Advocacy That Works: How Dr. Scott Pasichow Is Reshaping Healthcare Policy Transcript

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Introduction to Heartline and Dr. Scott Pasachow

Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

I'm thrilled today to have Dr. Scott Pasachow. He's an emergency physician, educator, and advocate. He currently works as an assistant professor of emergency medicine at Rutgers New Jersey Medical School.

He has advocated for multiple issues at the state and federal level, including testifying on multiple bills on EMS and emergency medicine at the state in New Jersey.

He is a former board member for EMRA, currently represents ASAP with the AMA House of Delegates, and was elected to be on the AMA's Council on Medical Education this past year.

His medicine advocacy has centered around scholarly activity requirements, core faculty protected time, I can't wait to dig into that, mental health care, and burnout in medicine and family planning for attendings and trainees.

He currently lives in Maplewood, New Jersey with his wife, two kids, two pit mix dogs and a growing collection of New York Rangers paraphernalia. Scott, welcome to the show.

Thanks so much for having me. That is quite the bio and there's so much to chew on there. And with all of that change making work that you're doing, When was your first moment where you felt your agency and your changemaker persona come to fruition?

Ooh, I think I'm still working. There's a lot of successes that I've had and there's a lot of things that I've been able to do. And there's still a little bit of like, what comes next?

A little bit of, I know so much of what I've done is because of the people I work with and the teams that I work with.

Finding Agency as a Changemaker

And so there's a lot of times where I feel like I'm not even the stride where I want to be at, despite a background where I have done a lot. And every time I hear it or I organize it, I'm like, oh yeah, I guess there's a lot there.

Well, I'm laughing because it's a very familiar feeling and I think that's something great for the audience to realize that, you know, no matter how much we do, you know, what accolade we get.

I think part of that is, you know, a lot of us have that achievement mindset, but I think the other part of it And I'm guessing I'd love you to chime in on this is it's because there's so much work that's left to do.

You know, like there's so many problems in healthcare right now. So it's constantly, you know, it's less of me. Like, how can I get another chink in my chain?

It's more about like, what could I do that would make things better right now? Yeah. And there's so much work to be done. There's so many problems that are not fully fixed.

Even the family leave stuff that you talk about, we went from six weeks with ABEM, ECGME says six weeks, ABEM's up to eight weeks. We still really need to be closer to 10 weeks to hit the median of the time off that people need.

And so there's a lot of times where I think I have to remind myself how much has been accomplished so that I don't lose sight of that as we're looking at other things that need to get finished.

Well, let's go there. Why is family leave so important to you? And honestly, I read a lot of bios. I've had a lot of people on the show. And I've never had a man talk about this issue.

Yeah. So I think there's like an equity focus that all of the work that I do has. I'm a cisgendered white heterosexual male. And I understand that that comes with a lot of privilege and there is a lot of benefit.

One of the things that really struck me in prepping for the podcast was your background around family leave and how this is very personal to you and you did something about it.

So can you tell us about what that looked like for you in residency and the work that you've done since?

Family Leave Advocacy and Policy Change

Yeah, when my wife and I decided to have our first kid, obviously there's a lot of planning that goes into that. She's a PhD researcher right now and she was in the process of getting her degree.

And so, you know, how does having a kid impact her life? And also I'm a resident in training. There's a tremendous amount of restrictions and requirements around that.

And so as soon as we had the conversation and decided, I talked with my PD about it. her feedback immediately was, oh, don't worry about it. Men never have to make up time.

And I was like, so what happens to women? And she was like, oh, they always have to, you know, tack on an extra month or two at the end of training. And I've always had this equity focus in the work that I've done.

I'm a cisgendered white heterosexual male that comes with a lot of privilege. And I try to understand that and own that and also figure out what are the What are the rules that exist?

What are the norms that exist that give me that benefit? And how can we try to expand that to other people? And so that led to looking at how do we change the leave times?

