

REDEFINING MODERN MEDICINE

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Dr. Rudolf Virchow (1821-1902) was known as the father of social medicine because he founded the field and believed that medicine and politics (or public policy) were closely linked. Dr. Virchow was a German physician, pathologist, anthropologist, and politician who believed that medicine and public health practices could transform society when applied with good public policies. He also believed that politics and social systems could significantly impact public health.

In 1847, Dr. Virchow went to Upper Silesia (currently Poland) during the Typhoid Epidemic to care for the patients. The first thing Dr. Virchow realized while studying the Typhoid Epidemic almost 200 years ago was that his pathological knowledge did not matter in addressing the outcome of this outbreak. He observed that it was apparent that the housing conditions, the labor conditions, and the food and sanitation conditions of the people were mostly the reasons for the outbreak of the disease. These are what we now call “the social determinants of health.” These factors are outside the biological nature of a person inflicted with any ailment.

In the United States, access to adequate housing, work conditions, transportation, food, and sanitation are determined by public policies. These public policies are “the political determinants of health.” The United States medical profession has suppressed its awareness and acceptance of being influenced by policy decisions for well over a half-century. It is apparent that if we do not engage in the political process, policy determinations, and advocacy efforts that are designed to advance the quality of life for our patients, we are simply avoiding our ethical obligations.

A counterargument to those who believe medicine is only a scientific enterprise and has no political or policy enterprise is to look at the divergence between the hollowness of the ethical claims of the field in the teaching of medicine and the actual practices where revenue-generating and profit-making is most prioritized. Many practicing clinicians will share that this is how they feel. Instead of caring for patients, they feel that they are writing a “glorified invoice,” also referred to as a medical record. Teaching medical schools promote the belief in health equity, doing no harm, and caring for all. However, in many practices, our ethical framework is producing effects that result in worsened patient outcomes.

A patient in front of a clinician’s office has to fit into a certain category of some insurance system or network coverage system to be allowed access to the clinician. Healthcare has become a commodity to regulate in an open market!

As the richest nation in the world, America has over 30 million citizens **without** health insurance, and many rely on substandard care to treat their chronic illnesses. Over 50 million more are underinsured, and many healthcare institutions don’t accept their insurance, rendering them technically uninsured.

Apparently, the fundamental root of what determines care in America is motivated by that which generates revenue, and not the medical ethics, quality, or health equity that all doctors were taught in medical school. Seemingly, this is why so many new doctors graduating from medical school are experiencing the hardship of staying in practice.

According to recent data, about 30% of new primary care physicians leave their practice within the first three (3) years, which is quite significant. This high turnover rate is often attributed to factors such as burnout, administrative burdens, and inadequate support. Also, there is a disconnect between the ethics that they were taught and serving as advocates for their patients. The real world of constant revenues and numbers has become unacceptable for so many seasoned and even new physicians, that they seek other professional pathways.

We spend closer to 3.5 trillion dollars on healthcare —which is about 1/5th of our Gross Domestic Product (GDP) —with an increasing race to consolidate many healthcare systems leading to the creation of healthcare deserts in some parts of the country. Not only are we spending more money on health care and reducing access to so many Americans, but many are also experiencing high costs in medications and health care in general without necessary improvement in the quality of outcomes. Comparatively, other advanced nations spend less than America and provide better access with low cost for users and better health outcomes. Why is this the case?

We need to turn this around as a nation. It is time to mirror our ethical medical education to the practices in the real world. We can do this by eliminating the need to prioritize revenue and volume over health outcomes. We should develop policies and practices that eliminate those entities that have monetary incentives to ensure that providers diverge from doing what they were taught to do best — providing essential medical care, rather than writing a perfect invoice to maximize profits!

It is time to reverse this current pathway, uphold our human rights, and amplify the mission to secure access to quality healthcare for all. Advocating for universal healthcare is making access to wellness a priority that every citizen deserves, especially if we intend to advance our society to be healthy and productive.

America has over 30 million people without health insurance.

— U.S. Department of Health and Human Services

CELEBRATING AN **EPIC** YEAR OF MAKING A DIFFERENCE



On Wednesday, October 9, **HEART OF OHIO FAMILY HEALTH (HOFH)** celebrated the **1-Year Anniversary** of going live with **EPIC** that has provided an enhanced electronic medical records management platform that was designed to improved operations of the organization, as well as the overall experience of the patients.

The collaboration between HOFH and **The Ohio State University Wexner Medical Center** provided a strategic approach, training, and implementation that has provided various

enhancements and has improved patient access to their medical records through MyChart. Additionally, the **EPIC** platform provides connectivity to a complement of hospital networks throughout central Ohio.

The vision and creative teamwork between both organizations has produced a foundation that can support many opportunities that may come in the future.

ONE STEP AT A TIME: 2024 HOFH ► WELLNESS WALK

Thanks to everyone who participated in this year’s **HEART OF OHIO FAMILY HEALTH ► WELLNESS WALK**, held on Saturday, October 12. The event started and ended at the Feibel Center, located at 5000 East Main Street, in Whitehall, and featured a 2-mile and a 3-mile option for participants to consider.

This was the second year that the event was held, and the **WELLNESS WALK** is designed to engage patients, staff, students, and stakeholders from our diverse communities in central Ohio. This annual activity promotes all aspects of one’s wellness by simply taking a step at a time.

The setting in Whitehall was selected because it provides safe and scenic pathways upon which participants can easily traverse by using sidewalks while walking around a centrally located community park and residential neighborhoods. Also, a Walk Audit supported by a Challenge Grant from AARP will be an outgrowth of the event and will assist in surveying the walkability of additional areas in the city.

► **CLICK HERE** and take a moment to review a video that summarizes the event, and remember that progress involves being bold enough to keep stepping forward and not looking back!

