Dr. Vivek Murthy

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Margaret Flinter: 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 and the great minds who are shaping the health care of the future. This week Mark and Margaret speak with former U.S. Surgeon General Dr. Vivek Murthy, where he championed the cause of treating addiction and the opioid crisis as a chronic disease. He's written a new book on the epidemic of loneliness together the healing power of human connection and sometimes a lonely world in which he addresses the widespread epidemic of loneliness and its impact on public health and how the pandemic is amplifying the need to address this important issue.

Lori Robertson also checks in, the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts, and we end with a bright idea that's improving health and well-being in everyday lives. If you have comments please e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to Podcast and you can also hear us by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Dr. Vivek Murthy here on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Vivek Murthy, 19th U.S. Surgeon General appointed by President Obama. He's former Vice Admiral of the Public Health Service Commissioned Corps and is the founder of Doctors for America, a coalition of 18,000 clinicians dedicated to building a high quality affordable healthcare system for all. He's a distinguished scholar at the Johns Hopkins Bloomberg School of Health.

Margaret Flinter: Dr. Murthy launched several important initiatives whilst serving as the Surgeon General issuing the first Surgeon General's report on addiction that defined it as a chronic illness. He also launched major initiatives to target the opioid crisis and the vaping crisis. He designated the epidemic of isolation and loneliness as a major public health threat. He's published a new book on that topic Together: The Healing Power of Human Connection in a Sometimes Lonely World. Dr. Murthy, welcome to Conversations on Health Care.

Dr. Vivek Murthy: Thank you so much. It's good to be with you.

Mark Masselli: First of all, congratulations on the new book "Together", and really it's a topic that's gained wider attention in recent years, this widespread epidemic of loneliness that really poses an enormous public health challenge for large sectors of our population, but it's certainly being amplified by orders of magnitude during the coronavirus pandemic. Then you became aware of this really silent crisis pretty early in your

tenure as Surgeon General, I'm wondering if you could help our listeners understand the scope of the epidemic of isolation and the real measurable impact it's having on population health?

Dr. Vivek Murthy: Absolutely. Well, first of all, thank you for recognizing just how important and common the feeling of loneliness is, and you'll hear the term loneliness and isolation, both used. I want to make a distinction between the two. Loneliness is a subjective feeling of not having sufficient social connection in your life. It's distinct from the objective term of isolation, which is more a descriptor of the number of people you have around you, but what really matters is how you feel about those connections. What I realized when I was the Surgeon General, when I had the chance speaking to people in many communities across the country. Is that I realized that loneliness was a lot more common than I thought. I thought I would go to visit people and hear stories of concerns about depression and anxiety and about substance use disorders, in the opioid crisis. What I didn't expect to hear were these threads of loneliness that wove their way through those narratives. People would never say I'm lonely, they would say I feel I have to carry this entire burden all on my own, or I feel if I disappear tomorrow, no one would even notice. That was one of my first clues hearing this again and again, from moms and dads in the Midwest, to people in the small fishing villages in Alaska. To hearing from it members of Congress in Washington D.C. It made me realize, one, that the loneliness that I had felt as a child, but also the loneliness that I had seen so often in patients as I cared for them, when I was practicing up in Boston that these were not unique to my experience, but that they were far, far more common than I thought. According to the 2018 Kaiser economists study, about 22% of adults in America are struggling with loneliness. That's more than the number of adults who have diabetes. It's more than the number of adults who smoke. In the UK about 25% of adults admit to struggling with loneliness and many other countries around the world say that they are lonely, but it's also incredibly consequential for us.

When you look at the data of people who struggle with loneliness have an association with an increased risk of heart disease, dementia, depression, anxiety, sleep disturbances, as well as premature death. So it was that recognition that loneliness is both common and consequential that ultimately led me to focus on it.

Margaret Flinter: Well, Dr. Murthy - Mark and I have recently welcomed Nicholas Kristoff and Sheryl WuDunn to the program. They were talking about what we have come to refer to as the deaths of despair that lead to shorter lives in America. I know public health concerns really occupied much of your attention and efforts a surgeon general with addiction, chronic health issues and the like, but you say that all of these really have loneliness as one of their underpinnings and so give us some

more insights into how loneliness became so pervasive and your thoughts on how that's impacting really all sectors of society our schools, workplaces, our communities?

