Fixing Healthcare Podcast Transcript
Dr. Robert Pearl and Jeremy Corr

Jeremy Corr:

Hello and welcome to Fixing Healthcare's fifth episode of season four. I am one of your hosts, Jeremy Corr. I'm also the host of the popular New Books in Medicine podcast and CEO of Executive Podcast Solutions. With me is Dr. Robert Pearl. For 18 years, Robert was the CEO of the Permanente Medical Group, the nation's largest physician group. He is currently a Forbes contributor, a professor at both the Stanford University School of Medicine and Business, and author of the bestselling book, "Mistreated: Why We Think We're Getting Good Healthcare--and Why We're Usually Wrong."

Robert Pearl:

Hello everyone, and welcome to our monthly podcast aimed at addressing the failures of the American healthcare system and finding solutions to make it, once again, the best in the world. In this is, our fourth season, we're focused on big issues, great threats and major opportunities.

Jeremy Corr:

We've heard from an Apple CEO, the head of the Food and Drug Administration, the head of the Veterans Administrations and a Pulitzer Prize author. Today, we shift gears slightly to examine what may be the biggest threat our nation has faced in over half a century, the coronavirus pandemic. The novel coronavirus has killed over 100,000 Americans and has brought our nation's economy to its knees. Our weekly podcast on the subject, Coronavirus: The Truth, has attracted a huge audience of listeners from across the country and they have asked us to do a show on the biggest learnings to date and what the future will bring. That will be the focus of our show today. We'll look at the mistakes that were made in January and February, where we are today and the growing challenges that exist over the rest of 2020. We'll also gaze longer-term into the future and describe what awaits our country's businesses and the entire American healthcare system. Robbie, let's begin back in January. Can you tell our listeners what happened then and what you believe should have occurred?

Robert Pearl:

Jeremy, on January the 7th, 2020, the New York Times reported that a mysterious SARS-like infection had sickened 59 people in China. Three weeks later, on January the 27th, the CDC, after studying the outbreak concluded this virus would behave like two other coronaviruses, SARS and MERS. And it would not be transmissible from people who were not febrile or having symptoms like a cough. This was the first major error. Based on this assumption, the U.S responded to the threat by blocking flights from China, but nothing more. It missed the people who were asymptomatic and presymptomatic, approximately half of the individuals infected. This moment in time was our nation's best and probably only chance for containment and elimination of the virus and we missed it. Two days later on January the 29th, the U.S had its first evidence of human to human spread. The wife of a man who became infected in China came down with the disease. The next day, January the 30th, the WHO labeled this coronavirus a global health emergency. At that moment, theoretically, we could have contained the virus by finding all contacts of people infected and quarantining them. But once again, we missed the mark. And rather than recognizing the global nature of the problem, we remained focused only on China, not Europe. This was major error number two. Error number three was the refusal of the CDC to ask private labs to begin manufacturing testing kits as many, and in fact, most other nations did. The

CDC wanted to keep testing solely under its purview. It didn't have the capability of producing enough tests. As a result, it made error number four. In the context of a national shortage of testing, it recommended we only test those with symptoms rather than their asymptomatic contents. They continued to miss how different this coronavirus was from the SARS and MERS. Finally, error number five was that the testing kits produced by the CDC were faulty as a result of a contaminated reagent. As such, even the minuscule number of tests performed were problematic. When on February the 29th the United States saw its first death from this virus, probably a full month after the woman who died had become ill, we were no further along in being ready to respond than a full month earlier. On March 11th, the World Health Organization declared COVID-19 a pandemic. At that time, the United States had yet to do 10,000 total tests while countries like South Korea were completing that number every day. The world was halfway around the track and we were still in the starting blocks. The errors compounded, a lack of protective gear for hospital workers, including the essential N95 masks put doctors, nurses, and other hospital personnel at tremendous risk. The shortage led the CDC not to recommend masks. It would be April before it acknowledged the errors of its ways, another month would be lost. By then, we were in deep trouble with hospitals facing overwhelming demand for critical care and running out of ventilators. For over two months, our country had done almost nothing to reduce the spread of this virus, unlike Taiwan, Germany, and Hong Kong, that had mounted a powerful and effective response. Three months after this global pandemic struck, our nation finally began to recognize what it could have and should have close to a hundred days earlier. By then, the number of new cases per week was in the hundreds of thousands and deaths were rapidly trending to 100,000. It was too late, Jeremy, to control the infection. It completely controlled us.

Jeremy Corr:

What's happening now?

