

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

December 2020-1



From the Editor: Earlier this week, America's death toll from the pandemic exceeded 283,000 more than the population of New Jersey's largest city, Newark. The articles summarized in this issue of **TMR** include confirmation that the coronavirus entered the US a year ago this month, highlight its adverse effect on healthcare workers and physician practices, and report on the challenges of contact tracing. To access each article, click on the headline.



[Coronavirus Was In U.S. Weeks Earlier Than Previously Known, Study Says](#) by Jaclyn Diaz, NPR, 12/1/20

Diaz, NPR, 12/1/20

TMR Topline™ - The first COVID-19 case in the US was confirmed on Jan.20, a traveler returning from China. However, SARS-CoV-2 infections may have been present in the US in December 2019. The CDC analyzed blood donations collected by the American Red Cross between Dec. 13 and Jan. 17 from residents in nine states. Researchers found coronavirus antibodies in 39 samples from California, Oregon, and Washington as early as Dec. 13 to Dec. 16 as well as in 67 samples from Connecticut, Iowa, Massachusetts, Michigan, Rhode Island, and Wisconsin in early January. The findings were reported in the journal *Clinical Infectious Diseases*. The authors concluded "These findings also highlight the value of blood donations as a source for conducting SARS-CoV-2 surveillance studies."



[Thousands of Doctors' Offices Buckle Under Financial Stress of COVID](#), by Laura Ungar, Kaiser Health News, 11/30/20

TMR Topline™ - A wave of COVID-related closures is reducing access to care in areas already short on primary care doctors. Recent research by the Physicians Foundation suggests that 8% (roughly 16,000 physician practices) have closed due to the stress of the pandemic. A late September survey from the Primary Care Collaborative and the [Green Center](#) found that 7% of primary care practices were unsure they could stay open past December without financial assistance. Prior to the pandemic, America faced a shortage of 15,000 primary care physicians; federal data shows that 82 million Americans live in primary care "health professional shortage areas." Experts are concerned that patients managing chronic conditions are the biggest losers when such closures occur.

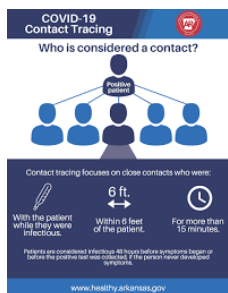


[Healthcare workers experiencing burnout, stress due to COVID-19 pandemic](#), by Jeff Lagasse, Associate Editor, Healthcare Finance, 12/8/20

TMR Topline™ - Two recent surveys confirm that the pandemic is taking an enormous toll on the mental health of healthcare workers and contributing to anxiety, stress, depression, loneliness, and other concerns. A [survey](#) of more than 1,000 healthcare workers conducted by Mental Health America (MHA) from June to September found 93% experiencing stress, 86% experiencing anxiety, 77% reporting frustration, 76% reporting exhaustion and burnout, and 75% stating they were overwhelmed. They also worried about exposing their families to COVID-19: nearly half were worried about exposing their spouse, partner or older family member, and 75% about exposing their child.

Over 82% reported experiencing emotional exhaustion followed by trouble with sleep (70%), physical exhaustion (68%) and work-related dread (63%). In a survey by a Berkshire Hathaway Specialty Insurance division, 84% reported feeling at least mildly burned out from work, with 18% feeling totally burned out. The top five stresses that respondents shared were fear of getting COVID-19; long hours/shifts; the general state of the world; fear of spreading the coronavirus; and family issues and responsibilities. Nearly half have considered either retiring, quitting their jobs, or changing their careers altogether, while the same number say that their mental health has deteriorated. In summary, both surveys found healthcare workers stressed out and stretched too thin.

TMR's Take – It's time to reinvent how American healthcare is delivered: with 25% of the population already living in areas with primary care shortages and practices closing, and most of the healthcare workforce experiencing burnout, lots needs to change. Telehealth and workplace redesign are part of the solution as is providing mental health support, but more is needed.



[Where COVID Is on the Menu: Failed Contact Tracing Leaves Diners in the Dark](#), by Anna Almendrala, Kaiser Health Network, 12/1/20

TMR Topline™ - Restaurants appear to be among the most common places to get infected with COVID-19 but contact tracing in most areas has been so lackluster that few health departments have been able to link disease clusters to in-person dining. COVID-19 spreads mainly through respiratory droplets that an infected person can release by sneezing, coughing, or talking. Dining inside a restaurant combines several high-risk activities including removing one's mask to eat and drink, and dining with people from outside one's household. Meals served indoors presents larger risks since the virus has the potential to linger in still air.

A ten state study by the CDC found that those who had tested positive for COVID-19 were [more than twice as likely](#) to say they had dined in a restaurant in the two weeks before beginning to feel sick, compared with those who tested negative. Dining out was the only significantly different activity between those who tested positive and those who tested negative. The study found no increased risk of infection linked to shopping, gathering with ten or fewer people or spending time in an office. In Houston, 8.7% of COVID-positive people interviewed for tracing

listed a restaurant, cafe or diner as a potential source of exposure since the beginning of June.

Restaurant restrictions have proven to be effective at slowing viral spread in a community. Of the many mitigation measures that states implemented at the beginning of the pandemic, shutting down restaurants had the [strongest correlation to reducing the spread](#) of the disease, according to researchers at the University of Vermont. A recent [Stanford University-led study](#) that used mobile phone data from different cities to [create a simulation of viral spread](#) suggests that restaurants operating at full capacity spread four times as many additional COVID-19 infections as the next-worst location, indoor gyms.

KHN contacted 25 health departments in America's most populous counties. Only nine were collecting and reporting data on potential links between restaurants and COVID-19 cases. Priority often is given to learning the names of individuals over the locations where the coronavirus may be spreading. Many countries have succeeded in following individual trails of virus. In Japan, investigators use contact tracing to identify clusters of disease. Of [about 3,000 cases confirmed](#) from January to April, investigators identified 61 clusters, 16% of which were in restaurants or bars.



[Why shame and fear are hurting N.J.'s battle against COVID-19](#), by Rebecca Everett, Star-Ledger, 12/7/20

TMR Topline™ - Of the COVID-19 positive people contact tracers are reaching, they're only sharing information about their exposures about half the time. And when it comes to giving out their close contacts' information, only about [30% are cooperating](#). People are often reluctant to tell contact tracers where they've been because it may involve admitting that they did something they've been told not to, like going to a party or other gathering without masks. [Perry Hakitis](#), dean of The School of Public Health at Rutgers University, suggests that more sophisticated messaging could help.

TMR's Take – Deployed effectively, contact tracing is one of the most powerful weapons in battling a pandemic. However, it requires cooperation from the public and identifying clusters of viral spread. Shame and its cousin guilt can contribute to people's reluctance to cooperate with contact tracers. That's just basic human nature.