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Advocacy Efforts During the COVID-19 Pandemic

Announcer:

You're listening to *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association. Here's your host, Dr. Jennifer Caudle

Dr. Caudle:

During this unprecedented time, everything from public health to the economy is impacted by the COVID-19 pandemic. That's why today we'll explore some of the recent advocacy efforts that have been made to address this critical issue.

Welcome to ReachMD. I'm your host, Dr. Jennifer Caudle, and joining me to review the American Medical Association's advocacy efforts during the COVID-19 pandemic is Todd Askew, the AMA's Senior Vice President of Advocacy.

Todd, welcome to the program.

Mr. Askew:

Thanks very much for having me.

Dr. Caudle:

Of course. We're really happy that you're here. So let's start with the PPE shortages and lack of testing availability that's been reported in many hospitals across the country as we've been experiencing this COVID-19 pandemic. How have you and your colleagues responded to these issues respectively?

Mr. Askew:

Well, two issues emerged immediately as this crisis began, as hospitals began seeking out not only tests but PPE, because of the broad need for it not only treating patients but even for providing the tests. We went immediately to the Federal Government, encouraged them to take every effort possible, including the invocation of the Defense Production Act, to provide for the necessary amounts of PPE. Now, we've also continued to encourage the Feds to take a stronger role in coordinating the distribution, acquisition, and production of PPE because it's a critical element that's going to continue to be a need going forward.

On the diagnostic testing front, obviously there was some shortage of tests at the beginning. In working with the FDA and their Emergency Use Authorization, they were able to speed the development of some laboratory-developed testing. That is beginning to come up to the availability of testing. But it's not just the tests themselves. There were shortages of the reagents, of the transport media, of the swabs, and so continuing to push and encourage the Feds to drive production of those materials has been a large part of our advocacy efforts going forward, because we all know that we are not going to be able to fully reopen until testing is at a much more advanced and vigorous pace than it is today.

Dr. Caudle:

What's the AMA's position in general on ways to boost physician numbers nationally during this time?

Mr. Askew:

Well, one of the initial actions that we took as this crisis was looming was to recognize that a number of physicians were going to have idle time and may wish to volunteer. There were also physicians coming to us who had retired from active practice and were wanting to

volunteer, maybe not on the front lines but to fill in and support those working on the front lines, and so we worked very closely with our state chapters and also with the Feds to identify what some of the barriers are to re-entering the workforce, to talk through liability and licensure issues and to get that information out to those physicians who wish to re-enter practice to support the care that was needed.

Another important and critical element of our healthcare workforce obviously are international medical graduates, many of whom face issues with limitations on their visas, so we have encouraged the Federal Government to expedite extensions of visas for international medical graduates as well as when discussions occur around potential immigration bans or further immigration limits, to make sure that those holding J-1 or H-1B visas, for example, international medical graduates are exempt from those actions.

One final element of the workforce that's so critical that I would mention is those physicians and other healthcare workers who hold status under the Deferred Action for Childhood Arrivals program, or DACA. These were individuals who were brought to this country as children, and now that they're adults face potential deportation. In fact, the Supreme Court is taking this issue up even as we speak. There are 30,000 healthcare workers in this country that hold DACA status, and it would be a tragedy in the midst of the current crisis and the fact that they are some of the front-line heroes in this effort to have them lose their status and face deportation.

Dr. Caudle:

Wonderful. And for those of you who are just joining us, this is ReachMD. I'm your host, Dr. Jennifer Caudle, and today I'm speaking with Todd Askew, the AMA's Senior Vice President of Advocacy about his team's ongoing efforts during the COVID-19 pandemic.

So let's keep zeroing in on some of the day-to-day challenges clinicians are facing and what's being done in response. What has been needed to help practices stay financially viable?

Mr. Askew:

While we see obviously very many emergency rooms and critical care wards very busy, a lot of doctors' offices are empty. Folks are staying home, elective procedures have been cancelled, preventive visits have been delayed, and so there is a significant financial shortfall for many, many physician practices.