Robert Pearl:

Even now we continue to take two steps forward and then two steps back. In much of the country, the exponential viral growth has begun anew. Hospitals in places like Texas, Florida and Southern California face a huge influx of critically ill patients. There's a tendency for some people to think the problem is the coronavirus. It's vital for listeners to understand that when it comes to the virus itself, there is nothing different about it now that we are in July than it was in February, March, April, May, or June. The virus is consistent. It's people who are inconsistent and irrational. Now, every virus has two key biological factors, its transmissibility and its lethality. The transmissibility is defined by the R naught. Under usual social distancing, how many people will be infected by one person with a disease? Some viruses like measles are very contagious with an R naught of 18. Others like the flu are around 1.5. For the coronavirus, the R naught is three. Any number above one is problematic since that leads to exponential growth. Now, exponential growth is just very hard for the human mind to comprehend. So, think about a Lily pond where every plant produces another plant each night. And let's assume it takes 50 days to cover the entire surface of the pond. But let's look at day 43, seven days before everything will be covered. And on day 43, only 1% of the pond is covered. People look out and they say, "There's no big problem. What are you so worried about?" And yet a week later it will be totally blanketed. That's what we saw. Memorial Day weekend, people let down their guard, congregating in bars and beaches and barbecues without masks, without social distancing, and the virus exploded. It wasn't the second wave, just the predictable and inevitable result of shortsighted human action. When it comes to lethality, this virus is intermediate between the flu that takes the lives of about one in a thousand people who come down with it and SARS and MERS that are closer to one in 10. Here it's somewhere around one in every two to 300 people, but that gives a false impression of its likelihood of killing someone infected. It

predominantly takes the lives of people who are older and with multiple chronic diseases. Fortunately for our nation and the world, it spares children. It is why over 50,000 of the 120,000 people who have died in the United States come from the 1.5% of individuals who are residents of nursing homes. Our approach as a nation has been one-size-fits-all, either everyone shelters at home or no one does. We've done far too little for those at greatest risk and we could have addressed the needs of people who are young and healthy in less restrictive ways. If I had to pick a word for where we are today, it would be floundering. Our nation is directionless and without a clear strategy for how best to respond to this virus.

Jeremy Corr:

Do you see our nation resuming professional sports, holding big professional conferences, reopening schools and revitalizing the restaurant world anytime soon, in the fall perhaps? When do you think we can expect to be done with social distancing altogether and resume just normal life?

Robert Pearl:

Let me answer your last question first. If we can resume, I'll say in quotes "normal life", it won't be until we have a vaccine, and that will be 12 to 18 months into the future, I believe. Although this coronavirus has an R naught of three, when we pack people together, the R naught sores. In New Orleans, we saw that happen after the Mardi Gras. And in Boston, after an indoor medical technology meeting, the number of cases increased even more rapidly than in New Orleans. As such, I can't see large arena events happening. In contrast, schools, if done well, can open this fall. What will be needed is for students and teachers to wear masks since that lowers the R naught by as much as half. Add six foot distancing and the transmissibility diminishes even more. But getting six foot distancing will require decreasing the number of students on campus at any one time. And that will mean decreasing the number of students on campus at any one time, which will mean staggering the school day or alternating days entirely. It would mean spreading children out at recess and lunchtime. What I want to stress to listeners is that if we aren't willing to take these actions, we shouldn't open the schools. If kids are crowded together, infections will soar. And as they pass the virus to their parents and grandparents, we will end up closing the schools again to stop the exponential growth. The virus is consistent. It's people who are not.

Jeremy Corr:

What should we be doing now to maximize the health of people, including the medical, financial and interpersonal risks affecting people?

Robert Pearl:

Vilfredo Pareto, was an esteemed Italian economist. He formulated the 80/20 Rule, often referred to as the Pareto Principle. The medical, financial, and interpersonal risks for the coronavirus vary, but they don't compete as many people believe they do. It's not money versus lies as some healthcare policy wonks have cautioned. It's a series of different risk to people's lives. Losing jobs, profound isolation, lack of health coverage, and the virus all harm individuals. The question we have to answer is how can we minimize the total risk? Applying the Pareto Principle, what are the 20% of all the potential precautions that we could take that will achieve 80% of the maximum health benefits in each area? That combination will lead to the right answer. We've already discussed masks and six foot distancing. Add to it a few other relatively simple steps. First, hand washing in case someone sneezes or coughs onto a surface, and we touch the area soon after. Also provide free, easy testing so that anyone who has come

into contact with a person who tests positive can then be tested. And if they're positive as well, self-quarantine. Taking together these few precautions don't eliminate spread completely, but they also don't require shutting everything down and trying to get people to shelter in place for the next year or more until there's a vaccine. What the combination does is lower the R naught below one. And when that happens, the incidence of COVID-19 shrinks rather than expanding exponentially.

