Speaker 1:

Welcome to Conversations On Healthcare. This week, we welcome Dr. Jesse Ehrenfeld, president-elect of the American Medical Association on the dangers of anti-trans legislation and threats to Medicaid and Medicare. Now here are your host, Mark Masselli and Margaret Flinter.

Mark Masselli:

In June, our guest will make history when he becomes the president of the American Medical Association. With its nearly 300,000 members, the AMA is one of the most powerful and influential voices in healthcare.

Margaret Flinter:

Dr. Jesse Ehrenfeld will be the first openly gay person to hold the office of AMA president, and he's taking on that role right as LGBTQ healthcare is under extreme attack in the United States.

Mark Masselli:

Well, Dr. Ehrenfeld, welcome to Conversations On Healthcare.

Jesse Ehrenfeld:

Thanks for having me. It's a pleasure to talk to you all today.

Mark Masselli:

Yeah, and congratulations on your election to the AMA presidency. You've been a longtime advocate for the rights of trans people and we're at this interesting moment in time when we're watching across the United States state lawmakers introducing hundreds of pieces of legislation focused in on banning aspects of gender affirming medical care. And according to the data from the ACLU, the AMA has stated that, "Such care is medically necessary and potentially lifesaving for transgender youth." Talk to our listeners about how dangerous this restrictive legislation is.

Jesse Ehrenfeld:

Well, the AMA and I are deeply concerned about what functionally is government intrusion into healthcare. And unfortunately, these restrictive laws continue to reduce access for what we know is appropriate, evidence-based medically indicated care, and any ban restriction that puts the government into that patient physician relationship risks devastating health consequences. It risks jeopardizing patient lives and we continue to oppose those kinds of actions.

Margaret Flinter:

Well, Dr. Ehrenfeld, welcome to leadership in this role. It's a big and public facing role and think we can probably say it's safe to say that even within your profession there's disagreement about the issue. I know in Florida, the state's medical board banned gender affirming care and legal experts fear could set a precedent for restrictions on other forms of healthcare in that state. What's the strategy for building support for transcare, even among your physician peers and colleagues?

Jesse Ehrenfeld:

Well, we have strong policy and I think the strength of the AMA, you know we've got hundreds of thousands of members, is that when I talk to you as president of the AMA, I'm not representing my views and I happen to be a member of the LGBT community. I happen to be a longtime champion of health equity. But I'm talking to you today representing our democratically decided policies of the association, and we convene twice a year, more than 190 states, including Florida Specialties, including the Endocrine Society, American Academy Pediatrics, American Psychiatric Association, to in open session, not behind closed doors, have these debates, have these conversations to set what our policy will be. And we have clear policy that follows the evidence, which is that gender affirming care, healthcare for transgender individuals is medically necessary, appropriate, indicated, and should be allowed.

Mark Masselli:

Well-

Margaret Flinter:

It's very helpful for people to know. Thank you.

Mark Masselli:

Absolutely. And putting sunlight on all those issues in the public domain is so important. And as you said earlier, you've helped to train medical students and physicians across the country in LGBTQ healthcare. In addition to transgender care, I'm just wondering what else is the community facing? We recall this summer the concern about the spread of monkeypox, but that seemed to have handled very well, both between the healthcare sector and the gay community. What are your thoughts?

Jesse Ehrenfeld:

So it's been renamed Mpox just for clarity and at its peak in I think August of last year, we were seeing 450 cases a day. The last data was a week ago, March 15th, the CDC reported one case. So transmission has certainly dropped markedly. But we're coming into summer, we're coming into times when people are out and about, festivals, community activities, and the best way to prevent transmission is vaccination. I've been vaccinated, my husband's been vaccinated. And the AMA encourages folks who are at risk for exposure or transmission to step forward if they haven't already been vaccinated to do so. It's the best way that we can prevent a resurgence of Mpox in the coming months and years.

