Dr. Leana Wen

Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret hundreds of experts gathered recently at the CDC's head quarters for the ZAP Summit, The Zika Action Plan.

Margaret Flinter: I wonder if they were thinking of this backyard bugs efforts [PH] Mark, but this is very serious business, health officials are grappling with so many unknowns regarding the spread of the zika virus. But it's already impacting the population of Latin America, it's taken root in several American territories; American Samoa the US Virgin Islands and Puerto Rico where I think more than 300 cases had been reported already.

Mark Masselli: The American Red Cross is shipping donated blood products to Puerto Rico where there has been at least one case of virus spreading through blood transfusion giving public health officials some more to worry about.

Margaret Flinter: And as the climate warms from spring to summer, the virus is expected to make landfall in the contiguous United States still that threat looms large for people.

Mark Masselli: Which is why the officials at the CDC met with public officials from all over the country in April 1st state, local entities will be responsible for mosquito eradication which the CDC will be monitoring. They are also be watching for best practices to emerge out of this public health threat Margaret, on how to keep the virus in check and keep people healthy.

Margaret Flinter: Well Mark this really speaks of the importance of having a robust public health infrastructure, and in fact the first week of April is National Public Health week. And population health happens on the local level, and that's something our guest today is very focused on.

Mark Masselli: Dr. Leana Wen is the Commissioner of Health for the City of Baltimore. She has been gaining quite a bit of national attention for her work, very much looking forward to that conversation, Margaret.

Margaret Flinter: We are, and no matter what the topic, you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; we love hearing from you.

Margaret Flinter: We will get to our interview with Dr. Leana Wen in just a moment.

Mark Masselli: But first here is our producer Marianne O'Hare with this week's headline news.

(Music)

Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. More than 640 million people globally now weigh in as obese and the world has more overweight than underweight people. A startling increase in rates of obesity in the past 40 years means the number of people with a BMI of more than 30 has risen from a 105 million in 1975 to 641 million in 2014. In the past food and security generally led to an underweight population and starvation, now the culprit is access to cheap low nutrition foods for those living at or near poverty.

Lyme disease often insidious, complex and hard to treat can lead to lifelong chronic symptoms if not caught within the first few weeks of infection. A standard treatment for those with ongoing chronic Lyme infection is a months long regimen of antibiotics. But a recent study shed some light on whether that course is efficacious, study done in the Netherlands and published in the New England Journal of Medicine showed that in close to 300 patients with persistent Lyme symptoms, all were given first two week course of antibiotics – the standard treatment – one group was given a placebo after that, and second group given three months of antibiotics and the third group was given nothing. Results show that no one group fared [PH] any better in the long run. The bottom-line clinicians still don't know what causes persistent lifelong, sometimes deadly symptoms in Lyme sufferers.

As Americans workers are paying more out of their paychecks and more out of pockets for health benefits, they are seeing a negative impact on their take-home earnings. According to the latest statistics about fifth of the population would prefer a raise to having better health benefits. Analysts believe several factors figure into those numbers; stagnant wage growth as well as more millennials entering the workforce.

And bad news for folks who are operating under the assumption that a couple of drinks a day were good for your health, more in-depth analysis on the data done by a physician at Boston Medical Center looked at lifelong non-drinkers, moderate drinkers drinking 1 to 3 drinks per day versus heavy drinkers. The study found that moderate

daily drinkers of even red wine where the much lot of resveratrol didn't fare much better when it came to heart health over time. What's the optimal amount of alcohol according to the study? About wondering every 10 days, almost a homeopathic dose according to the study's author. I am Marianne O'Hare with these healthcare headlines.

(Music)

Mark Masselli: We are speaking today with Dr. Leana Wen, Emergency Physician and Baltimore City Health Commissioner. Dr. Wen was Professor of Emergency Medicine in the Department of Emergency Medicine at George Washington University. She is the founder of Who's My Doctor, a campaign calling for radical transparency in medicine. She is also the co-author of the critically acclaimed book, When Doctors Don't Listen. Dr. Wen has also delivered several popular TED Talks on transparency and public health. A Rhodes Scholar, she earned her medical degree at Washington University School of Medicine and was a clinical fellow at Harvard Medical School. Dr. Wen, thanks so much for joining us on Conversations on Healthcare today.

Dr. Leana Wen: Oh I am very happy to speak with you, thank you for the invitation.

Mark Masselli: Boy you took the reins at the City of Baltimore's Health Commission had very tumultuous time and Baltimore has certainly been grappling with series of issues around health and ethnic disparities, drug and crime epidemic as well as racial tensions that exploded into chaos after the death of Freddie Gray. I love the saying that you have that, everything comes back to health, could you speak about how it relates to some of the biggest challenges you are encountering so far?

