The physicians behind Brief19, created by doctors for doctors

Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger talks with the physicians behind Brief19, a daily collection of research and policy information, Dr. Jeremy Faust, Dr. Kimberly Chernoby, and Dr. Joshua Lesko.

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Speakers

- Jeremy Faust, MD, MS, MA, editor-in-chief, Brief19.com
- Kimberly Chernoby, MD, JD, MA, policy section editor, Brief19.com
- Joshua Lesko, MD, frequent contributor, Brief19.com

Transcript

**Unger:** Hello, this is the American Medical Association's COVID-19 update. Today, we’re talking to physicians behind Brief19, a daily roundup of COVID-19 research and policy created by doctors for doctors. I'm joined by Dr. Jeremy Faust, editor in chief of Brief19.com and an emergency physician at Brigham and Women's Hospital, and an instructor at the Harvard Medical School in Boston, Dr. Kimberly Chernoby, the policy section editor at Brief19.com, chief resident in emergency medicine at Indiana University, and a licensed attorney in Indianapolis, Indiana, and Dr. Joshua Lesko, a contributor to Brief19.com and a resident physician in emergency medicine at Naval Medical Center Portsmouth, and a delegate for the AMA’s resident and fellow section in Norfolk, Virginia. I'm Todd Unger, AMA’s chief experience officer in Chicago.

Dr. Faust, why don't we just start with a little background on Brief19? What is it and why did you start it?

**Dr. Faust:** Brief19 is a two page daily executive summary, so to speak, of the latest in COVID-19...
research and policy. It started in late March because I needed it, and if I needed it, I felt that other people needed it. So I think a lot of good ideas come out of necessity. I felt that doctors, and also, this was actually written for the public too, the lingo is written in that way, I wanted to know what was going on and I felt that other people did too. And there was just a lot of noise, and I thought that if we can't beat them, join them and maybe out-yell them.

**Unger:** So tell me a little bit more about that. What was kind of that need that you felt? I mean, there's a lot of information out there and a lot of misinformation. So what were you aiming to do with Brief19?

**Dr. Faust:** The pace of publication, whether it was in the peer-reviewed literature or the pre-print literature was just overwhelming and I just wanted to be able to kind of wake up every day and have a little bit of an idea of what had happened in the last 24 hours, which, in COVID time, is a year of information. So I needed a team, so I needed to find a lot of really smart and willing people. And so I gathered some experts together and we started churning it out and it took off.

**Unger:** Dr. Chernoby, talk about how you curate the information that you're putting into the brief.

**Dr. Chernoby:** Yeah, so I start every day by just going through a bunch of different news sources. So I normally scan like "The New York Times," "The Wall Street Journal," the "Washington Post," and then I go directly to the source. So I skim the CDC's website every day, the FDA's website every day, the WHO, and see kind of what information is out there, what policy things are happening, whether from agencies or from different countries. And so I pick usually two to four topics a day that cover a wide variety of policy issues and then we go from there.

**Unger:** Dr. Lesko?

**Dr. Joshua Lesko:** For me, it started off with I get several different kind of consolidated briefs everyday in my email, some with military focus, some from the American Medical Association or state or specialty societies, summarizing COVID updates. So I look at those and then go back to the sources. If it's a congressional bill that's moving forward or something from the agencies, to read what the actual source material is, and then come up with a brief from that.

**Unger:** So I'm sure you've had nothing to do over the past three months, haven't been busy at all. How have you been able to publish something like this during a pandemic?

**Dr. Faust:** Well, basically, it takes a village. There are a number of volunteers, there's maybe a half a dozen people who do it all the time, and then another half a dozen or more who've chipped in various amounts. And basically, I think we all felt the urgency of this moment, and so we just freed out the time. I mean, going forward, it's going to be really hard and we're trying to figure out how to make this sustainable, and I'm happy to talk about that.
But I think what really drove us all was the sense that we were doing something important and that wasn't being done, which was to remove that barrier between physicians and the public, or that processing between when a story comes out and someone else reads it. We’re on the front lines, and so we felt like we wanted our experience to be immediately available. So when you start to do that and you start to sense that there is someone receiving that information and that it's appreciated, then it begins to sort of be self-fulfilling. You want to do it because you feel the need is there on both ends.

**Unger:** Dr. Chernoby, who do you hope is out there reading this?

**Dr. Chernoby:** Well, I know my mom is reading it. I hope that non-physicians are reading it because I think that it is a well-curated review of both the science and the policy, and hopefully from an objective and trustworthy source. And so I think this information, the physicians—we hear it every day—it's what everyone talks about all day at work. And so, my hope is that there are members of the public outside of the medical profession who are getting this information from Brief19.

