

COVID pandemic progress report and #FightingForDocs in 2023 with Jack Resneck Jr., MD

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, Jack Resneck Jr., MD, president of the AMA, joins to discuss the AMA's achievements in 2022 and what we can look forward to in 2023. AMA Chief Experience Officer Todd Unger hosts.

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 series. Today, I'm joined by our AMA President, Dr. Jack Resneck, Jr., to discuss the AMA's achievements in 2022 and what we can look forward to in 2023. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Resneck, welcome back.

Dr. Resneck: Thanks, Todd. Nice to be with you again.

Unger: It's been quite a year, 2022. You were inaugurated in June during our 175th anniversary of the AMA. You started your presidency with a pandemic that, more than two years in the making, is still not

over. And we're closing out the year still facing a lot of different challenges, but with some significant wins under our belt.

Let's start by talking a little bit about the pandemic. When you look back a year ago and you compare now versus then, how do you make that comparison?

Dr. Resneck: It's a bit of a tough question. I would say, focusing particularly on the pandemic, we're in a better position. I think if people recall, the last few years have been a bit of a blur, but last year about this time, we were blindsided with Omicron right after Thanksgiving.

And people probably remember, we saw thousands of flights canceled as people were trying to gather with family and friends for the holidays. And the airlines even had so many people out sick. And that was followed by really record hospitalization levels in January of last winter.

And physicians were really, once again, left bearing that huge burden. Right now, certainly, we are seeing cases on the rise again. There seems to be a bit of a surge starting up again.

And this time, it's really part of a tripledemic. So if you look at our hospitals right now, they're filling up with both kids and adults who have flu and RSV and COVID as well. The good news is, on the COVID front, we really do have tools to manage this surge that we didn't have all together in the past.

We've got newly formulated bivalent boosters. Really encourage people to go out and get those if they haven't already and they qualify. We have a really good supply of at-home rapid tests.

People probably forgot just how tough it was to find those, about this time last year. And we have Paxlovid. That really does—it has been shown in evidence to effectively reduce hospitalizations, reduce your risk of death and even reduce, now it looks like, your risk of long COVID. So I do think we're in a better place.

Unger: So that is definitely some positive news on the COVID front. And it's interesting, because as we started to emerge into that new phase, some of those old problems, let's just say, that we've been facing in health care that were bad before the pandemic really came roaring back. And so let's talk about some of those other ways that those problems are still causing struggles right now.

Dr. Resneck: Yeah, there are a number of things I'm worried about in my role as AMA president right now. And at the top of that list is just, basically, the level of burnout that I'm seeing among my physician colleagues around the country. We have data that mirror this if you look at actual rates of symptoms of burnout.

In 2020, it was 38%, and the number had actually been declining in the years approaching 2020. In 2021, that soared to 63% and it remains high. When we survey physicians, 1 in 5—it's a lot—1 in 5

say that they intend to actually leave practice within the next two years and a larger number maybe even reduce their practice hours.

And this is happening at a time where we already have a bit of a workforce crisis, and wait times that are too long for patients to get in and see physicians, whether that's in primary care or specialties. And I think there are a number of drivers behind that burnout. And I've been talking a lot about those of late,

Certainly, a piece of this is fatigue from the COVID-19 pandemic itself, and now, the tripledemic that I mentioned earlier. When you and I last spoke just a few weeks ago, we had always—we had also talked a little bit about this unprecedented rise in disinformation and politicization of medicine.

I think physicians are still really constantly facing this unprecedented disinformation that's spreading very rapidly on social media and it's a lot of extra energy that I think my colleagues are putting in to pushing back against that anti-science aggression. So that's a driver.

We're seeing politicians who are really interfering with patient care in stunning ways. Decisions that really should be made between doctors and patients are being sometimes made instead in state legislatures in very rigid ways, instead of being made in exam rooms. And I think that's also tiring for physicians to have to fight back against that.

And at the same time, there are just a lot of obstacles that make the work that we do as physicians every day more difficult than it has to be. And that's wearing on people. Physicians are out there developing great treatment plans with patients for their problems, only to find out that the medications they've prescribed or the tests they've ordered require what's called prior authorization, where an insurance company sends the doctor out on this fool's errand of filling out form after form, and fax after fax, and sometimes telephone calls, to actually get those things approved.

And that's leading to care delays for patients who are frustrated. Sometimes patients give up and never get the therapies that they need. So there's that.

And then, lastly, I just would mention, it's December and here we are again, fighting to make sure that Congress does what it needs to do to block dramatic, almost 8 and a half percent across the board—payment cuts in the Medicare program for physicians. And those would go into effect in January if Congress doesn't act.

I just got back from DC, arguing to lawmakers about why this just would be a terrible time to implement cuts in the midst of all these other things that are going on. So I think there are a lot of factors driving burnout and that's really what is getting a lot of my attention right now.

Unger: The headline that I caught from your recent visit was really interesting. I think you said something to the effect of, we're not here to negotiate. Can you talk a little bit about what that meant?

