

## Healthcare for the Masses

### Leana Wen, M.D.

Health Commissioner, Baltimore City

Dr. Leana Wen received her medical training at Washington University School of Medicine and Brigham and Women's Hospital/Massachusetts General Hospital. As Commissioner of Health for the City of Baltimore, Dr. Wen has led innovative efforts aimed at reducing infant mortality, making an opioid antidote available to every resident of the city, and treating gun violence as a contagious disease, among others. At once soft-spoken and outspoken, she works tirelessly to improve the health and well-being of citizens—an effort, she says, that must start by combatting disparities and bringing care directly to those who need it most.



#### A matter of life and death

I knew from a very early age that I wanted a career that would allow me to help people get care when nobody else would provide them with it. Growing up as an immigrant in Los Angeles, I saw what happened to people when they didn't have access to healthcare, or when they were too afraid to call for help because of immigration fears, or the fear of bankruptcy. I saw how this was a life and death issue, and I

wanted to become a physician so I could serve those individuals who needed care the most.

As a medical student, I was humbled and disappointed by the limitations of modern medicine. I thought that becoming a doctor meant that I could cure people of whatever it was that ailed them, but I saw how much our patients' health depended on not only the healthcare they received, but also on the circumstances of their lives.

#### Social determinants of health

I may tell someone with heart disease that they should eat healthier food, but if they live in a food desert where the closest grocery store requires two busses and 10 blocks of walking, then I'm being disingenuous as their doctor by recommending this. If a patient has asthma, I can provide them with medical interventions, but at the end of the day, what helps them is not only medical treatments, but also changes in their

environment. These are the social determinants of health that actually lead to improved overall quality of health. I saw how much health does not depend just on the healthcare that we spent years learning, but also on other critical services. That's why as physicians, we need to practice medicine with the goal of serving the individual while also considering the broader scope of what ails our communities.

#### The healthcare equation

Studies have shown that most of our healthcare costs go into hospital care, yet most of what determines how long someone lives—and how well we live—depends on what happens outside of the hospital. It's important for us to address the fact that poverty is a health issue, that violence is a health issue, and that disparities in the ability to pay for and access care are health issues. We have to focus on these other elements in order to make a real impact on health. That's one part of the equation.

The other part is that as a society, we must recognize that making the case for prevention is really hard. It's very challenging to make an argument for investing in something that hasn't happened, yet that's the work that has to be done, because we can't just talk about the cost of a program; we also have to talk about the cost of *not* doing something. We have to focus on prevention. With all the debates happening around the Affordable Care Act, it may be tempting to think about healthcare only in terms of the financial costs we're paying, but we should also be thinking about the cost of inaction when our patients come in and are deprived of years of life because of the lack of investment in their health.

In the United States, we have the best medical care in the world, depending on how we choose to look at it. If you have the ability to pay—if you have the ability to go to the highest quality places for healthcare—you can access the best technology and the best care in the world. Yet when we look at the indicators of what makes a society healthy, we fall far behind other countries.

#### Investing in health

We have made strides, and it's important to recognize those. In Baltimore City, we've reduced infant mortality by a record 38 percent in the last seven years. We have one of the most aggressive opioid overdose prevention programs in the country, and within the last two years, we saved over 1,000 lives just by everyday residents saving the lives of other



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residents. We reduced the number of children with high levels of lead by over 95 percent in the last 15 years.

These are successes where we can say that our interventions have worked on a population level, not just on an individual level. But we have a long way to go as a country and as a society, because we have to recognize that health is determined by a lot more than healthcare, and we need to focus on prevention. We have to invest in earlier interventions because that's what's going to make the biggest difference down the line.

**Taking it to the people**

Even if a patient has a chronic illness, they may see their provider once a month for maybe 30 minutes at a time. The rest of the time they're spending at home, at work, at school, at play, and in many other locations, so the responsibilities of the medical professional also have to extend beyond the four walls of a hospital to improve the health of our patients overall.

We're beginning to refocus attention on delivering care to where people are. A critical tenet of public health is that we shouldn't be insisting that patients come to our hospital, but rather, we should be going to people where they are so that we can improve access to care while reducing barriers like lack of access to transportation.

**Tools for the future**

Technology can be helpful in increasing access to care through things like telemedicine. However, we need to recognize that there are limitations to technology and that technology should serve as a tool, as a means to an end and not an end in itself. We want to make sure that we don't inadvertently

make ourselves even more disconnected from each other and from the primacy of the doctor-patient relationship.

We're also seeing renewed attention to the idea that we need to look beyond medical interventions to improve the health of a community. That's something we're focusing on here in Baltimore. We received a grant for a model that's based on the idea that patients who are seen in hospitals should be getting more than just medical care. They should also be getting other services, including connections to social services. Perhaps they can get assistance with housing, or with job training and employment, because these are also elements of health, and they should be incorporated as such.

**The time is now**

We need our medical practitioners to be attuned to the social needs of our community. We need them to learn about the social mission of our work—that ultimately our work is about serving individual patients and being their advocates as well as serving our communities and being advocates for our communities more broadly.

There are many changes happening in our healthcare system, changes that may seem to be outside of our control—including changes in federal legislation. There are also many ongoing challenges and threats. There is, however, no more important time than now for physicians to be advocates for our patients and for our communities. We're the ones on the front lines who hear the stories of our patients and who see the need that is present. We are the ones who must take a more proactive role than ever to ensure that we protect the most vulnerable and advocate for the health and well-being of our communities. ■