First, let me thank you all of you for putting your faith in me to be your president in the coming year. With this first editorial for ArMA, I would like to provide some background on my history, how I became involved in ArMA, why ArMA is important and my goals for the coming year.

My initial reason for joining ArMA was my father, Suresh Anand, M.D., who encouraged me to join when I moved back to Arizona to start my residency. He is a physician and long-time member and former board member of ArMA. His father was also a doctor, so I am actually a third-generation physician.

My grandfather had his clinic on the first floor of their house in India and, as a boy, my father would often go down and help him. This inspired my father’s lifelong love of medicine, which he pursued with a passion. He ended up becoming an “Indian Doogie Howser”, so to speak, starting medical school two years before most other students.

After completing his residency in internal medicine in India, he moved to the United States to pursue further education, but, when he finished and, as is still the case today, he couldn't practice in the United States without completing an internship in N. America. His visa was also expiring, so, to kill two birds with one stone, he moved to Toronto, Canada and completed an internship at Mt. Sinai Hospital, which was promptly followed by a year as Chief Resident at the same program. While in Toronto, he met my mother, who is from Germany, and they recently celebrated their 55th wedding anniversary.

After they married, they moved to Denver, where my brother and I were born, and where my dad completed his fellowship in Allergy/Immunology. He then took a job in Phoenix and we moved to Arizona when I was two years old. He spent a few years as an employed physician, before opening his own practice.

It was there that I got my first job at 13 years old…filing, collating forms and prepping charts. Eventually, I worked my way up to the billing department, which, as I’m sure you know, was a lot less complicated then than it is now.

It was around that time, in the 1980’s, that much of my parents’ dinner time conversation turned to changes in healthcare, including the advent of HMO’s. While I was too young then to understand the implications on the practice of medicine, we see the long-term effects now with
narrow networks, gatekeeping and the control that insurance companies have over access to care for our patients.

My own path towards a career in medicine was a little more circuitous than my father’s. I often joke that I was like a pinball in a pinball machine, bouncing around in my career journey. I was initially interested in child psychology and in learning German, so I got a BA in Psychology and German, the latter of which allowed me to study abroad in Germany.

With respect to child psychology, I realized that I would be able to achieve more with a medical degree. I began medical school at George Washington University in Washington, D.C. and, as I learned more about pathophysiology, I drifted away from the area of child psychiatry and ultimately pursued a residency in internal medicine, which I completed at the Mayo Clinic in Scottsdale. From there, I did a fellowship in Allergy/Immunology at National Jewish Medical Center in Denver, Co, which I completed in 2003. This specialty allows me to see patients of all ages and treat respiratory illnesses, which I enjoy.

So, in the end, unlike my father, who traveled to the other side of the world to establish his career in medicine, I lived in various parts of the country and the world… ultimately ending up back at my first place of employment, my father’s practice.

Throughout it all, I was driven by the wish to be able to help others, which I believe holds true for many of us. I’m not sure the same can be said for those who run insurance companies or for non-physician/non-medical hospital leaders.

Unfortunately, there are many external influences that have infringed upon the physician-patient relationship, including government, insurances, medical liability, and others. All the while, trust in and respect for physicians has eroded over the decades and, in many cases, physicians have been pushed out of the driver’s seat in healthcare altogether. To add to that, there are those, with less training and expertise, who want to take over the physician role, rather than promote high quality care as part of a physician led team.

My first understanding of the importance of ArMA membership happened when I was a resident. One of my senior residents invited me to accompany him to his Doc of the Day. It was impactful, to say the least. While there, I thought about my fellow residents back in the hospital
and clinic, caring for their patients, while the legislators made decisions about bills that could become law and influence how we treat patients. I realized then how important ArMA is for Arizona physicians and their patients and would encourage anyone reading this who has not been a Doc of the Day to do it at least once.

In 2004, Arizona was facing a medical liability crisis. My father invited me to the “Will Care Be There” rally, organized by ArMA and the Maricopa County Medical Society that year. Over 3000 people, including physicians, politicians and others attended the rally that was held to bring attention to the need for liability reform. This rally sparked my interest in becoming more involved in our local organized medicine and highlighted what we as physicians can do, when we work together. ArMA, with its strong advocacy team, was successful in getting legislation passed to ease the liability crisis, but, unfortunately, influences by non-physicians on various aspects of the patient-physician relationship continue to exist.

