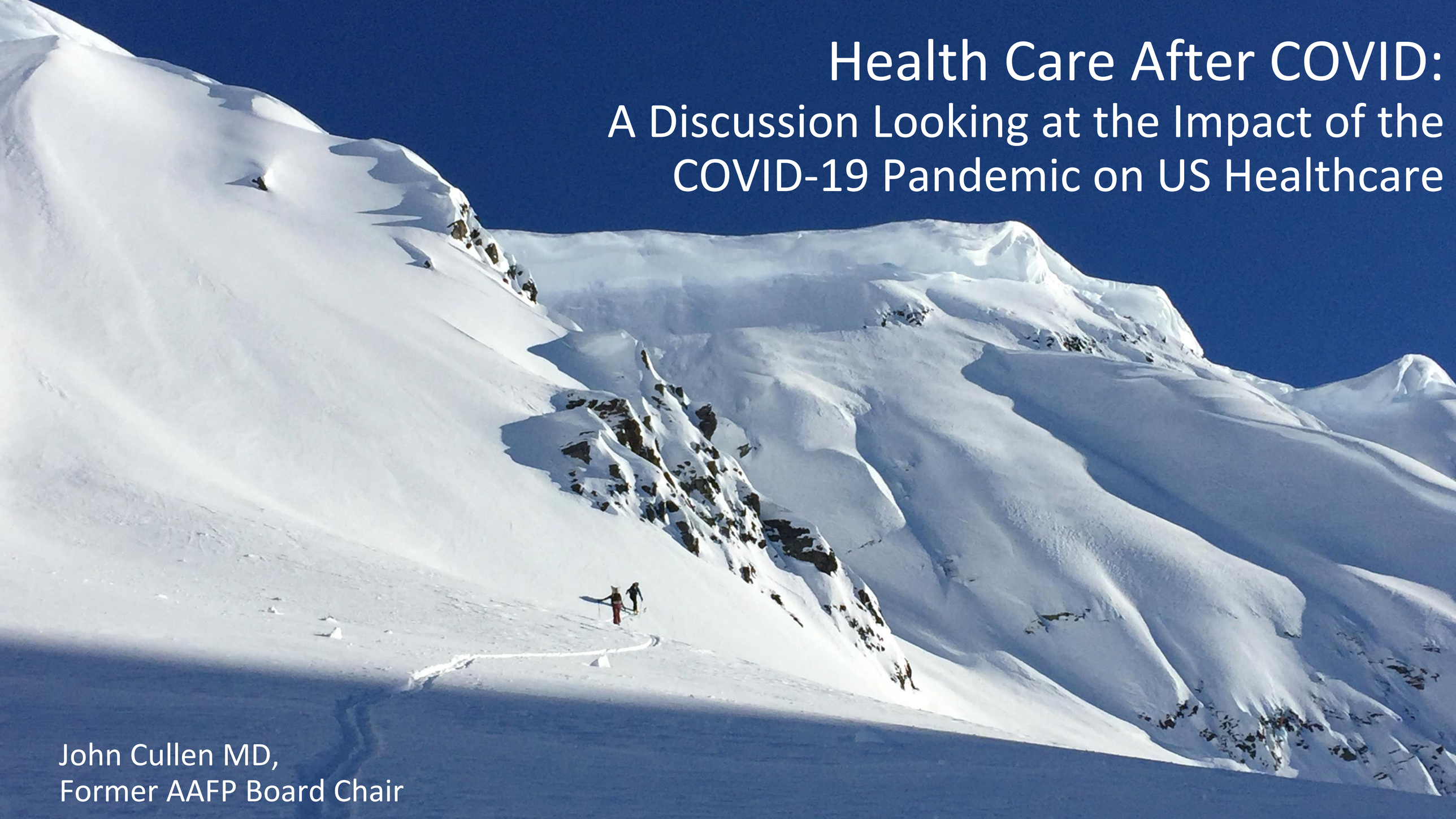


Health Care After COVID:
A Discussion Looking at the Impact of the COVID-19 Pandemic on US Healthcare

John Cullen MD,
Former AAFP Board Chair

Disclosures

- I have no disclosures and will not talk about specific products or companies.
- I am biased toward Family medicine as a specialty and Family Physicians as the solution to improve the United States of Americas health care outcomes and costs.
- I am also extremely proud of the role Family Physicians have played in the COVID 19 Pandemic, taking care of our patients, neighbors, and friends.