**Unger:** Dr. Lesko, what do you hear from your colleagues in response to the brief?

**Dr. Lesko:** It's overwhelmingly positive. You get the occasional troll responses that we were all part of big COVID and big pharma who are benefiting from our anti-hydroxychloroquine crusade, but mostly it's from people who are thanking us for this consolidated information in a digestible format that kind of hits the highlights without any of the policy or politics or spin that so many other sources have.

**Unger:** I had a chance recently to talk with Dr. Peter Hotez about how he corrects misinformation, particularly around vaccines. Talk to me about your mission and being able to address misinformation. How do correct that inaccurate information out there? Dr. Faust?

**Dr. Faust:** The main way we do this is almost to flip the way a normal article is written. And I feel like in the mainstream media, you get sort of like here's the headline and the hopeful thing, and then you get to the bottom of the article, and then you get a little skepticism, and oh, maybe it's not so simple, or maybe there's a naysayer. We kind of take the scientific approach, the null hypothesis, if you will, that, well, maybe everything you're hearing isn't so true, let's try to just get away from the hype and lead with what we're sure about and what we don't know, and right off the bat say, "Look, this is complicated, but here's what we're gleaning from it and here's what we're taking to the front line."

So we kind of lead with, we're not nihilists, we don't think nothing works, nothing matters, but we think that it's really important to lead in an honest kind of appraisal of where we're at. Because I think sometimes, there's sort of an optimism bias in the media, and we're trying to say, "Look, we're the ones who have to treat this in real time. We can't afford to have that. We have to go with what's really accurate." So we kind of fight it by flipping the script a little bit and getting ahead of it.
Unger: Dr. Chernoby, what do you find is really the most confusing? What are the most confusing items out there? Because there have been changes in guidance and other confusing information.

Dr. Chernoby: Yeah. I think one of the most confusing things at the beginning was really around kind of PPE and this idea of crisis standards, and that the level of protection recommended was somehow contingent on what was available. And I think as professionals on the front line, it's a question of, well, does my safety have different levels of value depending on the supply? Like why are they necessarily intertwined? And then, if the PPE level gets lower and they say, "Well, this stuff isn't available, so this would be fine," then when the other becomes available, it's hard to say, "Well, we should go back to the other thing," if they're like, "This lower level was acceptable a month ago, so it's still fine for you." So I think kind of that waffling was probably the most complicated thing, at least in the beginning for us, from a policy side.

Unger: Dr. Lesko, do you see anything different? Do you have a different bit of advantage on the military front?

Dr. Lesko: No, we've had the same shortages or risks of shortages of supplies that overall, everyone else has had. And in the beginning, it was the same thing, coming up with guidelines that shifted day to day or hour by hour in our department. There were times when we'd start a shift with no one masked, and midway through the shift, we'd have an announcement that, "From now on, everyone's masked," only the next day for it to change. So it was very rapidly evolving. We've reached a stable period now where we have a steady supply and we kind of have the guidelines established, but like Kimmy was saying initially, there was a lot of uncertainty and fluctuation.

Unger: Dr. Chernoby, Dr. Lesko, you have both residents during the pandemic, and Dr. Chernoby, I understand you just finished up your residency. Can you talk a little bit about how the resident experience has impacted what you're producing for the brief?

Dr. Chernoby: Yeah. Residents fill an interesting role on the health care team because they function dually as employees and learners. And so it puts them in a uniquely vulnerable position, one which they may be not as free to speak up as other members of the team. So for that reason, when curating the briefs, I focus a lot on issues of safety of health of frontline workers and health care workers.

Unger: Dr. Lesko?

Dr. Lesko: I would echo a lot of that. What's been interesting for us is, depending on the hospital where we are, and especially true early on, the focus was on limiting exposure and spread. So a lot of our residents didn't see a patient if they were presumed COVID positive, but now, sort of with the extent of the spread and now that, for me personally, I've been at more safety net hospitals, it's basically we are the first care provider for that individual. So we are exposed just like our attendings
would be. And like Kimmy saying, a lot of the focus that has come out of that is how much PPE we have, what reuse is actually safe, and what are the guidelines telling us.

**Unger:** Well Dr. Faust, let's talk about reopening. That's obviously the hottest topic right now as states continue to relax their mandates and new hotspots unfortunately are emerging. What should physicians and policymakers and the public know about the research and policy on reopening?

