

# Three Minute Read™

## Insights from the Healing American Healthcare Coalition™

Is the US repeating its Covid mistakes with Bird Flu?

June 2024-2



**From the Editor:** This issue of TMR includes a potpourri of article summaries covering past and future pandemics, cybersecurity lapses and climate change. Click on the headline to read the full article. If you enjoy TMR's coverage of emerging issues, please upgrade to a paid subscription [here](#).



[‘We’re Flying Blind’: CDC Has 1M Bird Flu Tests Ready, but Experts See Repeat of Covid Missteps](#), by Amy Maxmen, KFF Health

News, 6/20/24

**TMR Topline** – The CDC has called on industry to develop tests for the bird flu virus circulating among dairy cattle that has infected a small number of dairy workers. By June 18, at least [114 herds](#) were infected in 12 states. The CDC is concerned about the limited availability of diagnostic tests if demand spikes. A [Health Affairs article](#) by Jennifer Nuzzo, director of the Pandemic Center at the Brown University School of Public Health, describes a step-by-step strategy for rolling out testing in health emergencies to avoid the mistakes made in the Covid pandemic. The US is already weeks behind. Ample testing is critical to identify infected people early on so that they can be treated promptly, and clinical laboratory involvement is critical to ramp up testing if the bird flu is detected among people who didn't catch it from cattle.

The CDC should allow clinical labs to use a test the FDA has already authorized and has offered royalty-free licenses for components of its bird flu tests to accredited labs. Clinical laboratories have also begun to develop their own tests from scratch. The small numbers of

people tested, along with the lack of testing in cattle, could draw criticism from other parts of the world. “Think about our judgment of China’s transparency at the start of covid,” Nuzzo said. “The current situation undermines America’s standing in the world.”

*The National Academies of*  
**SCIENCES  
ENGINEERING  
MEDICINE**

[New definition of long Covid aims to offer clarity, direction](#), by Stephanie Coucheray, CIDRAP, 6/11/24

**TMR Topline** – The federal government asked The National Academies of Sciences, Engineering, and Medicine (NASEM), to develop and publish [a new consensus](#) diagnosis for long Covid. The authors noted, “*Inconsistencies in definitions have created challenges, and a consensus definition could promote consistency in diagnosis.*” The NASEM definition can be applied to both children and adults: “*Long Covid (LC) is an infection-associated chronic condition (IACC) that occurs after SARS-CoV-2 infection and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.*” The definition, and the term “long Covid,” should be used by clinicians, researchers, drugmakers, employers, and educators.

**TMR’s Take:** With the Covid pandemic in the rear-view mirror, America’s laissez-faire attitude is ignoring the hard lessons learned in 2020. If Covid tests had been widely available in early 2020, many cases could have been detected before they turned into outbreaks that cost lives. Except for a few months in 2021, the US Covid fatality rate consistently ranked in the bottom quartile of the OECD’s 38 member nations.



[Change Healthcare commences breach notifications](#), by Lauren Berryman, Modern Healthcare, 6/20/24

**TMR Topline** – The cyber-attack on UnitedHealth Group’s Optum division exposed information such as names, contact information, Social

Security numbers, claims, diagnoses, test results, health insurance member numbers and financial data. Change Healthcare has not found evidence that the hackers accessed physicians' medical charts or patients' full medical histories. The company volunteered to carry out legally required notifications on behalf of its customers, and federal authorities [approved that plan](#) last month. Change Healthcare clients may opt to conduct their own notifications instead. On request, UnitedHealth Group will pay for two years of credit monitoring and identity theft protection for affected individuals.



[Hackers stole patient files from Ascension](#), by Giles Bruce, Becker's Hospital Review, 6/2/24

**TMR Topline** – The May 8 cyber-attack on St. Louis-based Ascension stole files that may have contained patients' protected health and personally identifiable information after accessing seven of the 140-hospital system's roughly 25,000 servers. The hackers broke into its network after an employee accidentally downloaded a malicious file that the person thought was legitimate. *"We have no reason to believe this was anything but an honest mistake,"* according to an Ascension spokesperson. The health system is providing free credit monitoring and identity theft services to any patient or employee who requests it.

**TMR's Take:** Many of Change's customers still are struggling to recover from the cyberattack and more than 100 million Americans may have had their personally identifiable information and/or personal health information taken by the hackers. The Ascension cyberattack compromised patient care according to [doctors and nurses](#) who work for the system, including delayed or lost lab results, medication errors, and an absence of routine safety checks via technology to prevent potentially fatal mistakes. It's clear that much more needs to be done to ensure that patients and their records are adequately safeguarded from ransomware attacks.



[WHO and Eli Lilly caution patients against falling for fake versions of popular weight-loss drugs](#), by Associated Press, 6/20/24

**TMR Topline** – As demand for weight-loss drugs escalates, the World Health Organization and Eli Lilly are warning people to be wary of [fake versions](#) of these

popular weight-loss and diabetes medicines. Since 2022, WHO has fielded reports of fake semaglutide (the active ingredient in Novo Nordisk's [Wegovy](#) and [Ozempic](#)) in all geographic regions of the world. Lilly is "deeply concerned" about growing online sales and social media posts involving phony or compounded versions of tirzepatide, the active ingredient behind its drugs [Mounjaro](#) and [Zepbound](#). Novo Nordisk has issued [similar warnings](#) in the past about its medications.

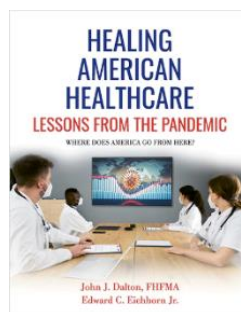
**TMR's Take:** Caveat emptor! Buyer beware!



[How to reduce health care's climate impact? Increase telehealth](#), by Ronnie Cohen, NPR, 6/6/24

**TMR Topline** – A [study](#) published in JAMA Oncology documents an unexpected benefit from the pandemic pivot to telehealth – a substantial reduction in greenhouse gas emissions. Until the pandemic, oncology was presumed to require in-person tests and procedures that would minimize the ability to employ telemedicine. The pandemic proved that parts of oncology care could be done closer to home and remotely. Healthcare generated [8.5%](#) of US greenhouse gas emissions in 2018. The Dana Farber researchers estimated they could reduce nationwide carbon-dioxide emissions generated as a result of cancer care by 33%. Cancer patients often prefer the convenience of video visits over in-person medical visits. Video visits save the cancer patients, and often their caregivers, the time it takes to drive, in addition to travel and childcare costs. The result: cost-effective care that benefits patients, providers and the planet.

**TMR's Take:** In "Healing American Healthcare: Lessons from the Pandemic," the co-authors opined "**Telehealth**



**must be here to stay,"** noting that "Deployed effectively, telehealth is a cost-effective way to deliver patient-centric care, particularly to frail elderly for whom travel is a challenge and those in rural areas." Reducing greenhouse gas emissions adds to its value. For an in-depth look at the

first 18 months of the pandemic and the seven lessons learned, click [here](#) to buy it at a discounted price with coupon Printbook or ebook at checkout. It's available in both soft-cover and eBook versions.