

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

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From the Editor: The COVID-19 global pandemic has disrupted the US economy like no event since the Great Depression. With more than 1.2 million confirmed cases, America's hospitals and physicians have confronted the challenge with alacrity and tenacity, learning on the fly as they treat those afflicted with this insidious virus. This issue of **TMR** highlights some lessons learned that are flattening the curve and key problems to be addressed.

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[Lessons Learned from Lombardy](#) Associated Press, 4/26/20

TMR Topline™ - The article provides insights into the perfect storm that slammed the hardest-hit region in Europe's hardest-hit

country. With 1/6th of Italy's 60 million people, Lombardy is the most densely populated region, home to the business capital in Milan and Italy's industrial heartland, accounting for 21% of GDP. With the country's highest percentage over 65, Lombardy also has 20% of Italy's nursing homes.

When Italy became the first European country to halt air travel from China on 1/31, it was already too late. Doctors treating patients for pneumonia didn't know it was COVID-19 and were unprepared for many patients rapid decline in the ability to breathe. After years of budget cuts, Italy has only 8.6 ICU beds per 100,000 people, well below the OECD average of 15.9, so many PCPs were

treating patients at home, some with supplemental oxygen. Testing was limited by inadequate lab capacity, so PCPs didn't know whether they or their patients were infected. PPE was in short supply and inadequate. A blistering April 7 letter from the doctors' association to regional authorities listed seven errors in their handling of the crisis.

The region's industrial lobbying group resisted shutting down production until 3/26, long after Rome's 3/7 order to shut down Lombardy. Lombardy's nursing homes house more than 24,000 elderly; of 3,045 deaths from 2/1-4/15, 1,625 were either positive for the virus or showed symptoms. A 3/30 regional decree directed nursing homes to not hospitalize sick residents over 75 if they had other health problems. Some nursing homes refused to let staff wear masks to avoid frightening patients. Some local authorities threatened loss of accreditation if the nursing home refused to allow visitors.

TMR's Take – It's little wonder that Lombardy's 73,000 confirmed cases account for 70% of Italy's total.

[How We Can Get Ahead of COVID-19](#) Richard Levitan, MD, NY Times, 4/20/20

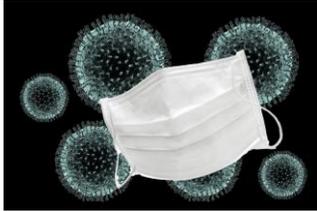


TMR Topline™ - An emergency medicine physician, Dr. Levitan volunteered to spend 10 days in March at Bellevue Hospital, where he

had trained in 1994. Expert in airway management, his "fresh eyes" found Covid pneumonia in patients without respiratory complaints including elderly patients who had passed out for unknown reasons and diabetic patients. X-rays showed moderate to severe pneumonia and low oxygen saturation levels. While most patients had been sick for a week or so with fever, cough, upset stomach and fatigue, they only became short of breath the day they came to the hospital. Their "silent hypoxia" resulted in arriving at the hospital in critical condition. Normal

oxygen saturation is 94-100%; Covid pneumonia patients had oxygen saturations as low as 50 percent.

TMR's Take – The SARS-CoV-2 virus is insidious and its course devastating. Use of a pulse oximeter in addition to monitoring for fever can detect Covid pneumonia early in the disease's course.



[National Action Plan for Expanding and Adapting the Healthcare System for the Duration of the COVID Pandemic](#) Johns

Hopkins Bloomberg School of Public Health, Center for Health Security, 5/5/20

TMR Topline™ - This report from the experts at Johns Hopkins is a thoughtful examination of key shortcomings that the pandemic has brought to light, along with 47 recommendations for addressing them while US healthcare continues the battle. Summarized below are the ten problems addressed in the report along with some of the recommendations.

How can we improve infection prevention in hospitals and maintain a robust supply chain for personal protective equipment (PPE)? Healthcare facilities should develop crisis standard of care plans for PPE and the federal government should create a centralized information-sharing system so that, in a declared emergency, states and healthcare facilities work collaboratively in sourcing PPE and other scarce medical supplies.

What approach should we take to restarting deferred healthcare services? Resumption of deferred inpatient and outpatient services should be prioritized (triaged) based on an assessment of objective patient health needs and availability of needed hospital space, equipment, supplies, and staff.

What financial support is needed for hospitals and healthcare providers? HHS should determine how much additional funding may be needed to cover health-sector losses due to the pandemic and consider establishing a crisis fund to provide short-term bridge funding for hospitals on the verge of financial collapse.

How should the healthcare workforce be sustained and augmented? Regulatory constraints addressing licensure, certification, and scope of practice of healthcare workers

need to be relaxed to augment the existing healthcare workforce, and existing regulatory barriers to telephone- or video-based clinical encounters should be removed.

How can we provide mental health support for healthcare workers in this crisis? Hospitals and other providers should make counseling available to staff and implement mental health and well-being support programs. Local and state governments should consider jurisdiction-wide mental health support programs for healthcare workers.

How can we provide medical care and sick leave for all people in the United States? Given the high and growing number of uninsured people in the country due to this crisis, Congress should develop a plan to ensure access to affordable healthcare coverage for all Americans.

How can we make telemedicine a new normal? Payers should reimburse telemedicine visits on par with in-person visits.

How can we reduce the number of undiagnosed infectious diseases in our hospitals? CMS and other payers should separate diagnostic testing from bundled payments.

How can we better protect emergency medical services (EMS) personnel from infectious diseases? Federal, state, and local governments should prioritize and fund EMS systems and providers to receive PPE, particularly N95 respirators, on par with hospitals. Longer term, CMS should reconsider the reimbursement process for EMS, and state and local governments should reassess the baseline funding needs of EMS.

How can we better coordinate the healthcare response to COVID and the next pandemic? Electronic medical records must be made interoperable, more accessible, and searchable by public health personnel to aid in state and federal situational awareness and emergency management.

TMR's Take – The 24-page report should be required reading for anyone interested in preparing the healthcare system to deal more effectively with the next pandemic. Healthcare already was the #1 issue on voters' minds before the COVID-19 pandemic arrived. Will Congress have the political will to place public health above politics and invest hundreds of billions to avoid a multi-trillion hit to the economy? Stay tuned.