Learning Objectives

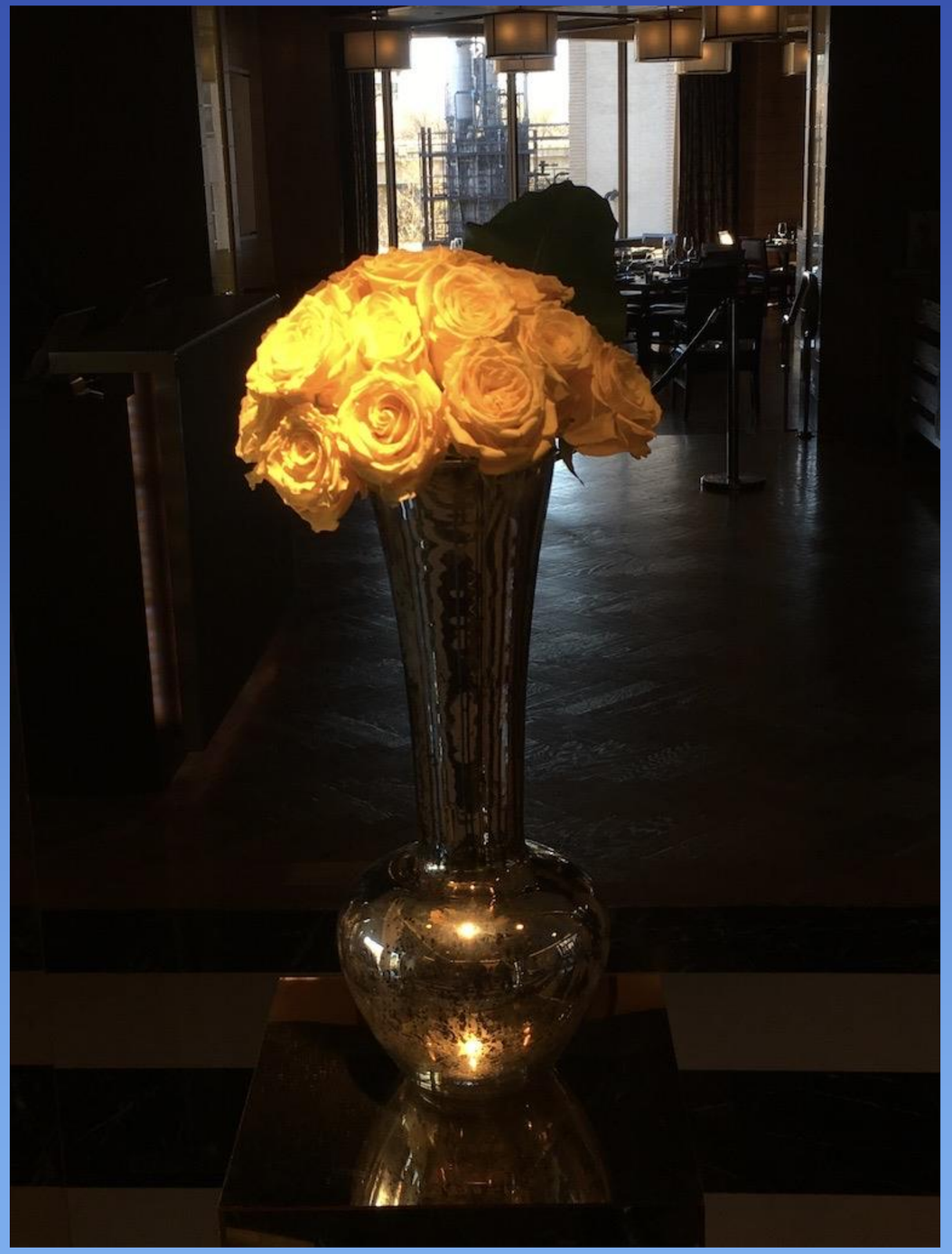
- Explore the state of the US Healthcare system and the response to the Covid-19 pandemic.
- Gain a broader perspective of some of the negative outcomes of the already stressed heal care system in terms of rural hospital and clinic closures, family physician mortality, increasing medical deserts.
- Examine innovations brought by the pandemic in terms of practice transformation for telemedicine.
- Gain insight on the AAFP’s legislative priorities to help rebuild the pos pandemic healthcare system

