AMA President Jack Resneck Jr., MD, responds to disinformation, politicization of medicine [Podcast]

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AMA Update

AMA President Jack Resneck Jr., MD, responds to disinformation, politicization of medicine

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In today’s AMA Update, AMA President Jack Resneck Jr., MD, believes "we need to fix what’s broken—and it’s not the doctor." This episode details the challenges facing physicians, their patients and how now is the time for physicians to stand together in the fight for #HealthcareReform. AMA Chief Experience Officer Todd Unger hosts.

Watch Dr. Resneck's full speech.

Learn how the AMA is #FightingForDocs and access resources from the AMA Recovery Plan for America’s Physicians.

Speaker

Jack Resneck Jr., MD, president, AMA

Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today we’re talking with AMA president, Dr. Jack Resneck Jr, about the challenges facing physicians and patients, and how now is the time for physicians to stand together. I'm Todd Unger, AMA's chief experience officer, in Chicago.

Dr. Resneck, thanks for joining us again, right on the heels of AMA’s Interim Meeting of the House of Delegates, one of the two big policy-making meetings each year.

Dr. Resneck: Thanks, Todd. Good to be with you.
Unger: Well, at the meeting, you gave a very powerful speech. And I was really glad to be in the audience for that, along with about 1,200 other physicians, students, residents in the room. And in it, you talked about how physicians haven't lost the will to do their jobs but are increasingly frustrated by a health care system that has put so many obstacles in their way.

Let's talk a little bit about this. But before we get into it, how did we get into this situation with this kind of kind of increase in these obstacles?

Dr. Resneck: Well, it really feels like, over these last few years, on top of all of the burdens that physicians are facing, just delivering care every day, we've really added, on top of that, an unprecedented amount of disinformation that physicians are having to fight back against. And it really started with the COVID pandemic and that disinformation we witnessed, harming the public health. Some of it even led to hostility and threats against physicians.

And now, seeing the politicization of science and the politicization of medicine is complicating that even more. And that different disinformation, sometimes, is being weaponized to support things like government interference in health care decisions, that really should be made between patients and their physicians or to try to shut down physician work, to advance health equity and get rid of some of the appalling inequities that we see in outcomes.

And at the same time as all of that, physicians, having come through this last, difficult three years, are facing really ominous Medicare cuts and soaring administrative burdens that really do take them away from their patients and destabilize their practices.

So I'm not surprised, when I see that physician burnout is at an all-time high. It really soared, over the course of the pandemic, from 38% up to 63% of physicians reporting symptoms of burnout in 2021. Even more concerning, one out of five doctors now say that they are likely to retire or quit seeing patients in the next two years.

Unger: So paraphrasing what you just said, it does seem, in some respects, that it's coming from all sides. And you described the emotions that you and your fellow physicians are facing when you think about and just experience these challenges on a day-to-day basis, tell us more about your journey, which you've been the AMA president now, for about five months, and how you're feeling about what you've seen, right now.

Dr. Resneck: Well, mostly—and first of all, I feel a lot of pride in the profession that I get to represent and gratitude for the privilege to serve. As I have watched physicians around the country take care of the health of the nation in a really difficult two or three years, that's really my dominant feeling, is that sense of pride.
But as I mentioned, we are seeing soaring levels of burnout and the data that I told you about on planned retirements. And so there’s another emotion that comes up around that, which is just that I’m feeling pretty deeply worried. There was an article in The Atlantic, last year, that had a quote that I really felt got to the heart of the matter.

The author in that piece wrote, "health care workers are not quitting because they can't handle their jobs. They're quitting because they can't handle being unable to do their jobs." And I really think that's what we're facing, as physicians, who are frustrated about all the obstacles that are in the way.

And in my speech, I brought up one more emotion. And this is one that I didn't really expect in this journey, as AMA president. But I'm actually feeling kind of angry. And I'm angry about the degree to which science and medicine have been politicized, and about the flood of disinformation that I mentioned earlier, that has really sought to discredit data and evidence, and undermine public health and really misrepresent the work of physicians and of organized medicine.

