



Physician, executive, author, and president and founder of [HealthBegins](#), Dr. Rishi Manchanda is an upstreamist who has spent over a decade focusing on social determinants of health and working with underserved populations in south central Los Angeles. Dr. Manchanda visited Pittsburgh earlier this fall to collaborate with health providers here and to deliver his address on “Moving Upstream: Addressing Social Determinants to Advance the Quadruple Aim and Health Equity.”



The [Center](#)’s Julia Holber had the opportunity to talk with him about his important and evolving work.

Julia: Dr. Manchanda, you describe yourself as an “upstreamist.” Can you explain to us what exactly that means?

Rishi: An upstreamist is someone who is responsible within a healthcare system for making sure that their practice, their department, their clinic, their hospital is routinely screening for social risk factors that are related to health and also equipping their system to do something about these risk factors. The upstreamist is not someone, at least in the way I define it, who is an upstream partner. For example, someone in public health, law, politics, or transportation. Obviously, those are vital roles, and we need a lot more work to be done in other upstream sectors to be able to improve health outcomes. But, I define an upstreamist as someone who will bring the expertise of upstream partners into healthcare delivery. The upstreamist is responsible for opening the doors of the clinic system, bringing in the wisdom of the community and of upstream partners, and then systematically and rigorously improving the way we deliver care.

Julia: So upstreamists are actually healthcare providers?

Rishi: They could be healthcare providers or community healthcare workers. As long as they’re a part of helping to improve the design of the healthcare system by thinking about how, in addition to community level work and charity work and philanthropic efforts, healthcare itself and the way we care for patients can be improved. I don’t define the upstreamist as someone who has a certain pedigree, like an MD or an MSN or a social work degree. I think what’s key is that the upstreamist has sufficient training, as well as defined responsibility in the healthcare system for doing this work. So, looking to the future, you could have a system like UPMC that has a community health worker or a social worker or an MD as the chief upstreamist for the system.

Julia: In addition to “upstreamist,” we’ve been hearing the term “social medicine” more often recently. Can you help us understand what social medicine is?

Rishi: Social medicine itself is a long-standing tradition. The founder of social medicine, Rudolf Virchow, started to define this field within general western medicine over 150 years ago. He wanted providers and doctors to be competent in providing care for patients but also to understand the community factors that were affecting people’s health in that era. Social medicine has evolved over the last 150 years in a big way, and there are a lot of different flavors of it. Community oriented primary care is one example of it recently.

Another is community health centers. I think social medicine has always been around, and my hope is that, by talking about how to work upstream, we're helping to bring wisdom and knowledge from the social medicine sector and make it applicable to healthcare and the modern challenges we're facing.

Julia: Now, looking back, was there a specific event, experience, or person that motivated you to go into social medicine and to focus on the social determinants of health?

Rishi: There are a lot of experiences that have motivated me, of course, but there are two that come to mind. I had the privilege of going to India after college for a year and working for community-based health organizations. I saw what it was like to work both in healthcare and in community health in a way that could avoid artificial silos. I saw some great examples of people who were able to be fully realized as professionals who then felt capable of working in clinics and in communities. I loved that model. The second experience that I had was when I came back to the U.S. after that one year abroad. I applied to medical school and was fortunate to go to medical school, and one of the mentors I found early on was Paul Farmer. He was able to keep me grounded in the social medicine principles that I started to really admire and to help me think about how to fashion my career as a doctor to be aligned with these social medicine principles. So, working in India and Paul Farmer. Two formative experiences and people.

Julia: From what you've seen since going to India and graduating from medical school, what works? What models, examples, or strategies do you see that you think are the most effective in implementing these social medicine principles into our healthcare system?

Rishi: In terms of thinking about integration of social determinants, when it works, it usually works best when you have a system that is ready to do this work in a meaningful way. That means a system that already has experience doing rapid learning with PDSA quality improvement. It means a system that knows how to keep the lights on in terms of basic financing, to keep the money coming in, to keep the system alive. It means having vision and executive sponsorship that will say, this is important because our patients need it and our communities need it. So, readiness of the healthcare system is actually a big component of what makes upstream interventions work. The other big components of successful implementations are sustained commitment and a degree of rigor. When a health system says, look, this is not just a one-off, this is not just a hobby, this is not an extra-curricular idea. When a health care system says, this is something meaningful, let's do it right, that's when successful integration happens.

Julia: And, as you know, there are many health providers who want to "do it right," who support this upstreamist approach. What is your advice to them? What are the first steps they can take to transform these ideas into practice?

Rishi: First, don't do it alone. Move upstream as part of a team and partner with other professionals. Know that you are not alone. There are great people doing great work across the country that you can learn from. Also, understand that by doing this work, you as a healthcare provider have the chance to feel more impactful and to feel more joy. Finally, know that it is possible. Moving upstream is now becoming mainstream, and you have the chance to be a part of this movement.

Julia: Thank you for that meaningful advice! And thank you for taking the time to talk with me about your work!

Rishi: Thank you! Pittsburgh has been awesome to me, I'm excited to see what comes out of this great city.