Dr. Leana Wen: I would like to say that there is no such thing as a non-health sector because when it comes down to it everything as you said, comes back to health. So if we are talking about education, yes there is a lot that goes into having our kids be successful and learn. But if our kids don't have glasses and can't see, if they are in such pain from untreated dental infection and from untreated mental illness, how are they going to focus in class? Or if what we care about is crime, we can't separate out the root causes of crime without discussing drug addiction and our history of discriminatory policies. So that's the reason why we believe that everything comes back to health and then conversely that public health can be the tool to level the playing field of inequality because public health ultimately is about getting to the root causes of what got us here in the first place.

We don't just focus on the traditional rule of public health here which is to prevent disease but we also focus on, what would it look like if we address the violence as a

public health issue, if we discuss trauma and what would it look like if we then kept on changing the conversations back to what we know is the science and evidence based. But ultimately those are what will lead us to tackling these underlying issues that got us to where we are today with the unrest that happened at Baltimore but also that got us to these deep rooted disparities that are not only in existence in Baltimore but also in other areas across country.

Margaret Flinter: Well Dr. Wen you have taken some very interesting approaches to mitigating the negative effects of poverty and inequality in your city. I know after the riots destroyed many pharmacies you devised very interesting solution to help Baltimore residents gain access to the medication they needed. And you also devised a very creative approach to the opioid crisis to write a standing prescription for any resident of Baltimore to be able to purchase narcan, the lifesaving antidote for opioid overdose. Talk with us about the Don’t Die Campaign how has this spurred community action?

Dr. Leana Wen: It's another reminder that everything is about health and people see the unrest is angry youths committing acts of violence but just below that surface of violence we see deep trauma and we also see that when pharmacies are burned down and closed, that the people it's impacting are most vulnerable who cannot get to another pharmacy. And we came up with a plan to deliver medications and get food and other critical supplies to anyone in need because it really was a life and death issue. With regard to overdose, we knew then we had to change the conversation around addiction. The ultimate issue is that we know that addiction is a disease, that treatment works, that recovery is possible and so that’s why we try to change the conversation by focusing on preventing overdose deaths.

In Baltimore City in 2014 there were more people who died from overdose than died from homicide. And so for us, we thought that the best way to change the conversation is to educate people about naloxone narcan, this antidote that they are very few antidotes in medicine. And as an ER doctor I have given naloxone to hundreds of patients that I have seen how someone is then walking and talking will be revived and will be able to then be connected to treatment. And so we did a number of things including, passing legislation so that as you mentioned, I am now the single prescriber for the 620,000 residents of the city because we really believe that everyone should have naloxone in their medicine cabinet in order to save the life and that’s part of the Don’t Die Campaign that you mentioned.

Mark Masselli: And you also had the opportunity at the Addiction Summit in Atlanta sit with the President and the National Drugs -- Michael Botticelli who we recently had on

our show, and how did that national conversation go in terms of lifting spirits and mobilizing resources?

Dr. Leana Wen: Well first of all I have to say it was incredible to be invited to join the President for Baltimore to be there to showcase our innovative practices for addiction recovery, but to even have the president there, speaks volumes I mean we in public health and we are medicine have been saying for a long time that addiction is a disease, that we have to treat it as a medical problem as a public health crisis and not as a criminal justice issue but to hear that coming from President Obama was absolutely incredible. And I think that will do wonders when it comes to reducing the stigma that's associated with addiction I mean there are all kinds of things we say about addiction that we would never about anything else.

We would never find it acceptable that only 11% of patients with cancer can get access to chemotherapy yet we accept the statistic for addictions. He also did say though that we need more funding and that's something that we in Baltimore have been saying for a long time, that we know what works, we know that treatment works and so we hope that that president [Inaudible 00:11:04] will also spur Congress to approve the funding that he has proposed. And we in the city are continuing to do innovative things for example, we are starting a 24 x 7 ER for behavioral health, we now have a 24 x 7 hotline for anyone to call in with addiction and mental health concerns that is now up to a thousand phone calls per week which says a lot about the need that's out there in our city. And we have a new pilot that we are starting called LEAD, Law Enforcement Assisted Diversion where individuals who are caught with small amounts of drugs are going to be offered treatment instead of incarcerations but we need further funding to help to support it.

Margaret Flinter: Well Dr. Wen I want to talk about the challenges of finding treatment for many addicts who need, during summit the president renewed his commitment to mental health and addictions services parity and funding is a piece of that, but it's so difficult to find the treatment options for all who need them, how you are tackling this problem in Baltimore?

