

## **Podcast Episode 77**

**Safety net hospitals are crucial, but closures are making healthcare less universal. Featuring Dr. Eric Santos.**

Orthopedist Dr. Eric Santos sees a diverse range of patients in his two Texas practices in Corpus Christi and McAllen, which have very different patient populations. He works hard to provide culturally competent healthcare services to his Hispanic patients, which includes providing consultations in both Spanish and English. Born and raised in Puerto Rico, Eric has logged five years USAF active duty, including service as a flight surgeon. Perhaps this indicates an adventurous spirit, something that led to a skiing accident that put him “on the other side of the scalpel” with a broken leg. Dr. Santos relates some of what he learned during his recovery, discusses aspects of health disparities and health equity, and shares his concern about the increasing crisis of safety net hospital closures. With podcast host Eileen Body.

All views and opinions are participants own.

Eileen: Welcome to the Health Disparities Podcast. A program of the Movement is Life Caucus, where we have conversations about health disparities with people who are working to eliminate them. I'm Eileen Bodie. I've been a member of the Caucus for 10 years, and I'm delighted to be hosting today's conversation with Dr. Eric Santos, an orthopedic surgeon and founder and CEO of the South-Central Texas Bone and Joint Center and also Chief of Surgery at Corpus Christi Medical Center. We'll be talking

today about caring for people with joints in rural Texas, among many other topics. Good day, Dr. Santos.

Dr. Santos: Hello. Nice to be here.

Eileen: We're going to start with a few introductory questions and then we'll get into a few specifics. Can you tell me a little bit about your practice down there in Corpus Christi?

Dr. Santos: Sure. I have a private practice mainly by myself, but my wife is a family practitioner. She occasionally helps see patients in my office. I have two offices, one in Corpus Christi and then another one in McAllen, Texas, that's a shared office with two other orthopedic surgeons. So, I have a very general practice and in terms of orthopedic surgery. We see a lot of workers comp patients that get injured on the job. So, I treat fractures. I treat arthritis. I treat sports medicine problems. Pretty much anything that walks through the door. More and more, I've been doing more medical-legal work and also treating victims of auto accidents and things like that where they get injured.

Eileen: Understand. How would you describe your patient population? Is it predominantly Hispanic or is it pretty diverse?

Dr. Santos: Well, so in Corpus Christi, it's probably about 45% White and about 50% Hispanic and then maybe 5% of other minorities, like Asian and African American. In McAllen, it's probably more like 80% Hispanic, which is down near the border.

Eileen: Do you find that there's a difference between a Caucasian patient and a Hispanic patient in terms of how you treat them?

Dr. Santos: I mean I guess it depends if I'm kind of culturally aware, I try to bring that to my practice. I mean, for example, for the Hispanic patients, you know, I speak to them in Spanish a lot of times. With White patients, it depends. In certain seasons, I get what we call winter Texans when they come in from Minnesota or Michigan, somewhere up North, and they're in my area for a few months, and then they leave. So, there are some dynamics involved with that. But my philosophy is you basically treat everybody with respect. I basically treat everybody as if they were a member of my family, what would I do? I always had that in the back of my mind, if this were my mom or my uncle or my brother, how would I treat them? And that's my philosophy in terms of treating my patients.

Eileen: Now, social determinants is a big topic today and I'm sure that it impacts how you treat some of your Hispanic patients versus your Caucasian

patients. Do you find social determinants, a major issue in dealing with your patients?

Dr. Santos: I think it's a huge issue especially down in the Valley where really the level of poverty is a lot higher. You see a lot of patients that really just struggle in, you know, month to month just paying bills or in their jobs. And especially when I see workers comps patients, I mean, they will get paid as part of their injury for a certain amount of time, not their full salary, but a proportion of it, but once that ends and some of them are in real trouble and it can affect a lot of times the care that they receive.

Eileen: Let me ask this question. To what extent do you think that it's important that the race and gender of an orthopedist and other physicians, of course, reflect the community that they're serving?

Dr. Santos: Well, it's a huge thing because I think especially in orthopedic surgery, it's 95% White males. I think you really need to understand the community. You need to be able to relate to your patients to provide good care. And if you're not aware of the cultural background of those patients, then it's difficult to really render as good a care as you really should.

Eileen: Now I understand interestingly enough that you sort of switched roles and became a patient recently. You had a skiing accident. Can you tell us a little bit about that?

Dr. Santos: Sure. I was skiing with my family in Colorado after Thanksgiving and I was probably going a little too fast and hit a tree with my skis and ended up breaking one of my legs. And so, I was on the other side of the scalpel at that point. Of course, as a physician, I was treated very well, but you get to see exactly what your patients experience and some of it is okay, well, I had some pain. I knew how to deal with it more on an intellectual level. And I think some patients, the way you deal with it in terms of the pain levels and things that are happening, it's a lot better if you're educated. And that's one of my philosophies is when I talked to the patients, I really try to educate them and make sure that their expectations are managed because if you're expecting surgery, without any pain, then you're in for a rough surprise. I could pretty much navigate the system and know what to expect, but you know, patients need that education. My wife is always telling me that I'm pushing myself too hard and to slow down more because after the injury, for example, I said, six weeks is enough. I'm getting off the walker. After another few weeks, I got off the cane and basically, she's saying, you know, hold back some, hold back some. But as we like to say in our family, there's no cure for stubbornness.

