

Dr. Leana Wen

**[Music]**

Dr. Marianne O'Hare: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, global health, and the great minds who are shaping the healthcare of the future.

This week, Mark and Margaret speak with Dr. Leana Wen, CNN Health Analyst, Washington Post Contributor and former Baltimore City Health Commissioner voted by Time Magazine as one of the 100 most influential people in the world for her contribution to public health. With the pandemic exploding across the nation, she's urging President Elect Biden to appoint a COVID-19 Czar and to message regularly to the public via regular "fireside chats".

Lori Robertson also checks in, Managing Editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing in everyday lives.

If you have comments, please email us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook, Twitter, or wherever you listen to podcast. You can also hear us by asking Alexa to play the program.

Now stay tuned for our interview with Public Health Expert Dr. Leana Wen here on Conversations on Health Care.

**[Music]**

Mark Masselli: We're speaking today with Dr. Leana Wen, an Emergency Physician and Professor of Health Policy and Management at George Washington University School of Public Health. She previously served as Baltimore's Health Commissioner.

Margaret Flinter: Dr. Wen is a Medical Analyst for CNN and also a contributing columnist to The Washington Post. She is the author of many papers including the book "When Doctors Don't Listen." She was named one of modern healthcare's top 50 physician executives and Time Magazine's 100 most influential people. Dr. Wen, we welcome you to the Conversations on Health Care today.

Dr. Leana Wen: Thank you very much. It's wonderful to join you again.

Mark Masselli: Yeah, it's so great to have you back with us. We're at this really critical juncture in the country, we're witnessing a challenge to a peaceful transfer of presidential power, and we

Dr. Leana Wen

also have a pandemic that is now raging out of control, with a million new cases of COVID-19 reported I think in the last eight days, and it's growing. President Elect Biden has stated that the pandemic is obviously a top priority, but in the recent op-ed in the Washington Post, you suggested that he should take an even more aggressive stance by swiftly adopting sort of a COVID-19 Czar and conducting daily "fireside chats" to the American people. I'm wondering if you could tell us more about that.

Dr. Leana Wen:

Absolutely. So you are right that we are facing this firestorm of COVID-19 that is accelerating at ever rapid speed across the U.S. We are seeing them the result of what happens when we don't have a national coordinated approach, and we're also seeing what happens with neglecting public health and not funding our local and state health departments as they should be. But at the rate that we are going, we're on track to having more than 2,000 deaths per day, over 200,000 new infections every single day here in the U.S. by the time that January 20<sup>th</sup> comes around and President Elect Biden officially becomes president.

The point I was trying to make in my op-ed is that I am certain that the President Elect is going to be doing a lot in this pandemic. I hope that he will do even more publicly before he officially assumes office. In a way that typically president elects may not do during this period, they may be making plans for preparation for when they take office but not immediately, but I think these are extraordinary times. Specifically, what I was saying is that the President Elect Biden may not have the executive power yet, but what he lacks an executive authority he makes up for in moral authority, and so he can have these fireside chats where he levels with the American people and speaks to them directly about what's needed at this time, that we have a common enemy of the virus, that it's going to take all of us coming together to reclaim our health, reclaim our economy, that these are the steps that we need to be taking right now. That type of clear messaging we have been missing all along too, and I think there is a real opportunity to do that right now, even before he officially assumes office.

Margaret Flinter:

Well, Dr. Wen, we welcome to President Elect Biden's announcement of the newly appointed COVID-19 Task Force this week, and certainly know many of the names, some of the brightest people in the fields of science and medicine and public health. Former U.S. Surgeon General Vivek Murthy, Zeke Emanuel, Michael Osterholm, and Rick Bright, who was

Dr. Leana Wen

fired by the Trump administration for speaking out against their approach to the pandemic. So I think we would say that the President Elect is off to a start that would indicate a commitment to a science and public health based approach to this but tell us about the Task Force. What can a Task Force do at this point? What is the heavy lift that's in front of this Task Force? And what do you hope to see from them? This feels like a time for active Task Force if ever there was one. What would you like to see in messaging and action?

Dr. Leana Wen:

First of all, I am also so heartened by the exceptional leaders who are part of this Task Force. They certainly speak for the public health and biomedical community at large, and I'm so thrilled that this public health crisis is finally going to be led by public health experts. I hope that these experts will speak to the American people themselves. That's something that we should have had the CDC, the White House Coronavirus Task Force, we should have had experts speaking to the American people every day already to give an update about the state of the pandemic, where are the areas of concern, to look at the new research, to summarize what are the new findings that we have? How would that influence the actions of the American people? And what are the steps that they are taking themselves? We should get progress reports on where they are in securing testing, PPE and other crucial supplies. So I hope that's something that they will do.

