you look at the history of this country and it's really 50, 60 years as we continue to evolve and learn from each other, as we have things like George Floyd and the BLM movement, so all of those pieces have really impacted us as a society, as well as especially our young people. And that's who's coming into medicine. That's who's choosing to apply that kind of learning to the work of medicine.

**Unger:** So let's talk a little bit about going forward and the opportunities for the AMA. First thing, this has just been an assault of bad news for the past two and a half years, and we just keep having news of more variants, monkeypox, polio. And believe it or not, now we're hearing more about Ebola. People are confused. They're tired. How do we help?

**Dr. Chen:** Yeah, people are tired. And I think we have to recognize that. We have to continue to celebrate doctors and health care workers for the work that they've done and how much we've relied on them and continue to rely on them. The AMA is going to really embody our mission statement, which is the betterment of public health, right? That's a key, core mission part of the AMA. And so for us, I think that means really helping the physicians on the ground level.
Just-in-time education, up-to-date, best information, links and connections to public health that sometimes are hard to figure out on your own so that we can help you do that. And I also think, at a national level, advocacy at the federal level to help doctors sort of practice better, right, and to help remove some of the barriers in their practice to really help engage them and make sure they feel supported by the AMA. I think those are the real key pieces as we continue to recover from the pandemic.

**Unger:** I want to talk a little bit about communication, which has been one of the key challenges of this pandemic. This is a little bit of a two-parter. Why don't we just start with, at the overarching level, do we need to rethink our public health messaging strategy? And if so, what would that look like?

**Dr. Chen:** You know, one of the things that excited me most about coming into this role is the opportunity to help renew the public's faith in science, in medicine and in public health. And so we've got to always be true to that sort of core mission that has that strong foundation in truth and in science and in evidence, right? And so I think that's—I don't think we have to rethink our key public health messaging but we really have to double down and reinforce this idea that we, we physicians and the AMA, are the trusted source of information, both for physicians and then for patients. I think that's the best way that we can support our public health infrastructure.

**Unger:** Do you have any kind of thoughts on how physicians should be communicating with patients about—you know, these have been pretty extraordinary public health challenges that we've faced. Any thoughts there?

**Dr. Chen:** You know, a lot of it is our fundamentals. We have to remember how important it is to always be listening to the patient. You've got to listen. You've got to hear about their concerns. You've got to explore. You've got to spend some time building that relationship, right? That's first-year medical school stuff and it continues to be true.

So the key to communication, whether or not you might be on different sides politically or not see eye-to-eye on other issues but listening to patients, developing that relationship and also being the expert. The patients still, they trust you as a physician. They expect you to be the expert and knowledgeable. And they expect the answers that you have to have a firm foundation in science and in medicine.

And I think, and then ultimately, if you're listening carefully and then you're communicating clearly, right, I think that those pieces go hand in hand. But clear communication, being clear about sort of what the evidence is, what your recommendation is and building that trust with patients. That's sort of—that's core to what we do in medicine.

**Unger:** Well, just final question, I want to go back to something that you said earlier in the conversation. You talked about being optimistic, which maybe, at first glance, is not the word a lot of people would use coming out of this situation that we've been in. Why are you optimistic about
physicians and the future, given everything we've dealt with and what seems to be kind of continuing to be put on our plate?

Dr. Chen: Well, I'll say when I got my training in epidemiology, back then, nobody knew what an epidemiologist was. And so that's a positive change, right? It's like people now appreciate and have a greater understanding of public health, right? The good, maybe some of the bad. And it's up to us to sort of help folks sort of understand that.

And it's a real opportunity for strengthening public health. I think the interface with doctors, as we talked about, sort of the core relationship with patients and how important physicians are in communicating and engaging with public health, I think those are—it's a great opportunity, and I think we've—as we talk about what have we learned in the last couple of years, I think that's a key piece, is moving forward with that.

Unger: Dr. Chen, it's so great to have you at the AMA. I look forward to seeing you create impact at scale. Such a tremendous opportunity and an important one in public health here. Thanks again for joining us today.

Dr. Chen: Thanks for having me, Todd.

Unger: We'll be back soon with another AMA video and 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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