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Insights from the Healing American Healthcare Coalition™

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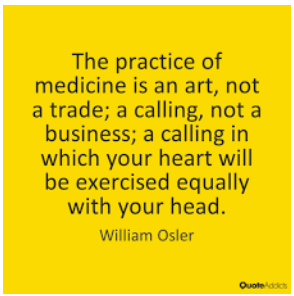
HEALING AMERICAN HEALTHCARE COALITION

From the Editor: COVID-19 is stressing America's fragmented healthcare delivery system unlike any event since the misnamed Spanish flu pandemic of 1918-19. There is a potential silver lining if US leaders are wise enough to apply the lessons being learned. The four articles summarized herein provide some insights into those transformational opportunities.

To access each full article, just click on the headline.



Will 2020 Be the Year That Medicine Was Saved? By Drs. Ezekiel J. Emanuel and Amol S. Navathe, NY Times, 4/14/20

TMR Topline™ - The authors describe three major changes that may be COVID-19's silver lining: 1. Telemedicine is now everywhere; 2. Treatment for chronic conditions is moving from doctors seeing patients in hospitals to visiting nurses caring for patients at home; and 3. the use of ineffective or low-value medications, laboratory tests, prenatal interventions, and diagnostic and surgical procedures has decreased. Unless policies are enacted to preserve them, physicians and hospitals may reverse them. The doctors prescribe three recommendations for medical practices:

1. financially support practices if they stay independent;
2. virtual visits should be reimbursed at the same rate as office visits; and
3. stabilize revenue for all doctors.

They also propose three changes to keep hospitals financially stable without performing unnecessary procedures to generate revenue:

1. Congress should require Medicare to reassess payment for the top 100 elective procedures;
2. hospitals should be required to offer all low-risk patients a care-at-home option; and
3. Medicare payment for any service or procedure should be site neutral.

TMR's Take – The doctors have made an accurate diagnosis. However, their treatment plan will require Herculean efforts for enactment.

The Transition from Reimagining to Recreating Health Care Is Now Judd E. Hollander, MD and Frank D. Sites, MHA, BSN, RN, NEJM Catalyst, 4/8/20

TMR Topline™ - The authors emphasize that telemedicine is a delivery mechanism and dispel five myths delaying its reality:

1. Telemedicine is too hard.
2. Patients prioritize existing relationships with their provider over transactional episodic care.
3. You cannot do a physical examination.
4. Virtual visits are less effective than in-person visits.
5. There is not a payment model supporting telemedicine.

Importantly, the authors chart a practical path to a reality where payers, providers and patients have aligned incentives, and an appreciation that telemedicine is not a new type of medicine, but rather simply a care delivery mechanism that can be utilized with some patients, some of the time, to provide high-quality care.

TMR's Take – While there are regulatory and credentialing issues as remaining "speed bumps," telemedicine as a delivery mechanism clearly has arrived!

WHO Sets 6 Conditions For Ending A Coronavirus Lockdown, Bill Chapell, NPR 4/15/20

TMR Topline™ -With economic output stalled in many countries, pressure is building to ease lockdowns. According to UNICEF, at least 82 countries have some form of lockdown in place. WHO officials caution that, in many places, it's too soon to get back to normal. At a recent briefing, Dr. Mike Ryan, executive director of WHO's emergencies program said "You can't replace lockdown with nothing," stressed the importance of a committed and well-informed population and noted that we will have to change our behaviors for the foreseeable future. Any government that wants to start lifting restrictions must first meet six conditions:

1. Disease transmission is under control.
2. Health systems are able to "detect, test, isolate and treat every case and trace every contact."
3. Hot spot risks are minimized in vulnerable places, such as nursing homes.
4. Schools, workplaces and other essential places have established preventive measures.
5. The risk of importing new cases "can be managed."
6. Communities are fully educated, engaged and empowered to live under a new normal.

The WHO's goal is to taper restrictions so that governments can avoid a cycle of new COVID-19 outbreaks.

TMR's Take –The WHO's six conditions differ somewhat from the three phase "Opening Up America Again" guidelines announced by the Trump Administration last week. The guidelines are based on up-to-date data and readiness and are designed to mitigate the risk of resurgence and protect the most vulnerable.

Before proceeding to a phased reopening, states and regions must first show a decline of documented COVID-19 cases within a 14-day period and a robust testing program in place for at-risk health care workers. Throughout, individuals should continue to practice good hygiene with frequent hand washing, wearing face coverings in public, and staying home when sick.

For better, not worse, that is the new normal.

Our Pandemic Summer by Ed Yong, The Atlantic. 4/15/20

TMR Topline™ - Yong lays out the limited options available to the US due to its early inaction. Unlike a hurricane or wildfire, the SARS-CoV-2 virus will linger through the year and across the world. Many ask, "When will it end?" Yong contends that the correct question is "How will we continue?" and suggests four steps:

Reopening. The lockdown has bought the US some time to address its lack of tests and PPE and find less economically devastating ways of controlling COVID-19. Former FDA commissioner Scott Gottlieb suggests that states should relax their restrictions only after new case counts have fallen for 14 consecutive days. Demand for tests has exploded, but the chemicals needed to complete testing are becoming scarcer. Drugs in short supply rely on interrupted supply chains from China, India and Italy. Add the relentless pressure on exhausted hospital staff and impatience to reopen the country must be tempered.

Recalibration. Yong makes a case for reopening the US slowly and methodically. It is crucial to know what percentage of the population has been infected, to determine which of the social-distancing measures have been most effective, and to do aggressive contact tracing. Then, stay-at-home orders might be the first to be relaxed, but large gatherings are not likely to be allowed until there is an effective vaccine.

Reinforcements. While waiting for a vaccine, medical masks and other PPE must be reserved for those on the frontlines. Effective treatments identified should be used to give critically ill patients a better chance of survival or prevent some people with early symptoms from ever needing critical care at all. Yong details the shortcomings of serological testing, calling instead for "a modern-day Apollo program."

Resilience. In his 2018 article questioning whether the US was ready for the next pandemic, Yong noted that we were trapped in a cycle of panic and neglect. He fears that if the current shutdown succeeds in flattening the curve, "the US might enter the neglect phase before the panic part is even finished." The success of the mitigation measures in reducing the body count might be used to argue that we overreacted.

TMR's Take – The COVID-19 pandemic is neither a sprint nor a marathon, but an ultra-marathon. The summer ahead will be unusual and the year beyond unsettled.