



PANDEMIC

LESSONS

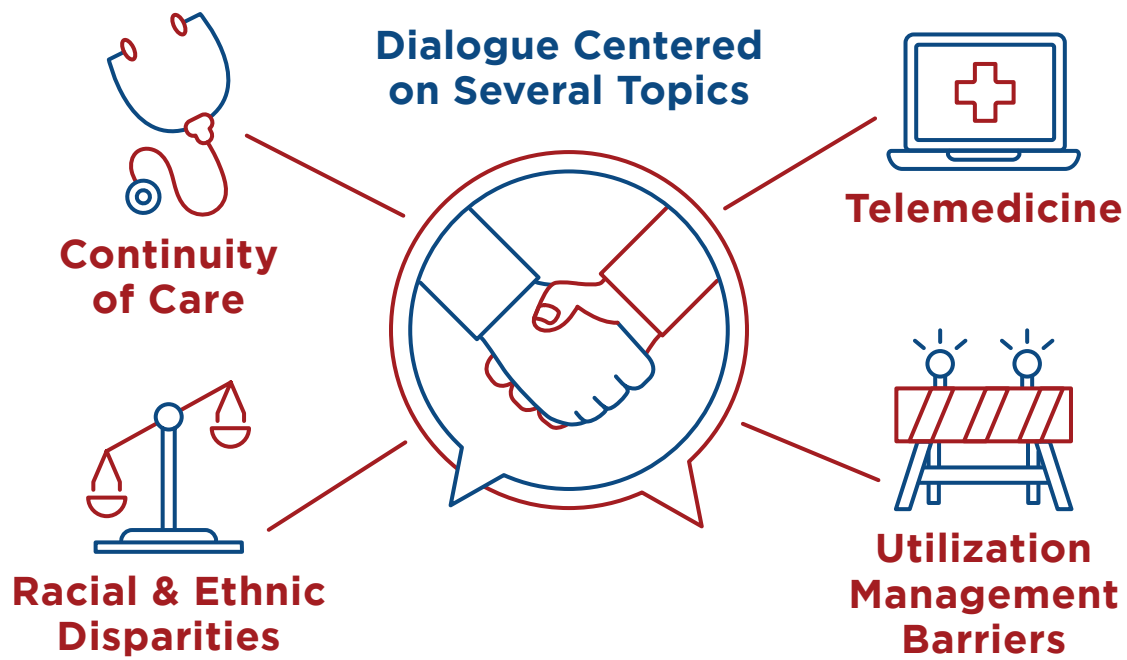
*What COVID-19 Revealed About
America's Health Care System*



PARTNERSHIP TO ADVANCE
**Cardiovascular
Health**

From March-May 2020, as the novel coronavirus gripped the nation, the cardiovascular community held a series of policy discussions convened by the Partnership to Advance Cardiovascular Health.

The conversations included more than 40 health care providers, patients, and representatives of advocacy groups, policy organizations, and scientific associations. Participants strategized and shared experiences in real time as the virus shook the U.S. health care system.



As the pandemic evolved, the dialogue deepened. Participants recognized that they were learning lessons not only about navigating cardiovascular care during an emergency situation. The experience was also unveiling deeper policy lessons about managing chronic disease and the necessity of patient-centered care, during both crises and everyday situations.

The pandemic has laid bare the vulnerabilities of the United States' health care system. But it also has highlighted advocates and health care providers' desire to translate the country's struggle into meaningful policy change.



CONTINUITY OF CARE

As COVID-19 infections climbed, care for other illnesses became secondary. Elective procedures and non-essential appointments were deprioritized. Meanwhile, many people avoided emergency rooms even in acute situations. For people with chronic illnesses such as cardiovascular conditions, postponing care posed a dangerous risk.

Cardiovascular disease impacts nearly 50% of Americans, making it the most prevalent health condition in the country.¹ Since COVID-19 took hold, however, heart attack patients have silently disappeared from hospitals. Emergency heart procedures dropped by 40%, even as cardiovascular events skyrocketed.²

Fear of COVID-19, experts suspect, deterred patients from seeking the care they need. Those who required follow-up appointments, and more seriously, who were experiencing cardiovascular symptoms, consciously chose to avoid the hospital as a result of “COVID-phobia.” The lapse in care has dangerous

implications for patients and, health care providers predict, could spur a wave of delayed care in the coming months.

