Gerald Harmon, MD, says don't socially distance from your doctor

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, a discussion with AMA President Gerald Harmon, MD, a family medicine specialist, about the importance of patients returning to care and how physicians can play a key role in making sure that message gets heard.

Speaker

■ Gerald Harmon, MD, family medicine specialist; president, AMA

Transcript

Unger: Hello, this is the American Medical Associations Moving Medicine video and podcast. Today we’re talking with Dr. Gerald Harmon, AMA president and a family medicine specialist in Pawleys Island, South Carolina, about the importance of patients returning to care and how physicians can play a key role in making sure that that message is heard. I'm Todd Unger, AMA's chief experience officer in Chicago. Well, hey, Dr. Harmon, thanks for joining us today. It's great to talk to you. This return to care message is something that AMA has been communicating to patients for a number of months now but as you stated in your recent viewpoint, don't socially distance from your doctor is a message we really need to hammer home. Can you give some specifics about how big of a problem are we talking about in terms of postponing care?

Dr. Harmon: Todd, I appreciate the opportunity to broadcast this message to my patient and all patients in the country. This is critically important. Even in the midst of the pandemic, none of our chronic diseases took the time off. None of them said, "Okay, it's a COVID pandemic. I won't bother the patients. I'll let my blood pressure be okay. And my diabetes and COPD and cancer screenings, I'm okay with delaying that." And all those diseases were just as active during the pandemic as ever.


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So we have to address those chronic diseases. What we have to do, we have statistics Todd, that show that 30% of folks delayed or deferred access to care during the COVID pandemic. And these are seriously ill, chronic conditions that need to be seen.

**Unger:** And it's kind of that saying, just when you thought it was safe to go back in the water, we got the Delta variant now to contend with. Are you seeing that complicate matters further?

**Dr. Harmon:** Well, we are to some degree. Having to take care of the COVID resurgence, secondary to the Delta variant in many areas that are a little bit more at risk than others has diverted some resources and has because we had basically some resources that couldn't be met. Right after the COVID pandemic, we'd geared up and made our offices and hospitals open. And then we'd have to re-divert to take care of the acute COVID crunch. Our local hospital system, I noticed that six weeks ago, we had four inpatients with COVID. Today we have 43. So substantial influx of COVID that may divert resources. However, that doesn't divert the patients. Those patients need to get care for their chronic diseases. All these hospitals are still open for business as are your doctor's office.

**Unger:** Well, you mentioned a pretty big number, about 30% there in terms of patients deferring care for chronic conditions. Do you have any other kind of numbers or statistics that you want to share that paint the picture of how serious this problem is?

**Dr. Harmon:** Yeah, I do. These are pretty serious numbers. I would tell you that we know that from statistics that we have 26 million fewer vaccinations. And vaccinations are things that we're pushing other than COVID vaccinations. Measles vaccines, pneumonia shots, flu vaccinations, chronic pediatric and adolescent vaccinations, meningitis vaccines, all these things that protect us from getting serious, if not fatal diseases. So we're down 26 million vaccinations over 2020. That's an impressive number that can have a huge consequence downline.

**Unger:** Any other types of statistics in terms of those delays? And when you think about it, what does that mean, it's coming in the future?

**Dr. Harmon:** And these are scary numbers. I mean, looking at AMA studies and the peer reviewed literature associate 40% of Americans have delayed cancer screenings or delayed access for routine cancer surveillance. So we know because of this number, there's going to be some downstream consequences of delayed diagnosis and screening for cancer. And these numbers are pretty scary. Just looking at two types of cancer, colorectal and breast cancer, some impressive numbers there. Predictions according to AMA studies and medical literature is that we might have 10,000 deaths this year that we would not have had. And these 10,000 deaths that we might see in this year because of delayed or deferred screening or surveillance for cancer will have consequences. Because these individuals, not only will they have a fatal outcome, they're going to require more resources and attention. Their families are going to be put to risk. They're going to have all the medical care leading up that will eventually, perhaps, not make it so that they'll have a fatal disease progression,
unfortunately. Just to emphasize again, you cannot take a vacation or a break from chronic maintenance of diseases and doctor visits.

**Unger**: Well, that is just an enormous number. Are you finding that there are any groups that are disproportionately affected by this?