Eileen: That's for sure. Now you became an orthopedic patient as a result of your accident. So, what did you learn as a patient to make you a better physician?

Dr. Santos: Well, some of it is I think you get a sense of empathy when you go through something like that. I had been an orthopedic patient before. When I was younger, I had an operation on my shoulder and that kind of helped me focus on my career and say, look, this is something maybe I really want to do with my life. And now that I'm much older and I don't know about wiser, but at least I've had some life experience. You know, it helps you see what your patients are experiencing in a more focused light. You know, some of it may help me understand what they're going through. You know, on the other side of the coin is, I can tell them, look, this happened to me. This is what you should expect and you know, if I can go through it, you certainly can go through it. And let's work together to help it be better.

Dr. Santos: So, then you had an interesting position when you were a patient in Colorado because you were in the hospital in Colorado, is that right?

Dr. Santos: Yes.

Eileen: So, did you witness any healthcare disparities with any other patients? I realize you're a physician and you probably got special treatment, but did you witness anything that was something that caused you to be concerned?

Dr. Santos: Not really, but I mean, you have to imagine, I was hospitalized in the hospital that probably caters to a much more upscale clientele than the hospitals I go to usually because I'm right next to a ski resort and sure there are probably some injuries that happen to people who are of lower means, but I would say that hospital was in a lot better shape in terms of what they could offer than other places that didn't have the resources. I think one of the big problems we have these days is, you know, the closing of rural hospitals, the closing of safety-net hospitals, and really what we do need is better universal healthcare to bring everything up to speed and to be able to offer the services that people need. You know, I'm not too worried about the people in that part of Colorado in terms of being able to sustain that hospital because they are going to get a lot of insured patients and a lot of people that will be able to pay their bills. I'm more worried about the safety-net hospitals and the rural hospitals that are struggling and that you need in those areas are poorly served to be able to help those patients.

Eileen: Safety-net hospitals are facing major financial difficulties right now. A lot of them are closing. Why do you think safety-net hospitals are important?

Dr. Santos: You really do need safety-net hospitals, actually, really what you do need is a better system of universal healthcare and, I mean, that can be through a variety of things. I mean, you know, if you listen to the Democratic candidates right now, you got everything from Medicare for All, which would be fantastic to measure the approach, expanding what has been done with the ACA. But really, you know, I think it should be a right for everybody to be receiving healthcare and being able to have it be affordable to their means. And right now, because of the patchwork that we have really the safety net hospitals are the only thing where some people can turn to when they have no insurance, are under-insured, or on Medicaid things like that, where that's the only place where they can get care and, even then, you know, it may be on an emergent basis that they may be able to get care. Instead of really, if you have everybody have some kind of healthcare insurance or a program where everybody's covered, you can get them into primary care. You can them in and avoid the worst problems in the future.

Eileen: I want to circle back to that. So, why is universal care so important?

Dr. Santos: I mean, it should be a human right. I mean, everybody should be able to get healthcare. And this is one of the few countries where we don't have it. You know, most other countries, I mean, despite all the criticisms of other countries, I mean, they're able to provide, you know, pretty decent healthcare to all their citizens. I mean, they may have to wait for elective procedures for a while, but here it's, you know, the disparities are enormous. You have people who are well insured. I mean, who can receive healthcare whenever they want but it's getting harder and harder. I mean, I will tell you that in order for employees, you know, we work with employers a lot of times and workers comp, but also when you go to health insurance, you know, they've had to pass on their costs to their employees where their deductibles are going way up. It's not unusual to have some plans are six or \$8,000 deductibles. And, you know, just the normal worker cannot afford that. And so you get people who end up in bankruptcy because of medical bills. I mean, that really should not happen. I think it should be something where the government can at least provide a basic set of health services and you can engage the private system in that as well but, at this point, the system is broken, and it really does need a lot more help.

Eileen: What are some of the challenges that people face, who are let's say who are uninsured? I mean, what are their options for healthcare if the safety-net hospitals are going away and they don't have insurance?

Dr. Santos: Well, I'll give you a good example. My wife who's fantastic, she is a primary care physician. She works, she has basically two jobs that she goes to. One's a mostly volunteer job at a place called Timons Ministries. And she basically started a free clinic there. She offers services to people who are uninsured, homeless who basically can't afford anything else. And so you're relying on volunteers for those kinds of things. There are basically two places. The other one's called Mission of Mercy in Corpus Christi to offer those kinds of services. Then she also works for a federally funded healthcare clinic and treats patients with HIV and patients who are Medicaid and things like that, where they can offer, you know, reduced care services or a sliding fee schedules for those patients. But you know, what if they need hospitalization? I mean, we had one safety-net hospital, and they kind of got merged into with a nonprofit Catholic healthcare provider. But really what's happened is that they're not offering the services that they should be offering where, you know, patients are being shunted away when they should be treated because there's a capacity problem and we're not offering those services. So, really it comes down to, you've got to have universal healthcare.