What are the requirements that the program has that makes them say, if you take eight weeks off, if you take 12 weeks off, which you know, is minimum really for, you know, if you're giving birth to a child, the time that you would need to recover from that and to bond a little bit.

And I know the U S is not anywhere near where other countries are with this. Um, but even if you do that small amount, you have to make up time at the end.

Otherwise you can't sit through your boards. The ACG maybe won't graduate you or at least that was true at the time. And so what policies need to change?

As I'm advocating for those policies, there is some data that I think would be really helpful. What impact is this having? How many people are actually being affected?

And so I applied for an SEMF grant. I was actually the team that I was on, which I was the named head of because Brown was the host institution. but it was all other women and so it was the first recipient of EM's Women in Emergency Medicine grant because it was focused on family leave and it was focused on this problem that exists for new mothers that doesn't exist for new adoptive parents in the same way.

you know, for new non-child bearing, non-birth giving parents in the same way. And so they saw the benefit of the data. We found that 10 weeks, the median time.

And so that became sort of the focus of, okay, that's where we need to get to. And we were able to get to adjust policies a little bit. We got ECGME now actually has a formal policy in the past.

It was just, you have to have a rule now it has to be at least six weeks. And so we're incrementally moving things in that direction. Yeah, that's really exciting.

And you mentioned the team there. So what's your top tips for having a successful team and doing this work together? So I really start by listening. When I'm new to the team, what's the conversation like?

What problems has the team already identified? How do they approach those problems? How do they talk about and understand those problems? My favorite book as I was on the Emerald board and sort of learning leadership really by being a board member there was tribal leadership.

And they talk about the progression of a team and the formation of these tribal mentalities and the sort of us versus them mentality that I think a lot of groups, a lot of teams, a lot of companies have of, you know, we have to beat the competition.

And trying to shift that into, you know, us and what we can do to make things better. This sort of we are great mentality of how do we work together or how do we work within our own strengths to solve the problems that need to get solved?

And when you go from that, like beating the competition focus to focusing on the problem and how we solve the problem focus, you get a lot more done. And you find that sometimes who you thought might have been an adversary is actually a friend and somebody that you can work with because they have a different approach or different understanding or a different network that you can reach into.

Yeah, the paper that I just published on changemaking, one of the tenants is listening for dissent. And that's a real skill, because most of us want to listen for someone that's agreeing with us.

But that ability to listen for dissent, I think is really kind of that next step in becoming an even more skilled changemaker. And not just like when you're not successful listening for the dissent, but even listening for it when you are successful.

Building Effective Advocacy Teams

Because I think as we've seen in national politics, some of the wins that we had in the past with Medicaid expansion or with the ACA are now starting to be rolled back.

And so there's always going to be that push of things that we fixed in the past that might get pushed back or potentially reversed. And so I think As you're going through and having the success, hearing what the descent is so that you're prepared for kind of what the next step in trying to roll back wins that you have can be really helpful so that we don't lose as much.

I think, unfortunately, we have made a lot of spaces over the last decade. Yeah, for sure. And I want to dig into a little bit of the alphabet soup. So I am very familiar with all of the abbreviations of EMRA, which is the Resident Organization for Emergency Medicine, and then ASAP, American College of Emergency Physicians.

That's where I've spent a lot of my national time has been with ASAP. But you're also very active in the American Medical Association And it's been on my list for about a year to dig in more to the AMA.

And I'm going to tell you some things that I've heard about the AMA. I've heard that most physicians don't belong to the AMA. And I've heard that there's a lot of people that feel like they're not really sure what the AMA does.

So change my mind about the AMA. What is it? Why does it matter? Why did you get involved? Because you have a lot of different options about where you spend your time.

And we think time's our most valuable resource. So what got you involved with AMA? Yeah, I'll start all of this by the, I think the AMA disclaimer that I need to give, which is I am on the council on medical education.

I'm in the house of delegates. I'm not representing the AMA. These are my personal opinions. This is what I've learned over my decade being there and the experience I have not a talking point that anyone from the AMA is giving me.

