

From: [Schwartz, David](#)
Subject: DOM Covid Communication
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Attachments: [image001.png](#)

Dear Friends and Colleagues,

I hope you, your family, and your friends are remaining well. We have a lot to be grateful for - there is a marked decrease in the hospitalized cases at all of our sites (lowest numbers since mid-March); CDPHE shows a persistent decline in the number of cases, hospitalizations, and deaths in Colorado over the past 2-3 weeks; and our campus is beginning to re-awaken across all of our missions.

Overview: As of today, we've exceeded 2 million cases of confirmed coronavirus in the U.S. (0.6% of US population) resulting in almost 115,000 deaths (5.75% of the reported cases). This accounts for over 25% of the reported cases and deaths worldwide. Here in Colorado, we've had our share of cases (29,000 or 0.5% of state population) and coronavirus attributed deaths (1,600 or 5.5% of the reported cases). Of the 5,234 hospitalized cases in Colorado, 875 (16.7%) were cared for at UCH. At last count at UCH, we've admitted 875 patients with Covid-19, ventilated 199, successfully extubated 128 (72% success rate), and discharged 722 (83% success rate). Only 41 patients have been readmitted and 77 patients have unfortunately died from this virus (32 deaths in patients over 75 years of age). My personal conclusions are:

- In comparison to other countries, our federal public health agencies could have done a better job in preventing the spread and impact of SARS-CoV-2.
- The state of Colorado in collaboration with our School of Public Health has done a reasonably good job in controlling the spread and impact of SARS-CoV-2.
- In Colorado, a disproportionate number of cases have occurred among people of color, and an excess number of deaths have occurred in African Americans (see table on right). These racial differences in the prevalence and impact of Covid-19 are even more apparent outside of Colorado.
- Our providers and hospital staff have done and continue to do an outstanding job taking care of Covid-19 patients at UCH, DH, VAMC, and NJH.

While there are many patients that continue to need our care, there are numerous Covid-related challenges in front of us. Today, I'm only going to reflect on 2 of these challenges, our departmental finances and our inability to predict the future.

Departmental Finances:

- FY20 (ends June 30th): We are projecting a \$4.3M deficit based on lost clinical revenue. The deficit of \$4.3M will be offset by postponing the academic incentive program (saves \$800K in FY20), and to address a deficit of \$3.5M, we've come up with the following plan:
 - \$1.75M (50%) contributed from the reserves of division with year-end losses
 - \$0.5M (14%) contributed from the profits of the divisions with year-end profits

- \$1.25M (36%) contributed from the DOM quasi endowment funds
- FY21: We are projecting a clinical deficit of \$2.9M (assumes a return to pre-Covid clinical volumes by November). This will be offset by the voluntary reduction in compensation by the leadership in the DOM (chair, vice chairs, and division heads raised \$800K) and other expense reductions in travel and annual receptions (another \$200-300K in savings). However, unfortunately, an anticipated change in payer mix will increase the anticipated deficit in FY21. Every increase in the percent of Medicaid patients we care for will result in a decrease of \$1M in annual clinical revenue for the DOM. Given the increases in unemployment, it's estimated that our Medicaid population may increase by as much as 5%, so this could cause a huge problem for us. While there are a lot of moving parts at both the SOM and UCH, my best estimate is that our support from the SOM may only minimally decrease, and that while 10% of our support from UCH may be at risk, it's likely we'll be able to break even at the end of the year. Now, this assumes that the growth of our clinical program will continue and that if a second surge of Covid-19 occurs, it will be manageable and won't affect the rest of our clinical enterprise. Given these assumptions, I'm confident that we will be able to address the anticipated deficits in FY21 (50% from the DOM quasi endowment and 50% from the Divisions).
- I want to emphasize that my primary goals in addressing our FY20 and FY21 deficits are to continue to support our faculty, trainees, and staff, and the educational and research programs that we've built over the past decade. I am hopeful that we will not have to consider involuntary reductions in compensation, and any proposed reductions in compensation will have to be approved by the DOM.