I also hope that the Task Force will be very active in engaging those who may not have supported President Elect Biden. One of the core principles of public health is to identify trusted messengers who are the most credible to the people that they're serving. In this case, we will need individuals who, for whatever reason, did not support the President Elect. We need people who are leaders in their community, who are leaders in the chambers of commerce, who are business leaders, who are pastors, religious leaders of all kinds, we need to be actively engaging them. Finally, I hope that the Task Force and President Elect Biden himself will engage mayors and governors because they are already doing a lot of work. They actually have executive power themselves, and if there is a national framework that can be established where mayors and governors can begin already to enforce and enact certain policies that will also allow work to be done without the Biden Administration taking office yet.

Mark Masselli:

Well, Dr. Wen, I really like your concept of moral authority, and really focusing on that letting the process play out, obviously, the current administration is resisting this transfer

Dr. Leana Wen

of power. Obviously, the president needs to speak to all Americans, and I think not speaking for anybody outside of myself, he's trying to save the lives of people in states that didn't vote for him as much as he's trying to save the lives of people in states that did vote for him. He said, he is talking about the United States of America, but we have a long way to go in terms of trying to educate people about the efficacy of wearing mask and getting tested and social distancing and the like. So there's got to be a role at that local level, may be below the governors as well, in sort of the citizens need to sort of come together, any thoughts, pathways that citizens themselves can start to help because oftentimes it's neighbor to neighbor having these conversations.

Dr. Leana Wen:

That is such an important point. I think so often that we want to, and should be talking about systemic change, and change on a national level, and I think that is necessary as well, but we should also focus on what is within our sphere of influence. So all of us, we have people for whom we are the most trusted messengers, maybe they are our children, our siblings, our neighbors, as you said, maybe they're also our patients. Our patients are faced with so much misinformation and disinformation, to them, we could be a credible source of information, approaching them with data as well as with empathy and listening to where it is that they're coming from as well, and what sources they have heard from.

I think that there are incredible opportunities at this time for the incoming Biden team to also enlist economists and people who represent what people would see as the pathway to economic recovery. I mean, one of the major problems that has hindered our messaging is that, again, I really do put the blame in this case on the Trump Administration, they have put a false choice that's out there. This false choice between either we close everything down, or we do nothing and we let the virus run rampant, and somehow there has been this false choice too between public health or the economy.

Well, it's time for us to reclaim that narrative and have public health work hand in hand with economists to say, here's what we need to do to control the buyers, here are the steps that we can take to ensure that we are coming back to economic recovery as quickly as possible, something as basic as masks as an example should not be seen as a punitive action that restricts people's freedom but rather as what it takes for us to keep our businesses running.

Dr. Leana Wen

I think if we are able to reclaim the narrative in that way, we will be a lot further in doing what we need to do, which is to depoliticize the response and getting people to take the steps that we all can in protecting ourselves and one another.

Mark Masselli:

Great.

Margaret Flinter:

Well, Dr. Wen, there was some long awaited and welcome good news this week, Pfizer announced that their clinical trials had yielded promising results, a vaccine that they reported as 90% effective in blocking transmission of the virus. So this is incredibly exciting, but you're a public health expert and a public health realist, I'm sure. So talk to us a little bit about what is even as you welcome good news, what are your concerns either about vaccine safety, but also just the enormous challenges that we know are involved in production at scale in distribution, and probably most important of all, talking to the community and the public about why they might get the vaccine and their concerns about the vaccine, once it goes to market, and also maybe who will gain access to the first rounds of availability. I know, that's a lot of things, but we really welcome your perspective on that.

Dr. Leana Wen:

That's such an interesting point because it makes the critical distinction between a vaccine and a vaccination, and we know that in order for lives to be saved, we don't just need to develop the best vaccine. There could be the best vaccine that's out there, but it needs to be not only safe and effective, it also needs to be trusted and we have to have the mechanisms in place to manufacture hundreds of millions of doses of vaccine distributed to people and give it to people overcome vaccine hesitancy and skepticism and so many other steps.

