



What Kind of Leaders Will We Be?

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Thank you. It is an honor to stand before you tonight. I am excited and eager to have the opportunity to lead the nation's largest and most influential physician organization as your president. Now is the time when we as physicians have an unprecedented opportunity to shape the future of not only our profession, but for our patients and all of health care for years to come.

Let me begin tonight by recognizing some very special people:

First, I want to thank Dr. Gurman and Dr. Stack – for their leadership, their mentoring and their friendship. That appreciation extends to the Board members, as well. We have the strongest and most diverse Board I can recall – it is this kind of Board the AMA needs to capture the perspectives of our profession and address the challenges that we face.

I would also like to thank the AAFP leadership, their AMA delegation and all the family physician delegates and alternates in the House for their support, encouragement and advocacy on my behalf over the years.

Next – my most sincere appreciation to the Missouri State Medical Association delegation and MSMA staff. If it weren't for their willingness to not only encourage but to support me beginning over 20 years ago when they sent me to this House as an alternate delegate, I literally would not be in this position to serve you and our profession.

I also cannot adequately express my appreciation for the Mercy leadership who have made it possible for me to have time away from both my practice and my leadership responsibilities to serve our profession. Their presence here tonight is evidence of that support.

Mercy leadership is among the most visionary in our industry. From them I have acquired knowledge, skills and expertise that have made me a better leader and enhanced my contributions to the discussions here at the AMA.

Mercy is a leader in the area of telehealth and virtual care. It is a little ironic that through the magic of the EHR and WebExs, I remain in nearly continuous contact with my patients and the leadership team at Mercy whether I'm in Chicago, Washington, or at a World Medical Association meeting in Africa.

They often don't know if I'm in Mountain Grove or a thousand miles away. In fact, I've started referring to myself as "the virtual Dr. Barbe."

Lynn, Mike, Fred, Alan, Rob, Brent, Stuart, and Jenine – thank you very much!

My clinic manager, Lois Flageolle, is here tonight with her husband Ron. Unless it is your spouse, how many of you have the same clinic manager you started with in practice? I do. Lois started with me the very first day I opened my solo, independent practice in Mountain Grove 34 years ago and has been my clinic manager throughout that entire time. Thank you, Lois, for making our practice so very successful and satisfying.

Now, let me recognize my family here tonight –

I have to begin with my wife, Debbie. We played kick the can together as young children when we lived one short block apart in Mountain Grove. We became high school sweethearts when we played George and Emily in the high school production of *Our Town*.

Debbie raised our two children, worked by my side in our clinical practice, and always keeps the home fires burning. We celebrated 41 years of marriage a month ago. I could not have imagined or asked for a better wife, partner and friend. Debbie, I love you.

My daughter, Adelle McAlister and her husband Matt and their two sons, Caelan and Conner.

My son, Nathaniel, who I am proud to say is the newest DOCTOR Barbe, having just graduated last month from the Kentucky College of Osteopathic Medicine - his wife Cheryl, and their four children, Ava, Micah, Claire and Samuel.

My brother Mike and his wife Suzanne, and my uncle, Al Breitenbach,

Inaugural speeches are intended to inspire the audience, rally the troops, and lay out the president's priorities for the coming year. I intend to do that, but in a little different way than you might expect.

This is actually a fairly intimate group in this room tonight. Most of us know each other reasonably well. So, my remarks tonight are going to be a little more personal – a little more about us - and our roles and responsibilities as we wrap up the HOD tomorrow and return home to our “day jobs.”

Earlier this spring, the AMA released the results of a physician survey that affirm my own view of medicine as a career choice:

- Half of physicians believe their choice of medicine was not just a job, but a calling.
- Three out of four of us are primarily motivated by the opportunity to make a difference in the lives of our patients.
- And nearly three out of four of us knew we wanted to be physicians before we were out of our teens.

For me, that calling came a little later.

I did not feel the specific calling to be a physician until early in college. After I finished high school, like many of you, I knew I wanted to help people, to make a difference – but I thought I was going to do this by becoming a math teacher ... I was really turned on by helping other students understand math and science.