But I think objectively what the first thing you said is true, right? I think it's 20% of physicians are members of the AMA. That is.

Why the AMA Matters

something that everyone involved in the AMA is keenly aware of and something that I think drives a lot of physician leadership decisions that get made is understanding that we are a minority of physicians and how do we get more physicians to be involved and to engage with the organization and represent the needs of physicians even when we may only get a small subset that are sort of actively engaged.

The second piece is, from my perspective, it's the biggest and it is the loudest and it is what people throughout government, throughout medical organizations, it is like the easiest group for them to go to and say, okay, what do physicians think about a particular issue?

As I've seen throughout advocacy, the decisions get made whether we're at the table or not. And so if the AMA is the group that all of the outside agencies, federal agencies, state agencies, hospital systems are going to to try to get a physician perspective, then that's where I want to be so that I can influence what that stated physician perspective is.

I think the 150th is coming upwards this year and it really is that public health focus and how can we improve the health of the public, of the United States, of the general population.

Everything that we do really focuses on that mission and has that bend to it. A couple years ago, somebody brought forward the idea that we should have physicians in the mission statement of the AMA.

And the House of Delegates said, no, this is about the patients. This is about healthcare. This is about the science of medicine. This is about public health.

And yes, improving physician wellness, improving the quality of our work environments is critical to getting that done. But You can't just focus on one piece.

Very cool. So tell me how somebody would get involved in the AMA. So easiest thing is joining. When you join, there are state societies that a lot of people are a part of as well.

They're affiliated with AMA, but they're not state chapters like you're used to with ASEP. They are completely separate, independent organizations that all kind of get together and say, okay, the AMA is the national voice, we are the state voice, and so they collaborate a lot.

But much like the way the federal government is set up, where there are a few isolated things the federal government can do and everything else, the states have to ask for permission.

AMA functions the same way. If the state turns to the AMA and says, hey, we need help on the scope of practice bill, you know, what's your experience?

How do we defeat it? AMA is happy to step in and give them advice and help guide the team. At the same time,

you know, when Mississippi has a great idea and they're Full steam ahead and they're having success and wins.

The AMA says, okay, great. What can we learn from it? But you know, you understand Mississippi. Uh, so we're going to let you take the lead. You know, we're not going to step in there.

So getting involved with your state medical society, becoming a member of the AMA and then all of those societies as well as like ESEP and. The specialty societies have seats within the house of delegates.

And so connecting with the group of people that are involved with that, getting involved in one of the sections of the AMA where you can, you know, they have a little bit more of a focus.

There's the medical student section, resident and fellow section involved with the young physician section and the academic physician section, because I work at Rutgers.

And so the section, there's sort of these interest groups within the house that say, okay, this is the thing that we care about. These are issues that are related to that piece of the practice of medicine that's important to us and it becomes a much easier route to get involved.

So you've been doing advocacy work for a long time and you've been at various perspectives, whether ASAP, EMRA, AMA, going to state legislatures.

Responding to Medicaid Rollbacks

There's a lot going not great in healthcare. And as you alluded to, there's been, you know, for most of us would agree that there's been some huge losses lately.

Let's just focus on Medicaid rollback right now. A lot of physicians are really upset. They're recording videos on social media, which I think is helpful for patients to hear physicians' perspective.

But what's the next step? Like, what do we do? How do we harness that agency? Knowing that physicians are a really small number of the American population, is there about a million physicians in the United States?

I'd have to look it up, honestly. I think that's what I had Kim Downey on the podcast earlier this week, and that was what she quoted. We'll fact check that, though.

But OK, so Medicaid rollbacks, what do we do? I think recording videos right now is sort of the impact of this is not going to be felt until after the next election cycle.

They timed everything so that very few people, I should say, are going to lose coverage or be impacted by this directly until after 2027, until after they have to deal with whatever blowback might come politically.

And so talking to our patients, telling stories of what we're seeing patients struggle with, the fears that we or our colleagues have, the fears that our patients have around this, the uncertainty that exists around it, I think is going to be really important.