Dr. Leana Wen: The most important thing we can do is to treat every interaction as the opportunity for interventions, and we have to get people treatment at the time that they seek it. So let's take incarceration, if somebody is incarcerated and they happen to have an addiction, the time to get them screened is at the time that they enter the criminal justice system if they do end up that way, and to get them treatment in our jails. Once they re-enter into society, we need to get them immediately connected to the services. Same thing, when someone enters in the ER with an overdose, I have treated

many patients in the ER who want addiction treatment but then I tell them that they have to wait weeks or months, that's inhumane and we would never find it acceptable for any other illness. And so we have to get treatment on-demand and there are innovative models that we can explore including with telemedicine including lifting the cap on buprenorphine, buprenorphine initiation from the Emergency Department.

Mark Masselli: We are speaking today with Dr. Leana Wen, Emergency Physician Baltimore City's Health Commissioner, the oldest health department at United States. Dr. Wen was professor of Emergency Medicine at George Washington University. Dr. Wen you founded Who's Your Doctor, site where a physicians can voluntarily share personal information about their bias and beliefs so patient can make a more informed choice. Could you talk about your organization's total transparency manifest and why it's so threatening to the status quo and why it's so needed?

Dr. Leana Wen: When I started the Who's My Doctor Campaign, after an experience with my mother who had metastatic cancer which she was seeing oncologist who she trusted. And then one day she was looking up his phone numbers because she had lost her address book and googled him and found several mentions of how he was a highly paid speaker for a drug company, and in fact he was a spokesperson for the same medications that he had recommended that she take. And that one experience made her question her doctor's recommendation. And we certainly know based on studies that drug companies, their payments, their incentives to doctors do influence their prescribing habits, and so efforts to cast sunshine are critical because we know that doctor-patient relationships are based on trust. And so Who's My Doctor is an effort to have doctors and patient further align in our common mission of transparency in better care.

Margaret Flinter: Well Dr. Wen you co-authored a book When Doctors Don't Listen and you pointed out that it's just a fear within the medical profession of not wanting to risk an error and you can't expect patients to be well-equipped to make informed decision on complex medical issues, talk to us your perspective about how we get to this place of point and provider empowerment, both sides.

Dr. Leana Wen: Both patients and doctors want the same thing. There is not a single provider that I know who went into medicine or nursing or social work because we don't want to listen to our patients. There are all these other factors that have led to a culture of being quick to give treatments instead of listening and instead frankly of giving the diagnosis instead we are so quick to do testing rather than to listen and yet we know them this is something doctors and providers want to get back to and that there is something very important to patients as well. And so I wrote When Doctors Don't Listen

to give simple things that providers can do understanding the time constraints and other types of incentives and pressures that are imposed upon clinicians to help us get back to what we want to do. And we also give tips as well for patients and family members to advocate for themselves and I do see change [PH] occurring in medical training so that we are coming back to value the primacy of patient trust, the primacy of the patient-doctor relationship and the importance of the story and listening.

Mark Masselli: You know you have that great sense of the relationship between the physician and patient and you certainly carry that on with the citizens of Baltimore who you think of is your patients and you are a strong proponent of programs that mitigate the impact of health inequalities and disparities, talk to our listeners more about your B'More health initiative.

Dr. Leana Wen: Our initiative in the health department are based on data and based on what we have heard from our residents the last thing that our community needs is for us to come in from the top-down to say, this is what you need. And so I will tell you what our principles are, our first principle is that, we go as upstream as early as possible. This is the principle of public health anyway but we also believe in making sure that our investments are targeted towards our youth, to our babies, to families because this is where the greatest impact is going to be.

The second principle is going to where people are, we believe that the most credible messengers are the people who are from the community that they serve and that they need to be serving in our communities. And so that's why we believe in providing medical care in all of our schools and doing home visits for lead prevention, asthma prevention, to prevent older people from falling.

And the third principle is that [Inaudible 00:17:28] trajectory of public health is long. For example, if we are talking about improving life expectancy or reduction addiction then these are very long terms goals but that they are short term matrix that we can achieve in the meantime. So that's why we focus on overdose and preventing death when overall our goal is to reduce the impact of addiction on our communities. So I say that our major priorities are behavioral health focusing on trauma and addictions, violence prevention rather than the downstream effects just focusing on criminal justice and we have to focus on chronic disease but from as early of an age as possible.