But after a year or two at the University of Missouri, it dawned on me how much of being a physician was being a teacher – essentially teaching people about their own health – and that maybe medicine, for me, would be the highest and best calling and the way to fulfill my desire to make a difference in people's lives in a very direct way.

So, I changed my major from math to microbiology and set my sights on becoming a family physician.

Our hometown of Mountain Grove is a low-income, underserved area. The population is less than 5,000. Median household income is less than \$28,000 per year, compared to a state-wide average of \$50,000 per year. Many people are unemployed, uninsured and in other ways fall through the cracks in society.

Debbie and I saw our return to Mountain Grove as a “mission” that appealed to our desire to serve and make a difference in the lives of patients and our community. And it is still our mission 34 years later to serve our neighbors and friends . . .

My practice continues to be immensely rewarding and satisfying. Hardly a week goes by that I don't get a card or a comment from a patient or family member thanking me for helping them get the care they need.

But every day I also see patients who need tests or treatments ... who are still uninsured ... or haven't met their deductible, and due to this, often delay necessary care.

Because of these patients, I see firsthand, every day, why the AMA's unwavering goal of affordable health insurance coverage for all is worth fighting for.

Keeping this issue front and center is critical as we debate health system reform . . . again . . . and again. . . and again!

Just a couple of weeks ago I had the honor of delivering the commencement address at the Kentucky College of Osteopathic Medicine. As I mentioned earlier, that event was especially meaningful for me because my son, Nathaniel, was presented with his doctor of osteopathic medicine degree at that ceremony.

It just so happens that his Dean, Dr. Boyd Buser, is president of the American Osteopathic Association, and with us on stage this evening.

Recognizing that those young men and women are our future colleagues ... and the physicians to whom we will one day leave this profession, I tried to impart some words of wisdom about leadership . . . words that I hoped they wouldn't forget five minutes after I finished speaking.

I told them that whether or not they thought of themselves as leaders, simply by virtue of being physicians, they ARE leaders.

Patients will look to them to lead their care . . .

Other members of the health care team will look to them for leadership . . .

And our profession needs them to be involved and to lead.

I gave them a challenge in the form of a question. I said to them: You are a leader . . .

What kind of leader will you be?

I think that question applies to every medical student, resident, and physician in this room tonight. **What kind of leaders will we be?**

I recognize that every physician here is already a leader at some level. Sitting behind me there are state medical society presidents, AMA past presidents, AAFP and AOA presidents, and the Board. There are many past - and future - state and specialty society presidents in the audience.

But being accomplished in our field, or holding formal leadership positions within our organizations, does not automatically make us good leaders.

We must each continually ask ourselves: **What kind of leaders will we be?**

I submit to you that physician leadership is less about a title or position and more about being a positive influence in whatever setting we find ourselves.

Leadership is:

- Modeling the behaviors we need from others . . .
- Working cooperatively . . .
- Developing solutions by consensus . . .
- Improving care by drawing on the unique skills of all members of the health care team . . .
- And demonstrating integrity and respect in our interactions with others.

There are three areas where physician leadership is absolutely critical right now:

- in advocating for health reform in today's political environment,
- in describing and shaping the future of health care,
- and in mentoring those who will one day follow us in this profession.

About 10 years ago, the AMA launched a campaign to raise awareness about the 50 million Americans who were uninsured, and to develop solutions to expand coverage.

We worked with both parties in Congress on the "Voice for the Uninsured" campaign.

Both political parties were very open to our policy suggestions, and in fact, many of our policy proposals were showing up in recommendations from think tanks and legislation on both sides of the aisle.

Everyone understood the costs involved in expanding coverage to tens of millions of Americans who were uninsured.

But just couple of years later, in the wake of the 2008 election, the debate over the *Affordable Care Act* became very partisan. Many consensus positions that had bipartisan support were being abandoned, not because they were wrong, but because the wrong party proposed them.

We are seeing a similar scenario unfolding now in the health reform debate. There are some factions in Washington that both then and now are saying not only “no,” but “Hell no” when it comes to working together ... even on some of the most basic principles of access, availability and affordability.