And highlighting some of the data that we know, you know, how how Georgia, and I'm forgetting the name of the program, but their Medicaid work requirements, how that got rolled out and the problem that they've had with that, telling those stories and things can be really important.

The lead spokesperson for Georgia's Medicaid work requirements in the first year of his coverage, got his coverage cut twice because he didn't fill out the paperwork properly.

The system was down. He couldn't access it. And now he is an opponent. of the program that he was literally the face of when it first rolled out. And so highlighting some of that and the struggles that patients have is going to be really important in helping to protect access to care.

Personally, I am finding people that I am politically aligned with getting more involved in the state, the local elections and races, you know, whichever party you're supporting, making sure that Medicaid and protecting Medicaid is really front and center of some of those conversations and discussions and supporting candidates that you know are actually going to prioritize those things.

There's a couple of Republicans that voted for the Medicaid cuts in New Jersey. And so I'm finding people I know that, you know, are going to run against them in the 2026 election.

and starting now to sort of support and lay the groundwork for how do we send that message out and how do we make sure the public's aware of what was done even though, you know, they may not be cut from Medicaid yet because the change hasn't actually happened.

I think there's also a really important role still with organized medicine and so With ASAP council, with the House of Delegates, you know, they take ideas, they take resolutions from the organizations that make up those bodies.

So, you know, going to your ASAP state chapter and talking to the members of the board and saying, hey, here's a strategy I'd like us to take. How can we turn that into a resolution?

There are a committee that I can work with that can sort of help with some messaging or some communication around that so that these ideas can get sort of a larger media presence.

Something can get more attention and notoriety. you know, trying stuff and seeing what works and what doesn't. The only bad idea is the one that we don't attempt to see whether it's going to work.

We don't talk about it in a group. We don't bounce that idea off of other people to see what works and what doesn't. Sometimes what we think is great sticks and has legs.

And sometimes the things we think are going to be great, don't work out well. And that's okay. That's how we learn. Speaking of which, I have some kind of wild ideas.

One of them is about student loan debt. And so kind of push back against student loan forgiveness, especially for physicians. But if you think about emergency medicine physicians or any physician that's providing care at a rate below the fair market value, That is a form of charity, right?

I actually asked ChatGPT this question. I said, with the free care emergency physicians provide, is there any other equivalent thing in the United States, does any other profession do this?

Student Debt, Fair Market Value, and Rural Access

And the closest it could come to was a public defender, but it was like, even a public defender makes more for the free things that they do than legal representation compared to what you do as an emergency doctor.

So I found that very interesting. And so if there really is no free lunch. Couldn't we figure out a way that if we're providing care and what the fair market value is, which is anytime you're around a C-suite, that's the term that pops out of their mouth all the time, we know what the fair market value is for emergency medicine care, I feel like we should be able to have a tax write-off for the charitable care that we provide.

Yeah, I mean, that certainly makes sense. It definitely falls within the tax benefit focus that Republicans have right now, right, of cutting taxes. So I think that's great.

And it's certainly a good idea. The student loan piece, it becomes a little bit challenging because you still have to get past the debt burden, the cost of education, the time commitment and the cost of everything outside of education.

You know, that's the reason why I had $415,000 of debt forgiven as part of public service loan forgiveness a couple

of years ago. I mean, that's way over the median for physicians nationally, but is pretty standards that are at least in the Northeast, the debt burden that a lot of physicians are leaving with.

And I think, you know, again, I'm a big storyteller. So I think being able to tell those stories, being able to humanize the rich doctors as, you know, really, you know, everyday citizens, everyday Americans, people that are in the trenches working hard to try to improve healthcare.

I think that over time that continues to resonate and then focusing on rural areas and how this impacts a physician's ability to work in an area that has less access to care.

It impacts the ability for people from those areas that have less access to care to become physicians, right? If you don't have access to scholarships and you don't have access to personal funds or family funds and now your loan debt is capped at you know, what's going to be not enough money for at least 50% of the people who go through medical school and training.

