

IN CONVERSATION

“Nobody Wins When People Are Sick”: An Inside View of Immigrants and Access to Affordable High-quality Health Care with Dr. Alice Chen

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Dr. Alice Chen is the executive director of Doctors for America (DFA), a nonprofit grassroots organization of doctors and medical students working together to improve the health of the nation and to ensure access to affordable high-quality health care for everyone. It was founded in 2008 by then Surgeon General Vivek Murthy and has spearheaded the Affordable Care Act (ACA) under President Obama’s leadership. Dr. Chen obtained her undergraduate degree from Yale and her medical degree from Cornell University in New York. She completed her internal medicine residency at UCLA and joined the UCLA faculty in 2008 as an assistant professor of medicine at the David Geffen School of Medicine. She has worked as a part-time hospitalist at Ronald Reagan Medical Center for the last seven years, spending one week every month in Los Angeles and three weeks in Washington, DC. She currently resides full time in the capital and is scheduled to join the internal medicine faculty at George Washington University soon. She is originally from San Francisco and blogs at <http://www.dr sforamerica.org/authors/dr-alice-chen>.

In your opinion, what are the most critical barriers that immigrants in the United States, both documented and undocumented, face in health care?

I think there are two main barriers for immigrants regarding health care. One is access to care due to lack of insurance coverage—not just for undocumented but also for documented immigrants—especially if they are a mixed status family or do not have health care coverage in spite of being legal residents. [Many] legal immigrants are not educated about what they and their families may be eligible for, especially under the umbrella of the ACA. The second is the lack of education and health literacy. Many immigrants don’t really know the basics of how to navigate the health care system, who is a primary care doctor, when to seek care with their primary care physician versus at the emergency room, how to

care for chronic diseases like diabetes with changes in diet, medication adherence, etc. There is a definite education component that needs to happen within certain communities about self-directed care.

What were the major issues at stake in the King versus Burwell case that could impact immigrant health?

Nothing will really change in a drastic way as a result of this decision as far as coverage eligibility for people under the ACA. I think what changed because of this case is that people on both sides of the aisle recognized it as the last threat to the ACA. We can now really say that health care is a right in this country. We don’t have health care for everybody yet, but it seems like we have turned a corner in the argument about whether everyone in America should have health care coverage.

California currently has 3 million undocumented immigrants and has led the country in passing a bill that would allow undocumented low-income children to access the state Medicaid system derived from the ACA (Medi-Cal). More is anticipated as far as coverage for undocumented adults is concerned. How will this impact overall access to medical care, quality of medical service, cost of care, and the general health status of Americans in the long run?

I think people being able to access health care when they need it—rather than when they are very sick and seek care in emergency—can only help improve the overall health of individuals, families, and communities as well as reduce the cost of care. Particularly in California, we do have a big challenge of who

continued on page 2

IN CONVERSATION

continued from page 1

takes care of everyone who is on Medi-Cal. We have a lot more patients and not enough doctors who accept Medi-Cal. The impact of this legislation will depend upon what we do as health care providers and how much effort we put into trying to make sure that people who are covered can actually get the care that they need. I think it is very important for all health care providers, whether working in a big health care system or a solo practice, to evaluate their patient mix and ask themselves: Should we accept Medi-Cal, and if not, why? We really need to think profoundly about who we are and why we chose a profession that serves our communities. If everyone accepted a few Medi-Cal patients in their practice we would have much better access to care. I understand that practices cannot survive completely on Medi-Cal/Medicaid, but could you accept a couple? The cost of covering undocumented children in California is really miniscule in the bigger picture, a fraction of the total Medi-Cal budget, perhaps 3%. It's certainly a lot of money but not enough to impact the entire economy of California negatively.

What are the issues that DFA is likely to address in the future regarding immigrant health in terms of advocacy and health policy like health insurance coverage, access to preventive care, chronic illnesses, infectious diseases etc.?

We have always seen that there are three major areas that we need to

change: access to care, improving our care delivery system, and evaluating the social determinants of health. What DFA will be focusing on in the next few years is to continue to push on access to care for everyone—including immigrants—irrespective of their legal status. Our work is not done until all people in this country have access to affordable high-quality health care and coverage that actually allows them to see a doctor. Just because they have insurance does not necessarily mean that they will be able to see a health care provider. We are also broadening our focus to really look at the social determinants of health and get doctors more engaged in public health issues, like healthy housing, appropriate diet, etc. I was talking to a Philadelphia doctor one day who told me about how diabetic patients who are on food stamps cannot afford a healthy diabetic diet and also often end up in the emergency room with diabetic ketoacidosis because when they run out of their food stamps they have to eat even more unhealthy food. And sometimes a doctor may say it's not my job to see if they have food or not. But if we don't take care of it who will?

There is concern among American citizens regarding the "burden" of immigrants on health care. What would you like to tell them to allay these concerns and instill confidence in current health policies and health care reform?

I honestly find it baffling that people in this country have an anti-immigrant view. I mean, just look around,

look at doctors and nurses and the medical workforce. Where would we be without immigrants? It's easy to point a finger at a particular community and say these people are bringing disease, poverty, and crime to America. But we often take care of immigrants who are so happy to be in this country, who work really hard, who take care of their families, and try their best to be productive members of the community. It is not right for us as a society to say that we will take care of only a certain portion of society or to say that even though you are here as part of the community and working in the country we will not take care of you because you come from another country. I don't think that's what we are as a country. Really, nobody wins when people are sick. The burden is greater when we have to take care of sicker people.

How does DFA intersect with other organizations such as SGIM or Physicians for a National Health Program (PNHP), and what suggestions do you have for primary care physicians to engage in this process?

We at DFA have had wonderful support from SGIM in the past, especially during our battle in the capital with the ACA bill. In March 2010, just before the ACA bill was passed, I remember a favorite e-mail from SGIM that said: "If you could only make one more phone call in your life, this should be it." I am always surprised when I talk to people who are not doctors and

continued on page 3

IN CONVERSATION

continued from page 2

how excited people are about having doctors be a part of advocating for better access to care, for access to healthy food, for other aspects of patient care that are at the core of why we chose this profession and can make a difference. People love that we bring our white coats as much as they love the clout that we bring as physicians. There is so much that we can do at different levels. If we all have one common goal of working to provide access to high-quality health care for all, then we can certainly make vast changes together within the medical community with DFA, SGIM, PNHP, and

other organizations collaborating with each other to move the needle on so many different issues.

You have balanced your bicoastal life beautifully and are a role model for other physicians who want to have a fulfilling career in internal medicine, especially women. What insight can you provide about how to balance clinical, academic, and advocacy work?

For me personally, I could not practice medicine in a broken system without doing something about it, so I have to have the advocacy piece,

and I could not be an effective physician leader in advocacy without practicing clinical work. I have to do both to remain connected with issues that are meaningful. I just love internal medicine. We get to see the entire gamut of disease—from minor conditions like cellulitis to complex rheumatological and oncological disorders—and we get to meet all kinds of people. I think it's a great time to do primary care. There is tremendous opportunity to completely re-imagine primary care, which is the heart and soul of our health care system. It's what holds everything together. *SGIM*