

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

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HEALING AMERICAN HEALTHCARE
COALITION

From the Editor: This issue's summaries include WHO updates on new outbreaks, Abbott's baby formula debacle, the latest on long Covid, Medicare Part B premiums, the No Surprises Act and healthcare worker burnout. To access each article, just click on the headline.



[WHO: Nearly 200 cases of monkeypox virus across more than 20 countries](#), by Julia Musto, Fox News, 5/27/22

TMR Topline – Commenting on the reported monkeypox outbreaks, Dr. Sylvie Briand, WHO's director of pandemic and epidemic diseases, described them as "unusual" and that the spread was likely due to a change in "human behavior." Instead of being bitten by infected wild animals in Africa, the current outbreak appears to have spread due to sexual activity at raves in Spain and Belgium. Monkeypox can be transmitted in both personal and sexual contact. A significant number of cases were among gay and bi-sexual men. Dr. Rosamund Lewis, head of WHO's smallpox department, said "there is no need for mass vaccination," since monkeypox does not spread easily.



[650 cases of severe hepatitis in children reported in the past 2 months, WHO reports](#), by Sophie Reardon, CBS News, 5/28/22

TMR Topline – The WHO reports that at least 650 children in 33 different countries have been diagnosed with a mysterious and severe hepatitis infection since early April. At least 38 children have required a trans-plant, and nine have died. WHO said

cases have been more severe and "a higher proportion develops acute liver failure compared with previous reports of acute hepatitis of unknown etiology in children." The cause of the outbreak remains under investigation, and WHO classifies the global risk level as moderate.



[F.D.A. Chief Details 'Shocking' Conditions at Baby Formula Plant](#), by Christina Jewett, New York Times, 5/25/22

TMR Topline – Dr. Robert Califf, FDA Director, detailed "egregiously unsanitary" conditions in Abbot Nutrition's Sturgis, MI plant during his testimony before Congress while also acknowledging that the FDA was too slow in addressing problems at the plant which produces 1/4 of all US infant formula. Abbott has replaced the leaking roof at the plant as well as the floor and is scheduled to resume production 6/4. The FDA discovered of problems at the plant last fall but didn't inspect the plant until January. It shut down 2/17. A whistleblower report filed in October did not reach top FDA officials until February.

TMR'S Take: The WHO's early warnings on new outbreaks stand in dramatic contrast to the FDA's lethargic response to the baby formula crisis. In the FDA's case, nimble bureaucracy was an oxymoron.



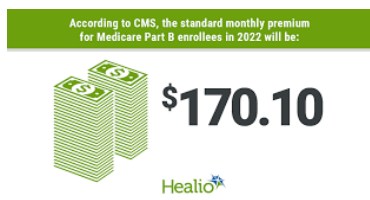
[More than 1 in 5 adult Covid survivors in the U.S. may develop long Covid, a C.D.C. study suggests](#), by Pam

Belluck, New York Times, 5/24/22

TMR Topline – A recently completed CDC [study](#) found that one in five adult Covid survivors under age 65 and one in four above age 65 suffer from long Covid. The study evaluated electronic medical records for nearly two million people, including 353,164 who were diagnosed with Covid-19 in the first 18 months of the pandemic. Compared with uninfected people, long Covid sufferers had twice the risk of developing respiratory problems and greater incidence of kidney failure, neurological and

mental health conditions. Long Covid also affected the cardiovascular, endocrine, musculoskeletal and gastrointestinal systems. Between 30-365 days after their Covid-19 diagnosis, 38% percent of patients experienced one or more new health problems, compared to 16% of the non-Covid patients. Dr. Ziyad Al-Aly, R&D chief at the St. Louis VA Health Care System said, “*It is sobering to see the results of this study again confirming the breadth of organ dysfunction and the scale of the problem.*”

TMR’S Take: Long Covid will place tremendous stress on America’s fragmented healthcare system for decades to come. Much of it could have been avoided with a more robust early response to the pandemic.



CMS to adjust Medicare premiums in 2023 due to lower Aduhelm costs, by Maya Goldman, Modern

Healthcare, 5/25/22

TMR Topline – The projected \$56,000 annual cost for Aduhelm was the primary reason for a [14.5% Medicare Part B premium hike](#) from \$148.50 to \$170.10 for 2022. Subsequently, Biogen halved the cost and CMS [limited Aduhelm coverage](#) to beneficiaries enrolled in clinical trials. CMS concluded that passing on the savings to Medicare enrollees this year wasn’t operationally feasible and delaying the adjustment until next year is the only practical method, the agency wrote in a [notice](#).

TMR’S Take: Aduhelm accounted for half of the \$21.60 monthly premium increase. With inflation raging and seniors struggling, why not reduce the premium to \$148.50 for the remaining six months of the year?



Insurers estimate No Surprises Act blocked 2M bills in two months, by Lauren Berryman, Modern Healthcare, 5/24/22

TMR Topline – According to a report compiled by AHIP and the Blue Cross Blue Shield Association, the No Surprises Act shielded private health insurance enrollees from an estimated 2 million surprise bills during January and February. The law was effective 1/1 and protects patients from unforeseen medical bills, including those issued by out-of-network health professionals working at in-network facilities. It requires independent dispute resolution (IDR) to resolve billing

disputes between insurers and providers. In February, a [federal judge ruled](#) that the IDR process gives insurers an unfair advantage over providers when determining the final payment amounts. In April, CMS [revised its guidance](#) on what arbiters can consider when determining appropriate payments.



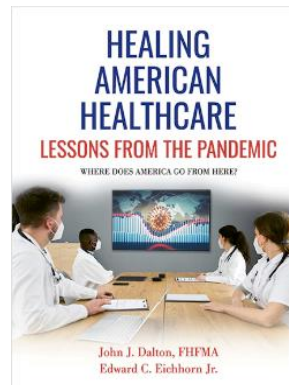
U.S. Surgeon General says the nation must stop health worker burnout, by Deborah Filipek, HFMA, 6/3/22

TMR Topline – Surgeon

General Vivek H. Murthy has sounded the alarm: “*The nation’s health depends on the well-being of our health workforce. Confronting the long-standing drivers of burnout among our health workers must be a top national priority.*” His 5/23 advisory also provides detailed steps healthcare organizations, governments, health insurers and several other industry sectors can take to prevent health worker burnout and “*provide our health workforce with all that they need to heal and to thrive.*”

TMR’S Take: Medscape’s 2022 Physician Burnout and Depression report found the highest burnout rate, 60%, among E/R physicians, the same as the overall rate for nurses. Based on a survey of more than 13,000 physicians across 29 medical specialties, Critical Care, Ob-Gyn, Family Medicine and Infectious Diseases completed the top five. Surprisingly, there was little correlation with Medscape’s 2022 “[Physician Compensation Report](#).” The lowest paid specialty, Public Health and Preventive Medicine also had the lowest burnout rate at 26%.

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portrays Covid-19’s devastating impact through the eyes of the journalists who reported on it. Chapter 5, “*Provider, Stress, Turnover and Burnout Skyrocket*,” is the basis for one lesson learned: “*Clinician shortages and burnout must be addressed.*”

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