

# Three Minute Read™

## Insights from the Healing American Healthcare Coalition™

October 2021-1



**From the Editor:** Merck's announcement that it will seek emergency use authorization for a pill to treat Covid-19 comes as British research finds long Covid a bigger problem than earlier thought, and the surprise billing battle continues to rage between providers and insurers. To access each article, just click on the headline.



### [Merck's Covid Pill Changes Drugmaker's Fate After Failed Shots,](#)

by Cynthia Koons, Bloomberg, 10/1/21

**TMR Topline™** - After failing

twice in its quest to develop a vaccine, Merck's drug molnupiravir reduced the risk of hospitalization or death by 50% in a late-stage clinical trial of patients with Covid symptoms. If approved, it would be the first antiviral pill developed specifically to target Covid-19. It works by interfering with virus replication, introducing errors into the virus' RNA that are replicated until it's defunct.



### [Long Covid is a bigger problem than we thought,](#)

by Ivana Kottasove and Isabelle Jani Friend, CNN, 9/29/21

**TMR Topline™** - The [long Covid](#) problem might be bigger than originally thought. A recent [large study](#) of the symptoms of 270,000 people by a team of British researchers reported one in three Covid-19 survivors have suffered symptoms three to six months after getting infected. They found the nine features of [long](#)

[Covid](#) were detected more often in those who had been hospitalized, and slightly more often in women. Study co-author Dr. Max Taquet, National Institute for Health Research academic clinical fellow, said the results show long Covid affects a significant proportion of people of all ages: "We need appropriately configured services to deal with the current and future clinical need,"

Symptoms experienced varied; many patients experienced more than one. Older people and men were more likely to have breathing difficulties and cognitive problems, while young people and women reported more headaches, abdominal symptoms, anxiety, and depression. While the number of such incidents was higher among the elderly and those with more severe initial illness, people who had suffered a mild disease also experienced long Covid. Up to 46% of children and young adults ages 10-22 experienced at least one symptom in the six months post-Covid. This risk of long Covid underscores the importance of protecting children and young people from the coronavirus, even though the study said most didn't initially suffer from severe illness.

**TMR's Take** – Currently, the sole treatments available for Covid-19 are monoclonal antibodies that must be infused in a clinical setting. If the FDA issues an EUA for molnupiravir, having a pill that can be dispensed from a pharmacy is a game changer. For the vaccine-hesitant who might use the Merck announcement as an excuse to stay unvaccinated, the threat of long Covid looms large!



[Surprise billing rule has providers fuming over insurer-friendly policies,](#) by Tara Barrow and Jessie

Hellman, Modern Healthcare, 10/1/21

**TMR Topline™** - Providers are upset about the rule released by CMS that lays out the process to settle out-of-network billing disputes with payers over the fair price

for an out-of-network service. Under the law, providers can't bill patients for out-of-network emergency services or for nonemergency services performed by an out-of-network physician at an in-network facility. If an insurer and provider can't come to an agreement on how much the insurer should pay for that service within 30 days, they can enter into the independent dispute resolution (IDR) process. Both the insurer and provider tell an arbiter what they think the appropriate rate for an out-of-network service is. CMS directs the arbiter to presume the "qualifying payment amount," which is usually an insurer's median contracted rate for the same service in a geographic area, is the "appropriate" rate and pick the offer closest to that. The Medical Group Management Association is concerned that the regulation burdens providers because the presumption is the QPA is the fair rate and providers must prove otherwise.

**TMR's Take** – U.S. healthcare – it's REALLY complicated! Other OECD member nations don't have these issues; they have universal healthcare. Like prior authorizations, the IDR process adds cost without benefit.



[In Portugal, There Is Virtually No One Left to Vaccinate](#), by Marc Santora and Raphael Minder, New York Times, 10/1/21

**TMR Topline™** - When Covid-19 pushed its healthcare system to the

verge of collapse in January, the government turned to a former submarine commander to right the ship. At 6'3" tall with a background working on complicated logistical challenges in the military, Vice Adm. Henrique Gouveia e Melo made it a point to wear only his combat uniform in his many public and television appearances, enlisting the country in a war on Covid-19. Eight months later, about 98% of all those eligible for vaccines have been fully vaccinated. Facing the same hurdles of vaccine misinformation as here in the U.S., about 40% of the population initially were reluctant to be vaccinated. Admiral Gouveia e Melo said the consistency of the messaging was critical. Asked what other countries can do to boost vaccinations, he said, "They need to find people who are not politicians."

**TMR's Take** – At 12/31/20, Portugal's fatality rate/100,000 ranked 20<sup>th</sup> in the 37 member OECD, dropping to 29<sup>th</sup> at 2/28/21 as Covid-19 surged. By 9/30/21, the country had moved up to 22<sup>nd</sup>. Consistent leadership matters.



**HAHC Co-Founders Keynote HFMA Annual Institute, 10/7/21**  
ATLANTIC CITY, NJ Healing American Healthcare Coalition co-founders John Dalton and Ed Eichhorn delivered the Keynote Address at today's annual institute of the HFMA's New Jersey Chapter. Held at the Borgata, their topic, "The Covid-19 Pandemic: What have we learned and where do we go from here?" reviewed the responses to the pandemic, both globally and

nationally, then highlighted key issues affecting providers, insurers and drug companies through the course of the pandemic thus far. They concluded with six lessons gleaned from the pandemic:

- Telehealth filled a vital gap during the pandemic; let's make sure that it's here to stay.
- China is not America's friend. Its lack of full cooperation with the World Health Organization's investigation impeded the global response.
- Offshoring the manufacture of critical elements in the supply chain led to critical shortages.
- Burnout among frontline clinicians is endemic. Post-pandemic, who will be left to care for us?
- Consistent leadership commitment to protecting their residents is crucial to containing outbreaks, whether at federal, state or local levels. Letting politics trump public health is unacceptable.

Longer term, America would do well to emulate the Scandinavians, whose countries controlled Covid-19 better than most, have a robust public health infrastructure, sound social services safety nets and an abiding respect for science.

**From the Editor:** The Coalition's next book, "Healing American Healthcare: Lessons from the Pandemic," is scheduled for release next month as both an eBook (\$7.95) and soft cover (\$16.95). If you'd like to receive the Coalition's twice monthly newsletter, the Three Minute Read™, the \$12.00/yr. subscription also includes an eBook copy of the Coalition's 2019 "[Healing American Healthcare: A Plan To Provide Quality Care To All While Saving \\$1 Trillion a Year](#)," and a 20% discount coupon towards the purchase of the new book. Subscribe today at [healingamericanhealthcare.org](http://healingamericanhealthcare.org).