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Insights from the Healing American Healthcare Coalition™

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HEALING AMERICAN HEALTHCARE COALITION

From the Editor: Omicron is waning faster than winter and states are dropping mask mandates. The articles summarized here include pandemic-related issues. To access the full article, just click on the headline.

Moderna wins full approval for its Covid-19 vaccine, as Novavax seeks authorization for its version, by Helen Branswell, STAT, 1/31/22

TMR Topline – The FDA has given full approval to Moderna's Spikevax vaccine for use in people over 18. It joins Comimaty, the Pfizer/BioNTech vaccine that received full approval last August. Maryland-based Novovax has applied for an emergency use authorization for its NVX-CoV2373 protein vaccine that delivers nanoparticles of the SARS-2 spike protein to the immune system to activate its defenses against the virus. Given in two doses 21 days apart, it produced impressive results in a Phase 3 clinical trial, coming in at 90% effective at preventing Covid infection. It can be stored at refrigerator temperatures, unlike the mRNA vaccines.

CVS adds Eliquis, other vital drugs to formulary exclusions, by Nona Tepper, Modern Healthcare, 2/8/22

TMR Topline – CVS' $39 billion Caremark subsidiary has notified its commercial enrollees to switch from Bristol Myers Squibb's Eliquis, a blood thinner that an estimated 3 million patients rely on to prevent and treat blood clots, to Janssen Pharmaceuticals' Xarelto. Experts from the American College of Cardiology and American Society of Hematology say that these two blood thinners have never been proved to be interchangeable through randomized control trials. A recent study in the Annals of Internal Medicine reviewed insurance claims for nearly 50,000 patients found that new users of Eliquis had lower rates of recurrent blood clots and bleeding, compared with new users of Xarelto. Other studies have concluded that Eliquis presents less risk for gastrointestinal bleeding than Xarelto.

TMR's Take – Pharmacy benefit managers (PBMs) review formularies annually and exclude certain drugs from coverage, not an issue if an interchangeable replacement remains in the formulary. Doctors don't agree that Eliquis and Xarelto are fully interchangeable.

Is the Coronavirus in Your Backyard?, by Emily Anthes and Sabrina Imbler, New York Times, 2/7/22

TMR Topline – In late 2020 more than 60% of Iowa's white-tailed deer killed by hunters or cars were infected with the coronavirus. Penn State microbiologist and infectious disease expert Vivek Kapur, who led the research that examined more than 4,000 samples said, "*This is stunning. It's completely mad. It looks like it's everywhere."* Infections in free-ranging deer are tricky to detect and difficult to contain. Canada has reported infected deer in Ontario, Quebec and Saskatchewan. The virus recovered from Canadian deer closely matched sequences for virus found in Vermont white tails. "*Deer don't respect borders*," said Arinjay Banerjee, a virologist at the University of Saskatchewan. There are about 30 million white-tailed deer in the U.S. If white-tailed deer become a reservoir for the virus, it could mutate and spread to other animals or back to people. How humans are transmitting the virus to deer remains an open question. "*It's definitely a mystery to me how they're getting it*," said Dr. Angela Bosco-Lauth, a zoonotic disease expert at Colorado State University. Adaptation

in animals is one way new variants can emerge. "*This is a top concern right now for the United States*," said Dr. Casey Barton Behravesh of the CDC. For now, scientists advise keeping a close eye on other wildlife. If the virus is so prevalent in deer, which are relatively easy to sample, it could be silently spreading in other species too.

TMR's Take – Beware of Bambi? There's general agreement that SARS-CoV-2's origin was zoonotic. Continued vigilance is the order of the day.

What We Can Learn From How the 1918 Pandemic Ended, by John M. Barry, New York Times, 1/31/22

TMR Topline – The author of *"The Great Influenza: The Story of the Deadliest Pandemic in History"* offers a word of caution to those who see Omicron's rapid decline and decreased lethality combined with most Americans being vaccinated or infected as a green light for abandoning precautions. While most histories of the 1918 pandemic say it ended in the summer of 1919 when a third wave of the respiratory contagion finally subsided, a variant that emerged in 1920 was lethal enough that it should have counted as a fourth wave. It occurred even though the U.S. population had plenty of natural immunity from the influenza virus after two years of several waves of infection. In 1921, the virus mutated into ordinary seasonal influenza.

Like it or not, the government needs greater power to fight pandemics, by David Blumenthal and James Morone, the Hill, 2/6/22

TMR Topline – In 1776 General Washington called contagion his *"most dangerous enemy"* as smallpox and other diseases accounted for 90% of his army's deaths. He commanded his troops to get inoculated. The highly contagious Covid-19 has killed more Americans than any war. With just 4% of the world's population, the U.S. accounts for 15% of global deaths. The U.S. is failing because it is not organized nationally to face this danger. The Constitution conveys no authority to combat massive biological threats whose casualties dwarf those of war. The Supreme Court recently struck down an OSHA requirement that large employers require vaccines or tests to combat Covid. Each of 56 states and territories states and territories continue to approach health care in their own ways. Disease pays no attention to political boundaries. National coordination and leadership are critically important to defeating an enemy or a pandemic. Today the U.S. is moving in the opposite direction. Governmental weakness is exacerbated by a populist challenge to scientists and public health officials. Many politicians lead the charge, accelerating the spread of infection. States and territories continue to approach health care in their own ways. What should the U.S. do?

First, recognize the need for centralized authority to act in the face of a nonmilitary national crisis. This will take changes in executive authority, Congressional process and bureaucratic capacity. Infections pose as grave a threat as a military invasion, domestic insurrection, or economic crash. Second, the nation's scientific and public health communities were not able to influence a significant proportion of the American public. How can scientific methods operate in a world of charged partisans and instant communication? Lastly, Americans need to have a national dialogue led by trusted spokespersons that represent the diversity of our society to start with the important question that the founding fathers explored as they wrote the Constitution: What do freedom, liberty, and equality mean today? America needs to find a way to balance individual rights with the responsibilities of citizenship, especially when one person's freedom can mean another's illness and death.

TMR's Take – Barry, Blumenthal and Morone provide food for thought as the pandemic moves to endemic.

Insurers stretched provider bonuses, quality investment to avoid rebates, CMS says, by Maya Goldman and Nona Tepper, Modern Healthcare, 2/1/22

TMR Topline – The CMS has proposed that provider bonuses included as incurred claims in insurers' medical loss ratio (MLR) must be explicitly tied to quality or clinical improvement standards and that only spending directly related to quality improvement count towards insurers' quality improvement claims in their MLR. Health plans must spend 80% of individual and small group premiums and 85% of larger group plans on patient care. Some insurers count expenses like overhead, marketing, lobbying, office space, executives' salaries and company retreats as incurred claims. In 2020, insurers paid out $2 billion in consumer rebates to approximately 9.8 million members.