Margaret Flinter:

Well, Dr. Ehrenfeld, many, many things on your dashboard and horizon in this role. I know, but I want to turn to the federal budget for a moment. Congresswoman Rosa DeLauro from our state of Connecticut has shared the details about what would happen if Republicans in the House succeed in rolling back discretionary funds to 2022 levels. And one impact is, it would mean an estimated 2 million vulnerable individuals and families would lose access to healthcare services through community health centers. Obviously very important to our audience and to us who are engaged in that work and in that sector of healthcare. What's the AMA's work in this area to try and prevent these kinds of reductions in access and funding for healthcare that might happen if that budget were passed?

Jesse Ehrenfeld:

We cannot allow our Medicaid or Medicare federal healthcare programs to be devastated. And unfortunately, there are proposals as you're describing that would take away access to millions of patients that would be devastating. That would damage small gains that we've made in terms of health equity. It would damage improvements in coverage that have continued to increase since the passage of the Affordable Care Act. And so we continue to speak out against any efforts that would take care away from people that would reduce funding for those important safety net programs and continue to use every lever that we have to promote those policies.

Mark Masselli:

There's a trend of hospital residents wanting to unionize as a really is a reaction to burnout and corporate takeovers of healthcare. The AMA has a recovery plan for American physicians to address burnout. Is unionization the answer and what does AMA see as a solution?

Jesse Ehrenfeld:

I'm not sure unionization is the answer, but certainly we have to address physician burnout and that's been a longstanding priority for the AMA. We have a practice sustainability effort within the association, and what I would say is that it's certainly been a cornerstone of our work for more than a decade. The transformation that is starting to happen is people's recognition that it's not a personal failure. When I talk to a resident who is overwhelmed, who is at the end of their rope, who is struggling, it's often not because of anything that they did, it's because of the system that they're working in and the stress that we put on them. And so the AMA has been trying to work at the system level to remove barriers that interfere with how we need to take care of patients, barriers that often are leading to the burnout and dissatisfaction.

And as AMA president, and I see patients every week, so I experience the good, the bad, and the ugly of what it's like to practice medicine in America today. I will certainly continue to lead our efforts to help find solutions that go beyond administrative simplification to establish support systems that we know can enable physicians and our students and trainees to thrive, but also to address their own mental health needs without fearing a negative impact on their careers. You probably are well aware of the passage of the Lorna Breen Healthcare Heroes Provider Act last year. That was something that the AMA strongly supported and we continue to look for both regulatory and legislative and other solutions to get more funding so that we've got the resources to support the mental health needs of physicians.

Mark Masselli:

Maybe talk a little more about maybe some best practice examples. I think the number is 63% of all physicians have indicated that they're dealing with burnout. That's a pretty big number. And I'm wondering if there are any best practices around the country as you look around that people may want to emulate.

Jesse Ehrenfeld:

Yeah. So the AMA has actually a whole set of resources that we have developed in partnership with folks around the nation, including a 17 step guide available free on our website to creating a more resilient healthcare organization that can function at an even higher level during a crisis. And we continue to try to being very practical tools to, "How can you redesign your workflows? How can you re-engineer the system for how we deliver care to reduce these challenges that are driving burnout?" That being said, there still are these overly burdensome government regulations. There are dangerous, damaging heart-

wrenching insurance practices like prior authorization that contribute to the system challenges at a local level that we also need to address.

Margaret Flinter:

Well, we certainly hear you about the contributions of that last issue to frustrations, and thank you for calling it out, but a big piece of burnout is the workforce shortage overall. No matter what setting you're in, if the other people on your team are not there, if those positions are open, that's a real contributor. Over the last 30, 40, almost 50 years now, nurse practitioners and also physician assistants are a major part of the health workforce and primary care, very substantial part of the primary care provider workforce in the United States. Certainly independent practice is the rule in many of our states, but I know AMA has lobbied against these changes in the past at times. What's the view at this point at AMA around the role of nurse practitioners and PAs as private care providers, really as providers within our healthcare system where they seem to be playing a pretty vital role?

