

# A Focus on Prevention

Cheryl Pegus, MD, the new associate director for clinical innovation in the Department of Medicine at NYU Langone Medical Center, is devoted to breaking down barriers to wellness. **BY RICH MALOOF**

**CHERYL PEGUS, MD**, has enjoyed an unusually wide-ranging career in healthcare. She has served as medical director of the Cardiovascular Risk Factor Group at Pfizer, Inc.; national medical director and clinical product head for Aetna, Inc.; and chief medical officer of Walgreen Co. In October 2014, she was appointed director of the Division of General Internal Medicine and Clinical Innovation and named associate director for clinical innovation in the Department of Medicine at NYU Langone Medical Center. In her new position, Dr. Pegus is focusing her skills on preventing chronic conditions and dismantling barriers to wellness, pursuing a vision forged in childhood. She recently shared her thoughts with *NYU Physician*.

*What made you become a crusader for preventive medicine?*

Growing up in Trinidad, I was raised by a family that encouraged me to try new things. My grandparents let me climb coconut trees, and that was something most girls didn't do. Then, my grandfather passed away when I was 12. He could not afford healthcare and didn't really know enough to trust that you should go to the doctor before you got really, really sick. We cared for him at home. That stuck with me, and I decided back then I was going to be a doctor when I grew up.

*Despite all the information and care available today, Americans are still dying of preventable conditions like most heart disease. Why?*

Cardiac disease is the number one cause of death not just in the U.S. but globally. It kills more people annually than all cancers combined. Why is it still such a problem? Partly because we've spent a lot of time focusing on the later stages of the disease, treating a group that already has it. We've made great progress with treatment and decreasing deaths from heart disease, but we haven't focused enough on the earlier years when risk factors like diabetes and obesity begin to develop.

*How do we integrate wellness earlier in patients' lives?*

Managing wellness is a team sport. The physician is the captain when it comes to managing patients throughout the disease process, from the earliest phases and beyond, but there are many important players. Parents teach the first important lessons about diet and exercise, and they need their communities to help support lifelong healthy habits in children. Grocery stores need to provide healthy food options, and schools should be instituting lessons about nutrition and the importance of physical activity. Employers are great partners for wellness and prevention of chronic diseases. Programs that can engage and incentivize employees are also helpful. Healthy workplaces have been shown in studies to have positive results. Some of this is policy driven, but the bottom line is that many partners must be at the table to improve the health of populations.

**“It's critical to have a buy-in from the patient and mutuality in achieving health goals. That's a shift from the past.”**

*Who else should be involved?*

I've found it very humbling to work with and learn from experts outside of the health sector who engage patients in their own self-management. Look at a tech company like Fitbit. They are not a traditional healthcare company, but they know how to engage people with digital health tools and programs, and the personalization is excellent. Partnerships with areas with different competencies are necessary to prevent people from developing chronic diseases.

*When you look at demographic factors such as ethnicity, gender, and age, which has the greatest impact on health?*

There is a lot of data on this, and income plays a very large role. Health systems in our poorest areas are the most pressed to improve quality, regardless of the population's race. In areas where you are concerned about life's basic necessities, your health takes a backseat. The income level of a community defines its resources, prioritization, and health.



*That seems like an especially intractable problem.*

People go abroad and succeed in improving health dramatically in places where there is sometimes a great deal of poverty. The solutions are targeted to the community and its health resources, and are personalized to improve selected areas. This is where the policy piece comes in. Recently I was elected as an advisory panel member in the Addressing Disparities program at the PCORI [Patient-Centered Outcomes Research Institute], where the focus is on evidence-based research to improve the accessibility and effectiveness of care in communities. Multiple stakeholders will be looking at cost-effective solutions.

*Is the relationship between patients and primary care physicians changing?*

Patients now have to understand co-pays, deductibles, formularies, whether a prescription is generic or not—issues that are new. They also have mobile health tools and lots of information and data at their fingertips. In response, we physicians are modeling shared decision making. It's critical to have a buy-in from the patient and mutuality in achieving health goals. That's a shift from the past. NYU Langone is leading in this area, with changes to the medical curriculum, focusing on value, utilizing electronic medical records, and undertaking many new avenues of research.

*How does your position at NYU Langone fulfill your broader ambition to improve wellness and prevention?*

I'm fortunate to be working with great people right in my own sweet spot, where changing healthcare markets and data analytics meet great clinical care. There aren't many institutions that are ready to address all the big questions about changing a medical curriculum, integrating cost, quality, and access, and doing innovative research. NYU Langone is. In my role, we are developing care management programs across populations, utilizing data information systems, and integrating e-health. We are participating in collaborative research across population health, basic science, and innovation, and we are also educating the next generation of doctors. ●

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