Dr. Resneck: Yeah. So I was asked by some media, and some members of Congress even, oh, well, if an 8 and a half percent cut is a bad idea, what level of cuts could you live with? And that was really infuriating in some ways to hear.

So I just was saying loud and clear, my job is not here to negotiate the level of a cut. What we have to do immediately is get rid of all of these cuts. That's the minimum amount that we need to do.

And then, we're also laying the groundwork for fundamental change in the Medicare payment system next year. Because at the end of the day, when physicians are facing 10% inflation rates in their cost of labor to have folks at their front desks and nurses and their practices. And when we have supply chain issues that are making medications and other supplies more expensive, we really need—just like hospitals have, just like skilled nursing facilities have, just like hospices have under the Medicare program—all those other groups have these automatic updates every year, where their payment rates just track the level of inflation.

So it's not as though they're getting raises. But they're just getting adjustments to track inflation, and physicians really deserve the same thing to be able to invest in their practices and have some predictability.

Unger: And what you just outlined there at the end, with real Medicare payment reform, and back to the beginning where you talked about addressing physician burnout and correcting some of these issues—for example, prior authorization—these have really become the pillars of a lot of the work in 2022 for AMA and the basis for what we've been calling the Recovery Plan for America's Physicians. Can you talk a little bit more about that platform and what's underneath it?

Dr. Resneck: I think people have heard a fair bit of terms like "recovery plan" in the midst of the economic challenges the country faced with the pandemic early on. And at AMA, we really think it's time for the nation to renew its commitment to physicians, to those folks who out on the front lines have shouldered a really heavy burden these last three years, so that they can continue to be there for patients, again, at this time, where we're facing so much burnout and workforce crises.

When I think about addressing burnout, to me, it's not so much about making doctors more resilient or helping them to cope better with the challenges they face. I remember a few years ago, a lot of hospitals started offering free yoga classes and gift certificates for free dinner with the CEO.

And those things are lovely and wellness is important. But focusing on resilience in a way really blames the victim and says to the physician, well, you just need to be tougher to put up with all of this. And we at the AMA really think that fixing burnout is about finding those pain points that all of us share

as physicians and getting them out of the way.

And that doesn't happen at the individual level. That happens up at higher levels. So we're working with health systems and working with practices to inform them about how to better support physicians.

And at the AMA, we're really focused even higher altitude, at the system level, to fix what's actually broken. And what's broken is not the doctor. The recovery plan is really the umbrella under which we are doing a lot of that work. It's centered on five pillars.

One of those is leading the charge to fix Medicare physician payment, as we were just talking about. Another big one, in terms of our pillars under the recovery plan, is fixing prior authorization. When I travel the country these days, the physicians just pick that universally as almost the number-one annoyance in their daily practice.

The average doctor is now doing 41 of them a week. It's taking an enormous amount of time, requiring them to hire extra staff, really, just to work on that. The third pillar is fighting scope creep and ensuring that physicians who have to really bring the most education and experience to the table are held up as leaders of health care teams for their expertise.

A fourth pillar is really around supporting telehealth and making sure that innovation broadly that happens and gets deployed in medicine, whether it's telehealth or digital health or AI, gets integrated in ways that actually help patient care and help physicians do their work.

And then, finally, just really thinking and focusing on reducing physician burnout, and making sure that when that burnout reaches a level that it's actually moving into depression or risk of self-harm or suicide for a physician, that we have the supports in place and that we're de-stigmatizing mental health, so that physicians can get the support they need. So those are really the core areas that are framing our work with Congress, our work in state legislatures, our work even in the courts, to help fix what's broken in health care this year.

Unger: And those are tough problems. But despite the fact that there is certainly long-term work that has to be done, in this past year, there has been progress. Do you have any kind of top highlights that you want to share?

Dr. Resneck: Well, I'll feel better when I can come back to you and say we've had a big win on avoiding these devastating Medicare cuts. So that's a victory I would like to be able to declare in the near future. We're not there yet.

But as I mentioned, we're putting enormous focus on being really clear to members of Congress. We've gotten a lot of media coverage around that, which I think has been a success. And I feel like we have laid the groundwork for that more meaningful reform that we talked about, where physicians

really deserve a stable payment system.

We developed a series of principles around which we're thinking about what that stable payment system looks like. And one win has been that we've got 120 other state medical associations, national specialty societies, other health care groups, that have all signed on to those principles, so we're all really rowing in the same direction and giving Congress a very unified message about what needs to happen.

On the prior health front, actually, I feel like momentum is shifting. And we have multiple bills that we've gotten across finish lines in state legislatures around the country to start to right-size prior authorization. In Congress, we actually passed in the House the Improving Seniors Timely Access to Care Act in September.

We still have to get that across the finish line in the Senate. And that would ease some of the prior auth burdens that patients and physicians are facing in the Medicare Advantage program. We have a new proposed rule that just came out about a week ago from CMS that oversees Medicare about trying to do some things to improve prior auth as well.

So when I talk to lawmakers and policymakers, most of them, most of their family members, have actually had their own experiences now, with how prior auth is being just so misused by health plans and has gotten so out of control. So we're getting a lot more support on that.