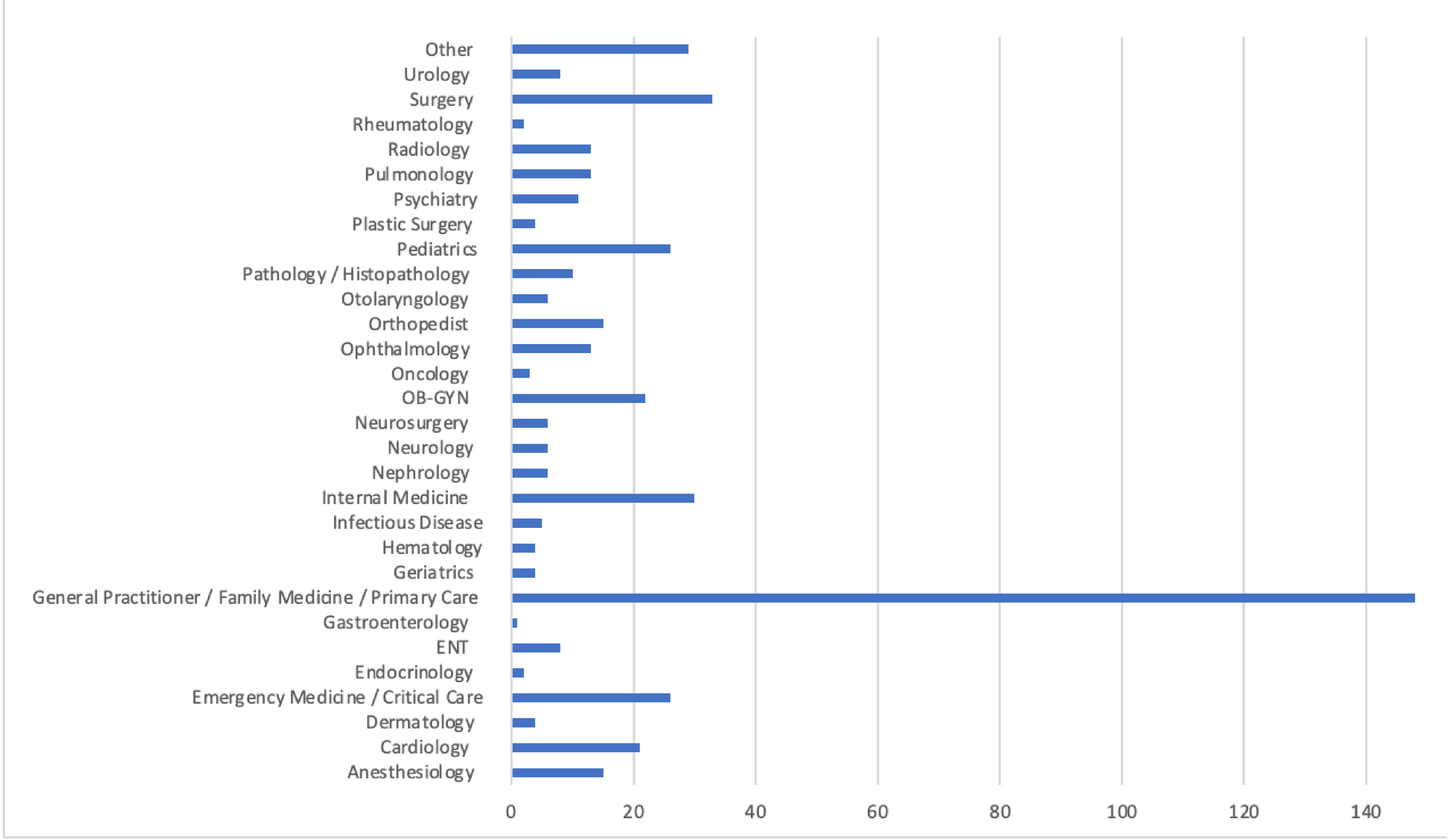
Issues prior to COVID

- Increased payment for Family Physicians
- Scope of Practice
- Choosing new EVP
- Health care inequity

Issues prior to COVID

- Loss of rural hospitals and services.
- Growth of maternal care deserts
- Cost of healthcare as a percentage of GDP
- Inadequate Family Physicians supply




Other
Urology
Surgery
Rheumatology
Radiology
Pulmonology
Psychiatry
Plastic Surgery
Pediatrics
Pathology / Histopathology
Otolaryngology
Orthopedist
Ophthalmology
Oncology
OB-GYN
Neurosurgery
Neurology
Nephrology
Internal Medicine
Infectious Disease
Hematology
Geriatrics
General Practitioner / Family Medicine / Primary Care
Gastroenterology
ENT
Endocrinology
Emergency Medicine / Critical Care
Dermatology
Cardiology
Anesthesiology
0
20
40
60
80
100
120
140

Healthcare after COVID 19

- Telemedicine and remote work
- Medical staffing shortages
- Vaccine technology
- Medical professional credibility
- Health Equity

Telemedicine

Telemedicine

- Around 60,000 family physicians started telemedicine for the first time March 2020
  - Simple
  - Utilized existing, relatively inexpensive technology
  - reduced office visits
  - Payment

Telemedicine

- Peer to Peer
  - Tele ICU
  - Project Echo
  - AAFP communities

AAFP Telemedicine Advocacy Efforts

- **Adopt payment models that support patients' and clinicians' ability to choose the most appropriate modality of care and ensure appropriate payment for care provided.**
- **Require Medicare to cover audio-only evaluation and management services beyond the public health emergency to ensure equitable access to care.**
- **Permanently cover telehealth services provided by Federally Qualified Health Centers (FQHCs) and rural health clinics and ensure adequate payment.**
- **Invest in infrastructure to promote digital health equity.**

Medical Staffing Shortages

- Burnout
- Retiring
- Loss of family physicians to COVID 19
- Deferred health care

