Rapid collaborations drive research in COVID-19 and beyond

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In 2001, the National Academy of Medicine reported that it took about 17 years to translate research findings into U.S. clinical practice.

That figure hasn’t improved much over the last two decades, according to Nancy Gin, MD, executive vice president and chief quality officer for the Permanente Federation and regional medical director for quality and analysis at the Southern California Permanente Medical Group. The medical group is a member of the AMA Health System Program, which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

Randomized controlled trials and subsequent peer review take time, she acknowledged. “We also find that there are oftentimes insufficient tools and incentives that are laid out for teams to adopt best practices along with, sometimes, resource constraints for personnel,” she said.

It took a crisis like COVID-19 to accelerate innovations such as mRNA vaccinations and telehealth. In an episode of “AMA COVID-19 Update,” Dr. Gin explained how this acceleration took place and what needs to happen to keep this momentum going.

“Throwing gas on a fire”

Telehealth initiatives and the science behind mRNA vaccinations were already in the works years before the pandemic started, said Dr. Gin, author of a recent commentary on the intersection between quality and research during the pandemic.
COVID-19 “served as an accelerant, like throwing gas on a fire, that took those years of foundational work and really enabled us to implement it quickly,” said Dr. Gin. Modifications of regulatory and governmental rules also helped fast-track COVID-19 treatments and vaccination efforts.

Pivoting on telehealth

Patients and physicians also accelerated change by quickly accepting new telehealth modalities. The Permanente Medical Group in San Francisco, one early COVID-19 hot spot, noticed that patients were very receptive to the use of technology in receiving their care, including those from underrepresented communities.

Permanente has since expanded its offerings on remote monitoring and e-visits. “The benefits of the pandemic continue to live on today as it has expanded our approach to thinking about how members are willing and want to receive their care,” said Dr. Gin.

Supporting telehealth is an essential component of the AMA Recovery Plan for America’s Physicians.

Telehealth is critical to the future of health care, which is why the AMA continues to lead the charge to aggressively expand telehealth policy, research and resources to ensure physician practice sustainability and fair payment.

Building a global network

Cooperation in the global scientific community was “one of the most gratifying aspects of an otherwise horrifying episode in history,” said Dr. Gin.

Researchers and physicians from China and Italy that saw the first outbreaks, and states like Washington and New York “were so ready to share their observations and findings since SARS-CoV-2 was a novel virus at the time with very little established knowledge,” she added.

Her own practice has shared its playbooks and best practices with health agencies. Other groups have shared research. The Mayo Clinic, for instance, posted its earliest convalescent plasma research online for people to review during the first three months of the pandemic “so that we could learn together and share that information and apply it quickly,” said Dr. Gin.
Her hope is this synergy will continue worldwide. “Scientists began getting used to this level of rapid collaboration and we really do hope that spirit continues well past the pandemic,” she said.

Get the latest news on the COVID-19 pandemic, vaccines and variants, and more reliable information directly from experts and physician leaders with the “AMA COVID-19 Update.”

You can catch every episode by subscribing to the AMA’s YouTube channel or the audio-only podcast version.