DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

Episode #260 - From Frustrated to Influential: How Physicians Can Help Shape Healthcare

With guest Dr. Mike Ybarra

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MY (00:00)

The real selling point that I think physicians have is the fact that they have credibility grounded in the lived experience of patients. Being in this very complicated healthcare system is a really important perspective that organizations do need. Even if the job description may not specifically have it, being really confident in that skill set and being able to offer it to potential employers is a real benefit.

HF (00:31)

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Hey there and welcome to the Doctor's Crossing Carpe Diem podcast. I'm your host, Dr. Heather Fork, and you're listening to episode number 260. What if you want to have an impact in healthcare that goes beyond caring for one patient at a time? Maybe there's a problem in healthcare you feel passionate about changing. You want to improve how care is delivered, influence policy, advocate for physicians or patients, become a thought leader or speaker, or simply have a bigger voice.

But there's a catch. There may not be a job description for what you want to do. So where do you start? How do you take something you care deeply about and begin

making inroads? That's what we're talking about today with my guest, Dr. Mike Ybarra. Dr. Ybarra is an emergency medicine physician and the chief medical officer at PhRMA, that's P-h-R-M-A, a trade organization where he works at the intersection of medicine, health policy, and advocacy.

He has spent more than a decade working in these areas and in healthcare leadership, while also continuing to practice emergency medicine and teach at Georgetown University. Today we're going to talk about how Mike found his way into this work, what a career in policy and advocacy can actually look like, and how we can start in small ways to get involved, build experience, and ultimately have a greater voice in shaping healthcare.

It is my true honor and pleasure to welcome Dr. Mike Ybarra to the podcast. Hi, Mike, welcome.

MY (02:27)

Hi, thank you. Thanks for having me.

HF (02:29)

Yes, this is going to be such an interesting conversation because it's something that we really haven't covered, and it's kind of a black box. So I'm excited to have you here to help us unpack this. Before we go into your history, can you describe what this trade organization, PhRMA, is? We often use the word pharma in general, but here we're talking about the name of the organization, P-h-R-M-A.

MY (03:00)

Yes, that's right. You might have heard about, quote unquote, big pharma, but PhRMA is an association. We're based in Washington, DC, and our members are large, innovative biopharmaceutical companies. They invest billions of dollars into research and development, and they bring new medicines to patients. So we're distinctly different from

associations that might represent the generic industry or other parts of the healthcare ecosystem. We really focus on the issues facing the brand manufacturers, and that's a really interesting and exciting place to be, given all the progress we're seeing in cancer and in other disease areas. So we work on public policy issues. We ourselves don't make medicines, but our member companies do.

HF (03:54)

This is a different kind of job than we've had anybody talk about on the podcast. So it'll be really interesting to hear how you made your way into this area, and also to help physicians who might want to work with a different type of organization think about how they can work at this level. So let's begin at the beginning. Tell us, Dr. Mike, how you got into medicine and then pivoted your career in this direction.

MY (04:21)

Well, I wish I could say it was a master plan, but I think what it really was was a set of interests that I had throughout my life and wanting to pursue both of them. When I was in high school, I was really interested in politics and policy, but I also had a strong interest in science. I went to college and sort of did a dual track. I majored in biology and focused separately on US history.

I moved to Washington, DC to go to medical school, in part because, while I was going to med school to focus on becoming a doctor, I still had this itch for policy and politics. Being in DC, I sensed that I could maybe experience both worlds, and thankfully, I was able to. Of course, medical school is super demanding, but one of the things I did in med school was become really involved in organized medicine.

I got involved in my own specialty society, the American Academy of Emergency Medicine, took on leadership roles there, and pursued emergency medicine. Emergency medicine is an amazing field, but it's also a very tough field. It's shift work, it's high intensity, and it has higher rates of burnout. I remember in residency, one of my colleagues talked about the importance of having, quote unquote, side hustles in emergency medicine.

In other words, find your passion in healthcare outside of the emergency department and pursue that to build a life of balance, which is a challenge, because everybody knows what it's like to work in the emergency department. If you've watched The Pitt, it is a lot. So for me, my side hustle became leadership and health policy, and I did that through organized medicine. I loved getting to see and shape the bigger picture through policy and advocacy work.

Over the course of many years of being involved through med school, residency, and then as a junior attending, at a certain point I thought, how can I make this side hustle that's motivating me so much my main hustle, and work in the emergency department more on a part-time basis? That's really what I did in 2014 after finding this opportunity at PhRMA. Thankfully, they took a chance on me.

