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**Subject:** DOM Covid Communication  
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**Attachments:** [Choices for the "New Normal".pdf](#)

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Dear Friends and Colleagues.

As the new year approaches, it seems appropriate for us to look back over the past year and ask what we've learned and how will it change our lives.

**Short-term:** The key questions I'm asking are why are we seeing less cases of Covid than expected and what's in store for us? Back in November, Tony Fauci and other experts advised us to prepare for the surge (increase of cases in November), on top of the surge (increase in cases due to Thanksgiving travel), on top of the surge (increase in cases due to anticipated Christmas travel). While we experienced the November surge in Colorado, the post-Thanksgiving surge never materialized. In fact, in Colorado, the census data in our hospitals and the state-wide hospitalization data have been slowly going down since the beginning of December. Over the past week there's been a decrease in Covid cases of 44% from the average 2 weeks earlier. Despite these improvements, IHME continues to indicate that cases, hospitalizations, and deaths will increase in Colorado through the end of January (<http://www.healthdata.org/covid/updates>). We plan to discuss this enigma on January 7<sup>th</sup> (7-8 PM) at our DOM Town Hall where Jon Samet, Dean of the CU School of Public Health, will guide us through a discussion that looks back over the past couple of months and tries to give us a glimpse of the future.

**Longer-term:** How will our experience with Covid over the past year change our lives? Don Berwick (former Director of CMS and now President of the Institute for Healthcare Improvement) published a thoughtful piece in JAMA this past week that discusses the 'new normal' (see attached). He highlights the lasting effects that Covid-19 will have on:

- Speed of learning and improvements in healthcare
- Value of standards applied to healthcare
- Need to protect the healthcare workforce
- Value of telemedicine in caring for our patients
- Importance of preparedness for threats
- Need to address inequity

While this is an insightful piece that I highly recommend, I think there are a few other lasting lessons that I know have been emblazoned in my thinking. These include:

- **Interdisciplinary collaboration:** By necessity, we have begun to work in more collaborative interdisciplinary teams. Our ICU and Hospital Medicine teams are made up of surgeons, anesthesiologists, pulmonologists, emergency room physicians, hospitalists, family medicine docs, physician assistants, nurse practitioners, and trainees from many disciplines, and together have delivered outstanding care. Over the past year, I have worked closely with PAs and NPs (I'm embarrassed to admit for the first time), and have been impressed by their dedication to their patients, knowledge base, engagement in team healthcare, and commitment to learning. This crisis has brought our medical center together and we need to keep it that way.
- **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. As Berwick points out, in Wisconsin, Blacks account for 6% of the population but 50% of the Covid deaths. I think this crisis is going to make all of us a bit more generous, and hopefully more focused on the social fabric that's needed to avoid a similar crisis in the future. 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:** The pandemic has highlighted the importance of science in leading our way out of this crisis. Basic modeling and infectious disease epidemiology have helped us understand what's next, masks and social distancing have controlled the spread of infection, clinical trials have identified therapies that are beneficial (and which ones aren't), novel serologic assays and monoclonal antibodies will identify the extent of disease in our communities and control outbreaks, and novel vaccines should put an end to this pandemic. 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.
- **Leadership:** matters. We as a nation have failed miserably in our response to Covid. The U.S. accounts for approximately 24% (n=19 million) of the cases and 19% (n=333,000) of the deaths worldwide ([see JHU](#)

[dashboard](#)), yet only accounts for 4% of the world population. In contrast, on a local level we've had great health outcomes, addressed workforce concerns, developed a top down and bottom up approach to decision making, provided support for those who need it, and have tried to inspire everyone to work for the greater good. Over the past year, our local leaders have demonstrated the humility and strength to let the truth and our collective values guide crucial decisions, and we're better for it.

No doubt, this past year has been tough with unbelievable challenges along the way. But in many respects it's been a year that has resulted in accelerated personal and professional growth for all of us. I've reinforced many of my hard-earned values and embraced a few new ones, I've become more nimble and inclusive in my decision making, I've learned to embrace the knowledge of those in the trenches, I've been empowered by those who have aspired for what seemed out of reach, and I'm more grateful for the support provided by my family and friends. Most of all, I'm proud of everyone in our department, school, and hospital for keeping us focused on successfully addressing the many challenges that Covid-19 has thrown our way. Thank you.

My very best wishes to you and your family for the New Year.

David

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