Three Minute Read™

Insights from the Healing American Healthcare Coalition™

August 2020-2

HEALING AMERICAN HEALTHCARE COALITION

From the Editor: The COVID-19 pandemic continues to change and affect everyday life worldwide. This issue of **TMR** summarizes recent articles that highlight Belgium's failed approach, ICU size makes a difference, and emerging evidence that C0VID-19's effects linger long after recovery. To access each full article, just click on the headline.

When COVID-19 Hit, Many Elderly Were Left to Die, By Matina Stevis-Gridneff, Matt Apuzzo and Monika Pronczuk, New York Times, 8/9/20

TMR Topline™ - Rapidly spreading infections, lack of PPE and governmental inattention to eldercare facilities have become all too familiar during the global pandemic. However, Belgium's response had an added twist: although hospital ICU beds were available throughout the peak period, hospitals and paramedics sometimes denied care to elderly people. When the pandemic hit northern Italy in February, Maggie De Block, Belgium's federal health minister, played down the risk: "*It isn't a very aggressive virus. You would have to sneeze in someone's face to pass it on*," adding "*If the temperature rises, it will probably disappear*." Although government reports had recommended infectious-disease training for nursing home doctors, public help in stockpiling PPE and including nursing homes in the national pandemic plan, the proposals went nowhere. Belgian bureaucracy exacerbated the response: it has nine health ministers who answer to six parliaments. The nursing home situation was so dire that Médecins Sans Frontières dispatched teams of experts in late March. Testing capacity was limited with hospitals taking priority. When nursing home testing finally began April 8 (after more than 2,000 residents already had died), 20% tested positive. At the outbreak's peak only 14% of gravely ill residents were admitted to hospitals according to data compiled by Belgian scientists. The rest were left to receive palliative care. According to University of Antwerp professor Niel Hens, 1,100 of the nation's 2,400 intensive care beds were free at the peak of the pandemic. Ms. De Block has defended the government response stating "*Careful counting, not mismanagement, explains the country's death toll,"* noting with pride that Belgium never ran out of hospital beds.

TMR's Take – Belgium has the highest fatality rate among OECD member nations (85.8/100,000). Its failure to protect its nursing home residents is tragic, accounting for roughly 58% of the country's fatalities, a much higher percentage than in other developed countries.

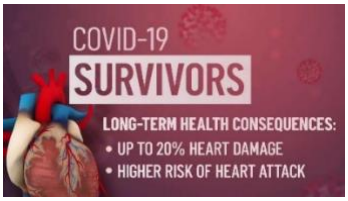
'If I Hadn't Been Transferred, I Would Have Died', By Daniela J. Lamas, New York Times, 8/4/20

TMR Topline™ - A critical care doctor at Boston's Brigham and Women's Hospital, Dr. Lamas uses the story of a patient's successful recovery to illustrate the complexities of critical care medicine in coping with the challenges of COVID-19. After more than three weeks on the ventilator and a stay at the long-term rehab hospital where she rebuilt the strength to walk again, her patient recently had run four miles four months after being diagnosed. The sickest patients who survived required meticulous critical care, combining resources and competency available in only a handful of hospitals.

JAMA Internal Medicine recently published a large study that examined mortality rates for more than 2,200 critically ill coronavirus patients in 65 hospitals throughout the country and found that patients admitted to hospitals

with fewer than 50 ICU beds were three times more likely to die. An earlier investigative piece in The Times found that at the peak of the pandemic, patients at some community hospitals were three times more likely to die than patients in medical centers in wealthier areas. During a video visit, Dr. Lamas' patient reminded her that she was initially admitted to a small hospital in western Massachusetts, noting "*If I hadn't been transferred, I would have died*." Dr. Lamas recommends devoting resources to helping hospitals deliver high-quality critical care, perhaps through a more coordinated system of hospital-to-hospital patient transfers within each region to a coronavirus center of excellence.

TMR's Take –Even after a safe, effective vaccine is available, Americans will continue to contract COVID-10 with many becoming seriously ill. With the pandemic now raging in rural America, time is of the essence – among rural hospitals in 20 states, 66% lack ICU beds.



From 'brain fog' to heart damage, COVID-19's lingering problems alarm scientists, by Jennifer Couzin-Frankel, Science, 7/31/20

TMR Topline™ - Neuroscientist Athena Akrami, 38, has not been able to return to her London lab since contracting COVID-19 in March. Never hospitalized, her symptoms have waxed and waned; she struggles to think clearly and battles joint and muscle pain. SARS-CoV-2 uses a spike protein on its surface to latch onto cells' ACE2 receptors. The lungs, heart, gut, kidneys, blood vessels, and nervous system carry ACE2 on their cells' surfaces making them vulnerable to COVID-19. The virus can also induce a dramatic inflammatory reaction, including in the brain. The list of post-COVID problems include fatigue, a racing heartbeat, shortness of breath, achy joints, foggy thinking, a persistent loss of sense of smell, and damage to the heart, lungs, kidneys, and brain. Survivor studies are starting to probe them. Researchers in the UK will follow 10,000 survivors for one year to start, and up to 25 years.

Akrami collaborated with a group of COVID-19 survivors, to survey more than 600 who still had symptoms after 2 weeks, logging 62 different symptoms. A recent paper in JAMA Cardiology found that 78 of 100 survivors had cardiac abnormalities when their heart was imaged 10 weeks later. The article cites other survivor studies now underway in several countries.

COVID-19 long-term toll signals billions in healthcare costs ahead, by Caroline Humer, Nick Brown; Emilio Parodi and Alistair Smout; Reuters, 8/3/20

TMR Topline™ - Evidence is mounting that many COVID-19 survivors face months and possibly longer periods of debilitating complications. Symptoms include breathing difficulties, neurological issues, heart complications, kidney disease and motor skill problems. Some hard-hit countries - including the United States, Britain and Italy - are considering whether these long-term effects can be considered a "post-COVID syndrome.

Dr. Bruce Lee of the City University of New York, Public School of Health estimates that if 20% of the U.S. population contracts this virus; the one-year cost could be $50 billion. Dr. Lee estimates that the annual cost of care for a patient that has been hospitalized with the virus is $4,000 and he also estimates the cost of care for patients who were not hospitalized at $1,000 per year. Costs can vary widely depending on the type of care that the patient may require. For example, Anne McKee a retired psychologist living in the southeast has spent more than $5,000 on doctors' visits and prescriptions in the five months since contracting the virus. Her health insurer also paid out more than $15,000 for her care. The added costs from COVID-19's lingering effects could lead to higher health insurance premiums.

TMR's Take – Like other viruses, COVID-19's effects often will linger long after the initial encounter, even among younger patients with mild symptoms. Dr. Gregory Poland, a COVID-19 expert at the Mayo Clinic warns that some of the possible long-term effects can affect even patients who are asymptomatic or have mild cases: "*I think it's an argument for why we take this disease so seriously."* He added "*we're going to need to study those as vigorously as we did the acute symptoms.*" Mount Sinai will lead a multi-center trial that includes monitoring patients who suffered acute kidney injury while hospitalized. Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases since 1984, recently said post-viral COVID-19 syndrome is fast becoming a patient care problem: "*Brain fog, fatigue and difficulty in concentrating, so this is something we really need to seriously look at*." **TMR** agrees.