Unger: You know, I was in the room when you gave that speech. And when you expressed that, I felt it. And I think a lot of the other physicians, who were in the room, it resonated in the same way. For those who maybe weren't there, sitting in the room, during the speech, what advice do you have to them? They're probably feeling much the same way.

Dr. Resneck: Well, maybe before I dole out any advice, I would say a few things, first of which is, it's important to recognize that we didn't pick these fights and that our organization is not really on any particular political team. The AMA is fiercely non-partisan. And we have evidence and science-based debates and our House of Delegates, where we set our policy. And that's a lot to be proud of.

When we bring physicians together, like we did last week, to debate and create our policy that drives us forward, the folks who do that represent every state in the country. They represent every medical specialty. They come from employed settings, all the way to small, tiny, independent, solo practices. They come from rural communities and urban communities. And frankly, they come from every point across the political spectrum, which is what makes our debates so strong and our policy so meaningful.

So I feel like we're really influential at the individual level, and as physicians, collectively, as the AMA, because we really strive to be the grownups in the room. We follow the evidence and science. Science is our North star. So those are important guiding principles for us.

And we also, in terms of getting that work done and advancing those policies, we'll work with any politician, any time, from any party, when they're willing to help us improve the health of the nation. So again, we didn't pick these fights. But we're going to stand up for patients and for our policies and for the profession.
And I told the audience, in that speech, to really make no mistake, that when politicians insert themselves into our exam rooms, to interfere with that physician-patient relationship that is so at the core of what we do, or when they politicize deeply personal health decisions or when they criminalize evidence-based care, we’re not going to back down.

And so my message to my colleagues is that there is hope. And we continue to stand united against interference in what we do to advance our patients’ health.

**Unger:** And I think that that term, "united"—I know that I left that speech feeling like there has just never been a more important time for physicians to stand together, in the face of all these challenges. There was one other thing that you said, in your speech, that really resonated with me, as well as everybody else in the room.

And you said, we need to fix what's broken. And it's not the doctor. How do we shift the focus away from physicians and on to the problems that are really wearing physicians down and where the real work needs to get done?

**Dr. Resneck:** It's an important question. And in the midst of this growing burnout that we’ve been talking about, there has, initially, been this focus, that I've observed, on resilience. And that involves things like hospitals, recognizing that—and health systems, recognizing that burnout is a problem and is not good for patients and not good for their health systems, started telling physicians, OK, we're going to provide some free yoga classes for you over the lunch hour or here’s a gift certificate for a free dinner with—or a dinner with the hospital CEO.

And sure, wellness certainly has its place. And it's important. But this focus on resilience and making the physician more resilient to all of the things that they're facing, in terms of obstacles to providing great care, that focus on resilience blames the victim. And that's not going to get us out of this crisis.

And so that's really why the AMA is working at much higher levels. So whether it's, on the one hand, partnering with practices and health systems, to implement strategies that we know work to get rid of some of those pain points, that make caring for patients harder or even, at the much higher-altitude level, of thinking about the systemic things that are getting in the way of delivering high quality care and doing so in a low friction way.

And so that's really the foundation of what we call our Recovery Plan for America's Physicians. We've, during this pandemic, seen a lot of recovery plans floated around. And we really believe strongly that physicians, having held this health care system together for the last two or three years, need one of their own.

One of the pillars of that plan is really centered around reforming Medicare payment. Practices are just emerging, from the worst of COVID—and they've had a lot of financial hits during that time period, and
continue to really struggle to retain staff during a labor shortage, and increase costs of that or to get supplies and anesthetics and everything else that they need, at a time when there are all these supply-chain issues. So costs have gone way up for practices.

And at the same time that that's happening, in this inflationary environment, the Medicare program, under current law, is actually threatening physicians with almost 8 and a half percent across-the-board payment cuts, in January, if Congress doesn't act. I just can't think of a worse time for physicians to have to face something like that. So we can't allow that to happen.

And the AMA is fighting, along with state medical associations and specialty societies and others to stop those cuts. We've had to do that. And we've done it successfully in previous years. But I really feel like just stopping the cuts isn't good enough.