AAMC Report on Physician Shortage

2 in 5 physicians will be 65 y/o within the next 10 years

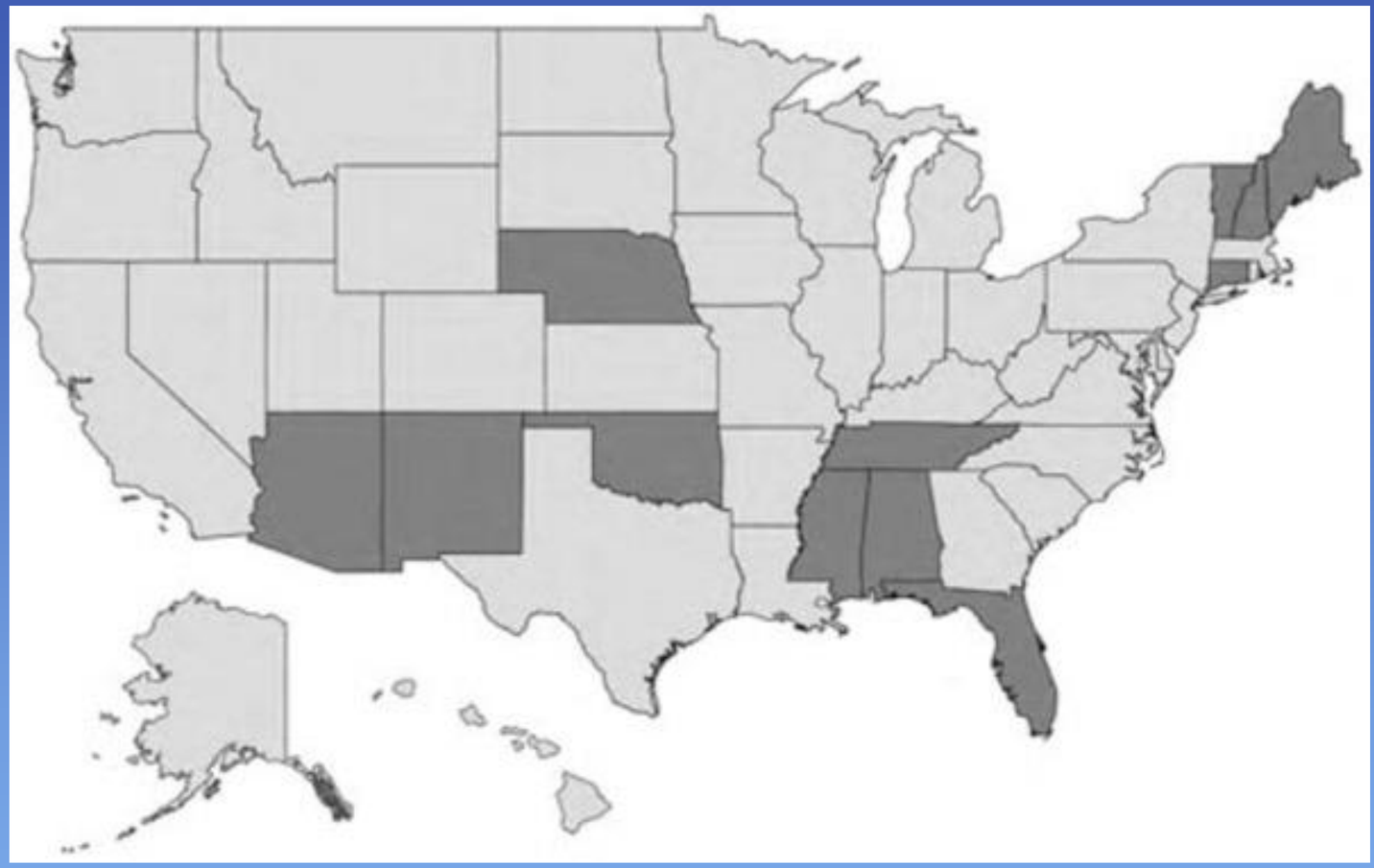
40% of the country’s practicing physicians felt burned out at least once a week before the COVID-19 crisis began

If marginalized minority populations, people living in rural communities, and people without health insurance had the same health care use patterns as populations with fewer barriers to access, up to an additional 180,400 physicians would be needed now

