

COMMUNITY

Dr. Rakesh Patel of Neighborhood Healthcare: “We need to focus more on wellness instead of treatment”

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By [Luke Kervin](#), Co-Founder and Co-CEO at PatientPop



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The COVID-19 Pandemic taught all of us many things. One of the sectors that the pandemic put a spotlight on was the healthcare industry. The pandemic showed the resilience of the US healthcare system, but it also pointed out some important areas in need of improvement.

In our interview series called ["In Light Of The Pandemic, Here Are The 5 Things We Need To Do To Improve The US Healthcare System"](#), we are interviewing doctors, hospital administrators, nursing home administrators, and healthcare leaders who can share lessons they learned from the pandemic about how we need to improve the US Healthcare System.

As a part of this series, I had the pleasure to interview Dr. Rakesh Patel.

Chief Executive Officer and practicing family physician, Rakesh Patel, M.D., has been with Neighborhood Healthcare for over 18 years. He has ensured that the non-profit community health organization possesses the resources and culture it needs to provide quality, compassionate, whole-person care to families, regardless of their situation or circumstances. Dr. Patel is the Chair of the Board of Managers for Integrated Health Partners (IHP) of Southern California, San Diego's leading clinically integrated network representing 270,000 lives. Dr. Patel also serves as the Board Chair for Health Center Partners (HCP) of Southern California, which serves as the primary voice and health care policy advocate for community health centers throughout Southern California.

A board-certified family physician and Certified Physician Executive, Dr. Patel received his M.D. from the Medical College of Wisconsin and completed his residency at Scripps Family Practice Residency in Chula Vista. He received his MBA from the Isenberg School of Management at UMass Amherst. He is a CPCA board member and CMA delegate and serves as the East County Region Director on the San Diego County Medical Society Board.

Thank you so much for joining us in this interview series! Before we dive into our interview, our readers would like to get to know you a bit. Can you tell us a bit about your backstory and a bit about what brought you to this specific career path?

During high school, I had the benefit of being a part of the Amigos de las Americas program. This program sends high school students to South America to live with a host family in a rural village while conducting a community-based project. In my case, it was building latrines as the village did not have adequate waste disposal. Those six weeks that I spent were foundational in my life's mission to improve community health. I completed my family medicine residency in a Federally Qualified Health Center and joined my current employer almost 20 years ago. I continued on the path of becoming a physician leader/CEO to be able to have more influence in improving the overall health of those less fortunate in the communities that we serve.

Can you share the most interesting story that happened to you since you began your career?

Not sure if this is the most interesting, but.... When I joined Neighborhood Healthcare as a staff family physician, I had no intention of moving into a leadership role. My supervisor at the time saw something in me—something that I did not know I possessed. She gave me increasing levels of responsibility and indicated that when I was ready, we would switch roles—me becoming the medical director and she returning to full-time clinical practice. True to her word after some years, we made that switch and here I am today.

Can you share a story about the funniest mistake you made when you were first starting? Can you tell us what lesson you learned from that?

In 2009, my son who was five years old at the time, was complaining of sore calves. He was otherwise doing okay, having had a recent cold. My wife asked if we should take him to the doctor; I said no, he looks fine overall, let's give him a few days. This is a standard answer from me when the kids get sick. Long story short, we come to find out he probably had H1N1. We came to this conclusion after I got really sick the next week and was out of the office for almost two weeks. Never felt so sick in my life. So many lessons learned, but the main one being: protect yourself from your sick kids and listen to your wife.

Can you please give us your favorite “Life Lesson Quote”? Can you share how that was relevant to you in your life?

The quote on my screensaver that I have had since the pandemic started is from Charles Darwin: “It is not the most intellectual of the species that survives; it is not the strongest that survives; but the species that survives is the one that is able to best adapt and adjust to the changing environment in which it finds itself.”

Over the past year, there has been so much change, much out of necessity both in our personal and professional lives. Professionally, our organization has pivoted many times to ensure we continue to provide services to our patients who have been disproportionately impacted. Personally, helping to navigate my two teenagers through distance learning and monitoring their emotional well-being, while also maintaining my own work-life balance, has been challenging but critical in my ability to lead in crisis. With so much change, I have had to lean in on my growth mindset to arm myself with the skills needed to face the current and unknown challenges ahead.

Are you working on any exciting new projects now? How do you think that will help people?

During this Pandemic, we have continued to expand services and access points. Two projects that stand out are:

1. We opened our first PACE (Program of All-Inclusive Care of the Elderly) in Riverside County. This program’s primary goal is to help participants who are at least 55 years old and nursing-home eligible to remain in the home by providing comprehensive social and medical resources. PACE has been around for quite some time nationwide but is expanding given the benefits it provides in not only lowering costs but, more importantly, in providing the right level of care and resources to allow the elderly to live their best lives at home.
2. We also opened the Neighborhood Healthcare Institute of Health. We’re excited to be able to offer our patients an opportunity to be a part of clinical research trials. Recently, our organization participated in the *All of Us Research Program* and we see this as a good next step in increasing the diversity of patients involved in clinical trials.

How would you define an “excellent healthcare provider”?

