



AAMC President's Address 2021

"Momentum"

David J. Skorton, MD, AAMC president and CEO, delivered the following address at Learn Serve Lead 2021: The Virtual Experience, the association's 132nd annual meeting, on Nov. 9, 2021.

Thank you, Dr. Calhoun, and what a powerful message from Dr. Jameson about the spirit of joy that draws us to academic medicine. I'm honored to join you and our colleagues for the third time, and at such a critical point in academic medicine's journey.

A moment ago, we heard Dr. Jameson's eloquent call to lean into change. I'd like to share some thoughts about what kind of change is needed, as well as how much change is possible – in other words, how far can our momentum take us? I speak from two perspectives: the monumental advances I've witnessed throughout the four decades of my academic career, as well as the accelerating change over the last two years.

But before continuing with the remarks I had prepared for this plenary talk, I want to stop and acknowledge the concerns expressed during the Meeting of the Minds panel this morning.

The original intent of that session was to encourage us to stretch ourselves to learn from others' perspectives, including those who hold divergent viewpoints. As I mentioned in introducing the panel, I have received feedback from members and AAMC staff over the past year about how the AAMC must do better in welcoming a broader range of points of view on political and social issues. The panel was an attempt to move toward that broader dialogue in a respectful and mutually reinforcing manner.

I take responsibility for the fact that the panel did not in many respects realize my aspiration in organizing it. I watched carefully the comments from many of you in the chat and shared many of those concerns. There are many lessons to take from this panel and I hope that in our town hall tomorrow we can further discuss the underlying issues and the panel, as you wish. I look forward very much to that conversation.

Now, I want to return to my prepared remarks and acknowledge the remarkable progress academic medicine has made over the course of my career.

If I had been born with a congenital heart defect, like so many patients I've treated in my practice, I likely would not have lived to become a physician.

Back then, over 80 percent of babies born with congenital heart disease died before reaching adulthood. And today it's the reverse: 90 percent survive into adulthood.

And throughout my career, astounding new diagnostic and treatment options were developed, ultimately extending lives. Well, cardiology is obviously not the only field in which academic medicine has revolutionized care. Many of you have seen revolutionary changes in your own fields, whether immunotherapies or accurate and sensitive new approaches to diagnosis – and not just witnessed them but delivered them.

And the last two years of the COVID-19 pandemic have seen further dramatic developments. And to name just two – and there are too many to list – we’ve introduced some of the first groundbreaking mRNA vaccines after decades of fundamental research, unleashing great potential for the future. And we’ve embraced the widespread adoption of telehealth.

The brave new ideas you’ve pioneered – and your boundless resilience in the face of immeasurable stress and pain – fill me with hope, and optimism, and confidence for our future. I know the last two years have cost you. In our conversations, I have heard and felt deeply the immense strain you bear.

Crushing burnout, fatigue, and anguish are nearly universal, and not just among front-line physicians. Pre-med and medical students, other health professionals, and others in a variety of roles suffer, too.

Beyond COVID and the world of medicine, we’re reeling from the impacts of systemic racism, economic uncertainty, the way science has been politicized, and financial and operational challenges within our own institutions.

And I am relieved that many of you have sought help, which is not a sign of weakness, but of strength. I salute you for seeking help and for coming together to support each other.

Two years ago, when I first had the privilege to speak with you in this forum about the unacceptability of the status quo, none of us could have imagined the extent of change that has occurred since then. This, indeed, has been our time to act – and you have acted.

Community collaborations are blossoming across academic medicine and beginning to make a real difference toward improving population health and health equity. As you recall, last year the AAMC added community collaborations to our traditional tripartite missions of research, education, and clinical care, aligning with longstanding consensus on the vital role of communities.

At the University of Texas at Tyler, for example, the Health Science Center is working with organizations in criminal justice, law enforcement, school districts, and more. They’re co-creating ways to address substance use disorders in the rural communities of East Texas through shared decision-making and long-term relationships built on trust.

Boston Medical Center is working with community organizations and government agencies to invest in programs that create stable housing, reduce hunger-related illnesses and malnutrition, prevent violence and help victims, and care for people with substance use disorders. Working with communities to assess their needs is a crucial component of the program.

