

'Tripledemic,' long COVID, burnout & more with Kirsten Bibbins-Domingo, MD, PhD [Podcast]



AMA UPDATE



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AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

In today's AMA Update, Kirsten Bibbins-Domingo, MD, PhD, joins to discuss the latest trends and research in medicine from her vantage point as editor-in-chief of *JAMA* and the *JAMA* Network in Chicago. AMA Chief Experience Officer Todd Unger hosts.

Speaker

- Kirsten Bibbins-Domingo, MD, PhD, editor-in-chief, *JAMA* and the *JAMA* Network

Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today we're discussing the latest trends and research in medicine with Dr. Kirsten Bibbins-Domingo from her vantage point as editor-in-chief of *JAMA* and the *JAMA* Network in Chicago. I'm Todd Unger, AMA's chief experience officer also in Chicago.

Welcome back, Dr. Bibbins-Domingo.

Dr. Bibbins-Domingo: Pleasure to be here.

Unger: Well, we last talked to you in September when you were just settling into your new role. And lo and behold, a couple of months later we've got ourselves a tripledemic with early surges of the flu, RSV and of course we're still fighting COVID. From your perspective, as both a clinician and a researcher, what do we expect in the months ahead? And how should physicians be preparing for it?

Dr. Bibbins-Domingo: Right. I think this is hitting all of us hard. It's hitting every age demographic hard. It is really putting a strain on our hospital systems.

RSV and flu are things that we're used to dealing with at this time of the year. But the fact of all of the protections we had in place for the last two years in the pandemic meant we probably didn't see the full brunt of these. And so we are seeing them now. Our hospitals are full. And it looks like there will be an uptick in COVID cases as well.

And so I think those people who follow the epidemiology of infections are not surprised. But I think it's hit all of us how early in the season the numbers are high, how quickly they filled up hospitals in many parts, especially for RSV. It's really quite striking. And then we probably haven't—we're just at the tip of seeing the beginning of the COVID surges.

I mean, this is a time to remind everybody, of course, that vaccinations work. And it turns out we have good vaccines for influenza and for COVID-19. We have a lot of people in the country vaccinated. But we have a really strikingly small number of people who've gotten the boosters.

And what I am particularly concerned about, and when I talk to my colleagues, it is about making sure that those, especially when we talk about the adult population, those who are most vulnerable to illness are getting those protective, preventive measures in place.

Unger: So in addition to dealing with the current situation of this kind of tripledemic, we're still dealing with the after effects of our COVID situation, particularly in the realm of long COVID. And I know—

Dr. Bibbins-Domingo: Oh, yes.

Unger: —this is kind of front and center on *JAMA*'s homepage in the editor's choice arena. Let's talk a little bit about what you're learning on the research side about the global burden of long COVID. What is the latest study about? And what would you like to feature here?

Dr. Bibbins-Domingo: Sure. I think that *JAMA* published a large study from the Global Burden of Disease Investigators, really highlighting the burden of long COVID around the world using clusters of symptoms to define the pattern that is emerging as long COVID. And what it suggests is that the burden is quite high.

I think the estimates vary. And part of the reason the estimates vary is because our definitions of long COVID vary. For me, as a scientist, there are so many interesting things emerging about the patterns of symptoms that make up long COVID. What is the underlying pathophysiology? How did we get there? Why do we get this symptom cluster? How do common symptoms like fatigue vary across conditions like chronic fatigue syndrome versus long COVID?

So there's a lot to learn. There's a lot to learn on the definition side. And the NIH is very interested in what the exact definition is going to be, how we might have some markers that tell us exactly which patients have long COVID. But I would say as a clinician, while I appreciate the science, I'm thrilled the NIH and the federal government has put money into long COVID. The challenge is we have patients suffering right now.

And I think we have to be able to address the needs of patients right now again before we know all the information, before we know exactly how to make a definitive diagnosis. But really to be mindful that it is common for people to have sequelae of COVID infection. And that as clinicians, we have to keep an eye on that even as the science is emerging for exactly what set of markers tell us this is really long COVID. And I think that's the challenge.

It's been our challenge throughout the pandemic. Physicians still need to act even when we don't have the perfect science.

Unger: And you're speaking of that kind of investment in the research. You did have a recent conversation with the Assistant Secretary for Health and the Department of Health and Human Services, Dr. Rachel Levine. And you talked about two major federal reports that investigated long COVID and the government's response to it. What were the key takeaways there?

Dr. Bibbins-Domingo: Right. So I think what was impressive in these two reports is how comprehensive they are. And so if you look just one report really focused on the science. And it really began with understanding the underlying pathophysiology, understanding the mechanisms that lead to the set of symptoms, thinking very clearly about what the definitions are for these symptoms that make up the diagnosis of long COVID, thinking through the epidemiology, the treatment course, what treatments might be available, as well as the overall societal impact, the cost of this longer term sequelae of this pandemic, which incidentally isn't ending.

