

Conversations With Women in GI

Carol A. Burke, MD, FACG, on “The Road to ACG Presidency”

By Jill Gaidos, MD, FACG

In the early morning before the start of the Sunday session of the ACG/VGS/ODSGNA Regional Postgraduate Course in Williamsburg, VA, Dr. Carol Burke and I sat down in the hotel lobby to discuss her dedication to the College and her path to ACG’s Presidency.



You joined the ACG in June 1992. What about the College interested you and led you to become a member?

CB: What led me to have interest in and to join the ACG were the mentors I had at the Cleveland Clinic who were active in the society. The Cleveland Clinic has a long tradition of leadership in the ACG. Many past chairmen of the Department of Gastroenterology and Hepatology, including Edgar Achkar, MD, MACG, Richard Farmer, MD, MACG, and Joel Richter, MD, MACG, as well as my former GI fellowship program director, William Carey, MD, MACG, were Past Presidents of the College.

Since my institution had a close relationship with the ACG, it was a natural fit for me to become involved. The commitment my partners had to the College rubbed off on all of the trainees and many staff members and inspired us to become involved in our national societies. The ACG had innumerable attractive offerings beginning with deeply discounted membership for trainees. The fellows’ courses, GI Jeopardy, Trainees’ Forums, research grant availability, and the format of the ACG Annual Scientific Meeting created a milieu that fostered my ongoing involvement with the College.

When I finished my training, I was lucky to become a member of the Women in GI Committee and the Educational Affairs Committee. Through committee work, I saw first hand the opportunities and activities that keep the College and its membership vibrant. I look forward to attending the national GI meetings, but I find the ACG Annual Scientific Meeting optimal for my clinical education. While DDW keeps me fit, by running from one meeting or session to another meeting or session, it can be overwhelming to have to decide between one topic of interest versus another.

The ACG Annual Scientific Meeting has content that is easily accessible, with state-of-the-art education presented by key thought leaders in clinical gastroenterology. Other benefits of the College include the mentorship program, committee-sponsored, career-focused opportunities, *The American Journal of Gastroenterology (AJG)*, clinical practice guidelines, a mid-level provider course, and support for Continuing Medical Education (CME) programs that suffice for Maintenance of Certification (MOC) credit. Lastly, if you want to get involved with the College, you can. There really are no barriers other than expressing interest.

You have been very involved in the ACG over the years, having been a member of multiple committees as well as the chair of the Women in GI Committee and the Educational Affairs Committee. You were the Associate Editor of AJG for several years. In addition, you have been a mentor for the ACG Mentorship Program (article available at s3.gi.org/downloads/ACGUpdate-Feb2016.pdf) for a number of years as well. What has led to your dedication and your continued involvement in the ACG over the years?

CB: Again, I think it is passion and commitment for the mission and vision of the College. If you have an interest, there is an opportunity for you in the College. I started in the Women in GI Committee, which was and still is one of the most active and vital committees doing great work on behalf of the members. You have probably seen the multiple publications on gender disparity in GI that were the result of research inception in the Women in GI Committee decades ago. (“Gender Disparity in the practice of Gastroenterology: The first 5 years of a career,” *Am J Gastroenterol* 2005;100:259-264 and “Do Gender Disparities Persist in Gastroenterology after 10 years in practice,” *Am J Gastro* 2008;103:1589-1595). Amy Foxx-Orenstein, DO, FACG,



Photo Top: Carol A. Burke, MD, FACP
Photo Opposite Page: Jill Gaidos, MD, FACP

who was also a past ACG President, was Chair of the Women in GI Committee when I was a member. Through that experience, I developed a cadre of really good friends, mentors and role models.

Over the years, I have learned that talent, passion and commitment are recognized within the College, and the rewards include new opportunities to stay involved. I will not forget the day that Douglas Rex, MD, MACG, called me as ACG's Past President and Chair of the ACG Nominating Committee to ask if I would be interested in joining the Board of Trustees for the College. It was quite an honor, and I was stunned. I think women struggle with when to say "yes" and when to say "no." The first question I asked Doug, was, "What is the commitment?" because I wanted to be really sure that I could meet the expectations of the Board. Being on the Board has been the pinnacle of my professional career. I have to tell you, Jill, that I had no aspirations to become the American College of Gastroenterology President. I pledge to lead the ACG with dedication to its mission and vision and to the best of my abilities.

You became a Fellow of the American College of Gastroenterology (FACG) in 1999. One of our initiatives for the Women in GI Committee is to educate women ACG members about the benefits of becoming

an FACG and encouraging them to apply. (Information and the application for advancement to fellowship are available at gi.org/join-acg/#printedapps). How did you find out about the benefits of fellowship, and what led you to become a fellow?

CB: Many of us, especially for women, deserve the professional recognition that we have earned. I could not wait to meet the requisites to become an FACG, which for me was an external display of my professional standing. The day I became a Fellow of the College, I was so proud. I also had an interest in leading a committee as a committee chair. In order to do that, fellowship in ACG was required. I would encourage eligible College members to apply for fellowship.

What are your responsibilities on the Board of Trustees? I think a lot of members are not aware of what the Board actually does.

CB: I suspect that many aspects of the administrative and operational structure of the ACG are not recognized by our members. The administrative team, led by ACG Executive Director Brad Stillman, is lean, focused, highly skilled, knowledgeable and efficient. They are the backbone of the College's operations. The Board of Trustees is composed of a diverse group of individual members who are Fellows of the College. I am proud to say the College has many women on the Board of Trustees. The Board represents the interests of academics, private practice, sub-specialty expertise and geographic location.

