

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

Good news for physicians; bad news for regulators

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From the Editor: This issue's seven article summaries cover a wide range of topics. Click on the headline for the full article. If you like **TMR**, please subscribe [here](#).



[Physician burnout drops below 50% for first time since 2020, AMA poll finds](#), by Dave Muoio, Fierce Healthcare, 7/9/24

TMR Topline – The AMA's annual survey of roughly 12,500 physicians reported at least one symptom of burnout has dropped below 50% for the first time since the Covid-19 pandemic after reaching an all-time high of 62.8% in 2021. Reported burnout dropped to 53% in 2022 and 48.2% in 2023. Nancy Nankivil, AMA's director of organizational well-being, said, "This is moving in the right direction." While the trend is positive the results indicate that there is still much work to be done.



[Bloomberg gives \\$1 billion to Hopkins to make tuition free for most medical students](#),

by Ayana Archie, NPR, 7/9/24

TMR Topline – Nearly two-thirds of current and incoming students pursuing medical degrees at Johns Hopkins University will receive free tuition, thanks to a \$1 billion gift from businessman Michael Bloomberg's philanthropic organization. Students who come from households earning less than \$300,000 will have their tuition paid for, while students whose households bring in less than \$175,000 will have their tuition, fees and living expenses paid for. Johns Hopkins' medical school graduates had an average of \$105,000 in student loan debt in the 2023-2024 school year, the university said.



[Paxlovid led to better outcomes in hospitalized Covid cohort than Veklury or both drugs](#), by Mary Van Beusekom, MS, CIDRAP, 7/16/24

TMR Topline – A University of Hong Kong target trial emulation [study](#) suggests that hospitalized Covid-19 patients treated with the antiviral drug nirmatrelvir-ritonavir (Paxlovid) are at lower risk for death, intensive care unit (ICU) admission, and need for ventilation than those given a combination of Paxlovid and the antiviral drug remdesivir (Veklury) or Veklury alone. Recipients of Paxlovid alone had a significantly reduced risk of heart attack, acute kidney injury, anemia, hyperglycemia, and abnormal blood clotting than those receiving Veklury alone. Patients given combination treatment had a significantly lower risk of abnormal clotting than those receiving Veklury alone. The study findings could represent an opportunity to improve hospital Covid-19 treatment guidelines with the inclusion of Paxlovid.



[Telehealth, PBM, AI bills may stall after Supreme Court ruling](#), by Michael McAuliff, Modern Healthcare, 7/2/24

TMR Topline – The Supreme Court's decision in Loper Bright Enterprises v. Raimondo changes how laws will be written and executed. It [overturned](#) the longstanding legal precedent that gave federal agencies [wide latitude to interpret laws](#). Congress's prospects to enact healthcare measures affecting providers, insurers, PBMs and technology companies by the end of the year now are less likely. Even broadly supported bipartisan goals such as [setting limits on AI](#) in healthcare and [expanding telehealth](#) will require lawmakers to be more precise when crafting legislation that agencies would implement and enforce. Congress is considering several essential healthcare issues including renewing policies to keep hospitals and community health centers fully funded and to prevent Medicare physician pay cuts. These provisions are set to expire at the end of the year. "It's going to be a huge challenge for Congress to be technical enough and

build in enough flexibility for agencies to be able to react to changing situations, and craft the kind of regulations that scientists and experts want to craft," said Public Citizen's EVP Lisa Gilbert.



[UnitedHealth Group, officials sued over Justice Department probe](#), by Andrew Cass, Becker's Hospital Review, 7/20/24

TMR Topline – UnitedHealth Group and several of the company's leaders are facing a shareholder derivative lawsuit alleging they failed to disclose that the Justice Department opened an antitrust investigation into the company. *The Wall Street Journal* and other news outlets [reported](#) Feb. 27 that the Justice Department was investigating the relationships between the company's various segments, including Optum. The company's stock dropped 12% on the news. The lawsuit alleges that UnitedHealth officials were aware of the investigation since at least October and are accused of selling "substantial amounts of their personally held UnitedHealth stock while in possession of material non-public information." The lawsuit also alleges that the company never established proper firewalls between Optum and UnitedHealthcare as required by its own policy and as it told a court when the DoJ took the company to trial in 2022 in an unsuccessful attempt to block Optum's acquisition of Change Healthcare.



[F.T.C. Slams Middlemen for High Drug Prices, Reversing Hands-Off Approach](#), by Reed Abelson and Rebecca Robbins, New York Times, 7/9/24

TMR Topline – The FTC criticized [pharmacy benefit managers](#) (PBMs), saying in a scathing [71-page report](#) that "these powerful middlemen may be profiting by inflating drug costs and squeezing Main Street pharmacies." The three largest PBMs - CVS Health's Caremark, Cigna's Express Scripts and UnitedHealth Group's Optum Rx - collectively process roughly [80%](#) of US prescriptions. A recent New York Times [investigation](#) found that the benefit managers often act in their own interests, at the expense of patients, employers and taxpayers. The FTC examined two generic cancer drugs and found that benefit managers often paid their own pharmacies much more than it would cost to buy those drugs from a wholesaler. Washington antitrust lawyer

David Balto noted that the PBMs have "done a very skillful job in avoiding regulation."



[Massive CrowdStrike crash poses big issues for hospital and clinic operations](#), by Nick Hut, HFMA, 7/22/24

TMR Topline – When the [CrowdStrike cybersecurity company](#) implemented a flawed update 7/19, it had a substantial impact on some hospitals, taking down Microsoft Windows operating systems. While the [Change Healthcare cyberattack](#) earlier this year was the product of a malicious actor, this was a basic technical glitch. Some 911 call centers nationwide [reported](#) being down for a period of time after the outage and implemented downtime procedures or moved staff to other locations. Many US hospitals reported having to cancel nonemergency services such as elective surgeries and outpatient care for part or all of the day, including Mass General Brigham in Boston, Banner Health in Phoenix and Penn Medicine in Philadelphia. New Jersey's RWJBarnabas Health organization was dealing with issues affecting electronic health records (EHRs) and the phone system. Even at hospitals that do not have CrowdStrike on their premises, IT teams were assessing whether the hospital's business partners may have been affected. The CrowdStrike incident was not expected to have anywhere near as prolonged an impact as the Change Healthcare situation. Still, implementing fixes could be an arduous process for IT teams at impacted organizations. The outage quickly spawned [phishing schemes](#) in which cybercriminals posed as representatives of those companies to lure organizations into providing confidential information such as admin passwords.

TMR's Take: Summertime, but for healthcare IT folks, the livin' ain't easy. **TMR** did not have room to cover other important developments including the Commonwealth Fund's [2024 State Scorecard on Women's Health and Reproductive Care](#), based on 32 measures of health care access, quality, and health outcomes. Massachusetts, Vermont, and Rhode Island top the rankings, with Mississippi, Texas, Nevada, and Oklahoma as the lowest ranking. Check it out. Kudos to Bloomberg for tackling the high cost of medical school. Perhaps that will encourage more students to elect primary care specialties. Also, the good news about Paxlovid for treating Covid, but if your health plan doesn't cover it, expect roughly a \$15K bill at the pharmacy.