I went from being a full-time ER doc and a volunteer in health policy to a full-time advocacy professional with a sprinkling of emergency medicine on the side. Being able to do both over the last 12 years has really been a privilege. You get to see the big policy picture and make change on that macro level, but you also impact people on the individual level, which is so fulfilling and so meaningful. So it's been a really interesting 12 years, and I'm really happy with the way it's all turned out to this point.

HF (07:02)

I love your story because it's obvious that this seed was in you early on to be involved in policy and politics. I think it's fascinating that you moved to DC so you could do your training but also be steeped in an environment that really spoke to you. Can you tell us a little bit about what you do in your job at PhRMA, to give us an idea of how you are advocating and how you're improving healthcare?

MY (07:36)

Sure. Obviously my day-to-day exam room looks very different from being in the emergency department. On any given day at PhRMA, I might be talking with physicians

about how biopharmaceutical innovation is impacting their practices. I spend a lot of time meeting with patient advocates about the challenges they're facing and the barriers to care.

I'll spend time talking about emerging science with our R&D leaders. Ultimately, what we're trying to do is help policymakers understand how their policy proposals are going to impact the biopharmaceutical ecosystem. Recently I've spent a lot of time thinking about two big issues. One is vaccine-related policy, which is an issue I do a lot of work on. The second is related to pricing and access. You may have heard of the most favored nation drug pricing policy or issues related to PBM reforms, and making sure patients can access medicines at costs they can afford.

These are all issues that are front and center for the administration and for Congress, and they're going to really impact our industry as well. So the issue set is different, but I think the role of the physician in all of it is really important. We're trained to take on an enormous amount of complicated and oftentimes conflicting information and decide what's best for the patient in front of us, and I think we do that really skillfully. That skill has been helpful for me in the advocacy setting, taking complicated information, distilling and synthesizing it, and making the best case for what we think the right policy is going forward. So that's the macro view of what my physician advocacy hat looks like.

HF (09:23)

Do you have an example, Mike, of one of these issues or challenges you've been working on? You said you've been doing this for more than a decade.

MY (09:50)

Yes. One of the issues we've been working on for a really long time is drug costs and drug pricing. This is something that feels very complex, and we've really tried to break it down and apply what I said a second ago, which is asking how this is going to impact the patient at the bedside. This is actually a multi-year problem that we've worked on ever since I started, and one key piece of data that we discovered at PhRMA was that everyone assumes the drug pricing issue is a manufacturer issue.

What we found in the research is that 50 cents of every dollar you spend on a brand medicine goes to somebody other than the manufacturer. So of every dollar you spend, 50 cents goes to the brand manufacturer and the other 50 cents goes to somebody else. If you're only focused on the brand manufacturer side, you're going to miss a lot of potential savings in that other 50 cents. I think physicians know this well, because there are a lot of administrative issues that happen in clinical care.

The same thing goes for the pharmaceutical side, where a lot of the costs get taken up by middlemen that may not be delivering the same amount of value to the patient. As we thought about that data, we tried to come up with some ideas that could help patients better access medicines. One was getting at some of the incentives that the middlemen, the pharmacy benefit managers and the health insurers, have that might be driving up costs.

It's resulted in a lot of activity. It started at the state level, and it has bubbled up to some federal reform as well. Earlier this year in January, as part of the continuing appropriations act that passed through Congress, there was a set of PBM reforms that have some potential to lower costs for patients by getting at some of the incentives that drive 50 cents of that dollar to these middlemen. So that's an example of a complicated issue we've been working on for a long time and have tried to demystify through key data points and arguments around why it's helpful for the patient to have more transparency and lower costs that track the actual cost of the medicine, as opposed to inflated prices that might be benefiting the middlemen.

We've worked on that for a number of years, but there's still more work to be done, because it's not just about the cost. It's also about whether, if you get a prescription from your physician, you're going to be able to fill it at the pharmacy counter. Are you going to have to jump through hoops? Are there going to be prior authorization barriers? Those are all things I think we still need to continue to work on.

HF (12:23)

I think that's an excellent example. There's such an interesting contrast with being an emergency medicine physician. Someone might be hemorrhaging, you stop the bleeding, you fix them up, you send them on their way, and you're done with a lot of patients at the end of the day. Whereas this is the long game, so it's a different skill set and a different mindset than fixing someone in the emergency room.

So if a physician is listening to this and trying to decide whether they might be a good fit for working in policy and advocacy, and we'll get more into how to get into this in a little bit, who do you think is a good fit for this kind of work? Because you're probably not getting overnight success.

MY (13:09)

Right. It's a different scale, but it's also a different time horizon, to your point. In emergency medicine there's a very quick, rapid feedback loop, and in policy work it's somewhat slower, but that doesn't mean the work doesn't move at a really fast pace at a tactical level. That's actually one of the things I've really liked about working for an association in DC. So much is happening all the time.

