

COVID-19: Outlook for the Future

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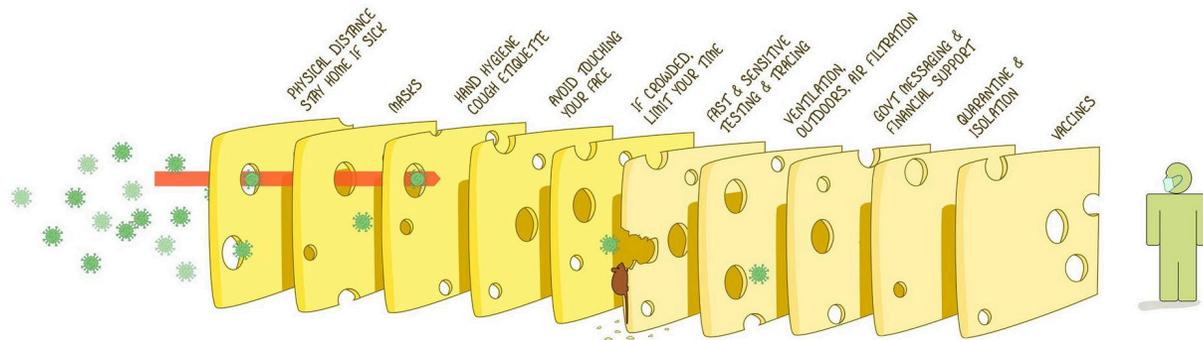


How We Will Stop COVID-19

Prevent spread

- Interventions to keep people from becoming infected

THE SWISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE
RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



EACH INTERVENTION (LAYER) HAS IMPERFECTIONS (HOLES).
MULTIPLE LAYERS IMPROVE SUCCESS.

Box-It-In

- Stop cases from becoming clusters and clusters from becoming outbreaks

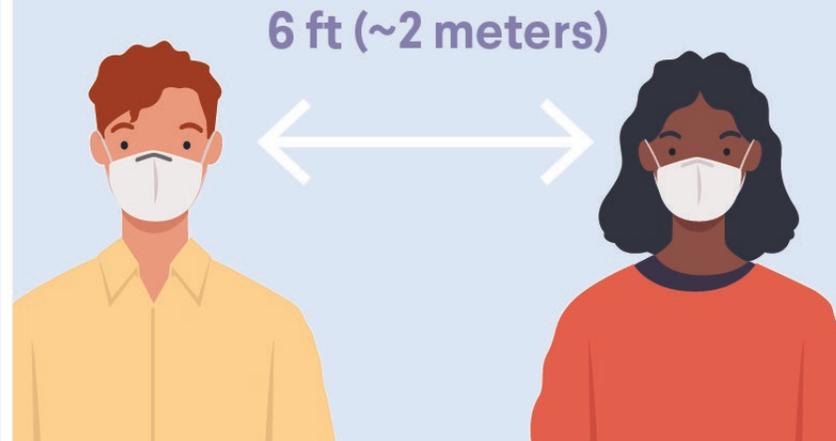


3 W's to reduce risk of COVID-19

Wear a mask



Watch your distance



Wash your hands



DETERMINING WHAT IS SAFE: ASSESSING RISK

Risk of infection =

- x prevalence in community
- x proportion without masks
- x ventilation (outdoors best)
- x number of people exposed to
- x duration and intensity of exposure

Outdoors in low-prevalence community =

Almost no risk

Indoors, for a long time, with lots of people shouting or singing, in a high-prevalence community, without masks =

Highest risk

1



TEST STRATEGICALLY

Create places for **community testing**

Publicly track time from symptoms to test result

4



QUARANTINE ALL CONTACTS

Create **incentives** to manage isolation and quarantine: provide care packages, remote resources, and financial support to those quarantined

2



ISOLATE ALL INFECTED PEOPLE

Ensure **safe housing**, working with businesses and community organizations to open hotels, dorms

Engage with disenfranchised populations by with community organizations and leaders

3



FIND EVERYONE WHO HAS BEEN IN CONTACT WITH INFECTED PATIENTS

Help public health experts recruit a **corps of tracers** from throughout community from social service workers to new college grads