Dr. Vivek Murthy: Not only is loneliness common and does it have a serious impact on our health, helping to drive in a sense many of the common conditions like depression and addiction and anxiety. On the opposite side of the house, social connection is a powerful resource that we have that can not only enhance our health, that can enable us to perform better in the workplace and in school, which in turn has an impact on the division and political polarization that we're experiencing today. Part of the reason is that as human beings, we were designed to connect with each other, to live in trusted networks. When we were separated from those networks, it actually placed our body in a physiologic stress state. In the short term, we were pushed to seek out connection in the same way that hunger or thirst pushed us to seek out food or water. When that stress state lasts for a long period of time, it can increase levels of inflammation in the body and lead to damage to tissues and blood vessels and ultimately increase our risk for chronic disease. A big part of that solution has to be bringing ourselves back to social connection and recognizing the role that social connection has played for a millennia in our lives in keeping us healthy and keeping communities healthy. I think if you're a manager who runs an organization and you're trying to think how do I ensure that my workforce is healthy? How do I ensure that they can do the best job possible? It turns out there's growing data that loneliness in the workplace is an important detractor from productivity and engagement. And similarly with kids, it was heartbreaking for me to see how many young people despite how connected they are, by technology, said that they really struggle with this sense of loneliness. We want to set them up for a healthy and fulfilling life. We have to think about how to build strong social connections in their life.

Margaret Flinter: Now let me try to weave together a couple of thoughts on social connection and general isolation and thinking about social connection and about the work that Robert Putnam has done in terms of Bowling Alone. It seems like we're bowling as much but we're not bowling in teams. Then I'm reminded of the powerful song “Hello in There” from the late John Prine, a song he wrote decades ago about the plight of elderly living in general isolation in their later years, and the song suggests that we seek out someone who may be alone and just say hello. You'll note that there is a growing movement to link those who are alone, especially the elderly. However, it's become more difficult, obviously with a pandemic and families are no longer able to visit their loved ones in assisted living facilities or even at home for fear of spreading the virus. Maybe you could share with us some of the creative ways people are connecting with those who might be

isolated and what kinds of interventions have you seen that are showing promise?

Dr. Vivek Murthy: Well, this is an unusual time that we are living in, but I think what's also been really exciting and heartening for me to see. Is just how people are responding with extraordinary kindness, compassion and creativity. Now, I have found that, that neighbors are dropping care packages off to other neighbors who are elderly or neighbors who are healthcare workers and who are putting themselves on the line just as a show of support. I found employers who are having to turn everything upside down to shift to telework, but recognizing the impact that's going to have are actually started choosing to focus first and how their employees are doing and are asking them how they can best support them in their struggles to home-school their children. They're stepping up to make sure that people have food on the table, recognizing these are difficult times, that has been really encouraging to see. Even individuals, I've seen them find creative ways to connect in this time, everything from having virtual dance parties, to having virtual work rooms where everyone can have their computer or iPad on and can just work silently on their own, but I do think that there is an extraordinary opportunity that we have here in the midst of all of this pain and chaos. That's an opportunity to step back and to reassess our lives and ask this question - Where do people fit into our lives? What priority do we want to give to relationships, once this pandemic is over? In my own life, my stated priorities are very clearly my parents, my sister, my wife, my children, it's people, but my lived priorities have not always been consistent with that. Where I put my time, my focus has often been predominantly on work. I've also allowed myself to be distracted often and when I'm with the people that I love drawn into my inbox or onto my social media feed or into something else. This though, I think, is an opportunity for us to reset that. To make sure we're dedicating at least some time each day to the people we love. Make sure that that time actually counts by eliminating distraction. It's a time also for us to recognize that one of the most powerful antidotes to loneliness is service. When we reach out to each other, whether that's checking on a neighbor or dropping food off to a co-worker colleague who's struggling to home school and telework at the same time. Those small acts of service help strengthen our connection with others just as they reaffirm for us that we have value to give to the world. If we do these things together, my hope and I believe is that we can emerge from this pandemic more deeply connected than before this all began.

Mark Masselli: Well, Dr. Murthy, thank you. Before the pandemic, the number one crisis that we were concerned about, that faced our country and that we were very engaged in was the opioid crisis and death by opioid overdose, was overwhelming families and communities. Your seminal Surgeon General's report on addiction really sought to put the notion

to rest, that this was a moral failing by society. I think there's been some great progress to address addiction as a chronic disease and we would like to give you a chance to reflect on the progress that's been made in treating and addressing addiction as a chronic health issue.