While change might take many years, to pass a law, for example, a lot of things happen on a daily basis. There are hearings, there are reports, there's executive action, and there are executive orders. So I wouldn't say that it's all slow. If you're looking at that one metric of whether they passed a law on a given issue, that might be a little slower, but a lot happens on a daily basis here in Washington that can be really exciting.

And don't forget the states. They say the states are the laboratories of democracy, and they tend to move really quickly when it comes to passing laws. So if you're interested in policy, you don't have to move to Washington. You can get involved at the local level, whether that's your city or your state, where things might move even quicker.

HF (14:21)

That's a really good point. So it can be very dynamic, with things changing rapidly and a lot of new information and excitement coming in, while you're still working on some longer-term goals. Do you have some examples, Dr. Mike, of physicians you know who are working in policy and advocacy in different areas, just to broaden out the conversation?

MY (14:47)

Certainly. I really benefited from doing my training in DC and having mentors who were able to show me the different types of careers you can have in health policy here in Washington. I had mentors who worked for federal agencies, whether it was the FDA, CMS, or NIH. One mentor actually worked at the White House and was detailed there working on emergency preparedness issues. This was in the early 2000s, around the anthrax scare that we lived through.

So being in Washington exposed me to different opportunities for physicians in policy that weren't simply working on the Hill or running for office. There are all these federal agencies here that require a level of physician expertise, and I really benefited from understanding what other opportunities might be out there.

In my current job at PhRMA, it's been really meaningful to network with physicians who also do this on a full-time basis. There aren't that many of us, as you might imagine, but there are physician leaders who run other trade associations or specialty societies, or who work in government or take jobs on Capitol Hill. There are some high-profile physicians who work in the administration now. All of those are great career paths and ways to pursue opportunities to help patients in ways that are different from bedside care, but really important and complementary to it.

HF (16:22)

So you have your own experience, and you've also seen physicians carve out pathways into this area in different directions. The big question that comes up is, how do we do this? Obviously everybody's going to have a different story, but let's imagine we have a physician who has been in clinical practice for one year, five years, ten years, whatever it

may be, and they have this bug. They're thinking, I want to be like Dr. Mike, I want to start moving in this area. How do they even begin if they weren't, like you, living in DC and already steeped in these waters?

MY (17:01)

Well, I think you don't have to move to Washington. You can start by working on your issues at the state level or the local level, or get involved in your medical specialty society, which is a great way to network and build skills. The other thing I experience myself, even on a daily basis, is thinking, if I didn't do a residency in it, how do I say that I'm an expert? Or if I didn't take a class or that elective, how can I pursue this?

Understanding what skills you have as a physician is really important. You're a leader because you lead teams. Thinking about ways you can describe your skill set beyond your education and specific training is really, really important. The role of networking is also critical. I'm sure, Heather, you talk a lot about this, using your networks through LinkedIn and the connections you might have to talk to people and better understand the opportunities that might be out there.

And then I think the real selling point that physicians have is the fact that they have credibility grounded in the lived experience of patients. Being in this very complicated healthcare system is a really important perspective that organizations do need. So find a way to sell that expertise. Even if the job description may not specifically have it, being really confident in that skill set and being able to offer it to potential employers is a real benefit.

HF (18:31)

You make some really good points about how we often underestimate our platform and what we already bring to the table. Let's say, for example, there's a physician who is starting generically, saying, I want to help improve access for the underserved, or whatever it is. Let's pick something specific they'd like to work on. They're really in the idea stage, and this still feels very strange. They wouldn't even know who to reach out to on LinkedIn, and they don't really feel like they have anything to offer. They're just

looking for a toehold. So how do we go from a wish and a desire to contribute in some way, when it's really not any more formed than that?

MY (19:16)

I would say you really have to try to identify which organizations share that goal, and not only try to align with individuals but also with organizations that have that shared mission. One of the unique things when I was creating the health policy fellowship where I went after residency was mapping out this world in DC of what we call trade associations, of which PhRMA is one. There are so many entities in DC that are stood up to advance a particular mission.

So it's very likely that if you get the bug and you have an interest in something, there's an association in DC that works on that issue. It may not just be about finding an individual with your interest, but also finding which organizations align with that interest. Then try to see if you can offer value to them, initially by reaching out and potentially doing some volunteering, and then by building your portfolio and making the case, if that's the way you want to go with a career transition.

HF (20:13)

I love that. It's very practical and doable. And now we can also use AI to help us search. If we put this into ChatGPT or Claude, or whatever AI tool you like to use, you're going to get a list you can start with. That's the beauty of it. You'll even get names of people. So within five minutes you can have a lot more information than you have right now.