I am optimistic about the Pfizer news that came out this week, showing that this vaccine is more than 90% effective at preventing infection. Although of note, this is a press release, we don't actually know what the data really show. We don't know yet, I think, about the safety profile of the vaccine, and we also don't know about its efficacy in preventing severe infection, and hospitalization and death and these other endpoints that we really care about. I think there's still a lot that is to be determined about the vaccine approval itself. Even if we are able to get a vaccine approved for general use by early 2021, which I think is certainly possible, it's going to take time, it's going to take months for us to ramp up production, to figure out distribution of this vaccine that requires a freezer temperature that's 50 degrees lower than

Dr. Leana Wen

anything that we've ever done, and to enlist the people to figure out how we're going to literally vaccinate people and to regain the trust that unfortunately has been lost by so many because even the vaccine approval process has become politicized.

Mark Masselli:

We're speaking today with Dr. Leana Wen, Emergency Physician and Professor of Health Policy and Management at George Washington University School of Public Health. She's a Medical Analyst for CNN and contributing columnist to The Washington Post. Dr. Wen, you know how public health works, and I want to remind our listeners, though I don't think they need this reminder that you gained really national prominence a few years ago when you wrote a standing prescription for Narcan for everyone in Baltimore, the antidote for opioid overdoses, and it saved lives, and you know, I want to so that's really out of the box thinking which we so admire in your work. I do want to talk a little bit about and pull the thread of your last conversation about really bringing clarity when people are just grasping for hope, and particularly on the vaccine, you just really laid out some of the concerns that you have, they have, things that have to be worked through. I think that's so important to be honest with people. I'm wondering the CDC has just updated its guidelines for the best approach to mask wearing as well as how to approach social gatherings during the holidays, update us on these new recommendations and why they're so vital to keeping people healthy as we head into the winter months and the holiday season.

Dr. Leana Wen:

Yeah, so first of all, I'm very happy to see the guidelines by the CDC that continue to track with the closest or the best available science, although I am disappointed that the CDC didn't have press conferences about this. I mean, they changed their mask-wearing guidelines overnight, and it was uncovered by reporters comparing their existing website to previous websites. But that's not the way this should be. Something that's this important during the middle of a pandemic requires a full explanation, and again, I think something that we can be aspirational about the next – what the next administration will allow the CDC to do. But specifically around mask wearing, the guidance that changed overnight said, "Look, it's not just about protecting others." That's what we've been saying that wearing a mask if you are asymptomatic and you don't know that you have COVID, wearing a mask protects others from you.

Now, see the CDC is aligning with what I think most of us in

public health have already understood which is that wearing a mask also protects you. That's what we do in healthcare settings that we wear a mask, yes, to protect others from us. But we also protect what – we wear a mask to protect us from our patients who were taking care of who may be ill.

The other part about their guidelines that's I thought really important was they actually mentioned the economic consequences and the economic reasons for wearing a mask, and I think, again, helps to debunk this whole it's either the economy or public health, but rather that public health measures like wearing a mask are what helps the economy too.

Now, about holidays. I think a lot of us are eager to see our loved ones. I know that my family would love to see loved ones. I have a seven-month old baby who's never met, who's never met her grandparents, and we would want more than anything to see our family. But actually even more than wanting to introduce the baby, we also want our family to be around for the next holiday, and we made that, the difficult decision to not travel this holiday given the surge of Coronavirus that's happening all across the country. I hope that others will also heed this type of advice to limit non-essential travel, to socialize only outdoors not indoors, that the indoor gatherings where loved ones are getting together are actually fueling this rise in COVID-19, this latest surge in COVID-19. So we really need to stay away from indoor crowded gatherings in unventilated or poorly ventilated spaces. If we're going to see a loved one see them outdoors household space at least six feet apart. I know it's hard, but we have to get through this winter.

Mark Masselli:

Great.

Margaret Flinter:

Very, very good advice. Dr. Wen, let me ask you your thoughts on this because I know you're deeply interested and concerned about the next generation of healthcare providers and public health specialists in this country. Across the country, there was an entire generation moving through their education and training in public health and medicine and nursing and dentistry and the behavioral health disciplines and all the others and then this global pandemic unlike anything anyone or their professors had ever lived to come along. We had Dr. Howard Koh from the Harvard School of Public Health recently, and he joked that he tells the students, used to be he said you were majoring in public health. Nobody really had any idea what you're talking about. But now everybody knows

Dr. Leana Wen

what public health is, and we think this is likely – this pandemic is likely to change some elements of public health education going forward, but also probably change some of the elements of training of all the clinical disciplines, maybe bringing more public health into their training. How do you see this pandemic influencing or shaping education going forward for our healthcare workforce, and particularly our public health workforce?