Jesse Ehrenfeld:

Well, let me just share. I work in a care team model. I work with nurse anesthetists, I work with anesthesia assistants, and obviously I work with trainees every week. And it is a wonderful time when you have physician-led team-based care that can lead to the best healthcare outcomes and nobody should be practicing in a vacuum, in a silo as a one person show. That doesn't support our patients needs, that doesn't lead to the best healthcare outcomes. And so the AMA's priority has been to think about, how do we lift up physician-led care as the preferred model for healthcare delivery to get to the best patient safety, to get to the best health outcomes? I will tell you in the state where I happen to live, there was a recent call for independent practice by nurse practitioners, by tribal communities. And I will tell you that I don't think that we ought to shortchange any community, tribal communities or others by giving them care that isn't the best care. When the President of the United States is injured or ill, they don't call for a nurse, they call for a doctor.

Margaret Flinter:

Probably get a fair amount of pushback on that around the science for the physician-led teams versus the team, which I think we're all 100% in agreement on. But thanks for sharing that with us.

Jesse Ehrenfeld:

Sure.

Mark Masselli:

I'm thinking back to when we started our primary care practice back in 1972 and thinking about the AMA back there. They seem to be very protective of the single shingle. I'm wondering, as you sort of think about the transformations that are happening in healthcare, particularly with the large pharmacy companies saying that they're going to employ thousands of physicians in individual practices in corporate medicine, what's the AMA's read on these large initiatives that really are focused in on really transforming the delivery care in America?

Jesse Ehrenfeld:

Well, obviously the healthcare delivery system continues to evolve. Just look at what's happened with telehealth and remote care and remote patient monitoring over the last three years. We've had

explosive growth. We have had an incredible experience in understanding how we can use telehealth to better meet the needs and enable convenience for our patients. That requires us to rethink what those delivery models are. Where I get concerned is around the rampant consolidation that's happening in the marketplace, particularly driven by some of the insurance carriers. Patients should have choices. The AMA policy supports a variety of practice modalities. We don't have a preference for corporate practice of medicine, private practice, those kinds of things. We want to make sure that the models that are in the marketplace work for patients.

Margaret Flinter:

Well, when we think about our recent history, which I'm going to consider all the last three years, our recent history kind of went by in a flash. We were all pretty busy, but the pandemic in all seriousness revealed so many things. But one of the revelations for many, I think some of us have been aware for a long time was just the depth of health disparities in our country. And we had the Morehouse School of Medicine founding Dean, Dr. Lewis Sullivan, join us recently. And we talked about the fact that only 5% of the physician workforce identifies as African American. And I think what really surprised us was it hasn't budged all that much given the decades since we started tracking that. I know that this is probably an issue of concern for the AMA. What's the AMA doing to promote diversity in the profession?

Jesse Ehrenfeld:

Well, that concern about diversity in the workforce is an acute issue for us because as you may know, there's a Supreme Court decision in the students for fair admission versus Harvard and versus North Carolina. There's two cases that are considering looking at race and higher education admissions and the AMA joined with Association of American Medical Colleges in filing an amicus brief in those cases. But the challenge here is that there is a real possibility that some of the tools that we have today to try to diversify who's getting into college, who's getting into medical school will be taken from us.

And if that does happen as some expected it may, we need to be ready to respond. The AMA's work to eliminate longstanding health inequities, improve outcomes for populations that have been brushed aside, ignored, marginalized. It requires us to do a number of things beyond just addressing the workforce. It requires us to address structural racism at its core in the healthcare system. That means that we've got to equip my colleagues, physicians with the knowledge and the tools to confront health inequities, to advance health equity across the entire healthcare system. And we created a center for health equity in 2019 that helps facilitate our commitment to embed equity entirely throughout the AMA. It's strengthened and amplified our work to advance equity and eliminate health inequities that primarily are rooted in injustice and oppression.

Mark Masselli:

We recently had the FDA commissioner, Dr. Robert Califf on our program. He made quite a eyebrow raising statement that misinformation is the leading cause of death in this country because it's prevented people from getting the COVID vaccine that could have saved their lives. And I note that there was a recent article in the AMA Journal of Ethics also examined the influence of misinformation sources on scientists and found that they're easily swayed surprisingly as non-scientists. I'm wondering if you could talk about how the AMA is addressing this really significant problem.