The role of the ACG Board of Trustees is to ensure that the organization constantly works on behalf of its members, using our mission and vision statement as guiding principles. ACG's vision is to be the pre-eminent professional organization that champions the evolving needs of clinicians in the delivery of high-quality, evidence-based and compassionate health care to gastroenterology patients. Our mission is to advance world-class care for patients with gastrointestinal disorders through excellence, innovation and advocacy in the areas of scientific investigation, education, prevention and treatment. The Board of Trustees works to ensure adequate support is provided to our Board of Governors, committees, the

ACG Institute for Clinical Research and Education, and special initiatives of the College. The vision, mission and charter are available for anyone to read (available at gi.org/about-acg).

Hopefully everyone reading this will know that you became the ACG President in October 2016. What do you hope to accomplish during your year as ACG president? Is there one specific goal that you would like to attain during this time?

CB: I plan to continue the path that Harry Sarles, MD, FACG, Steve Hanauer, MD, FACG, and Ken DeVault, MD, FACG, have set by unceasingly voicing our discontent with the current Maintenance of Certification (MOC) process, and pushing our principle of life-long learning, not life-long testing, with the American Board of Internal Medicine. I will utilize our Governors structure to push legislation that prevents MOC status from having a detrimental effect on a gastroenterologist's practice. I will continue the strong collaboration with our sister GI societies and other medical societies to fight the burden, redundancy and cost of the MOC pathway for board recertification. Through our efforts, we have seen some changes with the ABIM process, although the system remains broken. The College has created CME content that satisfies MOC, which our members should take advantage of at no additional cost.

I also want to ensure that our members know the educational resources available to them to prepare for the changes in payment models that are upon us. We cannot let fear and discontent paralyze us. ACG members need to innovate ways to provide efficient, high-value and high-quality medical care to patients. Each week the College posts the MACRA "Tidbit for the Week," which I recommend our members read. (Making Sense of MACRA, available at gi.org/macra and ACG's MACRA Tidbit for the Week, available at gi.org/national-affairs).

Colorectal cancer prevention, both in the general population and among those with a hereditary colorectal cancer predisposition, has been a clinical and research focus of my career. The ACG steadfastly supports the Board of Governors and members to all work toward the "80% by 2018" national

goal of screening 80% of eligible adults in the United States for colorectal cancer by the year 2018, in collaboration with our National Affairs Committee. We need to continue the conversation with our state and national legislators, as we are doing with the SCREEN Act (S.1079/HR.2035) and Removing Barriers to Colorectal Cancer Screening Act of 2015 (S.624/HR.1220), as well as state-based initiatives to waive the deductible and co-insurance penalty our Medicare beneficiaries face when a screening colonoscopy becomes a therapeutic examination, and working to ensure insurance coverage is available for a pre-colonoscopy office visit to establish the safety of our patients for the procedure.

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One of Vice President Joe Biden’s Cancer Moonshot initiatives is to enhance the recognition of Lynch syndrome (LS). It is estimated that one million individuals in the United States have LS, yet only 5% have been tested. I would like to work toward the creation of educational opportunities and tools to enable gastroenterologists to easily make the diagnosis of LS, and facilitate genetic testing within the current flow of their practice.

I would like to foster close communication and collaboration between our committees and look forward to an innovation that can foster efficient and collaborative clinical research between College members.

Those all sound like great ideas. It sounds like you will be very busy. Will you have the opportunity as ACG President to pursue salary equality in medicine in general or in GI in particular? (Additional information on gender difference in compensation available at www.medscape.com/features/slideshow/compensation/2016/public/overview#page=9)

CB: I think that conversation should be around more than just salary equality in GI. Equity should extend to leadership opportunities. The College is leading gender equality in leadership. Within ACG’s ranks, 26% of committee members are female, which is an over-representation

of the diversity of the membership. Of our Governors, 11% are female, and we can grow women’s interest and skills to foster their interest in those roles. Three women are on the ACG Board of Trustees, and many more are identified and qualified. This upcoming year is a historic moment for women in GI. Anna Lok, MD, from the University of Michigan, will become President of American Association for the Study of Liver Diseases in November. I will have served as President of the ACG for one month. Karen Woods, MD, FACG, and Sheila Crowe, MD, FACG, will be becoming the Presidents of the ASGE and AGA, respectively, in May at their meeting.

Now is the time!

CB: Academic promotion, perks including maternity and paternity leave, and opportunities for partnership in practice are other areas we need to equilibrate. We have demonstrated from our previous surveys that women in GI are more likely to be childless than their male counterparts, and do more work both domestically at home (including family care) and in the workplace than is commensurate with their salary. I encourage the Women in GI Committee to take up any of these issues and create a forum and opportunities to mitigate the inequities which still exist for female gastroenterologists.

Recently, you co-chaired the ACG Professionalism and Wellness Initiative, which is ongoing (more information available at gi.org/the-acg-professionalism-and-wellness-initiative). What interested you personally in a wellness initiative, and why did you think other ACG members would benefit?

CB: The rate of burnout in American physicians is about 50% and slightly higher in gastroenterologists. The substantial changes in the payment models and in the regulatory environment that we are working in are contributing to that.

In addition, the constant barrage of electronic communications (including patients’ electronic health record messages, test results and email), production pressure (relative value unit generation and other metrics), and patient satisfaction surveys, to name a few, have led to this burnout. Some interesting data shows that the wellness of physicians is suffering with increasing rates of obesity, dining out and decreasing physical activity, sleep and communication skills, which affects patients, co-workers and family relationships. More than 1,000 ACG members filled out the survey. Our results will help guide the College to assess the need for resources to bolster the resilience of GI physicians.



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