AN INTERVIEW WITH…

Meridith J. Englander, MD, FSIR

Dr. Englander discusses her advocacy work with SIR and the AMA, including how to address gender and diversity disparities in medicine, ensure a diverse and inclusive environment, influence health policy, and support IR services affected by the COVID-19 pandemic.

Congratulations on receiving the inaugural Women in Interventional Radiology (WIR) Champion Award! As cofounder and former chair of the WIR section of the Society of Interventional Radiology (SIR), how would you summarize the goals of WIR, and what are some of the group's initiatives you've been most passionate about?

The mission of the WIR Section is to inspire and empower women interventional radiologists to achieve their personal and professional goals. We hope that one day we no longer need WIR. All initiatives at WIR focus on how to help women—individually and as a group—to be valued contributors to the specialty. One of our first initiatives was to create a speakers bureau. This list of women and their areas of expertise serves as a resource for meeting organizers when looking for women speakers. This project has evolved over the years, and our current plan is to create an advisory board that will identify appropriate women experts who are available for speaking.

Several years ago, we wrote a parental leave statement that was endorsed by the SIR,[1] making SIR one of the first medical specialty societies to have an official position on parental leave. Currently, there is a group within WIR that continually creates content for our website about how to manage pregnancy and parenthood as a woman in interventional radiology (IR). Helping women navigate these issues is so important. Many women interventional radiologists are the first in their practice to be pregnant, and having creative solutions and support from colleagues around the country is invaluable. WIR has also pushed SIR to commit to increasing diversity within IR, identifying the benefits that come when everyone is represented.

The most important thing that WIR has done is to create a community within IR. We meet at the SIR annual meeting and other radiology and IR meetings, and we also had a summer retreat 2 years ago that was attended by nearly 30 women at all career stages. WIR is helping women make connections that lead to opportunities. Networking is difficult when you are underrepresented, but WIR makes it easier. The women we meet at WIR are not just contacts; they become friends.

I was humbled to receive the WIR Champion award. This is something I share with all the women in IR, and many men, who are helping transform the face of this specialty.

You have published several studies related to the gender disparity in medicine, particularly in IR. Most recently, you wrote an article for *JAMA Network Open* on the representation of women in the writing and dissemination of physician compensation analyses.[2] What were some highlights of this study's outcomes, and what will require further research?

I worked on this *JAMA Network Open* article with a group of women from other medical specialties. We are part of a larger group that is committed to ending gender disparities in medicine, using research and data to help move the needle.

This particular article highlighted one of the obstacles to productive change regarding gender equity. We hypothesized that most people writing and discussing research about pay disparities in medicine were women. The project looked at 39 separate research articles. We demonstrated that these papers and the social

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media posts discussing them were mostly written by women and that most of this research is unfunded. These findings suggest that women may be more knowledgeable about pay disparities. It also shows that women are engaging in unfunded research, for which they may not receive the academic credit that is essential for promotions.

Women alone cannot undo the inequities that exist in medicine. We need men to commit to this issue and make and model changes for others to follow. Unfortunately, we showed that men are not as engaged in the topic as women. We concluded that this is an opportunity for men to step forward and work on this issue, either as researchers or disseminators. In addition, we encourage grant funding organizations to prioritize research looking at gender disparities.

What practical steps would you advise for institutional leadership and symposia organizers to ensure they are creating a diverse and inclusive environment?

The most important step is for leaders to internalize why diversity is so important, especially in a field like IR that thrives on innovation. Research shows that diverse teams are more efficient and more productive. IR needs as many minds as possible to help the field evolve. Excluding people will limit the growth of IR. Each one of us has the potential to be successful and contribute, but not everyone has an equal opportunity. Conscious, thoughtful efforts are needed to create inclusive and supportive work environments.

One good way for leaders and organizers to approach this is to try to see things from someone else's perspective. A panel of experts with no women sends the message that there are no women experts. It may be hard to find someone, but it is worth the effort. Use the SIR speakers bureau or reach out to colleagues. When women are included, they bring more women along. Use the same strategy for other underrepresented people as well. Those in the majority will start seeing women and underrepresented minorities as experts. These new role models will then inspire other women and underrepresented minorities to consider IR. We have started the ball rolling toward greater diversity in IR, but it will require continual effort.

One aspect that is seldom discussed is the culture in IR and how that affects each of us. IR is a "macho" field, with cowboys and hotshots. There is a lot of locker room talk that, frankly, can be uncomfortable for some. Subtle sexual harassment is experienced by many women in IR, especially trainees. We should not tolerate a work environment like this any longer. Practice leaders need to set an example and have zero tolerance for inappropriate behavior.

You've had a unique path into IR, working for the New York State Division of the Budget (DOB) before going to medical school. How has that impacted your career in medicine?

When I graduated from college, I took a job as a budget analyst at the New York State DOB. I had been interested in medicine, but I wasn't sure. Instead, I worked on the state Medicaid budget. This was in the early 90s when the Clinton health plan was being debated, so it was an exciting time to be working on health policy. In my role, I worked with legislative staff and the governor's office staff, as well as health and social services officials, providers, and vendors. I saw how rates were set and cost containment was negotiated, and I got a good education in the politics of policy.

