

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

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From the Editor: As the COVID-19 global death toll nears 100,000 lives, **TMR™** applauds the heroic front-line clinicians leading the battle against the worst pandemic in more than a century. Their ingenuity in saving afflicted patients should lead to positive change to America's fragmented healthcare delivery system. The four articles summarized herein expose some of those flaws but conclude on a hopeful note with news from Germany.

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

[Healthcare leaders fear COVID-19's impact once the storm has passed](#)



Dr. Halee Fischer-Wright, CEO, Medical Group Management Association, Modern Healthcare,

TMR Topline™ - In a compelling commentary, Dr. Wright laid out critical post-pandemic concerns of America's physician practices, hospitals and health systems following a survey of MGMA's governing affairs council. Noting that the effects of the pandemic are going to be felt long after this storm has passed, Dr. Wright expressed ongoing concern

about the lack of personal protective equipment and the risks being faced by physicians, 25% of whom already are in the high-risk category. She expects even further increase in the high stress and burnout rate among physicians, noting that physicians already commit suicide at double the rate of the general population.

Other post-pandemic concerns noted include:

- The need to move to a system based more on preventive care and true public health at a time when providers are psychologically depleted.
- CMS and HHS will use the relief package to accelerate the move to value-based care.
- MGMA's biggest long-term concern is about the financial impact of the crisis, and that the federal government will lower healthcare payments to recoup part of the \$2 trillion rescue package.

TMR's Take – We hear Dr. Wright loud and clear. Post-pandemic American healthcare will never be the same.

[Coronavirus pandemic puts focus on strengths, weaknesses of EHRs](#)

Nathan Eddy, Healthcare IT News, 3/26/20



TMR Topline™ - The article delves into the key limitations of current EHR architecture: these systems have not been designed to store and share

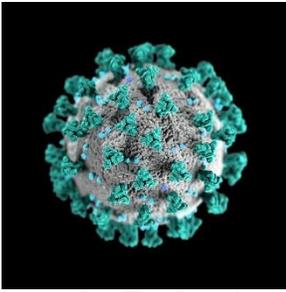
data between disparate and independently functioning systems. As a result, clinicians will have difficulty finding the actionable information they need for decision-making, which in turn will delay patient care.

The article attributes these shortcomings to the fact that US EHR providers are driven by for-profit interests and are highly competitive, but not highly coordinated. HHS released its final interoperability rule 3/9, mandating standards-based exchange of health information through application programming interfaces, or APIs.

TMR's Take – While other OECD countries have achieved full interoperability, the US remains years behind. EHRs that are clunky, inefficient and not intuitive are a major contributor to physician burnout.

[Coronavirus: Things the US has got wrong - and got right](#)

BBC News, Anthony Zurcher, North America reporter, 4/1/20



TMR Topline™ - The BBC's North American reporter interviewed numerous experts to paint a clear picture of the shortcomings of the US response as well as some

strengths. Zurcher cited the following mistakes:

- Testing delays due to the administration's disregard of pandemic response plans and failure to staff its public health bureaucracy;
- Medical supply shortages (masks, gloves, gowns and ventilators) due both to the government's failure to maintain the stockpile and failure to move quickly when the crisis became apparent;
- Messaging "whiplash" and political squabbles, downplaying the threat during January and February; and
- Social distancing failures like the packed Florida beaches during spring break.

The pandemic has exposed flaws in the US healthcare system including high costs, a lack of universal coverage and supply chains unable to withstand a shock. On a more positive note, Zurcher noted the following successes that will help America to recover:

- Research firepower, with medical researchers and drug companies rushing to learn more about the virus and devise new strategies to defeat the pandemic including rapid-response tests, vaccine development and treatment options;
- State leadership, with governors like Jay Inslee of Washington, Gavin Newsome of California and Mike DeWine of Ohio taking decisive early steps to close schools and issue shelter in place orders; and
- Rapid passage of a massive \$2 trillion coronavirus relief bill including direct payments to many Americans, aid to states and healthcare facilities, support for hard-hit industries and loans to small businesses that can be forgiven if they avoid layoffs.

TMR's Take – America's system of government, with broad powers delegated to individual states, has led to a

patchwork response that is resulting in avoidable deaths and economic disruption.

[A German Exception? Why the Country's Coronavirus Death Rate Is Low](#)

By [Katrin Bennhold](#), NY Times, 4/4/20



TMR Topline™ - With a much lower COVID-19 mortality rate (1.8%) than France (9.4%), Spain (9.9%) or Italy (12.6%), this article probes the reasons for Germany's success. The average age of those contracting the disease has been lower

(49) than those in France (62.5) and Italy (62), but a key reason for the low fatality rate is that Germany has been testing far more people, catching many with few or no symptoms. Charité Hospital in Berlin developed a test mid-January, posted the formula online and laboratories throughout the country built up a stock of test kits.

Now testing an average of 350,000 patients a week, Germany also has aggressively tracked contacts and practiced social distancing, copying South Korea's strategy. Germany's robust public health system had 28,000 intensive care beds equipped with ventilators (34 per 100,000 people) compared with 12 per 100,000 in Italy and has added capacity since the outbreak.

To many, the "secret sauce" in Germany's low mortality rate has been the leadership of Chancellor Angela Merkel, a scientist by training, who has communicated clearly, calmly and regularly throughout the crisis. Prof. Hans-Georg Kräusslich, head of virology at University Hospital in Heidelberg, summed it up: "Maybe our biggest strength in Germany is the rational decision-making at the highest level of government combined with the trust the government enjoys in the population."

TMR's Take – Germany has had universal healthcare since 1883 and achieved full interoperability in 2008. Medical insurance is mandatory and Germans can choose from more than 100 not-for profit insurance plans. There is a government buy-in for low income and unemployed. The Eichhorn-Hutchinson plan has much in common with Germany's time-tested approach to healthcare for all.