Where does that leave us in getting rural doctors, you know, from rural environments, training in rural environments, working in rural environments? I think there's a story to be told there and highlighting some of the successes we've had around that is important.

Yeah, for sure. So listening to some of the things that you're sharing with the audience, you're talking about stories and just listening to you today, it's enjoyable and it seems very natural when you're talking about these different issues.

How did you learn how to do that? Because I think this is something that doctors need to spend more time on because our training is very evidence-based medicine, which is important.

I'm not saying it's not. But it's not very entertaining and it's not the thing that makes the politicians ears perk up. It's not honestly a lot of times what somebody in the C-suite responds to.

So how do you get better at that? Toast Makers was actually something that I got involved with. And I've heard that from a number of people that were sort of doing this before me and had a little bit of a mentorship role in my life.

Storytelling Skills for Advocacy

Because it's about storytelling and it's about finding the five or 10 events that have happened that sort of shape your life, that shape your understanding of a particular problem and telling the humanized story of that.

It's also listening to the laughter response as a negative feedback, I guess, for some of the advocacy stuff that I did. The first bill I testified on at the Rhode Island State House was about medical training and the use of live animals in Rhode Island.

I told this very data heavy story and they cut me off at two minutes and I didn't get to finish telling the story and I didn't get to make the point I wanted to make.

And I left and was like, okay, so that's not the strategy to use anymore. When I was in Illinois and we had an EMS bill that was focused on trying to prevent medical directors from being able to suspend providers that were truly practicing dangerous medicine, it was framed as something that is going to be helping unionized firefighters be able to retain their jobs and be able to continue to care for the community found that like practicing the story, telling it to friends and family, telling it to colleagues, cloning it so that it's 30 seconds to a minute at most.

And then thinking about, okay, what's going to be the line that really like. lands as something the media might want to pick up, right? Cause they're going to give like 10 words of whatever you said, they're going to pull a three or four second clip.

And so when I think about what I want to say, the data and the evidence guide, what I'm looking to say. But then

it's, what's the personal story? How do I make this relatable for everyone in the general public?

And then what do I want the media to be able to hear and sort of grasp onto so that they have something potentially useful? that they can put on the news, that they can put in an article.

And I found that even when the media is not there, when the clip, that line doesn't get picked up, that'll actually get the politician to respond in the committee hearing.

They're like, oh, this story might actually make a plan not work. This might make us look bad. We've got to push back against that a little bit. And that's how I've gotten some engagement from politicians and how I was able to get the bill greatly changed, met the fire union's needs in protecting jobs, but also the physician's need in making sure that the public was protected.

Well, this has been so fun hearing all the different advocacy work that you've done. And I've learned a lot about the AMA and just might need to pay my AMA dues.

You're doing so much. You're so busy. You're in academic medicine. You're in advocacy. How do you keep your cup at least at a quarter tank? How do you recharge?

I guess it's behind me a little bit. I'm a big hockey fan and I love sports, especially like baseball and hockey. There's a like number diving into that I'm able to do.

Those things are very helpful. I have a lot of friends that I communicate with, so a lot of group chats that are usually around a lot of policy issues, which is how I stay informed, but that also just become a place for silly memes and like de-stressing things, and then being intentional about being present whenever I'm around family, which was not easy.

to do. It takes my wife who is a lovely human and knows me so well and knows how to pull me back when I get distracted, and then some check-ins and reminders from my therapist.

That being present with my kids is really important for them, but also for my mental health and well-being and being able to bring energy to the advocacy work.

What's giving you hope right now? We mentioned a number of things that could be going better in medicine. What keeps you getting out of bed? To be an emergency doctor and to do the advocacy work.

We've seen things get rolled back. We've seen plans not work. We have continued to find ways of pushing for what's better in medicine and taking these incremental steps going forward.