After 3 years, I decided to go to medical school, but my interest in health policy continued. It led me to volunteer for the SIR. When I reached out to Dr. John Fulco, the SIR American Medical Association (AMA) delegate and a leader at SIRPAC (the SIR political action committee), for advice, he helped me get involved as the alternate delegate to the AMA and suggested that I join the Economics and Government Affairs committees. When I think back to my time at the DOB, I am grateful for the experience and am glad I made the decisions that I did. I am much happier as a physician trying to influence health policy than I would have been as a bureaucrat.

As chair of the SIR Government Affairs Committee, can you share about the efforts the committee is making concerning reimbursements for IR services affected by the COVID-19 pandemic?

Across the country, COVID-19 has been devastating for IR practices. In some cities, departments were put into survival mode, with residents and other physicians being outsourced to help care for inpatients, while normal operations stopped except to help with COVID-19–related emergency procedures. In other parts of the country, nonurgent work was canceled as hospitals braced for the surge that may or may not have come. Outpatient IR has been shut down entirely. With stalled or absent cash flow, practices have furloughed staff, and physicians are taking pay cuts. Through all this, the SIR has been trying to support its members as best as it can.

The Government Affairs team at SIR has been following developments since the beginning of the pandemic. The SIR has signed numerous letters to the president, members of Congress, the United States Department of Health and Human Services, and Centers for Medicare & Medicaid Services (CMS). SIR was supportive of the AMA's efforts to demand more personal protective equipment for health care workers, loosen the rules and

increase payment for telehealth visits, and pass small business relief. SIR has also committed to advocacy efforts to provide physicians with financial relief through the CMS programs. In addition, the SIR has tried to provide members with information about the changes and how to adapt to the new rules.

The SIR Government Affairs and Economics teams are always working to oppose rate cuts and advocate for IR. Earlier this spring, SIR was working to oppose an upcoming rate cut due to CPT Evaluation and Management coding changes. The severe financial hardships facing physician practices have escalated the significance of this effort. SIR members have been asked to reach out to their representatives and urge them to waive the requirement for budget neutrality, which dictates that when rates for some specialties go up, others must go down. There has been a fantastic response to this. To capitalize on their enthusiasm and create an opportunity for engagement of even more SIR members, a new grassroots advocacy effort will kick off in June. This program, called Voices for IR, hopes to increase the impact of our advocacy efforts by amplifying the voices of IRs.

Can you tell us about the work you've done for IR on the Governing Council for the Specialty and Service Society of the AMA? Additionally, why is it important for physicians to be involved with the AMA?

As a delegate to the AMA, I participate in the biannual meetings of the AMA House of Delegates (HOD). We discuss, debate, and vote on policy, setting the agenda for how the AMA functions. We take on every topic related to medicine, including but not limited to reimbursement, medical technology, public health, and medical education. The HOD dictates the priorities for AMA lobbyists, lawyers, and communications staff, among others. The AMA monitors activities in all the states that affect physician practice. One area the AMA focuses on is protecting the physician's role as the leader of the health care team.

As the SIR delegate, my role is to pay attention to resolutions that may affect IR practice and be the voice for IR. Collaboration with other delegations is sometimes essential, and I work closely with colleagues from many different specialties on topics of common ground. As an example, last year, we testified on a resolution affecting credentialing for stroke interventions. We were able to use our influence to work with the other societies to get the outcome we wanted.

Over the years I've been representing SIR, our delegation has grown from two to seven. This increased presence at the meeting means that we can develop more relationships with other specialties. We have increased bandwidth to attend numerous caucuses with overlapping interests, including cardiovascular, surgery, cancer, pediatrics, pain, and others.

I've had the privilege of serving on the Governing Council of the Specialty and Service Society for several years. This group is the largest caucus at the AMA, representing all the specialty societies as well as the military branch delegations. In this position, I have the opportunity to interact with many physician delegates, as well as AMA leadership. I bring the voice of IR to all our decision-making.

For most SIR members, the most important functions of the AMA are CPT and the RUC (Relative Value Scale Update Committee). These two processes set the value for the rates we get paid. SIR has representatives on these panels who advocate loudly for IR, and they work hard so our procedures are reimbursed fairly.

To maintain our representation at the HOD, CPT, and RUC, at least 20% of SIR members must also be members of the AMA. If we dip below that value, we can lose our seats at the table. That is why every 5 years, SIR asks its members to join the AMA. When we send out the reminder to join, I urge every SIR member to do so. We cannot advocate for ourselves if we aren't in the room. ■

1. Englander MJ, Ghatan CE, Hamilton BN, et al. Society of Interventional Radiology position statement on parental leave. J Vasc Interv Radiol. 2017;28:993-994. doi: 10.1016/j.jvir.2017.04.006
2. Larson AR, Cawcutt KA, Englander MJ, et al. Representation of women in authorship and dissemination of analyses of physician compensation. JAMA Netw Open. 2020;3(3):e201330. doi:10.1001/jamanetworkopen.2020.1330

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