Dr. Leana Wen:

I mean, I definitely agree that this pandemic has uncovered, has unveiled, many of the problems that we've seen with COVID-19 or sorry, with underlying issues like health disparities, but also with lack of attention to public health writ large. I hope that there will be more attention to these neglected issues that we can focus on Social Determinants of Health that we can really understand why it is that where people happen to live and a zip code that they're born into, is determining whether or not they live. I hope that there will be attention also to public health and have it be further integrated into medical, nursing, social work and other types of curriculum, that we can have a much better understanding and emphasis on public health moving forward.

I will say though, I think people's attention spans are short. I do fear that we're going to move on after this very quickly, and to some extent, of course, we want that, but I hope that there will be renewed attention to the importance of public health.

Mark Masselli:

Dr. Wen, the Supreme Court heard a case this week on the future of the Affordable Care Act, and that we expect a decision by spring, and by most accounts, it looks like the law may survive in some capacity, though we still have to wait to see their ruling. But your work as a physician and an advocate is focusing on protecting healthcare is a fundamental right for all people in the country, and so you understand how much sway the Supreme Court holds on the American healthcare system. I wonder if you could share with us your view on the current configuration of the Supreme Court and its potential impact on women's health, reproductive health, and the health of all Americans and what kinds of headwinds for true health care reform do you expect to see.

Dr. Leana Wen:

Well, I am – I really hope that there isn't a dismantling of the protections afforded by the Affordable Care Act of all times, and I know this has been said, but of all times to be having this conversation, we should not be trying to dismantle health insurance in the middle of a pandemic. Really we should not

Dr. Leana Wen

be dispensing the health insurance at any time. But we should especially not be doing this when we are facing high numbers of people who are getting hospitalized, when people aren't sure whether they're going to be the next one who is ill, when the pandemic and COVID-19 itself becomes a preexisting condition for many people who are living with the long term effects on their bodies, and so I am really concerned.

The last thing that I would want to do is to roll back the gains that we have made in getting people newly insured through Medicaid expansion, through state exchanges, and the protections for people with preexisting conditions, I understand, is something that is a popular political approach to protect, but I hope that we will really do the right thing, and not go back to a time when people were priced out of the ability to get healthcare. I entered emergency medicine in the first place because I never wanted to be put into a position where patients – where I would have to turn away patients because of their ability to pay for health, which I see and I'm sure you agree is a fundamental human right, and I hope that's something that our courts will continue to uphold but also will be a really a fundamental tenet that I hope all the American people will agree to.

Margaret Flinter:

We've been speaking today with Dr. Leana Wen, Emergency Physician and Professor of Health Policy and Management at George Washington University School of Public Health. She's also a Medical Analyst for CNN and a contributing columnist to The Washington Post. You can learn more about her important work by going to [www.drleanawen.com](http://www.drleanawen.com) or follow her on Twitter at Dr. Leana Wen. Dr. Wen, we thank you so much for your commitment to advancing public health, for providing rational and empirical expertise and communicating with the American people in a way that they can understand during this pandemic and for joining us today on Conversations on Health Care.

Dr. Leana Wen:

Thank you very much. It's a pleasure to join you. Thank you and thank you to everyone listening and watching for your wonderful work every day.

Margaret Flinter:

Great. Thank you so much.

Mark Masselli:

Great, thanks so much. Congratulations, we were following you all during your pregnancy.

Dr. Leana Wen:

That's great.

Mark Masselli:

We're going. Where's the Baby? Baby, I missed the things with

Dr. Leana Wen

the shots.

Dr. Leana Wen: I know post dates. She really took my advice about social distancing too seriously.

Margaret Flinter: Wonderful.

Mark Masselli: Congratulations.

Dr. Leana Wen: Thank you, and thank you again. Bye, bye.

Margaret Flinter: Bye, bye.

**[Music]**

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: The Supreme Court heard oral arguments in the latest legal challenge to the constitutionality of the Affordable Care Act on November 10. There are a range of possible outcomes in the case from the court not ruling on the merits to the court nullifying the entire ACA. With Associate Justice Amy Coney Barrett's confirmation in late October, the court now has six justices and it's conservative majority, a ruling on the case isn't expected until spring or summer 2021.

The California vs. Texas case stems from a previous Supreme Court ruling in 2012. Then the court ruled the ACA's individual mandate, or the requirement to have insurance or pay a penalty was constitutional under Congress's power to tax. But in late 2017, the republican tax law eliminated the fee associated with that mandate. The plaintiffs in the Texas suit argue that without any monetary penalty, the mandate is now unconstitutional since there's no longer a tax associated with it. They further argue that without the mandate, the entire law must fall.