Staying Grounded and Finding Hope

And so there's a lot of people out there that are getting more fed up with the current situation, that are getting more energized by what their colleagues are doing and that thankfully know how to use social media better than I do, or, you know, have another life experience that they're pulling on and that they're bringing into this.

And so, you know, trying to stay connected with individuals is really what gives me hope and the energy to keep coming back every day. And then reminding myself that the arc of history bends towards justice, that's the line.

And it does take people to pull on it, right? It takes people to actually make that happen. But every time you take a step back, there's a new larger group of people that are looking to push that forward.

And I see that every day on social media. I see that in friends and family and the conversations I have with individuals. I see that with my patients and the people that I work with.

And so I just keep pushing forward and keep hoping. And on that note, last question, we're both medical educators.

I just took a position as a program director.

So I'm, thank you. So I'm leaping right full into emergency medicine fully again and looking many future emergency doctors in the eye and telling them that this is a specialty that they should choose.

At a time when less people are choosing our specialty, it looks in some ways less desirable. What's your advice for the medical student listening that maybe is thinking about emergency medicine but worried if they're going to be able to pay off their student loans and have a fulfilling career?

I think if you're at this point, right, you're in training, you are at a position where you will be able to manage the debt. You will be able to have a fulfilling career.

There continues to be a lot of people and groups that are working on making those things better. And there are a lot of people out there who see the struggles that you're having that want to continue to improve that moving forward so that your career is fulfilling and the sacrifices that you made to get here are honored and.

you know, get taken care of. I still think, you know, in ER docs, we have every quality of life. We are able to do a lot with our time. It's part of the reason why there's an ER physician on every council within the AMA.

We're a sixth of the House of Delegates because we have a lot of time to be able to balance what we want to do outside of the clinical environment and be able to continue to work in the clinical space.

You know, residency, you've got to push through it, but there is a fulfilling career on the other end of it. And once you get out of, uh, you have to work a certain number of shifts to get through training, you are able to go part-time.

You are able to work at two or three different sites and sort of piece together whatever career you're looking for. And there is still a tremendous amount of flexibility the way you're able to do.

And so. You know, I still think it's the best specialty. I feel fulfilled. I get to deal with all of the problems of society start to finish within the emergency department.

And I get an exposure and an experience with people I probably wouldn't otherwise interact with on a daily basis that helps ground me, but also helps motivate me to work and solve problems.

Well, that's a fantastic way to end the show. You couldn't have said it any better. So if the listeners are interested in connecting with you, are you active on any social media platforms, or how could they find out more about any of the advocacy work that you're doing?

So I am on Instagram. That's probably where I'm most active, spmd16.

Advice for Future Emergency Physicians

The 16 is because my brother, when he was cured of cancer, it was 16 years old. He's now a palliative care doc. So it's spmd16. Oh my god. I got to have him on the show.

He sounds amazing. And that's so cool. That's the best social media handle I've ever heard. Thanks. Yeah, I'm happy to connect. SPND16 is Instagram. I'm on Blue Sky.

I don't know how you find people on Blue Sky. I think if you look for my name, it'll be there. Okay. Will you be at ASAP Scientific Assembly in Salt Lake City this year?

Always. I'm a fixture at Council. This is my Council Horizon Award that's behind me. And I will be at ASAP after that as well. Amazing. Well, I'll see you there.

I feel like I just wrote the newsletter for the women's section and there's so much change happening right now, like

length of training, artificial intelligence, all the stuff happening in emergency medicine.

And then, you know, the United States and the world, the one thing that's staying the same is I'm going to scientific assembly. Yeah. The friends that I've seen there that I know are going to connect to me with new faces and new people that they've met over the year.

And the hallway conversations that are going to give me ideas and help me come up with solutions that I haven't ever thought of. The tax break for the below fair market value care is not the idea I've heard of prior to this podcast.

Those types of conversations happen thousands of times a day at ASEP. And that's why, whether I have funding or not, I'm there every year. I love it. Well, Dr.

Pasachow, it's been an honor getting to do this recording with you and thank you for all that you're doing out for your communities and for our specialty.

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