LiveWell Interview, Dr. Carol Mangione

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SPEAKERS

Dr. Wendy Slusser, Dr. Carol Mangione

D Dr. Carol Mangione 00:03

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D Dr. Wendy Slusser 00:27

Thanks for tuning in to the live well podcast I'm your host Dr. Wendy Slusser. Today's episode is incredibly informative about how recommendations and policies get developed in the world of health promotion. Our guest today Dr. Carol man Gionee is the immediate past chair of the United States Preventive Services Task Force. She's the Distinguished Professor of Medicine and Public Health at UCLA, the Executive Vice Chair for health equity and health services research in the Department of Medicine, a mentor, a mother and much more. Today, she walks us through the world of the US Preventive Services Task Force, and how pivotal recommendations at all levels are made nationwide, how the task force members are selected, and the importance of building trust and expanding the diversity of people to include in research studies. So let's get into it. Enjoy this highly informative episode with Dr. Carol min Gianni. So welcome Dr. Carol. Man, God, I'm so honored to have you on this podcast. Dr. Mann. Gionee is the past appointed chair of the US Preventive Service Task Force is the chief of the Division of General Internal Medicine and Health Services Research at UCLA, and is a caring physician, friend and mother. Carol has authored more than 350 research articles focused on a wide range of topics including diabetes prevention, health disparities, aging, health insurance benefit design and public health policy. Her research and translation to practice has helped improve the health not only have individual patients but positively impacted the house of large populations, through identifying best practices and translating them to policymakers, public health officials and medical practitioners. We are so lucky to have you on this podcast, Dr. frangioni. And I'm going to call you Carol moving forward, there's so much to focus on and ask but maybe today we'll focus more on your United States Preventive Task Force role. Before we get to that, I'd like the listeners to hear what brought you to the medical field and what keeps you motivated to stay and show up every day in all of those capacities that you fill?

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Dr. Carol Mangione 02:48

Well, first of all, Wendy, thank you so much for this wonderful opportunity to speak to your audience, you really have brought so much to our campus here at UCLA, and change the culture and the focus so much more toward wellness, which is a key component to diabetes prevention. So I think early on as you were changing the culture on the campus, it made it in many respects more receptive to the kind of research and thinking that I was doing to try to prevent chronic diseases, and to keep people as healthy as possible as they age. So so it's really such a pleasure to talk to you. So I've given some thought to your question. And there's really two ways to answer it. One would be the quick answer, which was said I never was a good enough musician to have a career in music. So I had to find something to do. But I'll give you a little more detailed of an answer. And, and that's really a lot of why I was attracted to medicine is really because of my mom. If my mother instilled anything in to her children, it was that we better make a difference in the world with whatever we do, and that we should also really keep an eye on those who are less fortunate than us, and who are being left out of the system in so many ways in terms of health, wellness, economic opportunity, and then being somebody who always was very attracted to science, scientific thinking, really the the miracle of how genetics works, it was a perfect meld for me to think about going to medical school and being a physician because it was the kind of career where early on, I felt like I could make a difference. And I could leverage my own passions in science and then in I think from a very early time in my residency training and research training, there always was this tension between loving being a doctor and and making a difference for the person in front of the, you know, as a very little short feedback loop when you have a patient come to you with a serious problem, and you have the chance to help sort it out to be the detective and to get them on the right treatment versus having larger public health impact to me, seeing the patients is sort of like being a sprinter. And making a larger public health difference is really like running a marathon. And, and what I found in my career is that I really liked both. And UCLA has provided me with the opportunity to do both. And so it's easy to come to work every day, because I absolutely love my job. And I, I can't say that I love patient care more than influencing policy, I really just love them both. But there's a third leg on the stool, and that's in my current job, I also get to play a pretty big role in shaping and developing the next generation of physician scientists who do public health research. You know, an early mentor of mine, you know, said when you're an apple tree, your greatest productivity will be all the apples to produce that help move along. And, you know, that's very much how my career is, then, when I look at the faculty in my division, it's just such a privilege to work with them, to try to make this bureaucratic public university work for them, and to watch them grow and develop in their careers and to see their collective impact. So I don't have any trouble coming to work every day. It's really just an incredible opportunity. Wow,

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Dr. Wendy Slusser 06:51

that's a great summary for somebody who's looking towards making a difference in the world and various focuses and individual population. And then being a mentor. I've had the benefit of being around so many people that you've mentored, and one of them was someone we interviewed for this podcast, Dr. To NAS Moin. And over the years, this kind of ripple effect that you've had in your profession is just been tremendous. All of these incredible accomplishments and achievements have led you to something that I'm assuming is why or where you ended up

participating in the US Preventive Task Force. That's something that's not easy to become a part of I understand it's, it's a pretty complex vetting process. And I guess the first question, though, is what made you decide or to apply and participate? The US Preventive Task Force?