Well, these are just two examples of many across your institutions. And it's wonderful to see these types of programs increasingly central to the work of academic medicine.

And medical education is also transforming as access to virtual learning and competency-based education expands, and faculty have advanced more meaningful competency assessments.

And I am especially gratified to see redoubled commitment to diversifying the medical profession, although we have such a long way to go. Efforts like Morehouse School of Medicine's holistic admissions process and innovative K through 12 outreach are encouraging students from underrepresented backgrounds to enter careers in science and medicine. These programs provide mentoring and introduction to medical careers and specialties.

Additionally, our institutions are developing the commitment to becoming anti-racist organizations. They are working to address structural racism and are fostering diversity, equity, and inclusion. Initiatives like diverse search, promotion, and tenure committees, as well as diverse search pools for faculty hiring, among others, are underway.

And to achieve gender equity, institutions are working to increase the number of women in leadership positions and supporting them once they are in those roles.

A wonderful example is the Medical College of Wisconsin's "I Will" program, in which faculty, staff, and students pledge to support gender and other types of equity, with an element of personal accountability.

Dr. Francis Collins, who has led the National Institutes of Health with remarkable distinction for more than 12 years, set another superb example by declining to speak on panels comprised only of men. Today I pledge a similar commitment to participate only in public panels with a diversity of panelists. I call on each of you – as leaders at your institutions – to please join me.

In research, clinical trials are expanding demographic participation to groups that have historically been excluded.

And although research laboratories in areas unrelated to the pandemic faced set-backs from COVID shut-downs, remarkable breakthroughs continue to propel science and medicine forward. The first successful pig-to-human kidney transplant by a surgical team at NYU Langone Health is just one example.

And lastly, on the clinical front, greater use of telehealth and drive-up care, two innovations that finally became more widespread during the pandemic, promise to increase access to care. Each of these examples, and many others I did not list, are worth celebrating.

Yet we're far from successful across the board, on all the issues that deserve academic medicine's attention. The inequities and gaping holes in our health care system from systemic racism that have long plagued us have only intensified in the last two years. We still have quite far to go in addressing the paradox Dr. Jameson spoke about: our lagging health outcomes despite our best efforts.

The issues we face also include barriers to medical education, including questions about the length and financial burden of medical training, and a lack of role models.

And so, we must make a long-term commitment to change – to sustaining it and advancing it.

And this will not be easy. The issues involved are deeply complex. And they're further complicated by fundamental issues of mistrust, the politicization of nearly everything in our country, including science, and the heightened level of discord in our national dialogue on so many issues. But I have confidence we can together achieve lasting impact: learning from each other and forming meaningful partnerships with our communities, beyond the formal bounds of health care.

Our communities, and the patients and families we serve, deserve nothing less than our most concerted efforts. What does that kind of leadership look like, both at the AAMC and within your institutions?

I'd like to offer three ideas, drawn from my conversations within and beyond the academic medicine community.

First, our communities deserve an environment in which academic medicine takes direct responsibility for the longstanding, seemingly intractable problems I mentioned in my previous speeches – and Dr. Jameson touched on as well, regarding health inequities and more. They are even more urgent than two years ago.

We can improve our communities' well-being by being intentional and holding ourselves accountable, as I spoke about last year – and by practicing humility. That means instead of working in isolation, we must partner with our patients, our families, and our communities to better identify solutions through such conversations. When we actively and intentionally listen to and collaborate with communities, we can successfully co-create ways to address the social determinants of health that prevent too many people from being as healthy as they could be.

That's what the University of Arkansas for Medical Sciences is doing to address food insecurity and nutrition. Community members in that region, home to the largest concentration of Marshallese in the United States, have helped develop culturally adapted programs such as a Diabetes Self-Management Education and Support effort, which leads to better and more personalized care.

It also means improving access to quality care. One way we are doing this at the AAMC is by working with your institutions to study the transition to value-based care and explore ways to improve quality without increasing costs. The AAMC's work with the Center for Medicare and Medicaid Innovation on enhancing new models of care is one example of how we are moving this important work forward.