AAMC Report Reinforces Mounting Physician Shortage

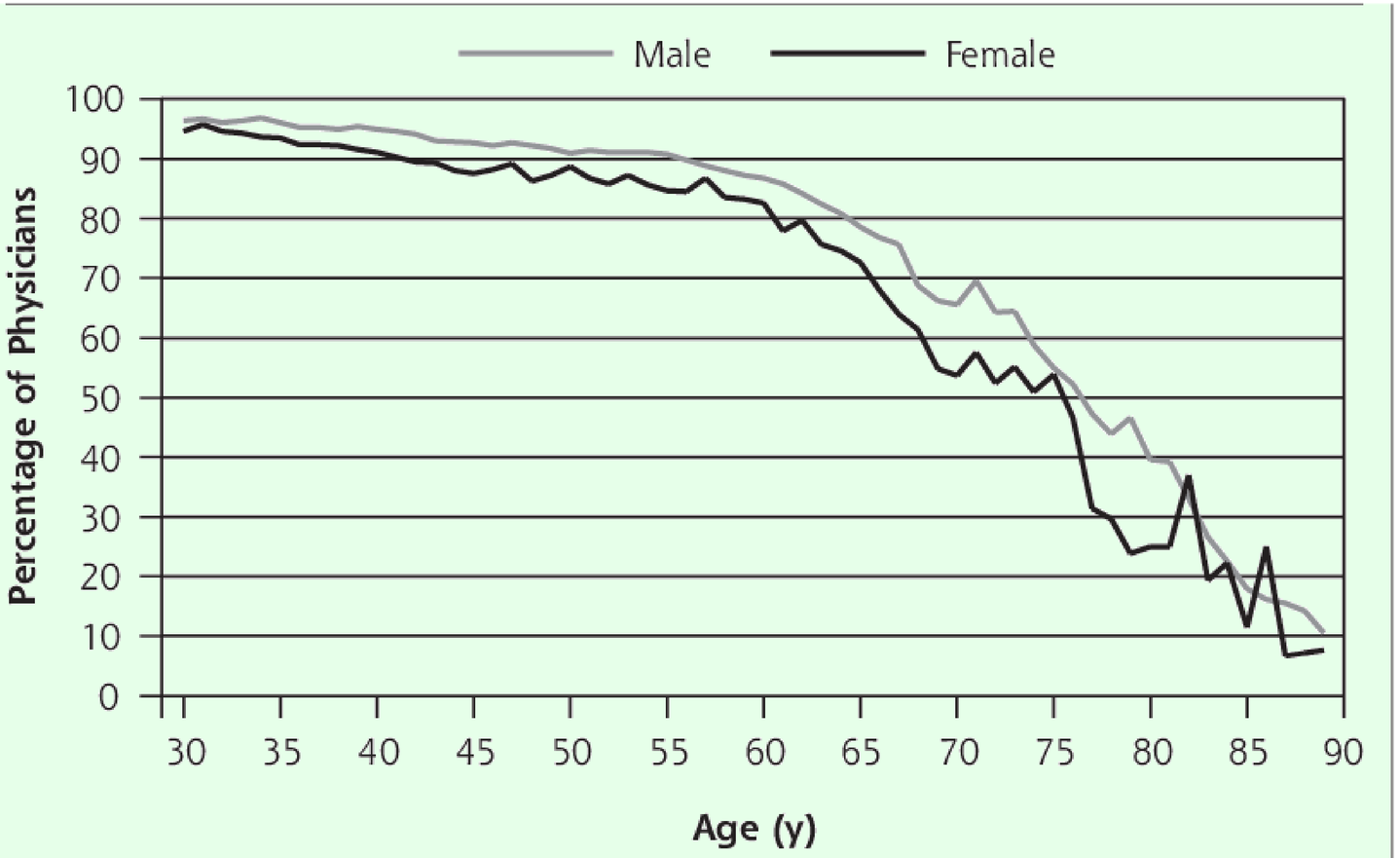
June 11, 2021

The 40-40 club



40-40 states: disproportionate threat of family physician retirement in rural states. Shaded states are designated as 40-40. This designation means that at least 40% of the state's primary care physician workforce is made up of family physicians and at least 40% of its family physicians are older than 55 years (includes only physicians in direct patient care).

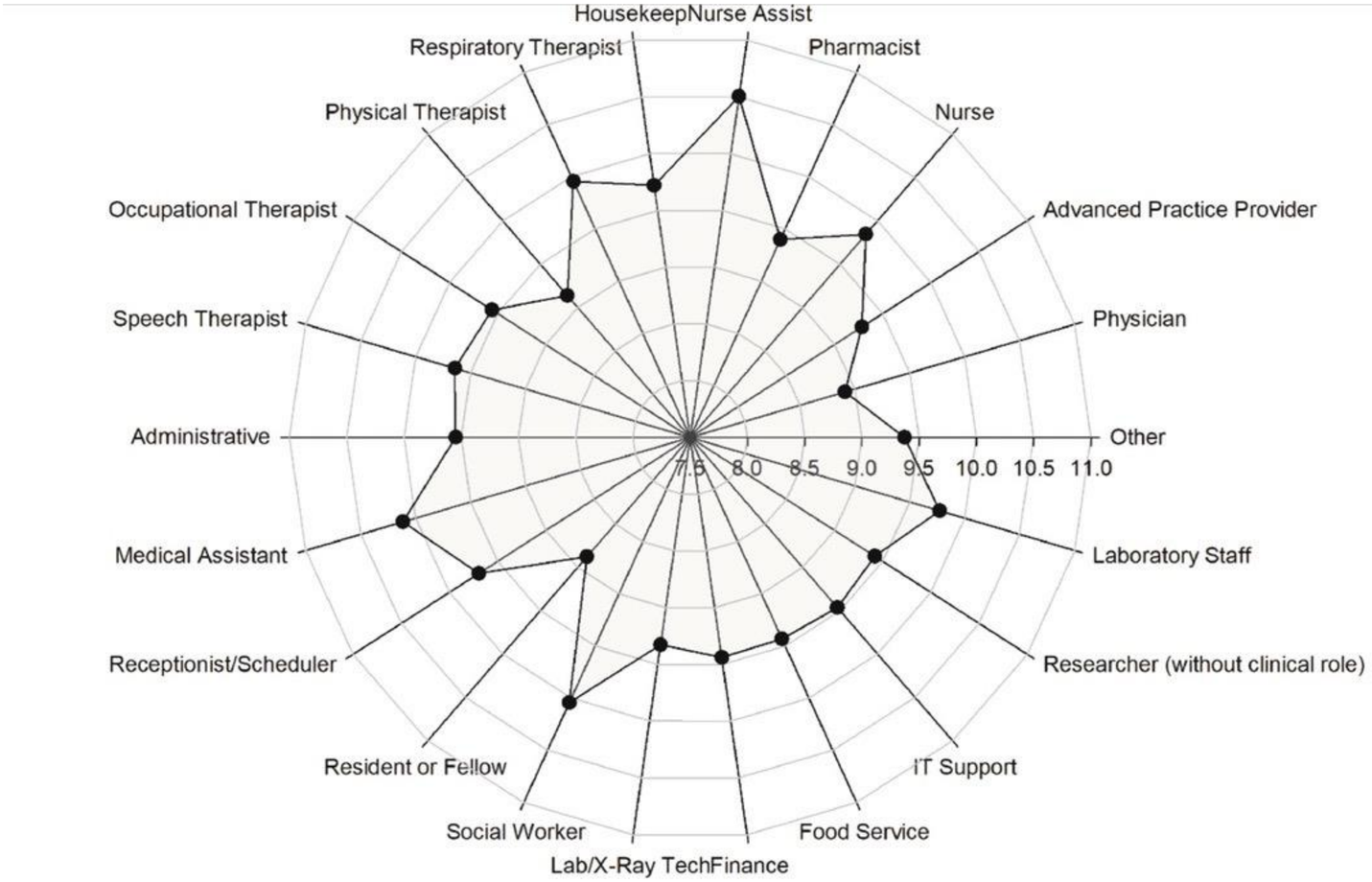
Ensuring Primary Care Access in States with an Aging Family Physician Workfor
ELIZABETH WILKINSON, BA, EMMA BAZEMORE, and YALDA JABBARPOUR, MD
Am Fam Physician. 2019 Jun 15;99(12):743



Data are derived from the AMA Physician Masterfile dataset for 2008 and from National Plan and Provider Enumeration System data for 2008.