Legal experts say the court could rule on standing, finding that the states and the two people named as plaintiffs haven't been injured and don't have a right to sue, that would avoid a ruling on the constitutionality of the ACA. The court also could uphold the ACA by finding the mandate is constitutional or by finding the mandate is unconstitutional but severable from the rest of the law. The court could uphold some of the ACA

Dr. Leana Wen

finding the mandate along with other provisions such as those pertaining to preexisting condition protections must fall.

Finally, the court could nullify the entire law. Reporter Amy Howe, writing for the SCOTUSblog said that it appeared the ACA would survive based on the oral arguments. While five justices could agree that the mandate is unconstitutional, she said a majority of the justices appeared to favor severability leaving the rest of the law in place. But the court also appeared to be divided on the question of standing whether the plaintiffs even have a right to sue. That's my FactCheck for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter:

FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at [www.chcradio.com](http://www.chcradio.com). We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

**[Music]**

Margaret Flinter:

Each week Conversation highlights a bright idea about how to make wellness a part of our communities and everyday lives. One in five Americans will suffer a diagnosable mental health condition in a given year, and most often don't seek treatment. For those with serious mental health conditions, the consequences can be devastating, hospitalizations, loss of job or home or even early death. Scene arise in mobile apps aimed at behavioral health entering the marketplace, University of Washington Researcher Dror Ben-Zeev thought a comparative effective analysis study would be a good idea.

Dror Ben-Zeev:

My team and I conducted a three-year comparative effectiveness trial with the objective of having a head to head comparison between a Mobile Health intervention for people with serious mental illness called FOCUS, and more traditional Clinic-Based Group Intervention called WRAP or a Wellness Recovery Action Planning. So it's conducted at a clinic setting, people with similar diagnoses. So the study really gets at some of the core differences between Mobile Health and Clinic-Based Care. Is there something about the Mobile Health approach that would make it more accessible or less accessible with people find it less engaging over time?

Mark Masselli:

More than 90% of the mobile app group engaged in the online program, which was a series of text messages, offering coping

Dr. Leana Wen

strategies and self-monitoring of symptoms, along with weekly call-ins with a behavioral health clinician.

Dror Ben-Zeev:

The second thing we wanted to see is after people complete care, what are their subjective ratings of their experience in treatment? Are they satisfied with both interventions? Are there differences in their levels of satisfaction? And probably the most important piece of the study are the clinical outcomes. So we measured to see whether involvement in both interventions for a 12-week period would that create some sort of difference in psychiatric symptoms severity and quality of life, and 90% of the individuals who were randomized into the Mobile Health arm actually went on to meet a Mobile Health specialist to describe the app to them and train them how to use it and use the intervention app that's assigned to them at least once whereas in the Clinic-Based arm, we saw that only 58% of the participants assigned to that clinic-based intervention ever made it in for a single session.

Mark Masselli:

Both groups of patients saw roughly equal results from their completed treatment, but the mobile group was more likely to engage in therapy. Ben-Zeev says this suggests that mobile therapies may provide a useful tool for clinicians having trouble getting those with serious mental health issues, to engage with the clinical interventions.

Dror Ben-Zeev:

The group dynamics, the fact that there's a sense of shared experience, and perhaps even normalization of some of the experience that on its own is quite potent for people, right, and so we know that the very existence of a group can be quite helpful. But for others, the interaction is anxiety provoking, just making it to the clinic to engage in that interaction is logistically complex. When it comes to the clinical outcomes in both intervention arms people improved, both in terms of reduction in their symptoms and the distress associated with symptoms and improvements in their recovery.

Mark Masselli:

The results of this study were published in the Journal of Psychiatric Services, a targeted mobile app aimed at facilitating access to clinical care for those experiencing serious mental illness symptoms, proving equally effective in managing the condition improving access to intervention for behavioral health needs. Now that's a bright idea.

**[Music]**

Mark Masselli:

You've been listening to Conversations on Health Care. I'm Mark

Dr. Leana Wen

Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

**[Music]**

Marianne O'Hare: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at [www.chcradio.com](http://www.chcradio.com), iTunes, or wherever you listen to podcasts. If you have comments, please email us at [www.chcradio@chc1.com](mailto:www.chcradio@chc1.com) or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

**[Music]**