But to be effective, efforts must also address underlying factors that affect the social determinants of health, factors such as poverty and systemic racism. Last year, the AAMC developed a Framework to Address and Eliminate Racism, recognizing that organized medicine

must come together to collectively address racism in medicine. Working together is the best way to dismantle the exclusionary policies, and practices, and norms that perpetuate systemic racism. Our goal is to disrupt the status quo and move academic medicine and health care toward health equity and racial justice.

Let me now turn to the second idea I propose for the type of leadership our communities deserve from us. The academic medicine community holds tremendous power and privilege. And those we serve should benefit from all the resources with which we've been entrusted – which means academic medicine must focus on what we can do internally to maximize our external impact. Let's start with our assets. In few other settings can we find such robust ideas from the next generation of learners. Such unparalleled inspiration from faculty in the research, and patient care, and education missions.

This brainpower is reflected in the AAMC strategic plan. Most ideas that formed the basis of the plan and our bold, new initiatives have actually come from you and others in academic medicine, and for that I am most grateful. I will share more about the AAMC's strategic plan in a moment. But first, one critically important way we're harnessing our resources at the AAMC is by pushing forward important initiatives like our collective effort with other organizations and learners to improve the challenging transition from medical school to residency, which has long needed rethinking. The AAMC has developed a variety of resources, data and tools to assist students, advisors, and institutions with this important transition.

And our work with the Coalition for Physician Accountability, a group of leaders involved in the transition to residency process, is making some early headway on issues that negatively affect the transition from undergraduate to graduate medical education.

Making these types of changes will not be easy – and we may not all agree on suggested solutions. But we must continue the dialogue, strengthen the communication, push harder the effort.

Turning back to the AAMC's strategic plan, we have launched specific efforts that we hope will help shape academic medicine's future to enable an even better use of resources. Well, let me comment on two:

One is an effort to create a climate of inclusivity and equity within medical schools, teaching hospitals, health systems, and scientific labs so that everyone can contribute to the best of their promise. And the second is to increase the number of diverse medical school applicants and matriculants. These efforts aim to empower and diversify academic medicine's talented and passionate people so we can make greater impact in – and better relate to – our communities.

The first of these, our effort to help academic medical institutions become more inclusive, equitable organizations, addresses two areas that require urgency and attention – promoting gender and racial equity within academic medicine. One component of this plan is to provide foundational educational resources and assessment tools for institutions. Another is to conduct formative research to swiftly support all of you as you examine and eliminate policies and

practices that perpetuate inequities. Together we can – and indeed we must – improve the culture and climate of our institutions so all of our people are positioned to make lasting impacts.

The second effort is our imperative to diversify tomorrow's physician workforce. Despite a number of approaches, Black, American Indian, or Alaska Native people, among other historically excluded groups, are not well represented in medical schools and the physician workforce.

And so, our approach within our strategic plan centers on leveraging data for change; widening the path to medicine and other health professions; and addressing the culture and climate for equity in medical education.

Through the plan, we will also listen carefully to students, families, educators, and clinicians, partner with subject-matter experts in K through 12 education and build on existing efforts to catalyze change.

We hope you'll join us by taking an evidence-based, longitudinal approach within your institution, and work with us to facilitate bolder structural interventions. We have a long road ahead, but together I believe we can make significant inroads.

I have a third and final suggestion. In this age of divisive politics, truly listening to each other seems to be a lost art. In fact, we seem to retreat to our own "echo chambers," where the possibilities of helpful communication, growth, and problem-solving are increasingly limited.

Our communities deserve safe, productive channels for civil discussion – and I believe academic medicine can provide one place for that. But it will require us to move decisively out of our comfort zones in many cases.

As scientists and physicians, we must invite conversations on topics like gun violence and abortion. Problems that may have seemed "too controversial" to touch. Well, we can no longer ignore those issues that have been deadlocked by hostile emotions, disagreement, or apathy in our communities.

I urge you: Walk toward these issues and go out into your communities to address them. Take off your white coats. Step outside your offices, head down the block, initiate crucial conversations – and listen with more than your stethoscopes.

Why now? Why us? Because prejudice, hate, politics, and other non-science factors have taken over public discourse in harmful ways. Dr. Anthony Fauci has called "disinformation" one of the enemies of public health.

Well, that's our cue. We must create open dialogues on these topics because they are health issues, even if the conversations challenge us. Even if they show us we could do better. And even if we don't have all the answers.