Publicly track percent of cases arising from quarantined contacts





Testing Is Particularly Important for These People

- Have symptoms of COVID-19
- Asked or referred to get tested by their health care provider, or by their state or local health department as a result of contact tracing or outbreak investigation
- In close contact (within 6 feet for a total of 15 minutes or more) with someone who has COVID-19
- Work or live in congregate settings: skilled nursing and residential care facilities, group homes, correctional facilities, homeless shelters
- Essential workers with frequent public contacts in these areas: health care, education, emergency, food & grocery services, public safety, transportation and more
- Those exposed to people who were sick, were around many people not wearing face coverings, and/or were not keeping safe distance in the past 2 weeks
- Experiencing homelessness

RESOURCES FOR ISOLATED CASES AND QUARANTINED CONTACTS

Need incentives to manage isolation and quarantine with strong wraparound services

EXAMPLES AND IDEAS



Care packages could include

- Masks
- Thermometers
- Food, laundry, pharmacy services
- Health education materials
- Passwords for on-demand movies, e-books, learning channels
- Access to high-speed internet & laptops
- Hand sanitizer & alcohol-based cleansers
- Encouraging notes from government leaders



Core resources such as

- Daily check-in phone calls
- Instructions of how to keep space clean for those sharing space
- A hotline for counseling, information, social services, and medical support
- Garbage removal
- Access to telehealth and care if ill
- Relocation to safe and desirable place, if requested



Financial support could include

- Stipend from government to those without sick leave or who need to take care of child or elderly dependents
- Work with employers to provide support, with possible tax credits

Vaccines: Safe, Effective Way to Protect our Family and Community – But Rollout Will Take Months

- Vaccines hold the prospect of an eventual end to the pandemic
- Vaccine rollout has been slow – complicated, confusing, potentially controversial
- Demand for the vaccine will outstrip supply for many months
- Need to ensure we address inequities – health & economic – in vaccine program
- This is the most complicated vaccination program in US history

Four things we don't yet know

- How long will immunity last? Need multi-year studies.
- How rare are serious adverse effects? So far very few.
- Can we manufacture and distribute enough vaccine quickly?
- Will people trust the vaccine? Increasing vaccine hesitancy and partisan politicization.



Biden Administration COVID-19 Strategy

- Restore trust with the American people
- Mount a safe, effective, comprehensive vaccination campaign
- Mitigate spread through expanding masking, testing, treatment, data, workforce, and clear public health standards
- Immediately expand emergency relief and exercise the Defense Production Act
- Safely reopen schools, businesses, and travel, while protecting workers
- Protect those most at risk and advance equity, including across racial, ethnic and rural/urban lines
- Restore US leadership globally and build better preparedness for future threats

Address Needs of COVID-19 and Beyond

- **Infection prevention and control** in health care settings
- **Broadband internet** is an essential service and should be freely available to all
- **Reorienting health care to primary care, including scaling up telemedicine, team-based care, and financial incentives for prevention** will preserve and improve health
- **Sustained funding for global health security** will help tamp down the spread of COVID-19 and protect America's health defenses against future disease threats
- **CDC and state and local public health departments** need sustained support



Primary care is the most needed, but most neglected, aspect of our health care system



