

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/the-impact-of-advocacy-on-healthcare/24502/>

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The Impact of Advocacy on Healthcare

Announcer Intro

You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Ashley Sumrall, who's a neuro- and medical oncologist, hematologist, and Associate Professor at Atrium Health in Charlotte, North Carolina at the Levine Cancer Institute, where she serves as the Section Chief seeking opportunities for patients to participate in clinical trials and cooperative group studies. Let's hear more from Dr. Sumrall about her advocacy work.

Dr. Sumrall:

So people tend to have a very myopic view of advocacy, but the moment that you step into practicing medicine or working in healthcare, you are by definition an advocate, so I approach it that way. I began thinking about advocacy, again, in that narrow myopic view, and the more I've worked in advocacy, the more that I see that we do advocacy every day. So it may be policy, it may be working with legislators, or it may be doing prior authorizations or standing up for what your patients need, so it's truly broad and is honestly, becoming broader as we start to bring more people into advocacy, such as patient advocates and families and so forth. So there are three kind of little plateaus as I think of things, and it depends on your comfort level; it depends on your personality. The first would be grassroots advocacy, and that would be doing things like visiting your representatives, your legislators when they're at home. That could be at the state or national level. And through grassroots advocacy, it can be as simple as sending emails, sending letters, placing a phone call. A lot of us don't like to talk on the phone anymore, just kind of how it is.

A lot of these organizations, such as ASCO, they have made it very easy because you can log in, have a template for a letter on an issue, you can add your own personal story, and send it. And what people don't realize is that these offices keep a tally of all the contacts that they get if you're for or against something, and they keep track of those messages, and your input directly influences voting, so that's very important. So that's more of a grassroots. At the state level, you can do letter-writing or face-to-face visits. A very popular thing is you'll have a doctor day. A doctor day in the legislature where everyone goes, and you have face-to-face contact, and you're doing that with your peers, so it's comfortable, and you're trained. On the national level, you can align with an organization. For me, ASCO is my organization of choice, as well as AMA, and they equip you. So you come in, and you have training. And you're never left alone, you have people beside you, so you're doing it together. So you just have to take that first step. Decide what kind of role do you want to have, and then reach out to someone. Any of these websites, whether it's American Cancer Society, or ASCO, AMA, etc., their websites are just laid out beautifully so that you can reach out and have someone to guide you and to advise you as to what you may be interested in.

I want to just demystify this advocacy process a little bit. It sounds so intimidating when you use the language that we use; congress, legislature, The Hill; but again, reinforcing that idea that if you were a patient or a caregiver, a family member of someone touched by cancer, or if you're a clinician, a doctor, a nurse, an APP, you are by definition an advocate, and then you need to decide how much are you willing to volunteer your time. My dear friend Brian Persing, who led the ASCO session with myself and Dr. Kamboj, he said, 'If you add up the time you're doing prior authorizations, and you're doing this, you're already volunteering your time. You're volunteering your time on behalf of your patient to complete these tasks through insurance companies or what have you.' So if you reframe it and you say, 'Okay, I'm going to use that same time, but I'm going to use it in a more impactful way—and also, not only will this help the patient in front of me, but it will help their brothers and sisters across the country who are dealing with the same thing'—then you're reshaping how you're viewing it. So we can't afford to not do advocacy. I hate to say a double negative, but that's how I think about it.

We have to put ourselves out there, and that is true not just for oncology but for medicine in general. For too long physicians and the healthcare professionals have stepped away from some of these policy issues because they're uncomfortable, or perhaps, we don't

understand them. And that has allowed this vacuum to where you have people who know nothing about healthcare making decisions, and if we want to ensure that we have healthcare when we're older and that it continues to be that incredible healthcare that the US is known for, we must stand up and do some of these things.

There are multiple opportunities online to get involved—if it's cancer-focused, through ASCO, through the AMA as well. The AMA has worked hard over the last five years or so to improve their advocacy efforts. Being a brain tumor doctor, the NBTS and the ABTA, are great organizations. I mentioned OVAC, or One Voice Against Cancer, and ACS CAN. Any of these organizations, hop to their website. All of the individuals that work in those places are just outstanding and will help you. So people are always free to reach out to me online or any of my other colleagues who are doing advocacy work. We love talking about it.

Announcer Close

That was Dr. Sumrall sharing her insights on advocacy and its many different faces. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!