Dr. Vivek Murthy: Well, I do think that this has been one of the brighter spots for our country, the progress that we're making in addressing addiction, but I do feel heartened that we've made progress in a few areas. One is I do think we are slowly rolling back this stigma around addiction, helping people understand that addiction is not a character flaw or a sign that you are fundamentally broken, but this is an illness that many of us could be susceptible to. The second area where I think we're making headway is on extending treatment to people who need it. Medication assisted treatment does work with medications like Buprenorphine, but despite that, we have struggled to get rid of misinformation and stigma around MAT and to adequately fund MAT. We have seen now bills coming through Congress that have been passed and signed by President Obama and later President Trump that have put money toward the epidemic. It's not nearly enough, unfortunately, but it is a move in the right direction. I think the other thing is a growing recognition within healthcare systems, that if we really want to get treatment right, that we've got to integrate it with primary care. We can't have treatment be, a building off in a forgotten corner of your community that you try to visit. It's got to be part of the healthcare infrastructure. It can't be a stepchild anymore, but with all of this, is this theme actually around how human connection relates to addiction, without being able to strengthen a sense of community for people, that we are not only going to set ourselves up more for substance use and addiction, but we're going to have a very hard time addressing it. The founder of Alcoholics Anonymous was often famous for saying that loneliness was one of the deeper afflictions that affected those with alcoholism. So many people that I met on the road who came through that dark tunnel of addiction and emerged in recovery. Every single one of them said that there was a person or a group of people who were critical to their success. You don't need an MD or an RN in order to help somebody struggling with addiction to build a relationship with them. To support them is just as important a part of the treatment and the cure.

Mark Masselli: We're speaking today with Dr. Vivek Murthy. 19th, U.S. Surgeon General appointed by President Obama. He's a distinguished scholar at the Johns Hopkins Bloomberg School of Health and author of a just released book Together: The healing Power of human connections in a sometimes lonely world. Dr. Murthy, I think it goes without saying the whole world has been upended by the COVID-19 epidemic, and there's a very long road ahead for us to feel somewhat normal. Really put your hat on, your former role of Surgeon General was really to rally support around policies that lift all Americans up, maybe shift a

little to what kinds of coordination and cohesiveness are required from our government health entities at this time and how might our health systems look different after all of this passes?

Dr. Vivek Murthy: Well, I do think that one of the is that it has pulled back the curtain on what is broken in our healthcare system and in our public health infrastructure. Long before COVID-19 was on the scene, we had been under investing in departments of health. I heard as I would travel across the country from State Department's of health that would say, our budgets were cut during the Great Recession in 2007-2008, and when the whole economy recovered, our budgets never changed. At times like this, we depend on those local health departments to do contact tracing, to help with testing, and so the under investment that we have made in healthcare and in public health comes at a tremendous price. I think that this is our opportunity to re-imagine what the health infrastructure of this country could look like.

I believe that this is our opportunity to put forward a Marshall Plan for health that could build the public health infrastructure that we need filled with all of the core elements that we know are important from Sentinel surveillance systems, to contact tracing systems, to also the kind of preventive type measures and programs that we know we need to help reduce the risk of diabetes and obesity and heart disease, and to imagine how the federal government needs to respond in moments like this because there's a lack of funding available to quickly respond to moments like this. An administration usually ends up having to go to Congress and spend weeks and weeks and weeks working out some sort of financial package. During those times, we're not investing the resources that we need in the response strategy. So it's our chance now, though, to think about how we fund outbreak responses, about how we build really modern age technology to be able to understand when something is out of the ordinary, and it also is a time for us to have some hard discussions about how we use technology to ensure we know what's going on with public health while also maintaining and respecting privacy.

But it's never too early to start having that conversation. In fact, I'd say we're a little too late right now, but we need to start at some point. We can rebuild our public health system into what it needs to be so we can serve every person in this country and prevent so many of the illnesses that we know how to prevent.