D Dr. Carol Mangione 07:49

Yeah, then task force was first convened by the US Public Health Service in 1984. So we're coming up on our 40th anniversary. And the taskforce from the very founding legislation was constructed to be a group of 16 volunteers, who are primary care clinicians, but have extra expertise in how to interpret studies and evidence based medicine to create a guide for clinical preventive service use all six team members are volunteers, and were appointed by Health and Human Services. And the term is four years. But there's a possibility. This happened to me, which was really nice that you might be selected to be in the leadership. And in that situation, then you have two years as a vice chair one year as a chair. And as you mentioned, in your kind introduction, and immediate past chair right now, I actually never thought about being on the task force, anybody in the country can nominate anyone to be on the task force. And nominations are reviewed and taken very seriously. So my nomination actually came from Dr. Judy Fredkin, who, at the time, she's now retired, but she was a real pass breaker for women in medicine and at NIH. And I didn't even know she had nominated me until the dean's office at UCLA asked for my CD to be sent to our work. And so once I knew I was nominated, I studied and looked at the task force a lot more and realized what a wonderful fit it would be for me because it's right at that intersection of scientific evidence that informs policy and you know, it's a space where I really love to think and it's a space where I think I have that potential to influence. So, so far the the women in academic medicine and science are listening to this podcast, I want to reflect on one thing. And that's that, you know, I think academic medicine is still quite a traditional place. And it is a very challenging place for a lot of women to advance their careers. And when you talk to women in academic medicine, oftentimes, it's parts of the federal government that we interact with for our funding, are other agencies that really promote our careers. So yeah, I think the federal government, there's much more of a culture of advancing women, and I'm somebody who really benefited from that. And that, and you mentioned, I'm a mother, and as a mother with young kids, and, you know, balancing my personal and professional life, I didn't have a lot of geographic mobility. So you know, I think if it wasn't for people like Dr. French, and being a quiet advocate for me, when I didn't even know she was doing it, I would have never ended up on the Preventive Services Task Force for seven years. And I have to say, it's probably been professionally, one of the most important seven years of my career,

D Dr. Wendy Slusser 11:22

what you've just said is so such a valuable piece of reflection for all of us to hear as women in an academic world, and probably other worlds as well, what your just followed up with, it was one of the most impactful time of your career, the seven years, what was it that was so made it so impactful.

D Dr. Carol Mangione 11:41

So the task force is charged with making evidence based prevention recommendations for people from birth to death in the US. And the mission is really to improve the health and reduce

mortality for all persons in our nation. And so it has a very global mandate. And you know, at the task force, really, until 2010, kind of toiled away and made these recommendations, and they were for primary care clinicians. And not too many other stakeholders paid attention to them, until the Affordable Care Act happened. And when the Affordable Care Act happened, there was legislation that was passed by Congress that said that all grade A Grade B recommendations which are to highest grades, meaning that we have the highest certainty of at least a moderate net benefit from the preventive service, that all of those should be provided to people in the nation, with private health insurance at no cost sharing. So no out of pocket costs to access those services. Well, as you could well imagine, now, there are a whole bunch of people who care a lot about the task force recommendations, since 2010, the test versus really been kind of had a light shined on it, and a lot more attention. But at the same time, we've really stayed wedded to our basic principles. So these recommendations are for the primary care setting, or referred from primary care clinicians. And they're only for people with no signs or symptoms, or unrecognized signs or symptoms of a disease. And, you know, our recommendations really fall into three big categories. One is preventive screening. And when we think about that, it's screening for cancers for heart disease, you know, for other serious conditions such as autism and children. A second category is about brief behavioral interventions in primary care, you know, one that comes to mind, there are pretty effective, brief interventions in primary care to help people reduce their alcohol intake. And so, you know, the taskforce looks at that evidence, and we create a recommendation that helps guide clinicians and to how best to do that. And then the third category are medicines to prevent disease. So this is where the statins to reduce heart attacks and strokes come in. They're also our preventive medicines for fractures and for cancer in some situations. And so that's really our third bucket.

