

COVID-19 exposed systemic weak points. How to get it right next time.

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In formulating a response to future pandemics based on lessons learned from COVID-19, the AMA stresses the need for having coordinated national strategies in place for supplies and testing, and to consider the needs of nonhospital practices in the response.

In addition, there must be policy solutions with an acute focus on protecting underserved areas and populations as emerging racial and ethnic data reveals that the COVID-19 pandemic has had a disproportionate effect on “minoritized and marginalized communities,” as detailed in a 20-page letter to Sen. Lamar Alexander, R-Tenn.

Alexander recently released a white paper, “Preparing for the Next Pandemic,” and requested feedback and further recommendations to be addressed by the Senate Health, Education, Labor and Pensions Committee, which he chairs.

“In this internet age attention spans are short—even with an event as significant as COVID-19, memories fade and attention moves quickly to the next crisis,” Alexander wrote. “That makes it imperative that Congress act on needed changes this year in order to better prepare for the next pandemic.”

Learn why the AMA presented its Dr. Nathan Davis Award for Outstanding Government Service to Alexander.

Specifically, the AMA recommended:

- Creating better coordination across federal and state governments and streamlining pandemic response logistics.
- Improving diagnostic testing infrastructure, organization and regulation.
- Ensuring accelerated vaccine and therapeutic development is guided by evidence and protects health of subjects and patients.

- Enhancing state and federal stockpiles and improving system for acquisition and distribution of medically necessary supplies.
- Creating and maintaining a comprehensive, well-coordinated, and culturally sensitive data collection strategy.
- Ensuring digital contact tracing efforts are built around privacy and transparency to promote trust.
- Expanding access and coverage to telehealth services.
- Protecting physicians and other front-line health professionals from increased liability arising from situations outside their control.

Committing to continuity of care

Having a national strategy to coordinate a pandemic response with clearly defined roles for federal and state governments is a key to better preparedness.

“Early in the COVID-19 pandemic, there was a clear lack of coordination between federal and state governments, with neither seeming to clearly understand what their roles and responsibilities were in responding to this pandemic,” AMA Executive Vice President and CEO James L. Madara, MD, wrote in the letter. “States were looking to the federal government for leadership and assistance, while the federal government was expecting states to lead their own response.”

Included in this preparedness strategy is a commitment to ensure continuity of care for patients with chronic conditions and the continued viability of nonhospital practices.

“We need to be better prepared in a future epidemic to address the needs of nonhospital providers and patients with chronic conditions who have to make in-person visits to a physician’s office or other health care setting,” Dr. Madara wrote. “We must be better prepared to help these practices and patients navigate uncertain times where access to physician practices may be temporarily suspended.”

This could include financial assistance and help with the acquisition, distribution and vetting of personal protection equipment (PPE), while providing greater transparency around the supply chain and distribution of PPE and other medically necessary supplies.

Remove testing roadblocks

Dr. Madara’s letter outlined several challenges related to testing and offered solutions to these

problems.

“We have found that testing has faced numerous roadblocks, including regulatory barriers, overwhelming global demand for testing supplies causing significant shortages and supply chain strain, lack of clear national strategy for testing, questions regarding distribution of federally procured supplies, questions around test performance, and others,” Dr. Madara wrote.

The letter contains detailed recommendations regarding testing that include:

- | Developing a national testing strategy, clearly delineating the federal government’s role, where responsibility for testing issues will be housed within the federal government, and what role states play.
- | Creating a clear regulatory oversight plan for the development of vaccines and treatments stating how federal regulatory agencies intend to enforce their authorities and grant marketing status to diagnostic tests during a pandemic.
- | Ensuring that payment and coverage for testing does not serve as a barrier to access. To that, coverage should be mandated—without cost-sharing.

Better data needed to identify hot spots

Also needed is a comprehensive, well-coordinated, and culturally sensitive data-collection strategy.

Without this information, it is difficult to know where virus hot spots are occurring, and where testing and other resources need to be focused.

The COVID-19 pandemic has highlighted the importance of collecting data on patient race, ethnicity and preferred language, Dr. Madara wrote while noting that long-standing social and health inequities are not unique to pandemics.

That said, Black people are dying from COVID-19 at a rate nearly two times higher than their population share, and the virus has also disproportionately affected Latinx, American Indian/Alaska Native—particularly in the Navajo Nation—Asian-American, and Pacific Islander communities compared with white communities.

“The nation’s data-collection strategy must ensure collection of information to help understand and anticipate the impact of pandemics on communities of color, indigenous people, those with limited English proficiency, LGBTQ+ individuals, and women,” Dr. Madara’s letter states, noting that language barriers may increase exposure to misinformation about the impact and nature of a pandemic.

Learn why national COVID-19 patient data is vital to fixing inequity.

Public health, telehealth and liability issues

The need for building and maintaining a robust public health infrastructure comes at a time when states are facing financial hardship due to growing unemployment. State and local health agencies will need considerable support to maintain core activities, and the AMA recommends that this support be provided with more flexibility and sustainability than traditional grant funding.

“Existing block grant programs are often accompanied by rigid requirements on the use of the funds that are designated only for specific tasks related to a targeted condition or disease,” Dr. Madara wrote. “The siloed nature of public health grant funding also hampers states’ ability to invest in basic infrastructure, particularly an adequate and well-trained workforce.”

The letter also notes that the AMA “strongly supports all efforts to increase, maintain, and expand patient’s access to telehealth services.” But it warns that patient access to telehealth services will remain limited unless Congress requires health plans regulated by the Employee Retirement Income Security Act of 1974 (ERISA) to cover telehealth services.

Learn about the AMA’s recommendations for maintaining momentum on telehealth after COVID-19 crisis ends.

The letter ends with a call for protecting physicians and others providing care in an emergency and to not make them liable for events they could not control.

“Physicians and other health care professionals have provided truly heroic efforts during the COVID-19 pandemic and will be called on to do so in future public health emergencies,” Dr. Madara wrote. “Congress should ensure they can do their job in the face of extremely difficult circumstances and protect the lives of Americans without fear of future unwarranted lawsuits.”

Learn why physicians need COVID-19-related medical liability protections.