Margaret Flinter: Dr. Murthy, one group of people I think across the country whose lives will be shaped by this memory in some ways are our students and trainees, our residents and fellows who came into this, and while this was not on their radar. You're a visiting scholar at Johns Hopkins University. You're the Founder of Doctors for America. My guess is that you are very connected to the generation that's coming up of

health professionals across the board. I'm curious what your thoughts are on how the experience of this crisis is going to impact future training and education for all the health disciplines, not just to meet the threats such as the one we face now, but because so much changed in such a short time. Share your thoughts with us about how this you think will impact the training and experience of this generation that's coming up now.

Dr. Vivek Murthy: I have had the privilege of speaking with many residents and fellows and young attendees over the last few weeks. Let me just first and foremost say that these men and women are giants, what they're doing in this moment, the way they're stepping up, it's like nothing that my generation ever had to do. They are putting their lives on the line even at times getting sick because they believe in the ideal that they took a note to support. So that's truly extraordinary. I do think that this experience will change them, and hopefully for the better. One of the things is highlighted for us people who are clinicians who are on the frontlines are undergoing a tremendous amount of mental and emotional stress right now, and there will be consequences of that that will show up in their lives today, tomorrow, in six months, in a year. We have traditionally not done a good job in the profession of paying attention to the mental and emotional needs of our workforce, all the while recognizing that it's contributing to burnout and injuring at a deep level that people have committed their lives to helping others. So this is a chance for us to ask how do we invest in improving and sustaining the mental health and wellbeing of healthcare workers themselves.

The second thing I think, this really elevates for us is the need for clinicians, for medical professionals to also have an understanding of engagement in public health. For too far too long, these worlds have remained quite distinct. But we know how deeply connected they are. If the public health system fails, it shows up in the medical system. So we need to have a much tighter understanding and integration of professionals who are working across both realms.

Finally, technology, what is so striking about what's happening right now is that we're being pushed to use technologies that have existed for years and years and years. We just have not found a way to bring them like into our current practice of medicine. What it is highlighting is that medicine has been behind from a technological standpoint. This is pushing us to accelerate, recognizing that all of the people who need help through telemedicine now that we're still actually going to have a need for that down the line. There are people in rural areas who need psychiatric care, who could use telepsychiatry services. There are people all around the country who don't necessarily need to come in to the doctor for every visit if they had the ability to just do a simple telemedicine call, get a consultation at home. I hope that this

experience will push us to revisit how we take care of clinicians, how we structure medicine, how we tear down that divide, that has for too long existed in between medicine and public health.

Mark Masselli: You know, I wanted to tie that back to the sort of heady side of as you think through this redesign of the healthcare system when you were in a Wall Street Journal event which you envision the future of healthcare, some of it was new technology, but some of it was simply regulatory relief. You look at the guilds that are controlling all of the practice of medicine, whether it's insurance companies, or the practices themselves, we really need to break down some of the barriers and then have the force multiplier of technology. But tell us a little more about his new vision for the future of healthcare that you shared with others.

Dr. Vivek Murthy: I think if we think about healthcare in the future, and what do we want it to be? What we really want is, first and foremost, a health infrastructure that helps prevent disease in the first place. That means that health will have to interface deeply with other sectors as well, including the economic sector, transportation and education, recognizing that these social determinants and drivers of health are where we need to be as health professionals helping design policy. The second thing that we need to see in the health system is we need to see a system that's more and more responsive to people's needs, including where they need to get their care. If we do our job right and use technology well, my hope is that we will see care move more and more from hospitals and clinics to homes and communities. Hopefully, if we do that well over time, we will see a need for fewer hospitals. That is a vision I think we can grow toward.

Finally when I think about the people themselves, the nurses, the doctors, the public health workers, the pharmacists, I think that what we have a real opportunity to do is to make the next wave in generation of healthcare workers, of clinicians, people who can truly bring together the mental, emotional and physical dimensions of medicine. Our education has been so skewed toward the physical recognizing that, yes, physical health is important, but it's not the only driver of our health, and it seemed like our mental health was almost a second concern. When I began seeing patients independently, I still remember one of the first patients I talked to who was struggling with loneliness, and it was very clear that this man was lonely because he said so. He said, You know, I quit my job after I came into some money, and I moved to a big house in a fancy neighborhood and I didn't have my friends or my clients or my colleagues anymore, and I felt really alone. I felt in that moment so helpless because I had no idea how to think about loneliness. I had never learned about it in class. I had never realized that it had health implications.