Now, the Federal Government has stepped in to provide some resources, such as emergency disaster loans and the Paycheck Protection Program under the Small Business Administration, which many practices have been able to qualify to cover some of their payroll needs, and those loans will be forgiven if certain requirements are met. They have also had the Medicare Advance Payment Program where practices have been able to take advances on future Medicare payments.

Now, there are some downsides to that program, including the high interest rate and a fairly short repayment period, but there is a great openness within the Federal Government to fix some of those shortfalls to make this program even more attractive and helpful to physician practices.

Finally and importantly, they have also created a, to date, \$175 billion Provider Relief Fund that physicians can apply to, to receive partial reimbursement for not only expenses related to caring for COVID-19 patients but also for lost revenues resulting from the fact that you've seen such a downturn in healthcare visits during this crisis.

Dr. Caudle:

That's excellent. Another challenge that's no stranger to any of us but has become even harder to handle of late has been the administrative and regulatory burdens on physicians. So, what's been going on at the policy level to reduce those burdens during this pandemic?

Mr. Askew:

I think that's a very good point. We have been working with the Feds but also with state governments and also with insurance companies to reduce the level of administrative burden, especially when physicians may be working from home, for instance, doing telemedicine; they may be working with a reduced staff; so the less prior authorization that's required, for example, the more time physicians are going to have to spend with their patients and less time on paperwork. There have also been some reporting requirements for some of the Medicare quality programs that have been extended and there won't be any penalties for failure to provide certain reports, which will help, again, free up physician time and lessen the burden on practices when they have so much else going on right now.

Dr. Caudle:

Another development driven by necessity in multiple specialties has been a rapid transition to telemedicine to enable safer continuity of care. From your vantage point, how has telemedicine changed or evolved since the pandemic began?

Mr. Askew:

Well, I think the last few months have seen an acceleration in the adoption of telemedicine that would have taken a decade under normal circumstances. With the imperative to keep people who are not in need of immediate care out of hospital emergency rooms, to be able to triage people at a distance and to provide management of chronic conditions, for example, while people are staying at home, has driven such a change in such a short amount of time, both for the demand for the services and the number of physicians who are providing them, and that's been helped a lot by the fact that state governments have really pushed insurers to provide for telemedicine coverage. The Federal Government has made some significant regulatory improvements and changes under Medicare to allow a much greater provision of telemedicine to Medicare patients. It's best, obviously, since many of the higher risk categories for them to stay at home. And one of the key ones has been coverage now for audio only. Previously, telemedicine had to include the video component, but many elderly people or people that live in rural areas without broadband service don't have access to even the basic smartphone technology that so many of us take for granted, so the coverage of audio telemedicine has been a significant improvement. And lastly, I would mention that physicians during this current crisis are now able to prescribe controlled substances through telehealth, which is another development that has helped drive the adoption.

Dr. Caudle:

And before we wrap up, are there any thoughts that you have on what you think the future holds for directing advocacy efforts throughout the remainder of this pandemic and beyond?

Mr. Askew:

So, in the short term, it is day by day. It is encouraging the public to stay home. It is encouraging people to wash their hands and to physically distance themselves and take care of themselves. That's how we're going to get through this. In the longer term, I think that the pandemic has just really exposed in a very stark way some of the huge inequities, racial inequities especially, that we have in this country when it comes to healthcare especially. We've seen a much higher burden of disease on minority populations, and we are going to have to confront that reality now that it is so starkly seen. And we're also going to have to rebuild our public health infrastructure. It was sorely in need of reform before this hit, but it is just clear now that the type of investments that are needed have not been made to date, and that is going to be a critical issue to confront going forward over the long-term.

Dr. Caudle:

Well, it's really been interesting to get a closer look at some of your team's advocacy efforts throughout this unprecedented challenge, and we're really hoping the weeks and months ahead will keep showing positive impacts from that work. I'd really like to thank my guest, Todd Askew, for joining me today. Todd, it was wonderful having you on the program.

Mr. Askew:

It was a pleasure to be here. Thank you.

Announcer:

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