Three Minute Read™
Insights from the Healing American Healthcare Coalition™

From the Editor: As the world and US economies begin to reopen after flattening the COVID-19 curve, the second guessing and finger pointing has begun in earnest. This issue of **TMR** opens with an admission from Sweden's chief epidemiologist that he should have done more. To access each full article, just click on the headline.

[We should have done more, admits architect of Sweden's Covid-19 strategy](#) , By Jon Henley, The Guardian, 6/3/20

TMR Topline™ - With a fatality rate much higher than its Scandinavian neighbors, Anders Tegnell, Sweden's chief epidemiologist, admitted in a radio interview that there was "quite obviously a potential for improvement in what we have done" in Sweden. Tegnell had previously been critical of other countries' strict lockdowns as unsustainable in the long run. Sweden closed schools for all over-16s and banned gatherings of more than 50, but shops, restaurants and gyms remained open. Prime Minister Stefan Lovfen defended Sweden's approach as just about right but noted that it had failed to protect care homes where half of all Sweden's Covid-19 deaths have occurred. Its fatality rate of 449 deaths per million was higher than Denmark's (99), Norway's (44) and Finland's (58), but on a par with France and lower than Italy (555), Spain (581) and the UK(593).

TMR's Take – It's refreshing to see Sweden's public admission that its pandemic response should have been better. While the US fatality rate was 328 at 5/31, the hard-hit states in the Northeast were much higher: Rhode Island -700; Connecticut – 800; Massachusetts – 1,038; New Jersey – 1,337 and New York – 1,543.

[N.J. governor unveils proposal on improving nursing home outbreak response](#) Modern Healthcare, 6/4/20

TMR Topline™ - New Jersey's long-term care facilities experienced disproportionately high COVID-19 fatality rates. In responding to the outbreak, the state commissioned a review by Manatt Health's experts to look at what added protocols, resources and equipment should be put in place to best protect the residents. The report was released 6/3. Key recommendations include:

- ✓ Strengthen Emergency Response Capacity by strengthening the ability to plan, coordinate, and execute effective responses to the emergency protentional surges.
- ✓ Stabilize Facilities and Bolster Workforce by increasing the responsibilities of and support for New Jersey's nursing homes and their workers in the short and long-term.
- ✓ Increase Transparency and Accountability by implementing stronger mechanisms to ensure a greater degree of accountability and increase transparency through data and reporting.
- ✓ Build a More Resilient and Higher Quality System by establishing structures for stronger collaboration and advance payment and delivery reforms and increased reliance on home and community-based services.

The report did not address why New Jersey's case volume and fatality rates were so much higher than other states. For a copy of the complete report, please click [here](#).

TMR's Take – Long-term care facilities are sitting ducks when a highly contagious and potentially lethal virus is unleashed. Kudos to New Jersey for its proactive response to identify corrective measures that may serve as a template for others. The Legislature will be investigating the high case volumes and fatality rates.

[Primary care doctors experience more burnout and anxiety than other healthcare professionals: research](), by Heather Landi, Fierce Healthcare, 6/2/20

TMR Topline™ - Conducted by George Mason University's College of Health and Human Services prior to the pandemic and published in the Journal of the American Board of Family Medicine, the survey of 1,243 healthcare professionals from 154 small- and medium-sized Virginia primary care practices found that 31.6% of physicians reported burnout. Physicians who reported increasing anxiety and withdrawal were nearly three times as likely to report burnout. Staff reporting burnout ranged from 17.2-18.9%. Such practices face more challenges adapting to disruptive change including adopting and using electronic health records and compliance with regulatory requirements and payer "speed bumps" such as prior authorization requirements and denials.

TMR's Take – Imagine what the findings might be post-pandemic. At a time when the US shortage of PCPs is growing, so is burnout. It would be interested to see the survey repeated, but also broadened to include PCPs in multispecialty group practices where clinicians have better support so that they can focus on patient care.

[ONC weighs pros and cons of national patient identifier](), By Jessica Kim Cohen, Modern Healthcare 6/1/20

TMR Topline™ - HHS' Office of the National Coordinator (ONC) for Health Information Technology convened a panel of 20 experts to discuss the role that a national patient identified (NPI) could play in improving patient-matching across healthcare organizations. Last year, Congress mandated that the ONC evaluate current patient identification practices and recommend future approaches. Mismatched and unmatched records across various providers can result in waste (duplicative tests) and incorrect clinical findings. Duke's Ed Hammond argued that an NPI would have a much lower error rate than the 2-18% error rates encountered using current matching algorithms. The COVID-19 pandemic highlights the need for an NPI since public health entities need longitudinal data to inform national response. Others stressed that while an NPI would link patients with a unique number to identify them, that's not necessarily enough to authenticate a patient.

Patient matching is a complex issue but removing the federal funding ban on unique patient identifiers would be an important step towards achieving interoperability and improving patient care.

TMR's Take – America has made some progress towards more integrated patient information over the past decade but lags far behind other major democracies. In France, interoperability is ensured via a chip on patients' health cards Hospital-based and office-based professionals and patients have a unique electronic identifier. In Germany, electronic medical chip cards have been used nationwide since 2015.

[New Zealand has eliminated Coronavirus,]() Associated Press, 6/8/20

TMR Topline™ -- New Zealand health officials announced Monday that the last known infected person had recovered from the coronavirus. With no new cases reported in 17 days, it appears to have completely eradicated the coronavirus -- for now. Prime Minister Jacinda Ardern announced that the Cabinet had agreed to remove almost all remaining virus restrictions except for border restrictions. Over 1,500 people contracted the virus and 22 died, one of the lowest global fatality rates.

TMR's Take – Kudos to the Kiwis! With fewer ICU beds per capita than hard-hit Italy, New Zealand had to act decisively after its first coronavirus case was confirmed 2/28. On 3/14 Prime Minister Ardern imposed a two-week self-isolation period on anyone entering the country; on 3/19 she banned foreigners from entering the country; and on 3/23 locked down the country of 4.9 million.