Jeremy Corr:

I think one of the most terrifying aspects of the pandemic is its effects on people's mental health. I've read news reports that suicides, overdoses and alcohol sales have greatly increased during the pandemic. People's mental health are affected by loneliness, not seeing friends and family, a terrifying economic situation and potential joblessness, civil unrest like we haven't seen in a very, very long time. I personally do not know anyone who has gotten the coronavirus, but I know a lot of people who have lost their jobs and I know my son was so sad when he went so long without seeing his friends at daycare. Robbie, how, if it is even possible, do we address the major mental health crisis affecting the nation right now?

Robert Pearl:

Jeremy, you're correct. Our response to this pandemic has produced major mental health issues. According to an article on JAMA, 23% of elementary school children in Wuhan, China have experienced depression and anxiety. And we can assume the same thing is happening in our nation today. Crisis centers in the U.S have seen a four-fold increase in calls. Intimate partner violence has grown and we're reading horrific reports from ED physicians about child abuse. People have to discard the mentality that responding to the coronavirus is an all-or-nothing choice. If everyone did the 20% of things that can reduce transmission, we could minimize the impact on people's mental health and avoid 80% of the danger, but everyone has to adhere. And that's going to require education, community spirit, a willingness to sacrifice for the greater good of all. And so far, that has yet to occur.

Jeremy Corr:

Listeners to our Coronavirus: The Truth, have sent us lots of questions. Here are a few of the biggest ones. What about the medications currently available to treat the coronavirus? When will we have a vaccine? Is this virus mutating? What is herd immunity and how should business leaders be thinking about reopening?

Robert Pearl:

Jeremy, these are great questions. I'm always impressed by how insightful and prescient our listeners are when we raise various healthcare issues. In this case, they're spot on about some of the key questions specific to the coronavirus. Let me take them in the order you presented. First, relative to medications currently available, although the media wants to declare there's a miracle cure, the truth is there's nothing currently available that has any significant impact on the disease. You may remember hydroxychloroquine, the anti-malarial drug that was promoted as the cure-all? It's been shown to be more dangerous than helpful. Remdisivir, a drug that will cost close to $5,000 per patient, maybe shortens hospital stays slightly for those who are the most critically ill, but it doesn't reduce the death rate. And the steroid, Dexamethasone, that most recently has been promoted may prove helpful. But so far, the information is through media releases, not published scientific data. My biggest concern is that we are approaching these types of life-saving scientific advances as though they were media promotions. We need to have all of the data released and made available to scientists and physicians to

examine information and modify treatment quickly when and if appropriate. When it comes to the vaccine, this is the big trillion-dollar question. Probably more like a $10 trillion question. There are some talking about a vaccine being available by year's end. There are so many questions and concerns about manufacturing and administering a vaccine, I am most doubtful. First, the majority of vaccines, measles, polio either use a dead virus or one that's been modified to make it less virulent. Then our bodies react to the whole virus, which is usually very effective. Unfortunately, this is a difficult process to complete and the fastest that this type of traditional vaccine has been developed is five years. For that reason, the approach companies are using is to create what's called an RNA vaccine. For listeners that may not be familiar with it, the RNA of the virus is similar to the DNA in humans. Although it's a single stranded structure with one nucleotide being different. The reason a RNA virus is being pursued is that it's easier and faster to produce. The problem is that in the history of vaccine development, there's never been an RNA vaccine created that was both safe and efficacious. As such, I hope I'm wrong, but I'm doubting that we will have a vaccine to end this pandemic in less than 12 to 18 months, if that quickly. When it comes to viral mutation, the good news is that the organism is stable and that's important for two reasons. First, theoretically, if it mutated, it could become more lethal. But also, if we develop a vaccine and the virus changes, the vaccine becomes ineffective. Having said that, all viruses mutate and this one has hundreds of minor variants. But all of them are very similar. But the equivalent of all three are few words of a novel and saying is a different book. No, it's basically the same book. On the other hand, tear out entire chapters and replace them with different storylines, now you have a very different piece of literature. The words herd immunity are usually applied to the percentage of the population that needs to be vaccinated to protect those who have not been vaccinated. If the virus is coughed or sneezed by an affected person, let's say on 10 others, and nine have immunity, the worst that can happen is that one person becomes sick and the infection doesn't get out of control. When it comes to the coronavirus, people are using the word for the possibility that enough of the population would have been infected and developed immunity the way childhood diseases like chickenpox were managed before the availability of a vaccine. Unfortunately, with R naught of three, to be able to avoid exponential growth would require two in three people to have been infected or 200 million Americans. We're now probably around 30 to 40 million people who have had the coronavirus, so there's a long, long way to go. Finally, in terms of businesses, I have the same advice to them as overall: one size doesn't fit everyone. If the company is doing as well virtually as it did in person, don't reopen. If there are some employees, let's say in product design and need to come together to create the next generation of customer solutions, bring them in, but not the others. But ask, do these people need to be there five days a week or can they come together two or three days instead? When people are working, masks and six foot distancing are essential. We should avoid indoor conference rooms and ask whether business travel and flying is worth the time, risk and expense. Ultimately, if people get sick, if employees get sick, they won't be at work. I often remind people in this current coronavirus that at airports, we used to walk directly from the entrance to the gate. That will never happen again. Similarly, the way we used to run our businesses won't happen the same ever again. There will be a new normal. We will have to shape it. We need to accept that and move forward.