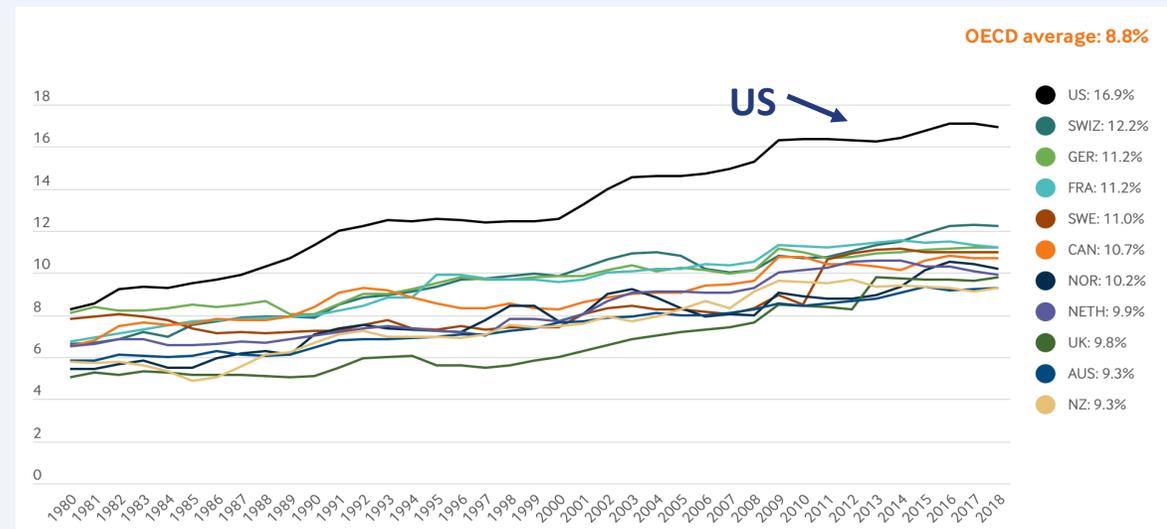
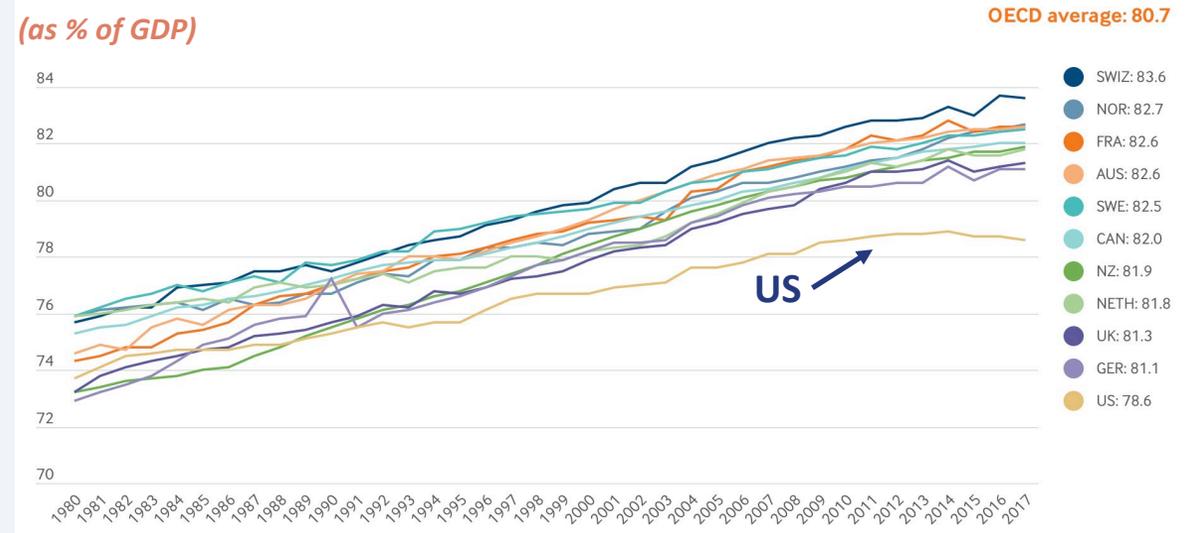
Public health improves the efficiency of our health system to keep the entire population healthier

Public health and health care must work together to *maximize health* and *save lives*

We Need to Get More Health Value for Our Health Spending

Over the past 40 years, the US has gone from having a life expectancy near the average for upper income countries and average per capita health care costs to being a negative outlier

The US has the lowest life expectancy of any OECD country despite spending the most on health care



Source: The Commonwealth Fund.