It is critical for patients, especially chronic disease patients, to remain in touch with their care teams. Consistent lab reports, follow-up appointments and medication adherence are of utmost importance. To ensure continuity of care, the health care system must be equipped to continue patient care in the midst of unpredictable events like a pandemic. And when the pandemic subsides, participants agreed, patients need policies that encourage ongoing management of existing conditions.



Lesson Learned: Continuity of Care is Critical

When people with chronic disease do not receive the testing and treatment they need, their lives are put at risk.



“On a daily basis we see patients coming into our Emergency Department who have more advanced illness now because they were unwilling to come in weeks earlier.”

DAVID KOUNTZ, MD



TELEMEDICINE

Although telemedicine has existed for decades, it was not broadly adopted in the United States prior to COVID-19. Where technology was less advanced and less accessible, telemedicine was more costly to implement. Insurers also continued to lobby against telemedicine services, concerned that they would be overutilized by consumers.

In recent years, even as telecommunication infrastructure improved across the country, few health care providers embraced telemedicine. For many, a lack of insurance reimbursement prevented them from offering telemedicine visits in their practices.

Then social distancing measures forced America to quickly pivot to telemedicine. In fact, COVID-19 has sparked something akin to a telemedicine revolution.

Connecting with health care providers via phone, laptop or tablet is now a

lifeline for millions of patients. It offers them a safe way to continue care without physically leaving their home.

The Coronavirus Aid, Relief and Economic Security Act, known as the CARES Act, facilitated the national expansion of telemedicine services. It significantly reduced or waived Medicare patients' cost-sharing for telemedicine visits, making virtual visits as affordable as an in-person visits.³ In weeks following, state Medicaid programs and commercial payers followed suit.

This groundswell of support for telemedicine could help patients across the country maintain care for chronic diseases without unnecessarily risking exposure to COVID-19.

Despite advances, a digital divide still affects many Americans. To access most telemedicine services requires



“Since COVID-19 and the expansion of telehealth services, my institution now completes 2,500 telemedicine visits per day. That’s more than we previously did in an entire year. There has been a shift in perception and openness by patients and clinicians.”

DAVID CHARLES, MD



digital literacy, adequate technology and internet access. Yet, more than one-third of households headed by a person 65 years and older never use the internet, and roughly half don't have home broadband services.⁴ Communities of color are disproportionately impacted by a digital divide, as nearly half of Americans without at-home Internet are Black or Hispanic.⁵

Insufficient broadband internet in rural communities is also associated with fewer telemedicine visits and higher rates of patients discontinuing their prescribed medication. And, even with technology available to them, 52 million Americans still lack digital literacy.⁶

Overcoming these obstacles to achieve digital health equity is critical. It improves health care access to low-income families, which is as important as ever during a pandemic.



Lesson Learned: Telemedicine is a Vital Bridge to Care

Telemedicine can increase contact with health care providers and empower patients to manage their disease. Embracing this technology is long overdue.

RACIAL DISPARITIES

The COVID-19 pandemic also laid bare racial, ethnic and socioeconomic inequities in the U.S. public health system. COVID-19 mortality rates among Black Americans are six times higher than whites. In the state of Louisiana, data revealed that although Blacks Americans account for 32% of the population, they represent 70% of COVID-19 deaths.⁷ Comparably, in Michigan, only 14% of the population is Black, yet Black adults represent 40% of COVID-19 deaths.⁸

These unsettling facts unmask a deep-rooted issue: social determinants of health

correlate to COVID-19 morbidity. People of color in marginalized communities are more likely to live in environments with limited access to healthy food, adequate education, good health care and job flexibility. They are also more likely to work in essential services that pay less, further hindering their ability to have a financial safety net during an economic or health care crisis.

Although the United States spends more on health care per person than any other country in the world, the average life expectancy remains lower than in other



countries. Health care providers and policy experts argue that the morbidity rate can be linked directly to these disparities. Death among people with socioeconomic inequities is what drives the average life expectancy down in the United States.