MY (20:39)

Yeah, a hundred percent.

HF (20:41)

So I'm curious, Dr. Mike, was your work up until you got the job at PhRMA on a volunteer basis?

MY (20:50)

Well, when you're involved in your medical specialty society, that's typically a volunteer role, and that was the case for me. But those were really important volunteer jobs for me, because they gave me a lot of experience and exposure, and I developed a lot of skill sets. I'll caveat that by saying I was also a full-time faculty member working in the emergency department, and I had dedicated time for the health policy fellowship, so I was able to merge that into my career out of residency.

But as most people listening know, your specialty society by and large has its own professional staff, and the physicians tend to be volunteers. That was something I caught on to early, which led me to ask how I could make the switch and provide value as a physician to organizations that may not have access to a lot of physicians the way medical specialty societies do. I really valued the time I spent and I got a lot out of it, but to your question, yes, that's usually a volunteer type of position. They look for physician volunteers within the specialty society. Maybe there are some that pay, but that wasn't my experience.

HF (21:53)

And how did you specifically get this job at PhRMA?

MY (21:59)

I applied just like anybody else. I had some interviews, and they went well. I made the case that I was really interested in bridging the gap between the physician community and the work we were doing at PhRMA on issues like physician reimbursement, access, pharmacy benefit managers, and prior authorization. There was a whole host of issues PhRMA was working on where I felt I could deliver value and an important perspective. It's been twelve years, so I think it's worked out.

HF (22:31)

That's so great. So you actually saw this job as a posting on LinkedIn or on some other platform?

MY (22:39)

I saw it directly on the website. To your point, you can use AI and other tools to find and source opportunities, but this was back in 2014. I was looking at opportunities and came across it online.

HF (22:55)

Excellent. Do you have any other stories you want to share of a physician's path into policy and advocacy, without names or anything like that, where you could trace the dots a little and say, I know this person, they ended up in this area, and this is how they made their way?

MY (23:17)

I would generally say that it's important to develop a solid foundation in your clinical specialty first, because I do think that expertise and credibility are going to help you open doors later. As you're building your clinical expertise, following the issues that really energize you and considering where you want to make an impact is a second step. Then build relationships outside of medicine. Connect with the patient advocates in the space you're interested in and engage with other organizations. Some of the most interesting opportunities have come up through that networking. It often happens organically, and when you look back, it all made sense in retrospect. But sometimes it's hard when you're looking forward to plan it all out the way we like to do in medicine.

HF (24:03)

Absolutely. We have to let go of that, because it's often like bushwhacking. We can't see where we're going, so we have to follow our interest. I'm curious, if you had just a couple of minutes to talk to a doctor who thought they might want to go into this area, how could you tell in that short period of time whether this person would probably be a good fit, or whether you might say, maybe this isn't quite the thing for you?

MY (24:35)

Well, one thing to be on the lookout for is that I don't think you should pursue a policy career as an escape from the hard parts of clinical medicine. I came from emergency medicine, which is an incredibly challenging place to work. It pulls you to the extremes. You experience very high highs and incredible lows, with a ton of responsibility. But I wasn't doing this because I was trying to get out of that. I was doing it because I wanted to make a difference in a different way.

Certainly, if you're experiencing burnout or you need to pursue other things for that reason, you should. But I think every career is going to have challenges, and that's just something you have to be aware of. I left behind overnight shifts and busy waiting rooms, but now I'm dealing with a different set of problems. You have systems problems, competing priorities, and resource constraints.

These things happen in every organization. So I think it's a matter of being eyes wide open about what else you might experience outside of clinical medicine. At the end of the day, we're all human, and human behaviors repeat themselves in different settings, just on a different scale. So instead of focusing on what you want to get away from, try to focus on what you want to do. What do you want to change? What do you want to focus on? I've found that to be a much more productive conversation with folks I've talked to over the years who are pursuing non-clinical careers. What gets you excited about work outside of direct patient care? Try to focus on that. I think that's more positive, and I think you'll be happier if that's the type of career you pursue.

HF (26:15)

Excellent advice. And what really gets you excited about your job?

MY (26:21)

Honestly, I've said it a couple of times in a couple of different ways, but I love the opportunity to think about change at a broader level. At PhRMA, when I think about the

last 12 years and how much has changed in medicine thanks to innovation, I'm really inspired by it. When I was in medical school, the HPV vaccine was approved, I think in 2005. Fast forward 21 years, and there was a study that came out in Scotland this year that found the HPV vaccine not only prevents cancer, but can actually extend your life by preventing you from dying from that cancer. That's 21 years of data on something that came out when I was first in medical school.

