

# Three Minute Read™

## Insights from the Healing American Healthcare Coalition™

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**From the Editor:** For America, February was a month of horror...and hope. Horror when the Covid-19 death toll passed 500,000; hope with the approval of Johnson & Johnson's safe and effective single-dose vaccine. This issue of TMR looks a possible return to normal and the challenges facing U.S. healthcare post-pandemic. To access each article, just click on the headline.



[The Most Likely Timeline for Life to Return to Normal](#), by Joe Pinsker, The Atlantic, 2/24/21

**TMR Topline™** - The author expects an uncertain spring, an amazing summer, a cautious fall and winter, and finally, relief. Given that the wild card is the potential emergence of virulent vaccine-resistant variants, daily life will continue to be far from normal for the next few months. By late spring, small gatherings of vaccinated people should be feasible. At some point between June and September, the combination of widespread vaccinations and [warmer weather](#) may make many activities much safer, including taking public transit, being in a workplace, dining inside restaurants, and traveling domestically. However, experts don't foresee the return of indoor concerts, full stadiums or high levels of international travel yet. The summer reprieve could be temporary. Some resurgence of the virus is likely in the fall as activities move indoors. If stubborn variants do circulate, new vaccines should be able to tame them relatively quickly. While there might be a need to revert to some of the precautions from earlier in the pandemic, the disruptions to daily life are likely to be short-lived. Beyond

next winter, experts' predict a return to whatever qualifies as normal post-pandemic. The virus will still exist, but like the flu it will circulate primarily in the colder months.



[Impact of the Influenza Vaccine on COVID-19 Infection Rates and Severity](#), by Anna Conlon, PhD, Carmel Ashur, MD, MS, Laraine Washer, MD, Kim A. Eagle, MD, Marion A. Hofmann Bowman, MD, American Journal of Infection Control, 2/22/21

**TMR Topline™** - The study found that people who received the influenza vaccine were less likely to test positive for Covid-19, and if they were infected with the virus, they were less likely to need hospitalization, mechanical ventilation, or a longer hospital stay. The researchers studied a retrospective cohort of 27,201 patients who were tested for Covid-19 from 2/27-7/15/20 in the Michigan Medicine healthcare system. The research suggests a possible association between the influenza vaccine and decreased risk of Covid-19 with improved clinical outcomes.

**TMR's Take** – Whether it was the prevalence of masking and social distancing, or a high level of flu vaccinations, America has avoided the dreaded "twindemic." As of early February, only 1,363 confirmed cases were reported compared with an average of 401,000 at the same time during the five prior flu seasons.



[American Nursing is having a Crisis](#), by Theresa Brown, New York Times, 2/28/21

**TMR Topline™** – Author of ["The Shift: One Nurse, Twelve Hours, Four Patients' Lives."](#), Theresa Brown's heart-rending interviews with six veteran nurses throughout the U.S. are intermingled with evidence of the

growing shortage of these vital caregivers. The Bureau of Labor Statistics projects that 176,000 new nurses will be needed annually yet nursing schools don't have enough faculty to expand the nursing work force. Add to that the numbers of nurses who are beyond burnout due to the pandemic. Brown cites research that Covid nurses are now suffering from "*moral injury*," a term typically applied to combat soldiers. She quotes an El Paso ICU nurse: "*It's moral injury when I leave a hospital bursting at the seams and all the bars and stores are full of people.*" Another ICU veteran is studying to become a nurse practitioner. "*I'm going into primary care to keep people out of the hospital,*" she said. '*We never had enough nurses.*' A 2020 report from HFMA shows that having enough nurses in hospitals can save money, yet 36 of America's 60 largest hospital chains have laid off, furloughed or cut the pay of staff members to save money during the pandemic.

Brown calls for changes in the profession that include finding creative ways to bring more nurses into the work force, adding faculty for nursing schools and making them more affordable.



[Average nursing home nursing staff turnover exceeds 100%, report finds](#), by Ginger Christ, Modern Healthcare, 3/1/21

**TMR Topline™** — Health Affairs has released [a recent study](#) reporting that the average rate of nursing home staff turnover is more than 100% per year. The turnover rate for registered nurses was 140.7% while the rate for licensed practical nurses and certified nursing assistants was 114.1%. Ashvin Gandhi, assistant professor at UCLA Anderson School of Management, coauthor of the report, said "We see fairly clear evidence that higher turnover rates tend to be associated with a lot of factors that are associated with worse quality of care." Nursing homes with higher levels of Medicaid residents had higher turnover. These facilities may also pay less because Medicaid reimbursement is lower than Medicare or private insurance payment. As a result of the high turnover rate in nursing homes, the authors recommend nursing staff turnover rates should be included on the CMS Nursing Home Compare Quality Rating System. With turnover data now available, researchers will be able to look at how those rates relate to health outcomes. Prospective patients and employees will have more complete data available to evaluate facilities.

**TMR's Take** — These two articles are a clarion call for action to avert an impending critical shortage of caregivers for the rapidly aging "Baby Boomer" population. The alternative is unacceptable.



[America First? On Health, America's Worst!](#), The Healing American Healthcare Coalition Blog by John Dalton, FHFMA, 2/28/21

**TMR Topline™** — Last week's CPAC meeting touted former President Trump's "*America First*" policy. When it comes to America's health, that thought could hardly be further from the truth. Updated Commonwealth Fund data shows America as the biggest spender with the worst outcomes among 11 high income OECD members:

- The U.S. spent 17.0% of GDP on healthcare; OECD average 8.8%; range 9.3-12.1%.
- The U.S. spent \$10,637 per capita; OECD average \$4,224, range \$4,205-7,732.
- Average life expectancy 78.7 years U.S.; OECD average 80.7, highest, Switzerland 83.1.
- The U.S. also was highest for suicide rate/100,000 vs. OECD average (14.5 vs. 11.2), adults with multiple chronic conditions (29.0% vs. 17.7%) and obesity (40% vs. 24%).
- The U.S. Covid-19 fatality rate of 154.8/100,000 is 41.6% above the OECD average of 109.3/100,000 at 2/28/21.

Last month, Lancet released the report of its [Commission on Public Policy and Health in the Trump Era](#), concluding: "*The suffering and dislocation inflicted by Covid-19 has exposed the frailty of the US social and medical order, and the interconnectedness of society. A new politics is needed, whose appeal rests on a vision of shared prosperity and a kind society. Healthcare workers have much to contribute in formulating and advancing that vision, and our patients, communities, and planet have much to gain from it.*" The Eichhorn-Hutchinson Allcare plan depicts one such vision, providing a practical path to universal healthcare for all Americans. Like Bidencare, it builds on the strengths of the Affordable Care Act without the economic disruptions of Medicare-For-All. Allcare relies on competition and choice, and includes a public option based on Medicare.

**TMR's Take** — It's time for all Americans to unite behind moving America's healthcare system from worst to first!