But I think that as we go forward, what we need to do is we need to not only train our clinicians and how to understand how the physical and emotional dimensions of health go together, but we've got to train them to be able to communicate that with the public, where a stigma around mental health is still quite common, that we need trusted voices to speak up in the public square about how it is that these different elements of who we are intersect. It's okay to have struggles with your mental health because guess what so many of us do. To be able to communicate, provide good care and work to prevent illness in the first place, this is what a good health system should do, and it should use technology to enable that. It should lead with the heart while also being informed by the head, and those are the priorities I think that we have to keep ordered when it comes to how we approach health.

Margaret Flinter: We've been speaking today with Dr. Vivek Murthy, the 19th U.S. Surgeon General under President Obama. He's a Distinguished Scholar at the Johns Hopkins Bloomberg School of Public Health, and he's the author of the just released book Together: The Healing Power of Human Connection in a Sometimes Lonely World. Learn more about his incredible contributions to public health and American healthcare, and access his book by going to www.vivekmurthy.com or follow him on Facebook or Twitter at the Vivek Murthy. Dr. Murthy, we want to thank you so much for your contributions to healthcare, for your guidance and leadership and your humanity as America's doctor and for the role you're playing in bringing attention to this public health crisis of loneliness. Thank you so much for joining us on Conversations on Health Care today.

Dr. Vivek Murthy: Thank you all so much, so wonderful to be with you today.

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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: In announcing that his administration would halt funding for the World Health Organization, President Donald Trump made a series of false, misleading and unsubstantiated claims about the WHO. Regarding travel restrictions and lives saved, the President said, “And if we didn't close our border early, very early, long before the kind of dates you're talking about, we would have had thousands and probably hundreds of thousands more deaths.” We found no support for Trump's claims. The research on the impact of travel restrictions shows they can delay the exportation of cases, if the restrictions are

stringent, but they can't contain the spread of viruses. On travel restrictions and the WHO reaction, the President said, “They told us when we put on our travel ban, a very strong travel ban, there was no need to do it. They actually thought us.” That's an exaggeration. There's no evidence WHO leaders have publicly criticized the U.S. for its January 31st decision to restrict travel to and from China.

Trump also criticized the WHO for trusting China's transparency regarding COVID-19, “The WHO willingly took China's assurances at face value and defended the actions of the Chinese government even praising China for its so called transparency.” But that lacks context. Trump originally praised China's supposed transparency as well. It's true that the WHO Director General complimented China for its response to the outbreak in remarks on January 30th. What Trump didn't say is that early on, he too, said he trusted what China was telling the U.S. about the virus. On January 24th, Trump tweeted, “China has been working very hard to contain the Coronavirus. The United States greatly appreciates their efforts and transparency.”

On February 10, he said, “I think China is very, you know, professionally run in the sense that they have everything under control.” The President also criticized the WHO for failing to act on “credible report” in December 2019 of person to person transmission. The WHO wasn't notified of an outbreak in Wuhan until December 31st. The agency always considered the possibility of person to person transmission. That's my fact check for this week. I'm Lori Robertson, managing editor of FactCheck.org.

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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, e-mail us at www.chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. In the emergency room or the ICU, clinicians are confronted with a myriad of unpredictable medical crisis that sometimes can be challenging to diagnose. Most of these clinicians are now communicating with colleagues via their smartphones, often sending images of a patient's unique symptoms or chest x-rays to one another for shared diagnosis. ICU Physician Dr. Josh Landy was noticing a growing trend of image sharing via smartphones to crowd source second opinions from friends and colleagues across the country. But he also was concerned

about the potential violation of HIPAA regulations. So he developed an app for that. He created Figure 1, a sort of Instagram for doctors in which images can be de-identified but shared across a dedicated social media platform that would allow input from clinicians within their network.

Doctors are using the app to communicate not only with colleagues within their hospital settings, but around the world where someone might have superior expertise with a certain condition. The app was recently used to share a chest image of one of the patients who presented with a Middle Eastern virus, MERS. Dr. Landy says the apps get about a half a million image views a day, with about 80 million total views so far. He sees the potential for this platform only growing as more young digital natives enter the medical workforce. A free downloadable app offering secure HIPAA compliant image sharing among clinicians around the world to reduce the time it takes to zero in on a diagnosis. Now that is a bright idea.

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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at 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.

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