Cystic fibrosis is another example. I lost a classmate in college to cystic fibrosis, and now there are oral therapies that innovative companies have developed that allow people to breathe normally and effectively live a normal life. I think the life expectancy for someone born with CF today is in their 70s. And then there's a disease like HIV, which, even when I was in med school in 2004, was still very challenging, and many people did not have a normal life expectancy, even with advanced therapies. Those therapies have gotten better over the last 20 years with more combination therapies and long-acting injectables, so we can now think of it more as a chronic disease. And now we can prevent it with PrEP, which is a really important innovation as well. That's 40 years of innovation, and I think it's just incredible.

I always tell the med students I'm working with to think about a disease today that really scares them because it seems like a death sentence, like pancreatic cancer, for example. Then you hear about daraxonrasib, which is a potential game changer for that disease. There are plenty of diseases where 10 years from now we're going to look back and say there was a medicine that changed the trajectory of that disease. That's what gets me super excited about the work I'm doing. How can we defend this ecosystem and make sure companies are able to continue developing treatments that can change the trajectory of disease for patients, when today it seems like something terrible or something really, really hard to live with? So again, that's what gets me excited about the work I get to do.

HF (28:45)

I absolutely love that, because it's really true. The examples you cited are very powerful, and this is a reality we've gotten to see in our lifetime. For myself, being a dermatologist, Accutane was transformative for the patients I helped, and it wasn't that widely available

earlier on. It's such a beautiful thing to see patients who really struggled and didn't have a lot of options have something that is a game changer for them.

Now, to wrap up here, there's one last thing I wanted to ask you about, Mike. What are some ways physicians can start broadening their already broad skill base to be better positioned for this kind of work?

MY (29:35)

That's a great question, and I'll be like a broken record. I think you can really learn how policy actually gets made by joining your specialty society committees or getting involved in state medical society work, but you can also do that through your hospital. If you're affiliated with a hospital or involved with a physician group, those are volunteer opportunities, and you can get a lot out of them.

The other thing you can do, and I did a fair amount of it when I was in med school and residency, is writing. That's good because it's practice translating complicated topics and distilling them down. You can write an op-ed, for example. Some of the residents and fellows I work with in the clinical setting do a lot of that. Give talks whenever you can, to the residents if you're an attending or to your colleagues, and use your voice. There are a lot of ways to do it now that didn't exist when I was making the transition, whether it's social media, LinkedIn, X, or other platforms. I think communication is a really important skill, and it's a transferable skill you can develop as a physician.

The third rung of it is getting comfortable with advocacy, and you can also do this through your specialty society. You can meet with policymakers by attending their Hill Days, you can submit comments on proposed rules, and you can help the organization develop its policy priorities. So there's a range of things you can do that fit within the walls of medical practice, and that's what I did. It was a bit of a different time, because social media wasn't as extensive when I was making the transition. But learning how policy gets made through your specialty society, practicing translating it through writing, building communication skills, and then getting comfortable by participating in events and going to the Hill when those opportunities present themselves are all great ways to start.

HF (31:18)

You're right. There's a lot we can do while we're still in practice to feel like we're moving forward. And I love Toastmasters. I think it's a great organization for honing your speaking skills. Thank you so much for coming on the podcast. Are there any links you want to share for people to learn more about you?

MY (31:40)

Sure. First of all, thank you for having me. I appreciate it, and it was a great conversation. I would love for people to learn more about PhRMA, the issues we're working on, and the ways we're trying to move progress forward for patients. We have a blog, and I'm an occasional contributor. So if you want to learn a little more about me and the things I'm working on, you can go to phrma.org/blog and search for Mike Ybarra. There's a variety of things I've written about in terms of innovation and vaccine policy. I would love for folks to take a look at that.

HF (32:11)

We will put that link in the show notes so people can find your organization and the blog. Thank you so much again. And my dear listeners, thank you for being here. This is why we do this, to help you out. If you know of anybody who might be interested in this topic, please feel free to share the podcast. That is how we get more engagement and more people getting help, and we always appreciate it.

I also wanted to mention that if you're finding yourself at the White Coat Crossroads and you have more questions and want answers, I'd love to help you. We offer a confidential one-hour consultation on Zoom where we can talk about your situation, what you'd like to be different, and how you can start moving forward. Feel free to reach out to us at team@doctorscrossing.com, that's T-E-A-M at doctorscrossing.com, for more details. I'll put that email in the show notes.

And as always, don't forget to carpe that diem, and I'll see you in the next episode. Bye for now.

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