Margaret Flinter: Well Dr. Wen when you lay out those priorities one can't help but think about the need to graft [PH] this on to the training of the next generation of healthcare providers. You are the president of the American medical students association at one point, I know you have been a professor – a preceptor – a teacher, what thoughts you

had for health professions training and how we shift and our shifting that training towards a more patient centered but also population focused mindset, do you have any encouraging examples you would like to share with us?

Dr. Leana Wen: I tell you that after working with medical students in the variety of different capacities teaching medical students and now supervising medical students who come to rotate with me in the health department. These are great people who entered medicine for the right reasons, they all understand the importance of being a patient advocate or community advocate, the goal that we need to have now is for all of us as educators and leaders to keep that humanity and kept that humanism and idealism alive. And that is what we do in public health everyday we talk about how we can regard everyone with the dignity and humanity that they deserve. And this is my primary goal as an educator, as a public health official and it's this concept of addressing the most vulnerable and helping those most in need that drives me and my work everyday.

Mark Masselli: We have been speaking today with Dr. Leana Wen, Emergency Physician Public Health Advocate and Baltimore City Health Commissioner. You can follow her work by going to health.baltimorecity.gov or you can follow her on Twitter @DrLeanaWen. Dr. Wen, thank you so much for joining us on Conversations on Healthcare today.

Dr. Leana Wen: Thank you.

(Music)

Mark Masselli: At Conversations on Healthcare, 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 US politics. Lori what have you got for us this week?

Lori Robertson: Last week we looked at claims about genetically engineered salmon and human consumption. This week we will look at concerns that the salmon would impact existing fisheries or the wild salmon population.

Alaska Senator Lisa Murkowski called the FDA’s decision to approve the GE salmon “quite disturbing news to any of us who care about our wild species of salmon.” She questions the FDA’s ability to certify that GE salmon don’t interbreed with the wild stocks and thus perhaps destroy them. The FDA’s environmental assessment of ht

salmon outlined three forms of confinement; biological, geographical and physical that taken together, would greatly limit the likelihood that GE salmon would negatively impact wild salmon stocks.

The FDA approved GE salmon marketed by AquaBounty Technologies in November 2015. By inserting DNA from other fish, the company's scientists engineered Atlantic salmon to reach market size faster than non-GE farm-raised Atlantic salmon. The GE salmon are biologically confined because they have been rendered sterile. This means they can't interbreed with wild salmon stock.

Still, the company's facility in Canada on Prince Edward Island does house some fertile GE salmon for breeding purposes. For this reason and others, AquaBounty's proposal also included geographical and physical confinement measures. The physical confinements start with the fact that the company's two facilities in Canada and Panama are located inland. Within those facilities, there are also additional physical measures such as tanks, screens, covers and nets prevent escape.

Geographically the facilities aren't located near salmon population. The Canadian facility is located near the Fortune River which hasn't had a salmon population since 2001, and the Panama facility isn't located near any closely related species. It could be about two years before the GE salmon reach supermarket. And that's my fact check for this week, I am 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 would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

(Music)

Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. You have cancer, not only does the diagnosis your fear of the ravages of a potentially life threatening illness but it implies months of sickness associated with chemotherapy and other treatments. But a device that's already been approved for use in Europe and has just been approved by the FDA in this country can mitigate one of the more unpleasant side-effects of hair loss. The DigniCap is a scalp cap placed on the heads on chemo patients that cools the scalp and limits chemotherapy's toxic impact on the rapidly dividing cells and hair follicles.

Dr. Hope Rugo: Scalp cooling does in no way diminish the effectiveness of chemotherapy nor does it increase the risk of recurrence.

Margaret Flinter: That was Dr. Hope Rugo, speaking to NBC News recently. She had led the clinical trials at five different hospitals testing the efficacy of the DigniCap which cools the scalp to 37 degrees and that's cold enough to inhibit cell death and hair follicles.

Dr. Hope Rugo: This gives you something that you can do for yourself.

Margaret Flinter: 70% of the women in the trial kept more than 50% of their hair and some like Donna Tookes of Connecticut, kept all of it. She was selected for the trial after her husband, musician Darryl Tookes, wrote a letter asking that his wife be considered for the US trial.

Darryl Tookes: I wrote a letter to several of the doctors conducting them and –

Donna Tookes: A wonderful letter.

Darryl Tookes: Donna has a head full of beautiful thick hair, a unique feature that is a shock [PH] of whiteness creating a halo for her young face.

Margaret Flinter: Not only did his wife keep her hair, her doctor say, her early diagnosis and treatment have yielded an excellent outcome, cancer free. DigniCap, a scalp chilling device for patients undergoing chemotherapy and mitigating one of the most emotionally challenging side-effects of that treatment, hair loss, now that's a bright idea.

(Music)

Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.