

From: [Schwartz, David](#)
Subject: DOM Covid Communication - A dose of reality and hope for the future
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Attachments: [socializing.jpg](#)
[Service_043020.jpg](#)

Dear Friends and Colleagues,

I hope you, your family, and your friends are remaining well. As this crisis persists, it's becoming more clear to me that our patients, our profession, our livelihood, and our lives are shifting to a new reality, one that will stay with us for a while.

- **Patients:** Despite a reduced number of Covid-related deaths in Colorado, Covid patients continue to be diagnosed in the community and if anything, the number of Covid cases at UCH and DH are slowly increasing. In part this speaks to the challenges placing patients in LTACs and rehab facilities but may also originate from our collective impatience with limited social interactions. CDPHE continues to report a steady state of about 400 new cases each day (<https://covid19.colorado.gov/data/case-data>). Consequently, it's likely that hospitalized Covid patients will be part of our future. This will affect the way we practice medicine, the way we interact with patients, and the services we offer, at least until a vaccine becomes available.
- **Profession:** In the next several weeks, our clinical, research, and educational programs will be transitioning to the next phase of the crisis. Clinically, in addition to caring for our Covid patients, we're slowly reinitiating procedures and out-patient operations, and we're beginning to see an increase in the census of non-Covid patients. Our research operation is re-opening but this process will be appropriately slow and will delay our scientific progress, and our educational and training programs that are traditionally dependent on an apprenticeship-type relationship have been constrained under the current conditions. Our professional options, opportunities, and short-term future are decidedly different than they were 6 months ago.
- **Livelihood:** Our departmental and divisional finances are based on clinical, research, and educational revenue that depend on our hard work, SOM state support, UCH support for services and programs, and philanthropy. While I know we will continue to put forth the same (and maybe more) effort, clinical revenue, SOM state support, UCH support, and likely philanthropy may all decrease in FY21. Based on what we know, we anticipate a \$4.3M loss in FY20 and a \$2.9M loss in FY21. And this doesn't include potential reductions in support from the SOM or UCH in FY21. Rest assured, however, that in addressing these departmental deficits my primary goals are to continue to support our faculty, trainees, and staff, and the educational and research programs that we've built over the past decade.
- **Lives:** We're all more isolated than we were pre-Covid. We don't see our casual friends, we have a different relationship with our close friends, and our relationship with our immediate family has changed. Good friends of mine stopped by our home yesterday afternoon, they stood outside, I talked to them through a window (see attached photo), and my wife, Louise, talked to them through the doorway. I'm self-

quarantined because I've been on clinical service. I haven't seen my Denver kids in over a month, and I'm sure I'm going to miss the birthdays of my son and grandchildren. I recognize that many of you have endured far greater sacrifices and hardships. Your kids are no longer in school, home schooling has become a necessity, and most summer programs are not going to happen. Some of you have spouses who have lost their jobs.

We need to accept this new reality, at least until a vaccine is developed. However, we also need to figure out how to reset, readjust, and create a better world. Making believe that we're ok or that we can go back to the way it was is simply a pipedream that will lead to more Covid cases and a more hardship. So here's my view on what we've learned and how we can change.

- **Interdisciplinary Collaboration:** By necessity, we have begun to work in more collaborative interdisciplinary teams. Our ICU teams are made up of surgeons, anesthesiologists, pulmonologists, emergency room physicians, hospitalists, family medicine docs, physician assistants, nurse practitioners, and trainees from many disciplines, collectively delivering outstanding care. I spent the last week working with Laura Erdman, a PA and Kasey Bowden, an NP (attached photo) on the Covid inpatient service. While I'm embarrassed to say this was the first time I've worked with either a PA or NP, this was one of my most enjoyable clinical rotations. Laura and Kasey taught me a great deal about Covid, and they were excited by what I taught them about pulmonary medicine and infectious disease molecular biology and genetics. But my week with Laura and Kasey is just one of hundreds of manifestations of interdisciplinary collaboration that have emerged during the Covid crisis. This crisis has brought our medical center together and we need to keep it that way.
- **Laser focused:** When faced with a crisis, most everything else becomes unimportant. We finally have our NASA-like elevator speech; **We're Here To Solve The Covid Crisis.** I can barely remember what I did before Covid hit our medical center. Now all I do is Covid. This is likely true for all of us. It's created a palpably different environment in the department, hospital, and school. We're all here to help each other **Solve The Covid Crisis.** While there are different opinions about what to do, everyone agrees on our goal.
- **Recognition of our talented community:** The spectrum of extraordinary clinical, scientific, educational, and administrative talent at CU, CU Medicine, and UCH has become that much more apparent in the past 2 months. Everyone is trying to use all of what we have to make each day just a little bit better. I have been impressed with how many faculty, trainees, and staff have stepped forward to volunteer their ideas and hard work to solve problems, big and small.
- **Generosity:** None of us needs as much as we have. This is especially true when we think about what our Covid patients face, most of whom are poor and don't speak English. I think this crisis is going to make all of us a bit more generous, and hopefully

focused on the social fabric that's needed to avoid a similar crisis in the future. I can't help asking myself why we have over million cases and over 66,000 deaths in the U.S., and countries with far lower health care GDP have been able to more effectively deal with this pandemic ([see JHU dashboard](#)). Covid-19 has made it even more apparent to me that we need a national health care system that is integrated into a social support system.

- **Importance of science:** Science will lead our way out of this crisis. Basic modeling and infectious disease epidemiology has helped us understand what's coming, the science of social distancing, clinical trials have identified remdesivir as a promising agent, novel serologic assays will identify the extent of disease in our communities, and vaccine development will provide the cure. All of this takes investment, and now is not the time to back away from our scientists or our scientific infrastructure. In fact, now's the time to double down. We still have to get through this crisis but rest assured there will be human health challenges in the future, and we need to be ready.

So I need you, more than ever to hang in there and stay the course. All of us have our ups and downs, however, we'll get through this together. I can't thank our faculty, trainees, staff, nurses, and partners at UCH and CU Medicine enough for their dedication, patience, creativity, and collaborative approach to the Covid crisis. And let's not forget our families, partners, and friends that keep us going. Stay well and stay connected. We'll be better for it. Please send me your thoughts and concerns. My very best wishes.

David

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