In the current system, there are other groups like hospitals and nursing facilities and hospices that have an automatic system, with basically a cost-of-living adjustment every year, where the federal government looks at the rate of inflation and just adjusts payments, to keep them on an even keel, based on inflation.

So all those groups are set to get automatic increases this year, at a time when physicians are facing these 8 and a half percent cuts. So we are laying the groundwork with Congress to say, enough is enough. This doesn't make sense. Practices cannot invest and staff and people and the things they need to do to continue to drive quality improvement.

And it's not going to happen in the next few weeks. But Congress really needs, in the next year, to just put physicians on that same system, where we have automated, inflation-based positive updates to the payment system every year. We're not asking for anything more than that. But it just seems fair to be treated like the rest of the health care groups in the system.

**Unger:** So we talked about the huge problems there, on the Medicare-payment front. We talked about addressing physician burnout. One of the other key obstacles—and you told a really great personal story, here—is about prior authorization. Why and how has this become so burdensome now?

**Dr. Resneck:** This is one of my—I'm on a personal mission around this because this has become an enormous burden in my own practice, as it has for my colleagues in every specialty around the country. And it's not just that it's a costly burden for practices, and it's driving burnout among physicians and making us hire way more staff than we would otherwise need, just to fill out all this paperwork.

But it's actually affecting our patients, who sit down with us in exam room. We talk about what's wrong. We figured out a diagnosis. We come up with a treatment plan that we think is going to work. And then the patient gets to the pharmacy, only to find out that their health plan has that treatment listed as
requiring prior authorization, which means their doctor now has to spend days and days, sometimes weeks, filling out paper forms and putting them in fax machines.

And then those get rejected and then having to do appeals, where you call somebody, oftentimes a non-physician, a nurse or somebody else on the other end to do what's called a peer-to-peer appeal, to explain this patient's condition and why they need this medication.

And it was one thing, 20 years ago, when it was really focused on a few brand new, high-cost medications or brand new procedures. But now we find ourselves doing it even on generics. And I don't know what the health plan expects. There are times when it's easier for me to get a $60,000 brand new, targeted drug approved than a than a $50 topical cream, that we use in dermatology, that's been around since the 1960s.

It's just consuming more and more of our time. The average physician is doing 41 of these prior auth forms a week. It is really interfering with patient care. And my staff knows that I'm a pretty calm guy. It's pretty rare that I lose my temper. But if they hear me screaming from down the hall, it's probably one of those peer-to-peer phone calls, where I'm having an argument with somebody who's never even heard of the disease I'm treating and I'm trying to argue for getting a patient the medication they need.

A third of patients, when they show up at the pharmacy and can't get their medication, in one study, actually never come back, even after we fight that battle and get the medication approved. So they end up out there having their diabetes or their hypertension or whatever it is that they're suffering with, left untreated because of the system.

So it may save insurers a bunch of money and add to their bottom line. But at the end of the day, it's about them not taking those premium dollars that patients and our employers spend, to get health insurance and turning them into profit, as opposed to providing the care that's their responsibility to fix.

So this is another key pillar of our recovery plan. We're fighting in Congress and in state legislatures. And we're getting some traction because a lot of the policymakers that I talk to, now, have all had their own experience or a family member, who's been denied care as part of this system. So I think we're building some great momentum in this fight.

Unger: And I urge everybody out there to check out the AMA's Recovery Plan for America's Physicians at ama-ass.org/recovery. Dr. Resneck, you mentioned something up front that it's kind of a new front in the kind of obstacles that physicians are facing, beyond some of these structural problems, which is this politicization of medicine and how it's getting in the way of science and evidence-based medicine. And like prior authorization and these kind of other burdens, is starting to really get in the way of patient care. What do we do about that?
Dr. Resneck: Todd, I've never seen anything like it. This level of politicization of health care is truly unprecedented in my lifetime. And I think the main thing that is probably getting the most media attention and that we are really struggling with, is that in the wake of the Dobbs decision by the Supreme Court, a number of states around the country have actually raced to try to limit access to comprehensive, reproductive health care services, including abortion.