Jesse Ehrenfeld:

So the attack on science combined with misinformation have been damaging, and I would certainly echo those comments from our FDA commissioner. Certainly some of that has died down. There was so much around vaccination, masking COVID response that was disheartening online that led families and communities to suffer needlessly. We can't allow that to happen. The AMA has called for action. We've called on the social media companies to regulate their platforms. We've called on state medical boards to take appropriate action, if there are physicians who are promulgating things that are untrue in harming patients. But we know that this continues to be an issue and unfortunately because science is now political, it's not going to go away anytime soon.

Margaret Flinter:

Well, Dr. Ehrenfeld, maybe I'll give you just a kind of an opinion question for you. And this comes in part because I've been studiously reading every editorial in the New York Times about artificial intelligence, chatbots, everything that's been out there as you probably have, and I know that you're a self-described tech guru, so that's a good person to ask. Obviously, we're in an era of artificial intelligence now across all platforms, including in healthcare. How is this figuring into the conversation with your colleagues at AMA, the balance between the traditional skills and information and all the new technology that's coming forward, concerns, hopes, aspirations? What are you hearing from your members?

Jesse Ehrenfeld:

Well, there's tremendous interest and we do physician surveys year over year to see what adoption, what interest is looking like. And there's tremendous interest in AI, AI enabled technologies, digital health that is consistent over the last now nine years. My hope is that these technologies actually reduce the gaps, reduce health disparities, not worsen them, but there's a real possibility that AI enabled technologies will actually make things worse.

And it requires that throughout the development design implementation stage, that we have experts who are paying attention to the real world implications for what these algorithms are doing. And there are well-described horrific failures of AI tools and algorithms that led to discrimination in healthcare. And I won't call out any companies or any names, but we simply can't let those things happen. I have tremendous optimism for how these tools will change the work that I do as a physician. When I sit in an operating room, there can be 34 real time parameters and waveforms on my screens that I'm monitoring. I know there's subtle things that I can't pull out. I know that there are machines and algorithms that could help me see that my patient is taking a turn, a minute, five minutes, 30 minutes before I can detect that. That's just the reality. So I yearn for those tools. I know that they're there and I expect that someday AI won't replace physicians, but physicians who use AI will replace those who don't.

Mark Masselli:

Yeah, no, that's really interesting. And as Margaret said, we know you're a self-described tech guru in health. I was thinking, I think I saw today maybe on Bloomberg that there was a new round of chatbots, more individualized, and I can see not too far in the future, downloading one's medical record into a chat box and having all of the associated medical terminology. You can have a conversation with it, but as you say, it's very early in the AI world for us to really jump to believe that that's a salvation. But tell us, in addition to what you just shared about some of the technology, what are you excited about when you see some of the technology out there? And I think we saw not really technology yet, we saw the ability to start using Zoom and audio communications with people, but that's not really tech, but that

has helped move the agenda forward. But what excites you from a tech guru point of view that can be supplements to the primary care providers toolkit?

Jesse Ehrenfeld:

Let me give you an example. And it's the first FDA-approved autonomous enabled system which is in the diabetic retinopathy space. We do not have enough ophthalmologists in the country to screen every diabetic patient for diabetic retinopathy, although that is the indicated standard, right? Because we know that diabetes can cause blindness. And so the challenge is if we can't make thousands and thousands more physicians do these exams, can use the technology.

There is a set top box from a company spun out of the University of Iowa. You can put in a primary care office, you could put it in your local grocery store. It requires somebody with a high school education to put a patient in front of it. And it takes pictures of the eyes, the retinas, the AI is so good, the technology is so confident that the company carries malpractice insurance on the device and it will with high precision tell you if the patient has diabetic retinopathy or not. It allows you to then do high throughput screening of patients. So the ophthalmologist doesn't do the initial screening exams. They're seeing the patients with the disease. That changes the game, right? It is a way to amplify the workforce using technology. That example gives me so much hope and excitement for ways that we can use these technologies to really re-engineer work to make it more meaningful what I do as a physician.