One example is climate change. More than 200 medical journals have identified its effects, including air pollution and extreme heat, as the world's biggest public health threats. You're already working with your communities to begin to address the social determinants of health. Let's not forget that climate change is relevant to those determinants, limiting access to resources like clean water and air.

I am on a steep learning curve regarding climate change and health as well as academic medicine's role and how we can address it. But I'm involved and eager to learn.

The National Academy of Medicine is leading a new "Action Collaborative on Decarbonizing the U.S. Health Sector." I serve on the steering committee for this NAM effort and co-lead its Health Professional Education and Communication Working Group, with partnership from Dr. Alison Whelan, the AAMC's chief academic officer. We look forward to sharing what we learn.

Of course, climate change is another one of the issues that is fragmenting our nation. Yet we must find ways to come together and take collective action. While this may seem daunting, there's an old Yiddish proverb that I like. "Two mountains can't come together, but two people can." We must start, at the local level, to chip away at the divisions between us.

As part of this, academic medical centers can – and should – be vital community partners. That means first proving that our institutions are worthy of their communities' trust. You may find useful our Principles of Trustworthiness, a product of another part of our strategic plan through the recently launched AAMC Center for Health Justice. The Principles and related toolkit provide specific ways you can demonstrate your institution is worthy of your community's trust. These resources were co-created by the new Center, one of two new entities established as part of our strategic plan – along with its health equity collaborative, known as "CHARGE;" and more than 30 community members from 9 cities and towns across the country.

This is just one way that the Center for Health Justice aims to spark practice and policy changes that shift entire communities toward health equity. The Center leadership believes in leading through partnership with communities and those working in relevant sectors beyond health care. As we move forward, let's also continue to ground conversations in scientific evidence that's meant to be shared broadly.

The AAMC's Research and Action Institute, another new entity created through our strategic plan, recently released a report on lessons from COVID-19, as one example.

Instead of discussing problems in academic terms, or reducing challenges to cost-cutting solutions, the Institute is taking a new approach. It's applying real-world knowledge, a strong academic foundation, and an understanding of policy and political realities to complex and long-standing health policy challenges. It is guided by an external advisory committee and will also be seeking your help. Please stay tuned.

Controversial issues cannot be resolved overnight. But I'm confident we can do this together.

So today, I'm asking you personally to pursue change, in multiple ways. Consider hosting your own local "meeting of the minds" sessions to offer opportunities for civil dialogue. Listen to and understand your community's concerns.

Look for opportunities to take on health issues you may have previously considered off-limits – and get creative in employing all the resources of your institution and the AAMC to make a large impact.

Come together with others across academic medicine to learn and share ideas, and to support the AAMC's national efforts that resonate with you. I encourage you to learn about all 10 Action Plans that comprise the AAMC's Strategic Plan, as well as the efforts we've launched through them.

When you believe it makes sense, align your corresponding work with our strategic plan, just as the AAMC is adjusting our own activities to meet the needs of our members. At the end of my talk there will be some links and email addresses in the chat box, and I encourage you to share your input. We within the AAMC want to hear from you, through correspondence, affinity group meetings and town halls – including tomorrow's, which I hope you'll join.

I am especially grateful that you continue to share with directly me ways the AAMC could do better, and I commit to continue to taking your suggestions seriously.

I'd like to leave you with this thought on where we are as an academic medicine community. While the status quo of health in this country is still unacceptable, we've begun to gain momentum in tackling what previously seemed like insurmountable problems.

It's been wonderful to see your institutions collaborating on everything from curricula and patient care protocols to research collaborations and beyond. I am confident that the talented, innovative, resilient academic community has what it takes to build on the successes of today to create even more tomorrow.

Academic medicine, as you know, is always changing. For context, this year marks the 200th anniversary of the birth of Dr. Elizabeth Blackwell, the first woman in the U.S. to graduate from medical school. Wouldn't she like to know that today just about half of medical school graduates are women.

In her day, she commented that "It is not easy to be a pioneer, but oh, it is fascinating!"

She's right. You're doing fascinating work, and I'm thrilled to continue to work with and learn from you as true pioneers on this important mission.

We can do this together. Let's build on our momentum!

Thank you.