Predicting the Future: this is obviously fraught with problems but necessary, in considering the potential effect of a second surge on our future. While most experts are predicting a second surge, Dr. Fauci indicated that a second surge is not inevitable. Consequently, we just know. However, with an increase in the cases in a number of states and most of the modelers predicting a marked increase in cases within the next couple of months, I think we have to prepare for the worst and continue to hope for the best. This coming week, I've invited 3 international speakers (Drs. Justin Lessler, Ann Collier, and Jerome Kim) to present at medical grand rounds to discuss lessons learned and future challenges for us in relation to a second surge, treatment prospects, and vaccine development. In addition, at our weekly DOM town hall, I've asked Dr. Jon Samet (Dean of our School of Public Health) to discuss the predictive models of Covid-19 that are built on data from our state. I would encourage you to attend both of these presentations and to actively participate in the discussions. Following these presentations, I intend to work with others to develop strategic planning contingencies for the next 6 months.

Covid-19 Medical Grand Rounds (MGRs): The presentations for our MGRs are posted on the on the [Grand Rounds library](#) and recording are available at the below youtube sites.

- **April 1: Covid-19: Challenges, Opportunities, and Unknowns**

<https://youtu.be/fVL7xv29Bf0?t=1>

- **April 8: Acute Respiratory Distress Syndrome, Interleukin-6, and Cytokine Storm Induced By Covid-19** <https://youtu.be/iUmsUqFUItA?t=1>
- **April 15: Crisis Standards of Care: 10 Years of Lessons Learned About Ethical Triage, But Are We Ready?** <https://youtu.be/5P-BPasEL3k>
- **April 22nd: SARS-CoV2 Vaccine Development** <https://youtu.be/kD90qLY1c-s?t=1>
- **April 29th: Challenges in the management of Covid-19 patients, case-based presentations** <https://youtu.be/6y1kCWNf7g8>
- **May 6th: Covid-19: Why the supply chain for PPE and medications are vulnerable to disasters** https://youtu.be/hXsdQi15o_g
- **May 13th: Mind the Brain: Mental health in the time of Covid-19** <https://youtu.be/2ymRbA7ikeM>
- **May 27th: Racial Differences and Health Disparities in Covid-19** <https://youtu.be/FhefH4JKKYI>
- **June 3rd: Covid-19: Neurological and cognitive sequelae of SARS-CoV-2 infection** <https://youtu.be/RgJdHy3L6Cc>
- **June 10th: Endothelialitis, Inflammation and Thrombosis in COVID-19** <https://youtu.be/WFLKnwV-chQ>
- **June 17th: Lessons learned and Future Challenges: second surge, treatment prospects, and vaccine development**
 - Justin, Lessler, Associate Professor of Epidemiology at Johns Hopkins Bloomberg School of Public Health
 - Ann Collier MD, Professor of Medicine, University of Washington
 - Jerome Kim MD, Director General of International Vaccine Institute

I'm certain, now more than ever, that we'll get through this and we'll be stronger and more able as a result of our trial by fire. We've done well thus far, and while we still got a lot in front of us, I know that we can deal with these challenges together. Every decision we've made, we've made as a team, and I think that's resulted in better options for us and more support from our partners, the SOM, CU Medicine, and UCH. While we can't predict the future, we can build on the values and tactics that got us through this first surge – interdisciplinary collaboration, dedication, persistence, altruism, generosity, respect for our colleagues, and our laser focused attention on solving the Covid crisis. So I need you to work with me to accept and prepare for an uncertain future. On our campus, we know we can rely on each other, we know how to focus on problems and deliberately think through our options, we know we have an incredibly talented community of faculty, staff, and trainees, and we know that science and our collective determination will lead our way out of this crisis. As I've said before, we need to have the humility and strength to let the truth and our values guide our next steps. I'm confident that we'll get through this together. Stay well and stay connected. Please send me your concerns and ideas. My very best wishes.

David

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