Rural Nurses - Complete badasses

Burnout



VOLUME 35


Deferred care

Impact of Deferred Care

- 4 in 10 patients have deferred care during pandemic
- Deferred high value care
- Deferred low value care

The COVID-19 Pandemic Can Help Us Understand Low-Value Health Care
Allison H. Oakes Jodi B. Segal OCTOBER 27, 2020

Federally Qualified Health Centers (FQHCs)

Source: Centers for Medicare and Medicaid Services; U.S. Department of Health and Human Services; October 2015.

Note: Alaska and Hawaii not shown to scale

RHIhub
Rural Health Information Hub

POLICY BRIEF

The National Academies of SCIENCES ENGINEERING MEDICINE

Implementing High-Quality Primary Care

Rebuilding the Foundation of Health Care

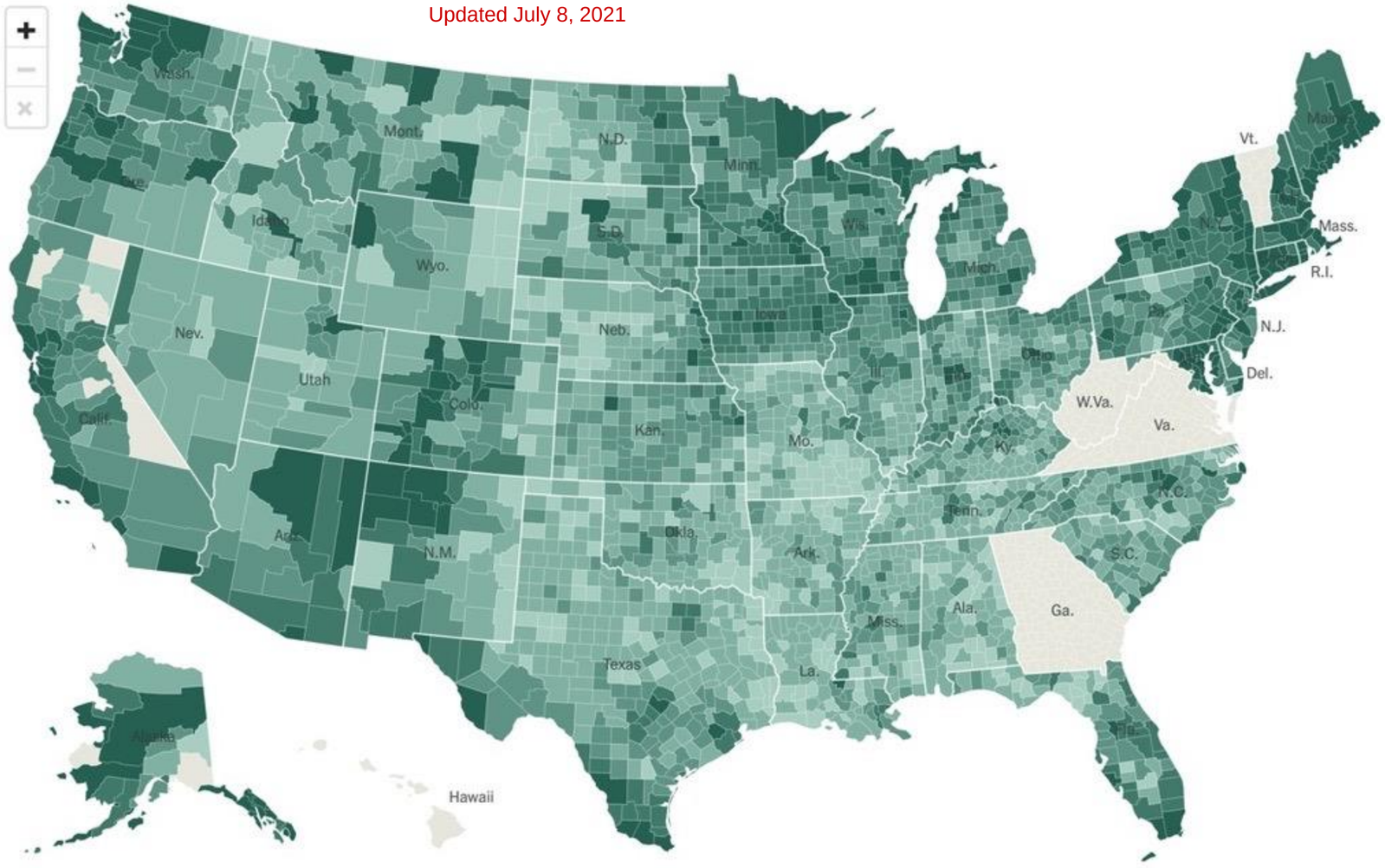
To improve payment for primary care to better meet people's needs, payment should be increased to reflect the outsized benefit primary care has on the health and well-being of society and flexible enough to allow practices to meet the specific needs of the population they serve.

