

Health leaders integrate medicine, public health to tackle health, social issues faced during COVID

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Integrating medicine and public health are the most important takeaways from the coronavirus pandemic, but UW Health CEO Dr. Alan Kaplan and Dean of UW-Madison School of Medicine and Public Health Dr. Robert Golden say the most prominent problems are the same problems that plagued the healthcare industry 25 years ago.

Problems with long waiting times for patients, difficulty scheduling appointments, dealing with insurance and going through prior authorization all existed at the beginning of Kaplan's career in medicine. But the problems have never been totally solved over the quarter century he's spent in healthcare.

However, Kaplan said the healthcare industry has learned quite a bit about the importance of incorporating public health teachings with furthering the study of medicine.

While furthering medicine through scientific studies, clinical trials, drug developments and advancements in patient care is crucial to helping people live longer, healthier and more fulfilling lives, improving public health will bring many of those advancements to the masses and help bridge the disparities in healthcare between communities.

"COVID is unfortunately a horrible way to really learn the importance of bringing

together medicine and public health, and it's not just for COVID," said Golden in a "UW Now" webinar.

Kaplan and Golden agree the importance of combining these two healthcare disciplines is the best way to improve the industry moving forward.

This year has been an especially trying time for healthcare professionals. The coronavirus pandemic showed how woefully underprepared the U.S. was to deal with such a large viral outbreak. Systemic racism, even in healthcare, reared its ugly head as a disproportionate number of Black, indigenous peoples and people of color were infected by the deadly virus.

"I think that kind of integration is important for other kinds of important epidemics," said Golden. "Whether it's opioid abuse or whether it's high infant mortality rates in the African- American population, a combination of interventions promoting wellness as well as a medical approach to diagnose and treat complications and diseases — that's where the real future lies."

The School of Medicine and Public Health has been combining these disciplines for over a decade now.

"Our peers around the country said 'Why are you doing that? Isn't it really difficult? Isn't it really expensive and complicated?'" said Golden. "Yes, but we're doing it because that's where the future lies: in teaching our students how to prevent disease as well as how to treat it, and in understanding that the health of populations and public health interventions are really important, and boy did COVID ever drive home that point."

Kaplan pointed to three driving factors in healthcare that will continue to promote

progress in the industry. [Telehealth](#) popularity has increased exponentially over the last few months, hospital underfunding has become painfully obvious, and healthcare professionals simply cannot unlearn many of the things they learned during the pandemic.

Telehealth visits in April 2020 were 1,000 percent more common than in all of 2019, according to Kaplan. Doctors originally thought younger, healthier patients would be the only ones virtual doctor visits would work for, but this pandemic has proved otherwise.

Kaplan said physicians and patients alike prefer telehealth when it is appropriate. That's because it saves time and means potentially infectious people no longer have to physically visit hospitals or clinics, creating less risk of infection for patients who need hospitals and clinics for treatment.

Along with an increase in telehealth appointments, healthcare professionals learned the importance of separating infectious patients from other areas of the hospital to further isolate infection outbreaks. Making sure patients who are already sick don't get infected by another, different virus is part of the overall goal to provide quality care and improve the overall health of our population.

While combating the deadliest pandemic of this century, hospitals nationwide have lost around \$200 billion over the last four months and are predicted to lose around \$300 billion by the end of 2020, according to Kaplan. He indicated that funding will be required for hospitals to cope with the pandemic, adding that people will always need health care.

Kaplan and Golden have been working with UW-Madison and UW Health to create a curriculum that helps students understand the importance of integrating both medical scientific study and practicing the new findings from those studies to

improve healthcare in a broader spectrum of communities.

Technology needs alone are “enormous” for that integration, Golden said. That tech can combine lab-based information about the human genome with information from a population base; and store, process and analyze that data. He said needs are enormous in both complexity and cost.

Golden said the School of Medicine and Public Health has also fundamentally changed its curriculum to include more education on how systemic racism impacts healthcare and how healthcare providers can work to end it.

“There’ll be a time when the pandemic goes away, but we don’t believe our role in dismantling racism will go away,” said Kaplan.

To help end the pandemic as quickly as possible, Golden said the most important thing for us to do is continue social distancing and wear face coverings, because reopening would be akin to undoing months of work to stem the rate of infection.

-By Adam Kelnhofer

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