**Dr. Harmon**: Well, unfortunately we were already in the reality of a lack of health equity and some poor results, health outcomes among communities of care. Black patients and Hispanic patients were particularly more at risk than white patients were for chronic diseases, such as diabetes, lung disease, hypertension, heart trouble. And yeah, we have unfortunately seen that now that in the COVID pandemic for various reasons, Black patients were less able ... and reported being less able to see doctors for their chronic conditions. And so they sought less care perhaps for a number of reasons, either inability to get there, fear of getting the disease, maybe being sick, closed offices, deferred opportunities. That's a scary statistic too. So marginalized communities of color have been more at risk to start with and now have been impacted more seriously by the COVID pandemic.

**Unger**: That's a kind of a double impact of a situation that was already bad to begin with. You mentioned earlier, you talked about different kinds of cancer and issues that we saw there. One of the things we're also seeing is that more than half of adults with mental health conditions are delaying care since the pandemic started. That's got to have pretty serious implications too.

**Dr. Harmon**: Well, Todd, it does. And it's one of those things that it just seems to be piling on. You're exactly right. The behavioral health and the mental health disorders. Now, the good, if there is any good news that a little bit of bright news is that we found that we could do more telehealth, particularly in the realm of behavioral health and mental health issues. So we had an increase in telehealth utilization for psychiatric, behavioral health and mental health disorders but that still wasn't the same as actually getting treatment and getting more hands-on and in-person treatment. So that it is a substantial gap that we've seen expanded. And of course, we know that patients experienced more behavioral health and mental health disorders such as depression and anxiety because they're worried about the pandemic. They're worried about getting sick. They're worried about their family members.

They're worried about the economic outcomes. Are they going to lose their job? Or they can't go to work. Some offices are able to continue work in a telehealth environment but folks that have to do frontline work, utility workers, maintenance workers, construction workers, doctors, health care workers have to be on the front lines. Sometimes our work didn't allow us to take a break from COVID and we're put more at risk for exposing ourselves and getting COVID. So there's a lot of anxiety there too. We really are understaffed in behavioral health, in sciences like that. So we have to seek opportunities to get behavioral health treatment and diagnosis for much of our community.

**Unger**: Well, given the extent of this problem, which you've outlined is really serious on so many
dimensions. What can a physician do to make sure that this idea of return to care is being heard by their patients?

**Dr. Harmon:** What we need to do as doctors is what a lot of doctors have done in the pandemic. We have emphasized that we are open for business. We're open for your health, for the patient's health. We took early on in the pandemic, we took responsive measures. We have hand washing available. We maintain social distancing. We arranged our lobbies and our waiting area so that we had every other chair area of the seat covered and protected just as you saw in public events with decreased seating capacity. We have "safe in our care" campaigns. We'll wear masks even throughout the brief interloop. We thank goodness, we had when we first had a bit of a break and we started relaxing some of the social restrictions and the mask wearing in public, things like that. When we became responsive and more highly immunized, thank goodness we got the vaccines.

So we did all that. And we're still doing that now in the officers, doctors are doing that. And our officers locally, we have mask signs up. We asked you to put a mask on when you come on the grounds of the facility. All of our staff and caretakers are wearing masks all the time. We have hand washing sanitizers in every available opportunity. We wear protective equipment when we engage with patients. We do symptom checking at every entrance. We might ask, if you've been exposed to COVID, we'll ask you if you have any congestion or symptoms, so that we're screening as it were. We've limited visitors in some of our inpatient facilities, our ambulatory care facilities, just to decrease the patient flow, non-patient care flow but we're still open for full out business. And the message is we as doctors need to give those patients is you are safe to give your chronic non-COVID care to us and still maintain health overall.

**Unger:** That's very important message. Well, just to finish it up, what can the AMA do to make sure this message is heard?

**Dr. Harmon:** What we need to do first off, is to tell people how safe, how available, how efficacious and how beneficial is the vaccine to protect you from COVID so that you can reduce some of these stresses that you have. The mental health issues, the anxiety, the depression, the deferred care delay. We really need to continue to be that trusted source of care for the safety, efficacy and availability of this incredibly effective vaccine. Talk to your doctor. We as doctors need to get out in the public airways to make sure we lead by example. Again, 97% of doctors have taken the opportunity to get vaccinated, 97%. That's an A plus in almost any testing facility that you can do. If the doctors think it's this safe, we need to make sure our patients, our families, our public understands if we're stepping up to get it, they ought to be getting it too.

**Unger:** Well. Dr. Harmon, back to your original statement, don't socially distance from your doctor. So many repercussions of delaying this kind of chronic care. Thanks for everything that you and your colleagues are doing to get people back to getting the care they need. That's it for today's Moving Medicine podcast. We'll be back with another segment shortly. You can join us for future episodes of
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