Vaccine Technology

- mRNA vaccines -
  - 11 months from an internet mRNA sequence to 2 effective safe vaccines
  - Other viral vaccines pending
  - Oncology vaccines

See How Vaccinations Are Going in Your County and State

Updated July 8, 2021

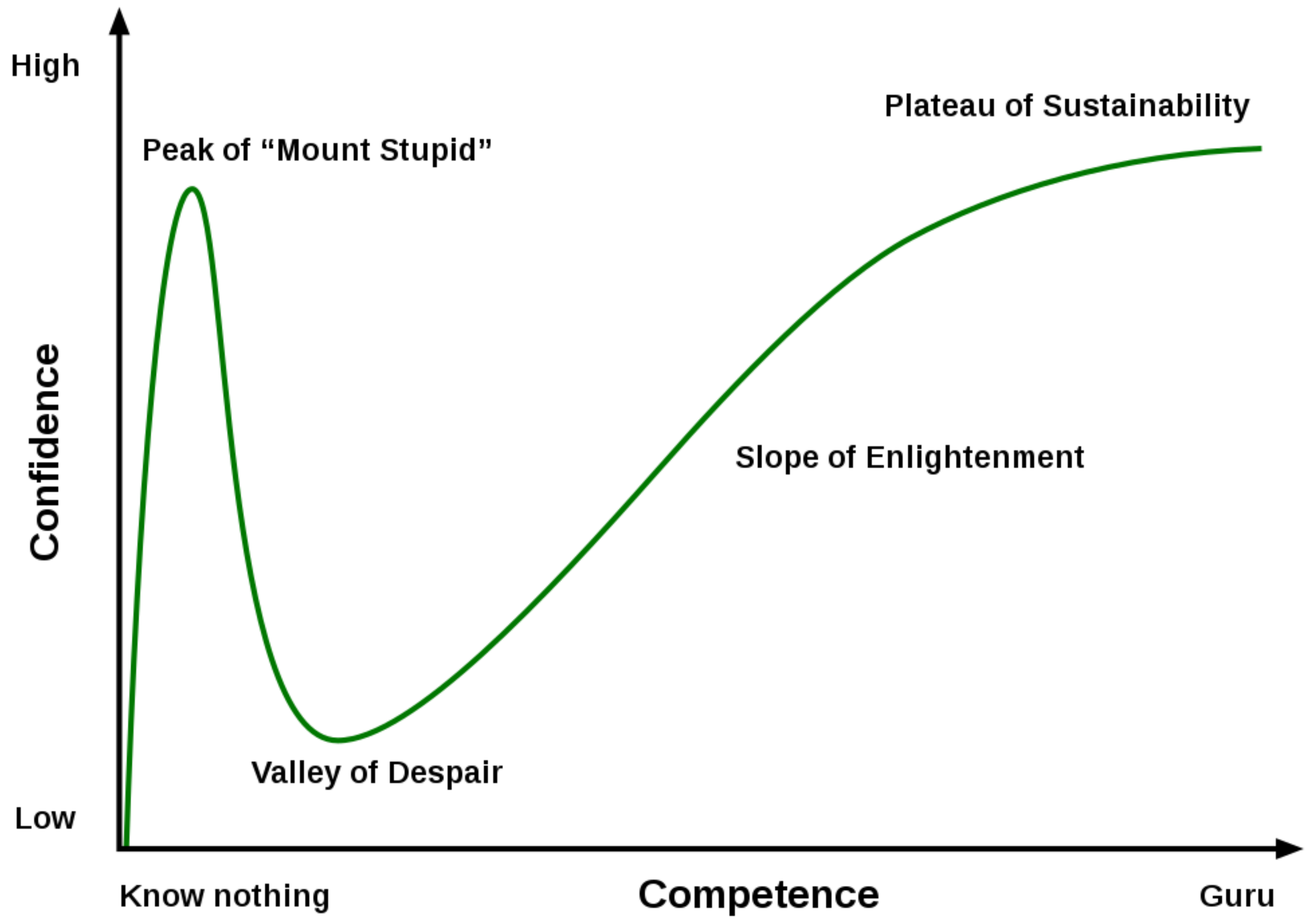


Source: Centers for Disease Control and Prevention, Texas Department of State Health Services, Colorado Department of Public Health & Environment, Massachusetts Department of Public Health, U.S. Census Bureau | Note: No C.D.C. data available for Hawaii, Texas and some counties. Four other states were

Medical Professional Credibility

- Dunning Krueger effect.
- Internet echo chambers
- Tribalism.
- Polarization of Science.