And so I think that is a real challenge. So it's a major initiative clearly of the federal government. But the way that they're going to achieve these scientific goals are really in partnerships with others who are also trying to fund the best science. We sort of have to build these studies fairly quickly, not just start from scratch. And so trying to take advantage of studies that are ongoing to do more longer term follow-up.

What I loved about the second report and what was really interesting is that the second report really said there are people with disabilities now. There are people who are suffering now. And what can we do on defining what a disability is, making sure people have access through insurance coverage and other types of things? That, I think, it's admirable that these reports are side to side. I think seeing how it plays out for actual patients is the devil's in the detail there. But I think it's nice to have the twin initiatives really laid out at the federal level in the way it was.

Unger: And that is so important. As you said, people are suffering from this right now. And it must be frustrating to be in that situation where the terminology diagnoses, things like that are just not yet defined.

Dr. Bibbins-Domingo: Exactly. And if you are a patient, what does that mean? If I have this burden of symptoms that I really cannot return to work, what does that mean? And what does that mean to an employer? What does it mean to a health care organization?

And I do think we have to figure out how to move forward now while we're also still learning. But the devil's in the details. And it isn't without its challenges.

There is a strong equity component to this as well, because we certainly know that at the height of the earliest phases of the pandemic, in particular, communities of color, communities with less resources had the highest burden of COVID. That's shifted over time. There's been a lot more exposure over time. But certainly, those communities that have the least resources will be also affected by long COVID. In an important way, that attention to how we make sure everyone gets care, has to be attended to.

Unger: Absolutely. One of the things we talked about in our last conversation, you said something interesting, which is that you and everybody at *JAMA* are in the business of communication. And you recently interviewed Dr. Fauci about how to communicate with the public and what has got to be a really changed landscape where we've just seen a torrent of misinformation. What advice would you give to physicians about how they also can be in the business of communication?

Dr. Bibbins-Domingo: Yeah, it's a really good one. I mean, it was such an honor to talk with Dr. Fauci, who really has been a leader in the pandemic and who even as he steps down from his leadership roles, will continue to have a role in communicating. I think the thing that I was struck in that conversation was him really encouraging those of us, whether we're scientists, whether we're taking care of patients, whether we work in roles where communication is part of our roles, is to be persistent in what the science is telling us and to be clear on that.

And he really talked a lot about how physicians who are speaking in environments where there is less receptivity about vaccines, where there might be disinformation or misinformation about therapeutics, that, as *JAMA* published this month, have shown not to be effective, like Ivermectin. That how can we

persist even in the face of a lot of skepticism, doubt and active hostility, frankly. And he was very clear.

He says we have to just keep going out there and talking about it. And I did love the simplicity of the way he said it, that we just have to keep pushing forward. You know, the science tells us what we have to do to keep healthy. We have to keep talking about it with our patients, with our community, the people we talk to on a day-to-day basis. And I thought it was quite compelling.

Unger: How do you see the role of journals like *JAMA* changing in the face of this situation where maybe just kind of being persistent, continuing to kind of give the facts doesn't work on some people. How do you factor that into your role as an editor-in-chief?

Dr. Bibbins-Domingo: Yeah, I think the reality is people consume information best when you're meeting them where they are. They're more likely to be receptive if they're consuming information on a platform they're used to consuming the information from and see other sources. So I think it is important that *JAMA* continues to publish its print pages as we do now, to have the digital, the traditional journal the way it looks. But part of the reason we've really invested in multi-media is because we know, for example, that people do get a lot of their information from platforms like YouTube and that there are a lot of people who create really compelling content on YouTube that is compelling, it's easy to understand, it's informative.

And certainly one very clear way to combat misinformation, certainly, and even disinformation, which has a more strategic component, is to make sure that the platforms that make information available also include information from us that is easy to understand, that conveys the point simply, that is accessible. And I think we are doing more of that. And you'll continue to see us doing more of that.

Unger: Well, this last question is beyond what we've talked about already in the tripledemic topics. Any other kind of key things that should be on physicians radar right now?

Dr. Bibbins-Domingo: Well, we're headed into the winter. And I think we are stretching in an already stretched workforce. That is people who are in health care. We're in year three of the pandemic. There's a lot of talk about burnout. There's a lot of talk about the challenges that we all have in day-to-day.

I spent all of yesterday talking with my colleagues at UCSF about the checklist and the electronic health record. And we are all fatigued. No matter what job we do during the day, we're all tired of being in year three of the pandemic. But I think people who are on the front line taking care of patients have been doing it for a long time.

And I do think it is the time to continue to shine a light on that, for organizations to play a role in saying, no, this really is not sustainable. We have to have other interventions. And I do think whether it is the people who are studying how we make use of electronic health records in a more streamlined

fashion, how we organize our systems of care, how we think about reimbursement and other things, all of those things are the essential building blocks, the data that we need, the science that we need to really improve I think how clinicians take care of patients. And we want to be in a position to continue to accelerate some of those conversations.

Unger: Absolutely. Dr. Bibbins-Domingo, it is a pleasure to catch up with you. We'll check back in a couple of months about what's latest in the research front. That wraps up today's episode. We'll be back soon with another episode. In the meantime, you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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