

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

September 2020-2



From the Editor: Eight months after the first coronavirus case was confirmed in Washington state, Covid-19 has claimed over 200,000 American lives, about the population of Salt Lake City. This issue of **TMR** summarizes articles on physician burnout, Covid-19 vaccine development and global response to the pandemic. To access each article, click on the headline.



[Pharma giant J&J just launched a pivotal 60,000-person coronavirus vaccine trial, and we](#)

[could learn if the shot works by the end of 2020](#), by Andrew Dunn, Business Insider, 9/23/20

TMR Topline™ - Johnson & Johnson will give its single-shot vaccine to 60,000 volunteers around the world, becoming the fourth US backed program to begin phase three clinical trials. The other shots being tested are two-dose regimens, with injections given a few weeks apart. Dr. Anthony Fauci said results from J&J's trial will likely lag a month or two behind studies that started in July or August, like Moderna's and Pfizer's. J&J's chief scientist, Paul Stoffels, echoed Fauci's timeline: "*We hope to see an endpoint around the end of year or early next year.*"

TMR's Take – Operation Warp Speed has already spent over \$10 billion to fast-track Covid-19 vaccine development, helping vaccine makers to build out production capacity before knowing whether their vaccine is safe and effective. Hopes remain high that the investment will produce positive returns.



[The Biggest Challenges Facing Physicians](#) by Todd Shryock, Medical Economics 8/7/20
[Survey: Physician](#)

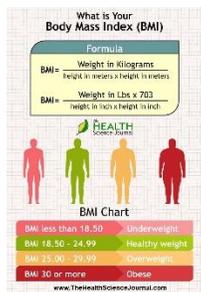
[Burnout on the Rise](#) by Maria Calstellucci. Modern Healthcare 9/21/20

TMR Topline™ Recently the American Osteopathic Association (AOA) did a national survey of small and mid-size practices to learn how the pandemic has affected them. In an interview with Medical Economics, AOA President Dr. Thomas Ely, DO discussed survey results, the pandemic, burnout and financial challenges doctors are facing. The pandemic has created two vastly different realities for physicians. They either are swamped with Covid-19 patients or struggling financially because patients are afraid to come in for their appointments or elective procedures have been postponed. Of the practices responding, 95% experienced a decline in revenue, 40% estimate that 2020 physician revenue will half what it was in 2019, and three quarters believe that they will need financial support to be able to continue to provide quality patient care. There are widespread reports that health care providers are showing significant rates of post-traumatic stress, anxiety, insomnia and depression. Dr. Ely urges that anyone on the front lines in need of support should reach out to the physician support line at www.physiciansupportline.com. It's a free and confidential service to support the mental health of doctors and medical students,

A Physicians Foundation August survey of 2,300 physicians found that because of the pandemic, those surveyed who reported burnout increased from 40% to 58% since the 2018 survey. Since the pandemic began "*taking care of patients has become much more difficult*," said Dr. Gary Price, President of the Physicians Foundation. Physicians in coronavirus hot spots report exhaustion or feelings of inadequacy. Some private

practices have been forced to close or furlough staff due to lost revenue. The survey also found 38% of physicians want to retire in the next year, including 21% of those 45 or younger. In the 2018 survey 17% said they plan to retire in the next one to three years. Dr. Price found this alarming given that the average age of the physician workforce is over 50 with a shortage is predicted in the years ahead. *“If the pandemic accelerated what already is a looming problem, it would be disastrous as far as patients’ access to care.”*

TMR’s Take – The pandemic has put added stress on physicians while dramatically reducing practice income for many. With a significant physician shortage looming, the U.S. needs to find imaginative ways to reduce physician burnout and provide financial support.



[Doctors studying why obesity may be tied to serious COVID-19](#)

by Candice Choi, Associated Press, 9/8/20

TMR Topline™ - There's some evidence that obesity itself can

increase the likelihood of serious complications from a coronavirus infection (15). One study of more than 5,200 infected people, including 35% who were obese, found that the chances of hospitalization rose for people with higher BMIs, even when considering other conditions that could put them at risk. The increased risk for serious Covid-19 illness appears more pronounced with extreme obesity, or a BMI of 40 or higher. Multiple factors make it more difficult for obese individuals to fight the coronavirus, including chronic inflammation and how fat is distributed in the body.

TMR’s Take – BMI>40? Beware of Covid-19!



[Measuring the COVID-19 Policy Response Around the World](#), by Avik Roy, Foundation for Research on Equal Opportunity

TMR Topline™ - The Foundation for Research on Equal Opportunity conducted an in-depth review of per capita fatality rates in 31 high income countries. Variables considered variables included stringency of economic restrictions, relative isolation and type of universal healthcare. It found no correlation between the format of a country’s health insurance system and its ranking. Among countries with single payer systems, Australia fared well, but Italy, Spain and

the UK did not. Countries with private insurance and/or consumer-driven models are also all over the rankings. Overall, five Pacific Rim countries (Hong Kong, Korea, Japan, Singapore, Taiwan, and New Zealand) nations fared the best in the review’s Pandemic Performance rankings. Except for Germany, the major Western democracies (France, Italy, Spain, the UK and the US) did not. A key factor in successfully controlling Covid-19 was SARS “muscle memory.” Residents of the five countries were acutely aware of the threat posed by Covid-19 due to their prior experience with the SARS-CoV pandemic in 2002-03. Asian governments took the threat more seriously early on, enacted aggressive contact tracing measures and had already built up stockpiles of personal protective equipment.

TMR’s Take – The Foundation also compiles a [FREOPP World Index of Healthcare Innovation](#). The U.S. is ranked #4 behind Switzerland, Germany, and the Netherlands—three countries with universal private health insurance. Different criteria – different results!



[Facial Masking for Covid-19 — Potential for “Variolation” as We Await a Vaccine](#), by Monica Gandhi, M.D., M.P.H. and George W. Rutherford, M.D., New England Journal of Medicine, 9/8/20

TMR Topline™ The authors hypothesize that in addition to reducing the probability of infection, universal face masking may also reduce the severity of SARS-CoV-2 among people who do become infected by making a greater proportion of them asymptomatic. They cite a long-standing theory of viral pathogenesis, which holds that the severity of disease is proportionate to the viral inoculum received. Wearing masks could be a form of “variolation” that slows the spread of the virus by reducing the viral inoculum to which the wearer is exposed and the subsequent clinical impact of the disease. Variolation was a 19th century process of trying to protect patients from smallpox by infecting them with a small amount of the virus before the development of vaccines.

TMR’s Take – Earlier studies published by the National Academy of Sciences and Health Affairs (see TMR, June 2020-2) documented airborne transmission as the most dominant route for the spread of Covid-19. This theory reinforces the overall importance of universal mask wearing in public places. While multiple studies confirm the effectiveness of wearing face masks in public as a mitigation measure, only 45% of Americans wear masks on a regular basis.