Dunning–Kruger Effect

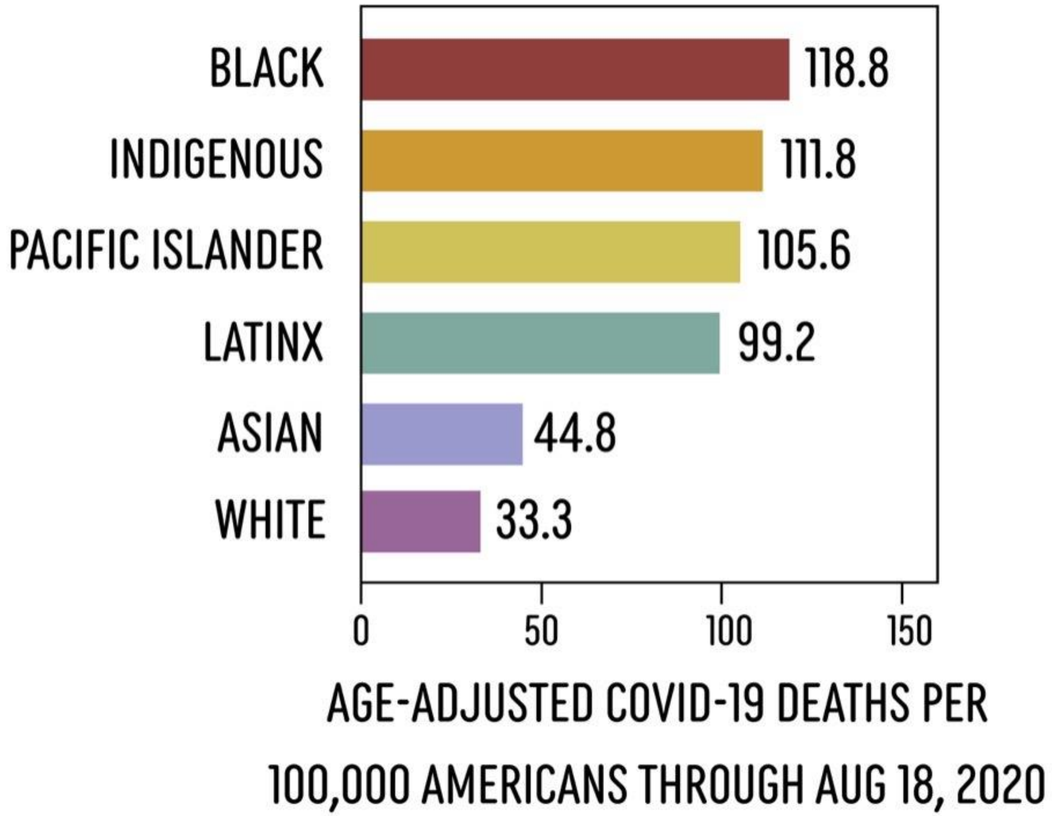


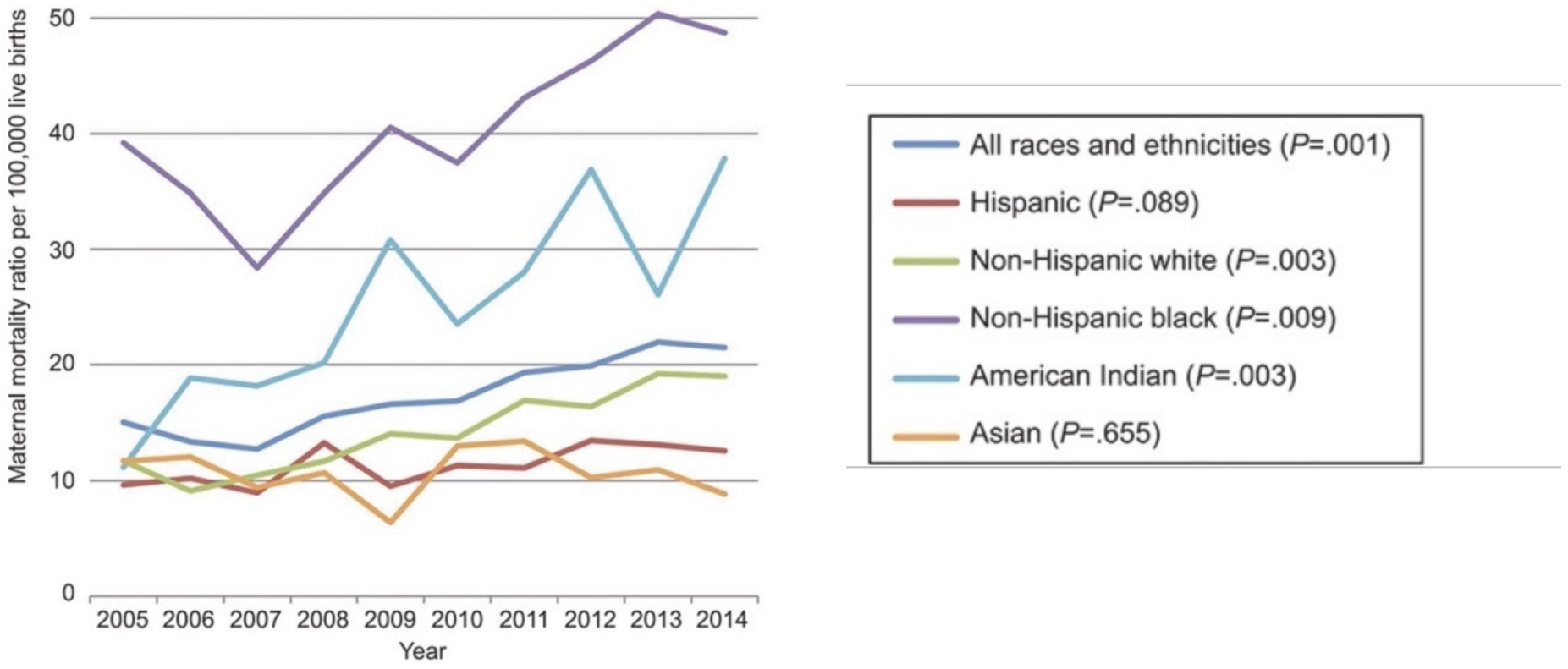
Polarization

- Groupthink
- Decreased in person social contact
- Internet communities
- Bot repetition

Health Inequity

COVID fatalities by race





Trends in maternal mortality ratio (maternal deaths/100,000 live births) by ethnic group and race: United States, 2005–2014. Numbers in parentheses represent *P* values for the Jonckheere-Terpstra test.*Moaddab. Trends in Maternal Mortality: 2005–2014. Obstet Gynecol 2018.*