And we're just already seeing dire consequences that are quite heartbreaking. In a lot of those states that have passed restrictive laws, we're just seeing chaos. Patients are showing up in emergency departments, largely, with complications of a pregnancy.

So maybe they have an ectopic pregnancy, that has no hope of being a successful pregnancy and leading to a birth, and the patient's life is truly at risk if you don't treat that ectopic or patients who have miscarriages that have been complicated by hemorrhage and bleeding, or by a bloodstream infection, where doing an abortion is the only way to finish that miscarriage and protect the health or save the life of that patient. And where physicians, because of these incredibly restrictive laws, faced with those situations and knowing, ethically, what the right thing to do is to take care of that patient in front of them, and having had decades of that care being completely normal and unremarkable, are now having to pick up the phone, track down a hospital attorney who is telling them that under these laws, the way some of them are written, they actually can't treat that patient.

And they're asking questions like, "OK, is a 30% chance of death or a risk of kidney failure, high enough that I can go ahead and give this patient the care they need?" And in some cases they're being told, no, that patient has to go home until they get even sicker. And then you can do the procedure.

In some cases, those patients are even being packed up in ambulances and driven 100 of miles to another state, where they can get the care they need. This is dangerous. It's reckless. It's inexcusable.

So one of the ways that this relates to disinformation, where we started this conversation is, I'm going out on media and other places, and facing people who are saying, "No, no, no, what you hear from the doctors is exaggerated or that's not really happening. It is happening." And these things are quite common, and very real things that we're facing in those states.

And we're seeing similar disinformation used to prop up other restrictive laws, where politicians are inserting themselves into exam rooms. So for example, gender-affirming care for teenagers, who have known for years and years and years that they're transgender, and are seeking medical treatment that's evidence based and appropriate. We're seeing the purveyors of disinformation say things like, "Oh, doctors are out there performing genital mutilation surgery on teenagers."

That's just not the case. Or that we're giving them medical therapies that are appropriate but that we're not consulting their families or that we're doing it after some kid has told us that for one day, they think
they're transgender. Those things just aren't true. And they're being used to gin up support for these restrictive laws that get in the way of providing care.

The last example I'll share is that we see our work on health equity misrepresented. We see—it leads to real threats of violence and danger for patients and doctors. There was a fascist group that was literally lined up in front of a hospital, in Boston, protesting against individual physicians who were doing health equity work, claiming that they were killing white patients.

It's outrageous. But it's dangerous. And it's time that we, as a physician community are unified, as we now are and stand up to this disinformation, and really bring science and evidence back to the core of our national conversation about health care.

**Unger:** So let's just use that as our last question. When you talk about all of these challenges, we're already facing physician shortage right now. And I can't imagine that these kinds of headwinds are going to make that any easier. What do we do to channel this energy, right now, and really confront the obstacles that physicians and their patients are facing?

**Dr. Resneck:** Well, I can't sugarcoat it and pretend that this is not a huge threat. But all this disinformation and politicization that we've talked about today, those threats are real. And I think about things like medical students and residents. Who's going to want to even train in these states, where they can go to jail simply for providing normal health care to their patients?

But I am optimistic. And I'm optimistic for several reasons. First, seeing medicine so united right now, when so much of the world is quite divided is uplifting to me. Our House of Delegates, this week, came together. As we always do, we had evidence-based debate. We stood up for physicians and for patients, in very loud ways. And we're going to continue to use the power of organized medicine to fight back.

Second, I work in an academic medical center, with a medical school. And when I look at the current crops of students and residents that we are training, that also gives me hope. They're in it for the right reasons. They are quite united, as well, and are going to be continuing to stand up for science and evidence, and for our patients.

So I'm actually quite optimistic and hopeful. I'm out there as AMA president, really, working to give voice to and stand up to these threats. But I'm proud of the profession that I represent and optimistic and hopeful that we'll leave behind a profession in good shape for the next generation.

**Unger:** Well, Dr. Resneck, thank you so much. I found your speech incredibly inspiring. And I'd urge folks out there to check out the whole speech, which you can find on AMA's YouTube channel. And again, check out the AMA's Recovery Plan for America's Physicians on the AMA site. Thanks for joining us today. And please take care.
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