Marcus Plescia, MD, MPH, on changes in COVID data reporting & more

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Featured topic and speakers

In today’s COVID-19 Update, AMA Chief Experience Officer Todd Unger discusses COVID data reporting changes and strengthening public health infrastructure with Marcus Plescia, MD, MPH, the chief medical officer of the Association of State and Territorial Health Officials (ASTHO) in Atlanta.

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Speaker

Marcus Plescia, MD, MPH, chief medical officer, Association of State and Territorial Health Officials (ASTHO)

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today we're going to be discussing COVID data reporting changes and strengthening public health infrastructure with Dr. Marcus Plescia, chief medical officer of the Association of State and Territorial Health Officials, or ASTHO, in Atlanta. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Plescia, it's so great to see you again. It's been a while since we last talked. A lot has changed. One thing that hasn't changed is the need to capture timely and complete data to track and respond to ongoing changes with the virus. And back in March, New York Times article, in which you were quoted said that some states were reducing their daily reporting of COVID cases, hospitalizations, death—was the stats that we've been kind of covering for the past two years. Let's start by talking about where we are right now with this across the country, in terms of state by state.
Dr. Plescia: Yeah, sure. So, there are a handful of states that are continuing to do this daily reporting of some of the surveillance data that we're used to but most states have scaled back a bit. The feeling is that we're at a different place with the pandemic. We don't necessarily need that level of sort of daily numbers. And we're also, I think we'll get into the conversation later, we're starting to look at some different things as well. So, the majority of states are still reporting several times a week and then there are a few states that have just gone back to weekly. So, we are starting to scale that back a bit and I think that's kind of consistent with a lot of things that are changing as we get to a little different stage with how we're handling the pandemic.

Unger: Well, that's a good topic to dig into because my question for you is what do we need to know at this point? Do we need the absolute numbers? How do we shift the conversation in terms of what data is needed, given where we are right now?

Dr. Plescia: I think that it's really a matter of how we best use the resources that we have. Providing data on a daily basis, I mean there's a lot of work that goes on behind the scenes to get those data ready to sort of pull everything together to assimilate them. And we don't really necessarily need to put so much emphasis there. It's important that we do perhaps have some sense of where things are going with the pandemic. As I think everybody knows, we are shifting now to being a lot more focused on the hospitalization numbers, the death numbers. With such effective vaccines, that's really the thing that we've got to be concerned about. We don't want people to get COVID but people are going to get COVID and if they've been vaccinated, they're probably going to be okay.

And hence a little bit of a shift in where we're really putting the emphasis. Now, some are concerned of well, how do we catch something early? And I think we still have a system that'll work for that. And let's keep in mind when we scale back to reporting once a week, it doesn't mean we couldn't shift and go back to reporting more frequently. We've got that down, I think we could change that up but I think we're at a place right now where we can monitor what's going on. And so much of this so far, we get a good warning from what's going on internationally. Most of the variants that we've seen thus far have popped up in other places and we've kind of known what's coming from looking at the experience in Europe and other nations.

Unger: I feel like a lot of the kind of complete reporting and the stuff that we cover, say weekly, in our COVID update, like it's just kind of blurring into the background at this point, not having necessarily the impact. When you think about that, what do you want people paying attention to at this point?

Dr. Plescia: Well, we want people to pay attention to the impact on the medical care system. I mean everybody has been challenged by this, certainly public health professionals but medical professionals, particularly those who've been in COVID care taking roles, it's been tough. And the hope is with vaccination and actually with pretty good participation of vaccination in the United States, hopefully we're going to see less that. But that's what we've got to watch. I mean the real concern all along is that we never want to get to a place where our health care systems are completely
overwhelmed. We've gotten a little close, it's gotten a little scary but so far that's really not happened anywhere but that's what we've gotten monitor closely.

And if we see certain things starting to trend in the wrong direction, for people who are getting more severely ill that's when we would have to act and bring back some of these interventions that aren't so popular. But I do think if we got to that place, people would understand the severity of the situation. So, that's what we're monitoring and we're getting there with some other ways to look at overall surveillance of COVID cases, things like wastewater surveillance and just sentinel surveillance. I mean, that's how we monitor influenza. We don't keep a daily count of how many people have the flu every year. We have other systems that allow us to track the trends.

Unger: Well, kind of to one of your points there, data is part of the solution but when the books are written and I guess they're being kind of written right now as people look back, I mean, not in a long time we've seen this kind of strain in our public health infrastructure. And that's just so important as we think about how to respond to future crises, how this issue and I guess it's brought a little bit to attention by their recent court decision about public health authority. Why has this been such a challenge and what do we do to address it?

Dr. Plescia: Well, everybody is fed up. Everybody is so tired of this situation. Talk about political partnership on both sides, I mean people who are conservative are frustrated people, who are liberal, five people in the middle, everybody's frustrated. But we have sure that as a result of that frustration, we don't start making policy decisions that are going to undermine our ability to protect our populations in the future. And that's what's concerning about some of these challenges to public health authorities. Yes, there's this feeling like we have to be considerate of people's individual rights. I mean that is kind of a core thing of our nation but most of the public health authorities that we have, the public never even knows when we're using them. I mean, COVID is a very different example but we have to make sure that once we do move on from COVID, which we will, we don't end up hurting the system where basic things that everybody would agree with.

