

Three Minute Read™

Insights from the Healing American Healthcare Coalition™



From the Editor: This issue opens with a summary of how Japan has maintained the lowest per capita fatality rate among the OECD's 38 members and three Covid updates. CMS guidance on nursing home staffing and health insurance concerns round out the issue. To access each article, just click on the headline.



[Japan's Secret to Taming the Coronavirus: Peer Pressure](#), by Mokoto Rich and Ben Dooley, New York Times, 7/2/22

TMR Topline – Japan's Covid death rate is the lowest among the world's wealthiest nations and it tops [global rankings](#) in vaccination rate. With no lockdowns or mask and vaccination mandates, how did Japan do it? Peer pressure along with a nationalized health care system and [severe border controls](#) are major factors. The practice of keeping in line with peers is inculcated in schoolchildren, who wear uniforms in most public schools and are shamed into following institutional expectations. Children are taught to act for the collective benefit. The public put pragmatism over politics in the approach to Covid. Japanese culture also depends on an ethic of public self-restraint. When the coronavirus emerged, Japanese experts quickly realized the virus was airborne and that the best way to reduce its spread was to keep people from gathering in small, unventilated spaces or having close contact with others. Businesses quickly closed and people refrained from going out.

TMR'S Take: The four Pacific Rim countries have consistently led the OECD in protecting their residents from Covid's ravages. At 6/30/22, Hungary's worst in the OECD per capita fatality rate of 485/100,000 was nearly

20 times Japan's 25/100,000. Worst in the US was Mississippi at 426/100,000, 17 times Japan.



[Two or 3 vaccine doses may cut risk of long Covid](#), by Mary Van Beusekom, CIDRAP News, 7/5/22

TMR Topline – An observational [study](#) of 2,560 Italian healthcare workers at nine healthcare facilities from March 2020 to April 2022 suggests a link between two or three vaccine doses and a lower prevalence of long Covid. The workers had been infected with Covid but didn't require hospitalization. Long Covid was defined as the presence of at least one symptom for more than 4 weeks. Odds of long Covid fell to 16% after the third dose compared to 42% for an unvaccinated reference group. Risk factors for long Covid included older age, allergies, and more underlying illnesses.



[BA.5, now dominant U.S. variant, may pose the biggest threat to immune protection yet](#), by Aria Bendix, NBC News, 7/6/22

TMR Topline – The omicron BA.5 (54%) and BA.4 (17%) subvariants account for 71% of Covid cases as of 7/2, are more contagious than their predecessors and appear to evade protection from vaccines and previous infections more easily than most of their predecessors. An FDA advisory committee last week [recommended](#) modifying coming booster shots from Pfizer and Moderna to target BA.4 and BA.5 directly. [Research](#) suggests that BA.4 and BA.5 are four times more resistant to antibodies from vaccines than BA.2 which became the dominant coronavirus version in April.



[Pharmacists Can Prescribe Pfizer's Covid Pill Under FDA Order](#), by Robert Langreth, Bloomberg, 7/6/22

TMR Topline – In a move to expand access to timely treatment for Covid, the FDA will allow state-licensed pharmacists to prescribe Paxlovid to eligible patients, subject to certain limitations to assure appropriate treatment. It also said that people who test positive for Covid should first consider seeking care from their regular doctor or through a [Test-to-Treat site](#) in their area.

TMR'S Take: Although much of the American public has moved on, the Covid pandemic is far from over.



[CMS updates nursing home staffing compliance guidelines](#), by Maya Goldman, Modern Healthcare, 6/29/22

TMR Topline – The CMS has announced that nursing home surveyors will begin using payroll data to investigate noncompliance with [staffing](#) rules. According to CMS data, more than 155,000 nursing home residents and employees have died from Covid. President Biden directed CMS to set minimum requirements in his State of the Union address. Surveyors must ensure facilities comply with CMS requirements to have a registered nurse on duty for at least eight hours a day and licensed nurses on site at all times. Nursing homes also must have trained infection prevention specialists physically on duty, at least part-time. The industry objects to staffing minimums. CMS also provided guidance to surveyors on inaccurate diagnoses of schizophrenia: nearly one-third of residents with schizophrenia didn't have any Medicare claims for the illness.



[Government watchdogs attack Medicare Advantage for denying care and overcharging](#), by Fred Schulte, Kaiser Health News, 6/29/22

TMR Topline – A recent House Energy and Commerce subcommittee on oversight and investigations heard testimony critical of Medicare Advantage (MA) plans from witnesses that included Erin Bliss, an HHS assistant inspector general, Leslie Gordon of the GAO and James Mathews, director of the Medicare Payment Advisory Commission. Unlike original Medicare, MA plans may provide extra benefits, such as dental care, and cost patients less out-of-pocket, but limit the choice of medical providers as a trade-off. Ms. Bliss described how one MA plan had refused a request for a CT scan that “was medically necessary to exclude a life-threatening diag-

nosis (aneurysm).” It required patients to have an X-ray first to prove a CT scan was needed. The watchdogs also recommended having CMS revive a fountaining audit program that is more than a decade behind in [recouping billions](#) in suspected overpayments to the health plans, and imposing limits on home-based [“health assessments,”](#) arguing these visits can artificially inflate payments to plans without offering patients appropriate care. AHIP [released a statement](#) that said MA plans “deliver better service, access to care, and value for nearly 30 million seniors and people with disabilities and for American taxpayers.”



[What's Wrong With Health Insurance? Deductibles Are Ridiculous, for Starters](#), by Aaron E. Carroll, MD, New York Times, 7/7/22

TMR Topline – Dr. Carroll's essay provides startling data on medical debt and health insurers' efforts to limit payments for healthcare services in the plans they administer. [More than 100 million Americans](#) have medical debt including 25 million who owe more than \$5,000. The National Bureau of Economic Research found that even a small \$10 increase in cost-sharing for Medicare beneficiaries led to almost a 23% decrease in drug consumption. Even more concerning, this reduction led to nearly a 33% increase in monthly mortality. In other words, making seniors pay \$10 more per prescription resulted in people dying.

Annual deductibles vary from plan to plan. Employer-based plans average \$2,000; MA plans can be as high as \$6,000. Neither includes co-insurance or co-payments. US health care is the most expensive in the world, and high premiums are not enough to cover the full cost-of-care without large out-of-pocket expenditures. Dr. Carroll concludes: “*The purpose of insurance is to protect people from financial ruin if they face unexpected medical expenses. It's not enough to give people insurance. That insurance must also be comprehensive.*”

TMR'S Take: TMR has covered MA in recent issues (see [Medicare's Disadvantage](#), April 2022-1; [OIG: Medicare Advantage coverage denials raise health care access concerns](#), May 2022-1). MA program reform is long past due, but the insurance lobby is one of DC's most powerful. Health insurance in the US is too complicated but attempts at reform get blocked by AHIP. The Allcare plan described in the first book in the [“Healing American Healthcare”](#) series could significantly reduce premiums.