Restructure Our Health System to Maximize Health

- Strengthen public health systems
- Pay for outcomes by reorienting health care delivery to reward providers for preventing illness
- Empower individuals by making the healthier decision the default value and addressing preventable root causes of ill health



FOCUS

*Simple quality measures
Accountability for outcomes*



INFORMATION

Continuous quality improvement; empower patients, clinicians, managers; public reporting



TEAM-BASED CARE

Standard treatment protocols; team-based care; patient-centered

Primary Care as the Center of Our Health System

- Accountable, high-quality primary care is essential to improving health of individuals and populations
- Over-emphasis on specialty care draws focus away from primary care
- People who have a primary care provider have better health outcomes
- Care needs to be patient-centered, with clinical encounters at times and places most convenient to patients and out-of-pocket costs minimized





Strengthening Primary Care

- **Protect primary care practices by increasing income stability and reducing administrative burdens**
- **Base compensation on a capitated, per-patient basis – not per visit or procedure, and requiring no insurance claims for reimbursement**
- **Structure payments so they are substantially dependent on improved health outcomes and prevention of illness**
- **Provide care with integrated, multi-disciplinary teams led by a PCP**
 - **Allows PCPs to manage larger panels of patients and use their skills where needed most**
 - **Facilitates incorporation of behavioral health, pain and addiction management services, and programs to better address NCDs in routine care**

Controlling Hypertension

WHO HEARTS Hypertension Control Components	Key Actions for Successful Implementation
 Drug- and dose-specific protocol	Agree on protocol, disseminate, train, supervise, analyze, optimize; avoid therapeutic inertia. Evidence-based, cost effective.
 Quality-assured drugs and equipment	Ensure uninterrupted supply and quality of drugs and BP monitors. Procurement, forecasting, supply chain management.
 Team-based care	Enable nurses and others to at least refill, and ideally titrate and follow protocol established by doctors. Model of team-based care.
 Patient-centered services	Reduce barriers: cost, travel, waiting, attitudes, knowledge; eliminate all copayments; provide 90- or 180-day refills for stable patients; inform patients and address adherence. Patient confidence.
 Systematic monitoring for continuous program improvement	Track performance, identify and solve problems, share positive lessons, encourage healthy competition among facilities and areas, ensure accuracy of data and culture of continuous, data-driven, patient-centered improvement based on data feedback loops

Health Care in the Context of COVID-19

- Need to improve infection prevention and control
- Risk of treatment interruption
- Innovations
 - 90- and 180-day prescriptions
 - Medication delivery
 - Telemedicine
 - Strengthen primary care, team-based care
 - Treatment in community instead of hospitals





Strengthen Public Health Systems – US and Global

- **Public health renaissance at national, state, and local levels**
- **A resilient, interconnected system to effectively address the full range of health threats**
- **Dramatically improved public health informatics infrastructure to make real-time, accurate information available**
- **Predictable, sustained, and flexible federal funding for state and local public health**
- **Need to address chasms between federal and state – and, in most states, between state and local public health agencies**



Top Health Priorities

- *End the tobacco epidemic* with comprehensive tobacco control
- *Reduce the heavy burden of harmful alcohol use* by following evidence-based recommendations
- *Protect people from unhealthy food* and promote wholesome, sustainable, farmer-supportive food production and distribution
- *Promote healthy physical activity*, including community redesign to promote safer opportunities for walking and cycling
- *Reduce air and water pollution*, with a focus on communities subject to disproportionate risk
- *Protect our children from addiction* to tobacco, alcohol, and drugs and from predatory marketing by junk food companies

Improving Our Global Health Architecture

- **Funding** – closing gaps in epidemic preparedness will cost at least US\$5-10 billion a year for at least 10 years
- **Technical skills** – more and better trained specialized staff are needed to transform financial resources into functional capacities
- **Operational organizations** – better managerial capacity, stronger organizations (NPHIs), and improved management
- **Governance** – effective mechanisms to resist inappropriate political interference and secure sustainable preparedness funding
- **Mechanisms** – WHO is essential and necessary, but needs support from partners and new global capacities are needed
- **Scope** – better coordination of public health functions with multisectoral societal needs (economic, educational, social, etc.)

Keeping America and the World Safe – Now and in the Future

- Public health systems worldwide have suffered from years of underfunding
- Creative solutions needed to strengthen and sustain core capabilities of our public health system
 - **Prevent** outbreaks – natural, accidental, or intentional
 - **Detect** threats early to slow or stop spread
 - **Respond** rapidly and effectively
- We can't afford another multi-trillion dollar pandemic – but we can afford health security to prevent it

“Never again. We should never ever be unprepared for something as catastrophic as what we are going through now.”

*– Dr. Anthony Fauci
NIAID Director*



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