On scope, we've achieved more than, I think, 35 state-level victories in partnership with state medical associations, again, and specialty societies. And finally, I would say we have helped build coalitions to remove some of those stigmatizing questions about mental illness or past substance use disorder that appear on physician credentialing forums.

It's important to ask doctors about anything that might currently impair them. But asking about something that happened years in the past really discourages from reporting those issues in the first place and getting the help they need. So a long list of victories, but I think that's probably a good starting point.

Unger: Well, one, of course, big shift as you became president, of course—being able to travel again, and you are certainly taking advantage of that. You're out there testifying before Congress. You're writing a lot of opinion pieces.

When you go out and you talk to legislators, what is going through your mind about what you're trying to convince them? Are they aware of these problems that we're experiencing, say, with Medicare?

Dr. Resneck: It has been fun to be back out on the road again. Before I get to the Congressional issues, I would say one of the most fun parts of this job is actually getting to be in different parts of the

country and hear from physicians and patients about the problems, some of which are shared from place to place, but being in Mississippi one day and New Mexico later, and California a bit later—there are very unique and different problems in rural and urban areas around the country.

And so learning from physicians that I meet is a really great part of the job. And then, yeah, I get to take those stories that my colleagues share with me to Congress. I did just get back from some time on the Hill last week, talking with members of Congress and doing some media interviews and drawing attention to these devastating Medicare cuts that we're facing.

And I know a lot of my colleagues are actually doing the same, on behalf of their state medical associations or specialty societies. I run into physician colleagues on the Hill when I'm there. And for a lot of folks who can't travel, I know they're picking up the phone or sitting down with their email to communicate their stories.

And I just—I can't overemphasize how important—even though the specific anecdotes may feel small to some physicians, those are the stories that our lawmakers need to hear and that ultimately impact the policy that they're making. Now, when I was there last week, I literally went up to the Hill one day and had spent that morning on my laptop, filling out some really ridiculous, silly prior auth approvals for patients I had seen in the week before.

And I told those stories. And I think that can be very effective. So it's a real privilege to get to represent the profession and my colleagues, and I enjoy those trips.

Unger: Well, now that you're kind of midway through your presidency, is there anything in this past part of your term that you would say is the standout, that you're most proud of?

Dr. Resneck: That's a tough question. Overall, it's just such a privilege to get to represent the profession in this role, and I love this job I love being home and taking care of patients.

And I love getting to go out and speak on behalf of my colleagues and to try to make life better and make it easier for us to be able to deliver care to patients. I feel lucky that I really believe in the policy that emerges from our house of delegates, which is a democratic, open, evidence-based debate where our policy comes from.

So I'm proud of the positions that I'm out there defending. That's one thing I'm proud of. And I'm also proud of physicians. As I look around the country, again, people just have run towards the fire. They put their lives on the line during this pandemic—continue to do so with the tripledemic that we're experiencing now.

My colleagues are out there defending science, defending evidence in the face of all the disinformation we've seen these last couple of years. They're out there standing up against

government interference in health care, especially as we've seen states try to legislate what doctors and patients can and can't do together.

And they're out there advancing health equity and taking care of patients every day, taking care of their communities. So I do have a tremendous amount of pride in the people that I get to represent.

Unger: So if you were to project yourself a year in advance, what do you hope the conversation is that we're having at the end of 2023?

Dr. Resneck: Well, I hope we're celebrating some big wins fixing some of those problems that we've spoken about today, so that we can actually spend some of our time and bandwidth moving on to innovating. And we're still doing that in the background. We can walk and chew gum at the same time.

But I think if we were able to achieve that stable Medicare payment system that we're seeking, so that it has predictable and inflation-based annual positive updates, and we get rid of those silly budget neutrality rules that punish physicians for things that are beyond their control, if we have right-sized prior authorization, so physicians have more time in their day to actually spend taking care of patients and doing the work that drew them to medicine in the first place, if we have some wins in the courts or if we convince some states that it doesn't really make sense and that it's quite dangerous for patients to be legislating what doctors can and can't do, that would be a big victory.

And then, we can move the conversation on to, where can we take medicine in the future? How do we do innovation right? How do we make sure digital health and augmented intelligence are implemented in ways that actually help patients?

How do we address health inequities, so that your zip code or your race don't end up affecting your health outcomes as much as they unfortunately do now? There's just—there's so much potential.

If we can get some of these crises that our health care system, in some ways, has created itself out of the way, so we can move from a place of recovery at this phase of the pandemic to really a place of rebuilding, so that physicians, again, can get back to the work of taking great care of patients, that's where I'd love to be next year.

Unger: It sounds like a good plan. Dr. Resneck, thanks so much for being here for all your work on behalf of physicians and their patients. Gotten a lot done in 2023, and a very full plate for 2022, and a very full plate for 2023.

I urge everybody out there to check out all of the details around the AMA Recovery Plan for America's Physicians. You can find that at [ama-assn.org/recovery](https://www.ama-assn.org/recovery). Thanks so much for joining us today and everybody, please take care.



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