Mark Masselli:

Margaret, we've had the opportunity of working with the Arvin I. Institute in India and our folks out in California on this particular area. And we're also very excited about this new technology that's been in the works for a while.

Margaret Flinter:

Absolutely. We're all fans of the same thing. And it's such a great test case example, if you will. It's one that you can really so clearly communicate to everybody what is the value of this. And it radically certainly improves our chances of getting that all important retinal screen and exam done for our diabetic patients. So thank you so much for giving that a shout out. And there are so many issues to focus on. I understand that you lead the largest health philanthropy in your state, the Advancing a Healthier Wisconsin Endowment. What would you like to share with us about that work and your big goals for that work?

Jesse Ehrenfeld:

Well, my day job is leading the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin is the largest health philanthropy in the state. And our vision's pretty simple. It's to make Wisconsin the healthiest state in the nation. The work is hard. And we do that through supporting academic research, workforce development, and community partnerships all around the state. To date, we've invested about 330 million in community projects. We work with almost every federal qualified health system in the state. We work with lots of community partners. And what's nice about my day job is that it aligns very well with our work to improve health outcomes at the AMA. And certainly I expect there'll be more synergies in the future and it certainly is an exciting time to work as a philanthropist as well.

Mark Masselli:

Yeah. Well, that's very exciting. Tell me, one of the models that we've been looking at are eConsults to primary care providers. And this is where specialists... our audience probably has heard us talk about this before, where specialists are reaching out to primary care providers who might be in a rural community who might not have access to a specialist in their community. Our Weizmann Institute has published on this, and 70% of those encounters have allowed for the primary care provider to practice to make the treatment recommended by the specialist. What are your thoughts about this type of intervention strategy?

Jesse Ehrenfeld:

I think it's very promising. We're looking at trying to scale up a similar model here in Wisconsin, but it comes down to at the end of the day, how do we support coverage and payment for telehealth services in a way that can scale? And the telehealth expansions that we've seen during COVID have been really, really great around access for primary care services, not so much on the specialty side. And that data is if you look at meeting referral time and who's actually getting in to see individuals. So I do think there are a lot of opportunities. There are definitely times when you've got somebody who is out in a resource limited area where the patient doesn't need to go somewhere. They just need someone to call. And right now, we often don't have structures to support those facilities, those individuals who are working, but I think it's a really promising area.

Mark Masselli:

That's great.

Margaret Flinter:

Well, there is so much for you to work on, and yet so much coming at you all the time. Love for you to comment. We've been talking about burnout and resilience in other people. Where do you draw your personal and professional strength and fortitude to do this work, especially at a time when there is, to put it mildly, often just such a tone of disrespect and hostility in the population against some of the things that you've really worked so hard for, like marriage equality, equality in the military? Where do you draw your strength and inspiration?

Jesse Ehrenfeld:

It comes from my family and my kids and my husband and as one of the youngest people to hold the office of AMA president, as the first openly gay person, as the first AMA president to have a child while in office, my experiences are different and they deeply influence my perspective. They give me strength in representing physicians across the nation.

Mark Masselli:

As I think about your perspective, how would you describe the things you want to accomplish in this term that you're about to enter?

Jesse Ehrenfeld:

We have lived through a really challenging time with COVID for the last three years. The AMA, we have our recovery plan for America's physicians. That remains a top priority. We've got to fight the rampant misinformation that we touched on earlier. We've got to create a more equitable healthcare system that meets everybody's needs. And we've got to make sure that as digital health tools like AI are brought into

the marketplace, that they're equitable and they're effective, and those are the things that I'm going to be focused on.

Margaret Flinter:

Well, Dr. Ehrenfeld, congratulations on the good work that you've done and best wishes in this important role. And thank you to our audience as well. More online about Conversations On Healthcare, including a way to sign up for email updates. The address is chcradio.com. Dr. Ehrenfeld, thank you so much for taking the time to speak with us today.

Jesse Ehrenfeld:

Oh, thank you all so much.

Mark Masselli:

Absolutely. Congratulations on all the great work you've done and more to come. So we'll continue to follow your work.