I submit to you: that might be good theater, but it is not good policy... it's not good politics... and it is definitely not good leadership.

Good leadership is constructive ...Consensus-building ... and principled.

Yet, good leadership lays down few absolutes.

Here's an AMA example that is very near and dear to those here tonight: no one who has gained insurance under the ACA should lose it ...But this principle from our health reform objectives is flexible and practical. We are willing to consider options for better, more cost-effective ways to cover the uninsured than we are doing now.

Our measure of any policy change should be this: Does it represent progress? Is it an improvement?

We must oppose efforts to weaken the health care system or cause our patients harm. And we must always be open to alternative approaches to achieve our goals.

We cannot allow ourselves or our debate to be corrupted or co-opted by the hyper-partisan political climate. We, as physicians, as a profession, are better than that. As as physician leaders, we bear greater responsibility within our profession and society. We must continue to put our patients before politics.

Physicians are trained and experienced in difficult conversations – let's put that expertise to work. Our role in today's advocacy climate means de-escalating highly charged partisan rhetoric. It means working with all stakeholders on issues that are simply too big to be left to the parochial interests of one party or the other.

When it comes to health care advocacy, we are the leaders. **What kind of leaders will we be?**

Beyond reform, physician leadership is critical in describing and shaping the future of health care.

The AMA, hands down, is the organization in the best position to understand the problems that patients and physicians face and help develop solutions to improve the quality and delivery of health care in America.

On Saturday, Dr. Madara told us about recent successes in the AMA's strategic arcs of endeavor.

It's a new way of describing the many ways the AMA is shaping health care, but the mission and purpose remain the same.

- The AMA is *leading the way* by listening to, supporting and empowering physicians and medical students in their quest to provide the best patient care.
- The AMA is *leading the way* as a representative of all physicians through our House of Delegates, as we work together to bring to life the ambitious AMA mission to improve the health of our nation.
- And of critical importance, the AMA is *leading the way* by serving all physicians through our three interconnected strategic arcs, which demonstrate our commitment to helping physicians grow professionally, solving physician workflow needs, and improving the practice environment.

I am passionate about all of this work, because it will allow us

- to be better prepared,
- have better tools,
- and give better patient care.

Taken together, this is the way we will restore the joy to the practice of medicine.

When it comes to shaping the future of our profession, we are the leaders. **What kind of leaders will we be?**

Finally, physician leadership means encouraging and mentoring those who will follow us. We must ensure that others are ready to take our place.

Tom Peters, the author of several books about business management, puts it this way: “Leaders don’t create followers; they create more leaders.”

We must encourage and mentor students, residents and our younger colleagues and be an example of leadership for them, so they can in turn, become the leaders their patients, practices and our profession so desperately need.

I’ve had the opportunity to speak to several student and resident groups recently. I always encourage them to join all of their relevant professional societies – county, state, specialty, and, of course, the AMA.

Why? There are many reasons, but in the context of tonight’s remarks, physicians need to support one another now more than ever before.

Our medical societies provide a network of professional support that is one ingredient in the antidote to burnout. We lift one another up during times of difficulty and encourage one another to be our best.

When it comes to encouraging and mentoring others in our profession, we are the leaders: **What kind of leaders will we be?**

Every day, I marvel at what a gift it is to do what we have the privilege of doing as physicians. I feel intense gratitude to have had the opportunities I have had to help patients, families, and my profession.

I am eager to serve you and our profession this coming year and to continue the great work that we are doing together.

I’ll close by posing the question one last time: As physicians, we are leaders. **What kind of leaders will we be?**

Tonight, I challenge each of you, and re-dedicate myself, to be the leaders that our patients, our practices and hospitals, and our profession need us to be.

Let us be the leaders who bring consensus solutions to difficult issues.

Let us be the leaders with the creativity and drive to shape the future of medicine.

Let us be the leaders who mentor our next generation of physicians.

Let us be the leaders John Quincy Adams envisioned when he said, "If your actions inspire others to dream more... learn more... do more... and become more... you are a leader."

Thank you.

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