Reducing disparities and ensuring equitable access to primary and specialty care stands to improve health among communities of color and low socioeconomic status both during a national pandemic and beyond.

As the United States population continues to diversify, it is projected that people of color will account for more than half (52%) of the population in 2050.⁹ COVID-19 could be a catalyst for driving the nation to properly address health disparities and

social determinants of health. At the onset of COVID-19, communities of color were already fated to experience significantly higher morbidity and mortality. The pandemic magnified that disparity.



Lesson Learned: Racial Disparities Drive Cardiovascular Disease and Death Rates

The COVID experience highlights the importance of addressing cardiovascular disease and social determinants of health in communities of color.



“The tragically higher COVID-19 mortality among Black Americans and other racial and ethnic minorities confirms inadequate efforts on the part of society to eliminate disparities in cardiovascular disease.”

KEITH C. FERDINAND, MD

UTILIZATION MANAGEMENT & PATIENT ACCESS

Cardiovascular disease and diabetes rates remain alarmingly high in America despite strategic goals set forth by the American Heart Association, American Stroke Association, American Diabetes Association and others. Advocates and health care providers work in earnest to reduce morbidity and mortality, but the public's heart health is trending in the wrong direction.

Exacerbating the challenge, COVID-19 amplifies risk for people already at the highest mortality risk, including cardiovascular and diabetes patients.¹⁰ The task of finding creative ways to treat these, and all, high-risk patients has fallen upon health care providers and insurers. One approach involved reducing access barriers to care, such as utilization management protocols, high cost-sharing and the lack of telemedicine reimbursement.¹¹

Insurers heeded calls for timely access to testing and treatment. As Matt Eyles of America's Health Insurance Plans explained, "Health insurance providers across the country have taken action to remove barriers to care."

Those actions included:

- Eliminating patient cost-sharing for COVID-19 testing and treatment
- Waiving prior authorization for COVID-19 testing and treatment
- Easing prior authorization renewal criteria
- Increasing access to telemedicine services and empowering patients to use them by waiving cost-sharing
- Extending existing prior authorizations approvals and grace periods by 90 days
- Allowing patients to refill their medications early or change to a 90-day supply.

These are valuable steps toward encouraging patient-centered care. Patients, caregivers and providers, however, question whether these changes will remain after COVID-19. As the pandemic subsides, the health care system will begin to fully realize the toll of delayed care during COVID-19. It will be important for patients to resume care without being hampered by excessive utilization management barriers.

"No one should hesitate to see their doctor for COVID-19 testing or treatment because of cost."

MATT EYLES
America's Health Insurance Plans



Ensuring continuity of care is imperative under any circumstances. Yet it is unclear whether health plans will continue to facilitate patient access with the same commitment once the immediate threat of COVID-19 subsides. As Kate Berry of America's Health Insurance Plans explained, "We will need to resume medical management. Going forward, things will eventually get back to normal."



Lesson Learned: Insurance Barriers Impede Patient Care

Insurers' accommodations during COVID-19 were a tacit acknowledgment that paperwork and red tape often deter patient-centered care.

CONCLUSIONS

The COVID-19 pandemic has imposed unprecedented stress upon America's health care system. It also has forced innovation that could alter the health care experience for many patients for years to come.

As health care providers, patients and advocacy organizations look toward a post-pandemic future, certain questions remain:

- When will the wave of delayed care happen, and is the health care system equipped to handle it?
- Will policymakers embrace telemedicine as a critical part of patient care?
- How will the nation address health care disparities?
- Will the COVID-19 pandemic reorient America's health care system toward patient-centered care?

COVID-19 may be the first pandemic of its scale in many Americans' lifetime, but it may not be the last. **This crisis presents an opportunity to make meaningful, long-lasting policy changes that encourage patient-centered care now and during the health care challenges that lie ahead.**



PARTICIPATING ORGANIZATIONS



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PARTNERSHIP TO ADVANCE Cardiovascular Health

About the Partnership to Advance Cardiovascular Health

The Partnership to Advance Cardiovascular Health works to advance public policies and practices that result in accelerate innovation and improved cardiovascular health for heart patients around the world.



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