Eileen: Do you think not having insurance or limited access to healthcare disproportionately affects Hispanic patients?

Dr. Santos: Well, it affects Hispanic patients. It affects minorities at a disproportionate level. You know, I think it's for a variety of reasons. Some of them are because of poverty but also, you know, there are areas where it can be institutional racism or more subtle ways where, you know, if you're White, you may be better treated than if you're Hispanic or if you're Black but, in the end, I think a lot of it comes down to socioeconomic status.

Eileen: What do you mean by institutional racism?

Dr. Santos: Well, I mean, if you're looking at what happened in the South, in the Jim Crow era, you see where people lived and in what kind of neighborhoods they lived. You know, we have a problem. One zip code, you may live to be 65 on average. While if you go to a more affluent neighborhood and look at that zip code, you're living to be 83, 85. And so, what's going on there? Well, you know, some of it is, what services are being offered in those neighborhoods? You know, are there clinics available? Are there grocery stores available? Are there parks where people can walk safely? Those things all go into that.

Eileen: There's a definite push for bundled payments in the current healthcare system. How is that going to impact minority patients?

Dr. Santos: Well, that's already evident in our region where we're one of the regions where bundled payments have come active and what you're seeing is that people are cherry-picking their patients and lemon dropping, which means they're picking the patients that are probably going to have good results. Those are not going to have complications. They're dropping patients who are obese, who may be a minority, maybe not have the social supports that they would need to do well in surgery. And so, that as an orthopedic surgeon, I see every day, the impacts of that and we really need risk adjustments in those formulas to be able to help the situation in terms of bundled payments. I think it's a good idea in theory, but it has unintended consequences in terms of access to care to especially minority patients, women, underrepresented minorities in particular though.

Eileen: What can we do as individuals or as a nation to sort of turn things around, to improve healthcare delivery for minorities and lower-income people?

Dr. Santos: Well, we need to get involved. And I think part of it is, you know, in terms of the political environment is if you make it an issue that you're going to vote on, then, you basically have to vote that issue. You know, people from the NRA basically vote all the time because they're going to take away gun rights with gun control or things like that, but you don't see the same thing, the same amount of outrage with healthcare, and you need that outrage. People are starting to wake up to that fact because as

their employers are increasing the number of copays and deductibles in the plans, you're seeing that, you know, people are voting that way. For example, you know, it's interesting in the Nevada caucuses, the union that had negotiated a really sweet healthcare plan, they basically didn't want to support any changes like a Medicare for All, because it would affect them, personally. So, they were voting for their healthcare, but not to the benefit of everybody else.

Eileen: Well, a lot's going to happen this next year in terms of the political landscape and it's difficult to say, what's going to end up happening. But given the current state of where we're at right now, what can orthopedists do? What can healthcare providers do to sort of even the playing field so more people can have good healthcare delivery?

Dr. Santos: Well, I think everybody has a responsibility to look at their patient populations to try to be more inclusive with their patients, to basically do their best to be culturally aware. And also, you know, I do this myself. I mean, I provide a certain amount of charity care in my office, but, you know, physicians are stretched. Every year, the reimbursements either don't change or are cut. And so, you have to look at major changes in the system to make things right. And like I said, my wife gives away many hours a week of her time treating people who don't have anywhere else to go in terms of her free clinic. And so, you know, I think the physicians are

doing what they can for the most part, but, you know, there are several things that need to be done. You need to train more primary care physicians. You need to offer some relief from heavy loan burdens and you know, it all goes down to a political will from federal and state government to be able to do that.

Eileen: The healthcare management of people is a very complex issue. So, to try and give a summary statement, what would be your goal or your dream for how you would change the healthcare system?

Dr. Santos: I would definitely aim for universal healthcare. And so, if you're looking at making a system, I think Medicare for All would be an interesting option. One idea that could be applied is to offer people the option to buy into Medicare. You know, keep the private system where they do the supplements or do Medicare Advantage, but, you know, offer it to everybody. You know, that's a start to be able to buy into that system. And, you know, if people want to keep their private plan, then let them keep their private plan but, you know we'll see how these things resolve. It's going to take a lot of horse-trading to get anything passed in Congress and to be assigned into legislation. And, you know, even when the ACA was passed, you know, they basically had to bring in Senator Ted Kennedy almost from his deathbed to put in the final vote so that it would get passed. And so, it's not going to be easy to get anything passed. This

is going to be an issue that's going to continue to be problematic for years to come and as people get mad about it, they need to vote on this issue.

Eileen: Dr. Santos, thank you very much for your time. Thank you for your thoughts on the healthcare system. And thank your wife for all that she does to better the minority patients who need her help desperately. So, appreciate it.

Dr. Santos: Thank you, Eileen.

Eileen: And thank you to our listeners for joining us for this episode of the Health Disparities Podcast. We hope you found it interesting. And please remember to subscribe on iTunes, or you can sign up on our website to receive notifications of new episodes. I'm Eileen Bodie and on the behalf of Movement is Life, thank you for your time.

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