

February 22, 2021

The Right Amount of Care, Revisited

On June 25 your blogger (YB) (<http://allengoodman.wayne.edu/Blog/TooMuchCare.pdf>) examined the “right” amount of health care in the context of the COVID-19 pandemic. At that time, since the March lockdowns, most Americans without acute medical or dental complaints had stayed away from providers’ offices. Dentists had almost all closed down – the liquification that accompanies most dental procedures was deemed to be far too dangerous given a disease (COVID-19) that is carried in droplets. Elective surgeries to medical providers had been severely curtailed, and routine office visits had been canceled or (later) replaced in some cases by tele-medicine sessions. Some conjectured that the care was mostly postponed, and would be made up – in other words, the ultimate impact would be small. Others, including YB, were not sure.

A February 22 article (<https://www.nytimes.com/2021/02/22/opinion/medical-care-coronavirus.html>) by Dr. Wayne A.I. Frederick, President of Howard University, suggests that we are seeing longer-term impacts, and that they vary by socioeconomic group. Dr. Frederick notes:

Last year, excess deaths increased 14.7 percent for white people, but 44.9 percent for Latino and 28.1 percent for Black populations, according to the C.D.C. Just as the pandemic has disproportionately affected communities of color, this hidden crisis will target the same minority populations, which have higher rates of diseases like hypertension and diabetes, and less access to quality health care.

Hypertension and diabetes are so-called “silent” killers, and otherwise healthy people may not know that they have them or that they (the diseases) are killing them (the people). YB discovered his high blood pressure at a routine screening about 15 years ago after getting a flu shot. He rolled up his sleeve and registered 170/90 (high!). Stunned, he tried the other arm – 170/90. A few days later at a physician’s office – 165/90. He has been on blood pressure meds ever since. They are cheap and they work. YB has a family history of that includes stroke. Dialing down the BP is a good idea.

Impressionistically, it looks like surgeries are bouncing back to normal and a lot of routine care is also coming back. However, the kinds of “well care screens” that occur in clinics, drug stores, or general “well care visits” may be slow to rebound. The “falling tide” may beach all boats, but it may beach the boats of lower income and minority households more. Dr. Frederick (who remarkably maintains a medical practice while serving as Howard’s President) writes that in January, he operated on a patient with pancreatic cancer who had the highest levels of jaundice he had ever seen. The patient reported that he hadn’t sought medical attention earlier because of apprehensiveness about coming to the hospital during the pandemic. Dr. Frederick reports, that as a result, the patient’s condition was worse than it otherwise would have been and extended his time in the hospital.

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If these “silent killers” are not caught, monitored, and treated, the long-term impacts of COVID-19 may be longer-term than 2020/21. Solutions include better education, “tele-medicine” (where a patient could take his/her blood pressure in real time with a telephone app) with physicians and nurse practitioners, and possibly even the return of home visits. These preventative procedures are not “exciting” medical procedures, but they improve health and save lives.

Measuring the right amount of care is tricky. Getting the wrong amount of care can cost lives.

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