This past year, the pandemic put physicians back in the spotlight, as we were on the front lines of treating patients affected by COVID or helping to keep patients with other illnesses out of overwhelmed hospitals.

ArMA stepped up to the plate as well, by strengthening communications with the Arizona Department of Health Services and also with the governor’s office to offer guidance from physicians.

ArMA created a Covid information page on our website to keep our members and other physicians in Arizona updated with timely and relevant information and developed resources to assist our members in how to incorporate telemedicine into their practices, so that they could adapt and treat patients during the pandemic.

In addition, we partnered with the Maricopa County Medical Society to provide an avenue for our members to get PPE, when supplies were scarce.

ArMA also became a resource for physician led information to the public regarding the virus, its treatment and mitigation. Many of you have likely seen Dr. Goldberg in one of his several interviews broadcast in some cases nationally and, even internationally, helping to educate the public on COVID from a physician's perspective.
On behalf of all our members, I would like to thank Dr. Goldberg for his Herculean efforts this past year, not only in continuing to help ArMA move forward, but to address the issues created by the pandemic that literally changed day by day, in some cases. And, while dealing with all of this, he managed to fight tirelessly on our behalf against bills that are bad for physicians and patients and for bills that will help us better care for our patients. He has been a role model and I only hope that I will be able to continue to lead as well as he.

Over the years on the ArMA board, I have had many mentors…too many to list here. But I would like to recognize those in recent years who have provided invaluable guidance to me as I assumed the role of treasurer and then other officer positions. In addition to Dr. Goldberg, I would like to thank Drs. Susan Whitely, Tracy Pritchard, Gretchen Alexander, Jeff Mueller and many others for their exemplary leadership and support.

During my year as President, one of my goals is to keep ArMA moving forward, continuing to meet our strategic planning initiatives. In recent years, due to the hard work of our physician leadership, staff and our CEO, Libby McDannell, we have already made an amazing amount of headway.

We have strengthened ArMA's financial footing and continued our tenacious advocacy efforts on behalf of our members. While the legislature is still in session and our advocacy team hard at work, we have already had some successes this year, including, but not limited to, the passage of HB2621, which will require insurance companies in the state of Arizona to use a uniform request form for prior authorizations. This bill was sponsored by ArMA member, Dr. Amish Shah, representative for legislative district 24. Just recently, HB 2454 was signed into law by the governor, which will require payment parity for telehealth services provided through audiovisual communication.

Since membership is the backbone of our organization, we will continue to build value for our members. In the past year, ArMA created the Virtual Doctor’s Lounge, CME to satisfy opioid licensure requirements, a career center and just recently launched the Practice Solutions Department, a valuable resource to help our members with the business side of medicine.
Communication with physicians and the public across the state of Arizona is important and ArMA sponsored a number of Town Halls over the year, built upon its social media platforms, and continues to inform physicians through our weekly newsletter, “Medicine This week”. Dr. Goldberg’s interviews are one example of how ArMA has established itself as an important healthcare resource for the state.

ArMA can best serve its members by building on these achievements, but it is important for our leadership to work efficiently. The pandemic exposed the importance of nimble, yet effective governance. I will therefore continue the valuable work started last year, looking for ways to streamline our governance, while offering opportunities for future leaders to become engaged.

If one positive thing comes from the pandemic, I hope it is that physicians have regained some of the trust and respect that was previously lost with the increase of external influences on the physician-patient relationship.

As physicians, we have dedicated our lives to caring for our patients, much like my father and grandfather did. While they experienced a time where a physician’s advice was trusted and implemented, today’s physicians must often refute misinformation that comes from a multitude of sources. In addition to the notorious “Google search”, patients can often be misled when those with less training and education misrepresent who they are and lead patients to believe that they are being treated by someone with the same expertise as physicians. ArMA is committed to utilizing the tools at its disposal to ensure patients are protected and this includes advocating for truth in advertising. While this type of misrepresentation can affect many specialties, our anesthesiology colleagues have been particularly affected. We applaud and support the efforts of our sister societies, like the American Society of Anesthesiologists (ASA), as well (link to their statement).

In this and other areas, we must fight for appropriate care for our patients. It is imperative that physicians remain the most trusted source for medical information in all aspects of healthcare.

During my year as president, I hope to increase physician visibility, emphasize that physicians have the most training and expertise in medicine, and promote the message that physicians care.
I look forward to leading ArMA in the coming year and wish to thank you again for putting your trust in me.