If you have a restaurant that has a gastrointestinal infection disease running rampant in it, that restaurant either needs to close or the public health system needs to be able to step in and close it. I don't think anybody would disagree with that but those are the kinds of things. Some of these decisions, some of these state legislative laws, even the issue with the mask mandate, it's not so much the mask mandate, it's the precedent that's getting set. We're very concerned about that. I think that the medical community is very concerned about that. We really need to be very thoughtful about how we can provide some input to policy makers from the professional that we have as physicians and public health experts, so that we don't get too carried away with some of those kinds of things.

Unger: Assuming there were communicable diseases before COVID and, of course, the public health officials who are just such heroes of this era, obviously hard at work protecting the public from those. And that issue of authority, of course, is so important. On a related topic, AMA's Council on Science
and Public Health worked with a number of stakeholders, including ASTHO, at ways that we can strengthen the nation's public health infrastructure. And one idea that emerged from this was that medicine and public health need to work more collaboratively. Talk to us a little bit about what does that mean exactly and why that is so important?

**Dr. Plescia:** Yeah, I'm very excited about that particular recommendation that's coming out of AMA membership and some of the folks who've been engaged in some of the public health issues. Well, no, there's a continuum between medical care, medical care in sort of very structured hospital settings down to primary care down to community health into population health. I mean it runs the gamut. And most practicing physicians, they're working on the edge of that in various ways. I mean many of us in taking care of the patients that we see on a day to day basis, can't help but think about some of the community health or population health issues that need to be addressed. I mean we get frustrated that sometimes you've got to just step back and figure out how do you turn off the spigot rather than deal with all of the suffering that we're seeing coming downstage.

And that's the whole interface between medical care and public health. We've got a long history of trying to think through this. There's been a number of different models. I think we have made some progress. I think there's a lot of things that physicians can do in their communities to be supportive of or even part participate in the public health efforts. And I also think from an advocacy point of view, there's a great deal that medical associations, like the AMA and associations like mine can work together on, like we were just talking about the erosion of public health authority. That's something where we need to come together and say, "We are the professional people in this society who deal with these issues and we need you to listen to us."

**Unger:** Well again, on the area of advocacy. I mean, one of the clear opportunities there is to make sure that there's the funding for public health infrastructure. And I think that it's probably frustrating because if as you really like public health is working, you don't see these kinds of huge emergencies. And we can't just wait for a crisis to fund the public health system. As you look forward, how are we going to close these gaps and put in infrastructure in place that will allow us to be ready for whatever mother nature throws at us? What's the best way to approach fund given that reality?

**Dr. Plescia:** Well, we do need to put some more resources into the public health system. I mean it seems like nowadays for everything, it's like we need more resources. I will say, in the case of the public health system, we need more resources but the absolute amount of resources is actually in the greater scheme of things, not that much. I mean first of all, public health isn't that well funded. So, even a 50% bump in funding, wouldn't be that big of a price tag. So, I mean that's the first thing, it's an investment but it's a modest investment. And then we need to really target that at a couple of things that need to be fixed. The most important one is data systems. I mean we need the public health data systems to be as sophisticated and robust as the medical care data systems.
Dr. Plescia: I mean the two work together, we were just talking about medicine and public health. I mean a lot of it is about the data that we all share and the public health systems, we've just seen how antiquated and incapable they are meeting our needs as society. That's fixable, we can fix that. Some of that is just one-time investments to fix. The thing is we do need to bump up the workforce a little bit. We need to be able to bring more people into public health departments. We need professional people. We also need more lay people. There's a lot of interest now in community health workers, engaging people who live in communities where we see the greatest disparities and inequities, where we see a lot of distrust, engaging people who can really connect in those communities that's the opportunity here is if we have a little we can not only invest in our current workforce, we can also begin to build some of these different kinds of workforce that I think will make us all much stronger.

Unger: Well, last question, how can the AMA and the physicians who are listening to this help in that goal of strengthening our public health infrastructure as we kind of hopefully continue to move out of this pandemic and in the recovery and rebuilding process?

Dr. Plescia: Yeah, I mean there's a few things. First of all, physicians and the AMA have been a huge help to public health throughout all of this. And frankly physicians have been shouldering a lot of the burden in taking care of people who've been sick. So, I think it's a matter of just continuing some of that. There are opportunities for leadership and for advocacy. At the local level, people trust physicians. We need physicians to continue to engage. I mean I think going forward, the success, the ability to control the COVID pandemic, I think will ultimately the biggest piece of that will be vaccination. And we probably will have to re-vaccinate people, have reformulated vaccines. We need providers really more and more now to enroll in the COVID vaccination program.

I mean I think some of the work we've done through pharmacists in other sectors is fine but as we go forward, it's going to be about trust and it's going to be about your doctor encouraging you to get vaccinated or if you get sick to take the therapeutics and we've got to get back to that. And so, that's one thing to do. The other is advocacy. I mean we look out for each other. Public health, our professionals have had a hard time. We have people making death threats to our leaders. We need to step up and say, that's inappropriate. I think having medical providers in their communities say, "Hey, that's not how we're going to do things anymore, these are our peers and we're on their side." That would be very helpful as well.

Unger: Dr. Plescia, it's always such a pleasure to see you and I feel like you, along with many guests I've talked to you for two years, it's good to see you on the other side of this. And just to say thank you for everything you've done. That wraps up today's COVID-19 Update. We'll be back soon with another segment. In the meantime, check out our COVID resources at ama-assn.org/COVID-19. Thanks for joining us today. Please take care.
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