Foundationally, an excellent healthcare provider should be well trained and keep up-to-date, clinically speaking. Equally, healthcare providers more than ever need to be active listeners and be able to communicate complex medical terms and conditions into simple language that patients can understand. Lastly, providers should engage in joint goal setting to better understand how patients view their overall health and what they would like to see differently. As we become more and more data-driven, we still need to keep the human element front and center.

Ok, thank you for that. Let’s now jump to the main focus of our interview. The COVID-19 pandemic has put intense pressure on the American healthcare system. Some healthcare systems were at a complete loss as to how to handle this crisis. Can you share with our readers a few examples of where we’ve seen the U.S. healthcare system struggle? How do you think we can correct these specific issues moving forward?

Answers are reflected below under “Provider wellness and burnout” i.e., we need to address the current workforce shortage, which is only projected to get worse.

Of course the story was not entirely negative. Healthcare professionals were true heroes on the front lines of the crisis. The COVID vaccines are saving millions of lives. Can you share a few ways that our healthcare system really did well? If you can, please share a story or example.

Answers are reflected below under “Right care, right place, right time.”

Here is the primary question of our discussion. As a healthcare leader can you share 5 changes that need to be made to improve the overall US healthcare system? Please share a story or example for each.

1. Right care, right place, right time. Before the pandemic, our patients had to be seen within the four walls of one of our clinics. With the ability to provide telehealth during this pandemic, our patients have been able to receive care wherever and whenever most convenient for them. Transportation has always been a challenge for our patients, but it’s now much less of an issue. We have seen a dramatic reduction in our no-show rate for our behavioral health visits. Historically we had a 30+% no-show rate, which now is less than 10%. Our patients have truly benefited from virtual care and we need to make sure that virtual care continues with payment parity.

2. Provider wellness and burnout. This was already an issue before the pandemic but has become even more concerning. Given the projected workforce shortages, this is even more concerning. We have to reduce the administrative burden of prior authorizations and electronic medical records and bring back the joy in practice.
3. We need to better address the social determinants of health for our patients. Much of what we do in the office—like prescribing tests and medications—are not effective because our patients suffer from a lack of housing, food, income, etc. Ultimately, we need to be able to write prescriptions for housing to a diabetic before we give them a prescription for insulin. COVID-19 has highlighted the health inequities that exist in our society, and we need to address them for everyone to live their best lives.
4. We need to address the current workforce shortage, which is only projected to get worse. Medical students are saddled with large amounts of debt, which makes them less likely to pursue careers in primary care given the lower salaries. Recruiting nurses and medical assistants has become challenging as well. We need to make these fields more attractive in terms of salary and scope of work.
5. We need to focus more on wellness instead of treatment. Treatment is expensive. If we can focus on wellness—changing high-risk behaviors, adjusting diet and exercise, etc.—rather than spending more time prescribing increasingly expensive medications, we may start to change the cost curve. I am hopeful that with the use of digital solutions and AI, we can start to tap patients outside of their regular visits and focus on these other areas.

Let's zoom in on this a bit deeper. How do you think we can address the problem of physician shortages?

We need to address the physician shortage from multiple approaches. We must return to having joy in practice. Physicians continue to experience high levels of burnout and, even worse, suicide. Many physicians do not recommend that their children enter this field. Saddled with high medical school debt, long hours, and increasing administrative burden, being a physician has become an even greater calling than it already was. We need to make sure that we continue to explore ways to offload the work others can do so that physicians can spend more time interacting directly with patients and supporting them in their overall health—this is the reason they became doctors. This goes hand in hand with needing more residency spots and funding. Lastly, we need to increase salaries, especially for primary care, as well as reduce the cost of medical school to ensure we increase the number of primary care doctors. These individuals are the backbone of our healthcare system.

How do you think we can address the issue of physician diversity?

We need to continue to develop pipelines within diverse neighborhoods and schools. Kids and students need to be able to see a path forward in realizing their dreams. Having a mentor that looks like you or grew up in a similar environment can make a big difference, especially when faced with challenges and hardships.

How do you think we can address the issue of physician burnout?

Included in workforce question above.

What concrete steps would have to be done to actually manifest all of the changes you mentioned? What can a) individuals, b) corporations, c) communities and d) leaders do to help?

We need to move beyond healthcare and transition to overall health. Communities and leaders have the greatest potential to address the social determinants of health for citizens. If we are going to level the playing field, we need to reduce the inequities that many people face. Partnerships between various agencies with data sharing are one way to start. Being able to close the loop when patients are referred for social services is critical to helping them achieve better overall health, and it reduces burnout amongst our providers.

You are a person of great influence. If you could inspire a movement that would bring the most amount of good to the most amount of people, what would that be? You never know what your idea can trigger. 😊

First and foremost, we must believe that healthcare is a right and not a privilege in this country. We still have large numbers of Americans who are uninsured or underinsured. We must better address the health inequities many communities face, paying close attention to the adverse impact of COVID-19 on BIPOC.

How can our readers further follow your work online?

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Thank you so much for these insights! This was very inspirational, and we wish you continued success in your great work.

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<https://thriveglobal.com/stories/dr-rakesh-patel-of-neighborhood-healthcare-we-need-to-focus-more-on-wellness-instead-of-treatment/>