

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

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From the Editor: This issue's article summaries include two Covid updates, how major health systems are defending against disruptors like CVS and Amazon, the latest on the last two and a CMS pilot of a value-based primary care model to combat burnout. Click on the headline to read the full article. If you are enjoying this curated newsletter, please subscribe [Here](#).



[Covid-19 Patients Zero In Wuhan Identified, Boosting Lab Leak Theory](#), by Eric Mack, Forbes, 6/15/23

TMR Topline – A report in [Public](#) says that researchers working inside the Wuhan Institute of Virology (WIV) were the first to be infected with the virus that went on to trigger the pandemic. Ben Hu, who led [WIV's gain-of-function research](#) on coronaviruses, was among the "patients zero" who contracted the SARS-CoV-2 virus in November of 2019. If confirmed, the report would seem to disprove the theory that the virus emerged from a nearby wet market where exotic meats were sold.



[FDA panel recommends updating Covid boosters for the fall](#), by Berkeley Lovelace Jr., NBC News, 6/15/23

TMR Topline – An FDA Advisory Committee has recommended updating the Covid vaccines to target an [XBB strain](#) and dropping the original coronavirus strain from the formulation. The new shots are expected to be used as part of a fall booster campaign. "This season will be very telling whether Covid settles into a seasonal pattern or not," said Ruth Link-Gelles, a senior epidemiologist at the CDC.

TMR's Take: Lab leak or zoonotic transfer? The origin of SARS-CoV-2 may never be known with certainty, but the need for protective vaccines continues.



['It's not about becoming Kaiser Permanente': CEO Greg Adams on Risant Health](#), by Andrew

Cass, Becker's Hospital Review, 6/14/22

TMR Topline – On 4/26, Kaiser-Permanente agreed to acquire Geisinger Health, making it the first to join Risant Health. The new nonprofit aims to expand and accelerate the adoption of value-based care in "diverse, multipayer, multiprovider, community-based health system environments," according to Kaiser CEO Greg Adams. He said Risant Health is "not about becoming Kaiser Permanente. It's a completely other organization... There was a need for a strong, solid ... not-for-profit alternative to the disruption that we're seeing." Risant expects to acquire 4-5 more health systems.



[Q&A: Oak Street Health CEO on growth plans after CVS Health deal](#), by Lauren Berryman, Modern Healthcare, 6/2/23

TMR Topline – CEO Mike Pykosz told MH that Oak Street plans to [grow its footprint](#) into four new states this year while increasing its presence in existing markets and is on track to operate 300 clinics by 2026. "There is no healthcare company in the ecosystem that has the breadth of CVS—whether that's the retail footprint, the pharmacies, or the Aetna health plan business." Pykosz noted that a mature primary care center has about 50 people, including doctors, nurse practitioners, nurses, medical assistants, social workers, receptionists, health coaches and others. Where possible, they are hired from the community being served. He cited CVS's acquisition of Signify, the largest home-based health risk assessment company. Many patients assessed "have chronic illnesses and need a doctor. What a great opportunity for us to become their largest provider of care."



[Amazon's One Medical enters Connecticut with new partnership](#), by Caroline Hudson, Modern

Healthcare, 6/8/23

TMR Topline – Amazon's One Medical is expanding its membership-based primary care services into Connecticut with two offices, as part of a larger collaboration with Hartford HealthCare. It entered Miami and Dallas late last year and plans to open a Milwaukee location this year. The provider operates roughly 200 offices in more than 20 markets, establishing a footprint that reaches about 40% of the U.S. population. Annual memberships are \$199 and include 24-hour access to One Medical's telehealth services and booking same- or next-day appointments on the One Medical app. The healthcare provider accepts most major insurance plans.

TMR's Take: Who will care for the uninsured and Medicaid clients? Not the for-profit disruptors!



[Burnout Threatens Primary Care Workforce and Doctors' Mental Health](#), by Lauren Sasser, KFF Health News, 6/7/23

TMR Topline – Burnout in health care is a widespread problem that predates the Covid-19 pandemic, which made things worse. Rates of physician suicide have [been a concern for decades](#). [Some studies](#) have shown that primary care doctors (PCPs) may be at higher risk. *“Why go into primary care when you can make twice the money doing something with half the stress?”* said Daniel Crummett, a retired PCP. He would have continued to see patients if not for the bureaucratic burdens of getting prior authorization before providing care, navigating cumbersome electronic health record platforms, and logging hours of administrative work outside the exam room. He’s not alone: in a [2022 AMA survey](#) of 11,000 doctors and other medical professionals, more than half reported feeling burned out and indicated they were experiencing a great deal of stress. Well worth reading.



[CMS to pilot value-based primary care model in 8 states](#), by Jakob Emerson, Becker’s Hospital Review, 6/8/23

TMR Topline – CMS’s Center for Medicare and Medicaid Innovation is [piloting](#) a value-

based primary care model in eight states (CO, MA, MN, NJ, NM, NY, NC & WA) through 2034 to try to create more coordinated care for rural and underserved populations. Participants will include federally qualified health centers and Indian Health Service facilities to make primary care more accessible and more coordinated with specialists. The model includes a three-track approach based on participants' experience level with alternative payment models, though participants in all three tracks will receive enhanced payments. It supports CMS’s goal of placing all traditional Medicare beneficiaries and most Medicaid enrollees in an ACO by 2030.



[When Doctors Use a Chatbot to Improve Their Bedside Manner](#), by Gina Kolata, New York Times, 6/12/23

TMR Topline – When OpenAI released the [first free version of ChatGPT last year](#), it expected that physicians would use it to take over mundane time consuming tasks that contribute to burnout, like writing appeals to health insurers or summarizing patient notes. To their surprise, doctors began using it to communicate with patients in a more compassionate way. In one [survey](#), 85% of patients reported that a doctor’s compassion was more important than waiting time or cost. Dr. Christopher Moriates of the Internal Medicine Department at the University of Texas at Austin said, *“Doctors are famous for using language that is hard to understand or too advanced.”* ChatGPT helped them to communicate with patients suffering from alcohol use disorder with a script at a fifth-grade reading level that began with a reassuring introduction followed a simple explanation of the pros and cons of treatment options. Skeptics like Dr. Dev Dash at Stanford Health Care are so far [underwhelmed](#) about ChatGPT helping doctors. In tests he and his colleagues performed, they received replies that occasionally were wrong, he said, and more often were not useful or were inconsistent. Still, those who have tried ChatGPT say the only way for doctors to decide how comfortable they would feel about handing over tasks — such as cultivating an empathetic approach — is to ask it some questions themselves. The article includes other examples of doctors using AI with positive results, including appeals of insurance denials.

TMR's Take: It’s too soon to say that help is on its way, but whether it’s AI or a successful CMS pilot, PCPs need relief from burdens that their peers in other developed countries don’t have to bear.