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Dr. Wendy Slusser 14:43

Well, this is of course, music to my ears, to be able to have such an incredibly talented group of people focusing on primary prevention, which is what you're talking about, right? There's an incredible vetting process that occurs so that there is no bias right that these individuals are, you know, looking at evidence and in assessing it and making best judgment decisions.

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Dr. Carol Mangione 15:08

People on the task force represent all of the primary care disciplines. So we have nurses, psychologists, pediatricians, family practice, Doc's internal medicine, doctors, geriatricians, OB GYN so the test for so is 16, you can imagine we have there, we always want balance across all of those perspectives. So that's one of the criteria. The second is we try very hard to represent the whole United States, and any university at any given time typically only has one taskforce member. So you know, it's kind of a spread the wealth sort of strategy or spread the expertise. And then one of the biggest considerations has to do with conflict of interest. So there's very, very careful vetting around perceived or actual financial conflict of interest, intellectual conflict of interest. And, and these things are all taken into consideration. I think there's a very good process in place for making sure that the taskforce members really focus on benefit or net benefit to patients, when we make an end, we grade our recommendations. So we don't consider cost a very early on a decision was made by the task force to be completely agnostic about cost, and to really just focus on the strength of the evidence. And because of that vetting process, I think that the task force recommendations are viewed as they should be as a very

trustworthy source of information. Because none of us have big secondary gain, for what the grade is, or for what we don't grade. So you know, when we find insufficient evidence, we give an eye to to a statement. This means that there's not evidence to say someone should do a test, or to not do a test. And you know, that's very different than a lot of the other guideline creating entities in our country, where they might fall back on using expert opinion, when there's not evidence, the taskforce never uses expert opinion. If there's not evidence, we say there's not evidence, and then we make a really vigorous call for new research, to conduct the studies that are going to close that evidence gap, so that we can get to a recommendation.

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Dr. Wendy Slusser 17:55

That makes a lot of sense. So when you say you have enough evidence, what does that mean?

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Dr. Carol Mangione 18:01

Right? So so we have a bunch of different grades. And our grading of the evidence goes along two dimensions, we assess the certainty that the estimates of benefits and harm are right. So if you only have one study on a topic, you'd have a lot of certainty, right? If you have five or six studies done in different populations, and they all point to the same amount of benefit, that gives us a lot of certainty. So you know, the task force is always looking at the number of studies, the quality of those studies, and what the picture looks like when you pull them together to make a certainty judgment. And then the second dimension is really the magnitude of the benefit. And so you know, if the magnitude of the benefit is very high, then a recommendation is likely to be an A. And if it's moderate, it's very likely to be a B. Now, once in a while, you'll have something that has a small benefit on a population level. But that small benefit might be a little bit greater for certain groups of people. Those are where we get the C recommendations. And so the C recommendations acknowledge that there is a small benefit, but that you should have a shared decision making conversation with your doctor, and then the zero or negative or the D recommendations. So so it's really this combination of certainty, which we always grade as high, moderate or low. And then magnitude of net benefit, which we grade is substantial matter. It's small or zero to negative.

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Dr. Wendy Slusser 19:52

So far, we've got a comprehensive overview of the task force and we have heard Carol's commitment to patient care She and her leadership role in building the evidence base for preventive care if you're curious to learn more about what types of research the taskforce prioritizes, and why I highly recommend tuning in for next week's part two of this episode to dive even deeper into this topic. Thanks again for joining us at the live well podcast everyone, we will talk to you next week. We are so glad you joined us today in this conversation. To learn more about today's guests. And to explore the entire podcast archive, visit our website at healthy ucla.edu and find the podcast page under the media tab. If you enjoy this episode, the best way to support the show is to subscribe on Spotify and Apple podcasts. And if you can leave a review or share on social media even better. If you have any guests suggestions, visit our website for the submission form or email us live well@ucla.edu or direct message us on Instagram at healthy UCLA. Visit the show notes on our website or on whatever platform you're

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