**Dr. Faust:** The first thing you have to ask is what is the purpose of a shutdown? It seems like we're not trying to do what other countries have tried to do, which is just stamp it out completely. It seems like we just wanted to flatten the curve. I don't necessarily agree with that. I think that that's a dangerous idea. So number one is, did our shut down make it so that we didn't lose lives because of capacity issues? I believe the answer to that is, in most cases, that we did succeed. So that's great, but I don't think we got to a low enough place where, not a second wave, but just basically a longer first wave hasn't just played out.

The way I monitor this myself is a number of ways, but I think that excess mortality is pretty important because we all know that death certificates are a pretty random thing. During this crisis, it's been better. It looks like it's been better. We have testing and this kind of thing, but I've been watching very carefully and there are areas of the country that opened up despite the fact that we still had far more just deaths total than usual, and that concerns me greatly.

So I watch that very carefully. And we also have been covering, in the brief, policies that make reopening complicated, like how much testing is going on, and do we really know what to do if there is an increase in cases.

**Unger:** We've also covered issues that could directly affect how physicians practice now and in the future. Why don't you talk to us a little bit about some of these issues and what physicians need to know? Dr. Lesko, do you want to start that off?

**Dr. Lesko:** Sure. So the ones that come to mind most readily are bills moving through Congress to deal with things like liability protection and reform to protect providers who are acting in a capacity that would not necessarily meet the standard of care, but under a limited resource circumstances or other sort of extenuating circumstances that have been brought about by the coronavirus, need to act in that manner. Likewise, reforms to Medicare reimbursement for telehealth visits becoming a more permanent and alternative to office visits is something that's being sort of pushed from both sides and just kind of evolving practice patterns in response to these emergent changes that we've found have been beneficial. Another great example is moving from a fee for service model to a alternative payer system based on the outcomes data that we're seeing from this new dump of Medicare debt that just came out.
Dr. Chernoby: I think big other things that we've seen were things like... So in the emergency department, we have to do this medical screening exam, and exemptions to that where you could do that now via an iPad or some other source, instead of everything being in person. And then obviously you have, like Josh was saying, through Congress, the CARES Act. There's a lot of stuff in there about phones and how that affects especially small offices and independent providers. And so I think that's all stuff to keep an eye on.

Dr. Faust: One of the reasons there's been so much confusion around therapeutics is that a lot of low quality research gets pumped out and put in the media. If you look at the United Kingdom, they have engaged in a large set of randomized trials that are highly organized. We need to follow suit. This piecemeal idea of, "Let's just see what happens," is inadequate to a pandemic circumstance. So I'd like to see us adopt a little more of an organizational approach. I liked it when we heard things like the federal government wants there to be standardized control groups, that we want to be monitoring outcomes. I was disappointed when I saw studies, even from the National Institutes of Health, changing their primary outcomes and not necessarily telling the public about it.

We need rigorous standards so that the science is clean, and that will actually help us get rid of the noise of crummy publications. It's a matter of something is going to fill the vacuum, so let's fill it with quality, because if we don't do that, then it's going to be filled with quantity of junk.

Dr. Lesko: I would echo that perfectly. We need to keep pumping out, like we do at Brief19, well-researched data that is free from bias and it's the science of the facts. The facts don't lie and if we're reporting whatever they show, that needs to guide our decision-making.

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Dr. Chernoby: Yeah, so Brief19 has obviously been kind of a huge commitment over the last couple of months, turning out briefs nightly, five plus days a week. And so, this weekend, I'm moving to D.C. to start fellowship, and so I'll actually be stepping down as the section editor for the policy section, but hope to contribute occasionally in the future as I'm able to and help recruit other people to help continue to grow Brief19.

Unger: Dr. Faust, where do you see you taking this in the future?

Dr. Faust: Yeah. So in the early phase, it was easy to have a small little nucleus of very motivated people to get this really up and running, and you needed that. And I think that as we exit that phase, Dr. Chernoby is actually just basically summarizing what I already know, which is that the team has to expand because we all can't be doing this lift every night. And the feedback that I get is that it's highly valuable, and so I want to keep doing it. And I actually think that the model is really strong, the idea of removing those barriers between physicians and the public.

So the way that I think to do that is to say, okay, these three months were this incredibly intense experience where a nucleus could really do it all, but I think to make it sustainable, it has to be a little bit larger of an organization, so many more people divvying up that huge workload that just a handful of people did. And what a great service it was and has been, but moving forward, in order to make it sustainable, we've got to sort of spread it out a bit.

Unger: That's it for today's COVID-19 update. I want to thank Dr. Faust, Dr. Chernoby and Dr. Lesko for being here today and sharing their perspectives. We'll be back tomorrow with another COVID-19 update. For updated resources on COVID-19 visit ama-assn.org/COVID-19. Thanks for being with us here today and take care.

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