Jeremy Corr:

You led Kaiser Permanente through one of its most tumultuous times. Based on your experience, what's the future of American healthcare in the post-coronavirus era and what will be the same about medical care delivery and what will be different?

Robert Pearl:

Jeremy, the economic consequences of the coronavirus will change American healthcare in the future. The federal government will have borrowed $8 trillion. They'll have to pay it back and interest in the interim. States need to balance their budgets in the face of diminished tax revenue and higher costs. Most businesses will continue to face economic challenges and they will have burned through cash reserves. Unemployment remains at least double what it was at the start of 2020. Everyone will be looking to cut costs and healthcare will be one of the prime areas. For decades, we've talked about the growing unaffordability of healthcare in the United States and why costs need to come down. We've said they should and they must, but nothing has happened. In the post-coronavirus era, they will. Not because someone mandates it, but because the government businesses and individuals won't be able to pay what they did in the past. I project this will lead to a shift from fee-for-service that rewards higher volume to prepayment or capitation that leads to higher value. And as doctors and hospitals are paid on a capitated basis, they will need to find ways to increase the efficiency and effectiveness of their health care they provide. They will do so by coming together, forming a variety of community-based integrated medical groups, various organizations. The structures will vary, but there'll be greater collaboration and technology. It will drive them to embrace technology that raises quality and lowers cost and to focus on prevention and avoidance of complications from chronic disease that will align the interests of all in a way that has not been in place across the history of American healthcare. We saw this happen in the current pandemic with the explosion of video or telemedicine, we can call it what we want. In many places, as much as 70% of care that have been done in the office was being completed virtually with more rapid access, excellent quality and far lower costs. I can't imagine that patients would be willing to go back to where we were in the past. What will be the same will be the relationship between doctors and patients. What will be different will be a system and a culture of medicine that will drive people to prevent disease, to use technology and to propel the American healthcare system into the 21st century.

Jeremy Corr:

Well, like I said before, Robbie, you very successfully led Kaiser Permanente and were the CEO of over 10,000 physicians for almost 20 years. You also teach at the Stanford Graduate School of Business and even recently spoke to the New York Stock Exchange. You are in the very rare position of having a deep understanding of both medicine and business. You studied many industries during periods of disruption. Can you do a bit of a deep dive into your thoughts on the short-term and long-term economic outlook for our country?

Robert Pearl:

Jeremy, the CEO's with whom I've spoken recognize what's happening. They get it. They understand that the markets won't be expanding and they've shifted their focus onto attracting customers away from their competitors. To do that, what they realize is that lower prices will be essential. And not just lower prices, but lower prices with higher quality and greater customer satisfaction. What they were looking to do is to find ways to accomplish all of that with fewer employees. As such, they're making major investments in artificial intelligence, robotics, and a myriad of other technologies. As one CEO told me last week, I've been able to make the HR changes in three months that I had been planning to do over the next three years. From that perspective, I'm optimistic that the businesses and the economy in the United States will bounce back very strong once there is a vaccine. However, the approach they're taking will have consequences. Unemployment remain high. And as a result, there'll be greater need for social services and to ensure that the social network holding people up who otherwise have no choice doesn't have holes in it. The coronavirus will be a disruptive force. And the history of disruption is that those periods propel business and society forward, they help make major advances, but in the process, people get left behind. We need to be prepared to protect them. Jeremy, you're an expert when it

comes to world and American history. We've experienced a variety of pandemics and epidemics over the past 2000 years. How is this one similar to ones in the past and how is it different? What can we learn from the times governments have intervened effectively? And what are the lessons from the ones that have made poor decisions leading to millions of unnecessary deaths as a consequence?

Jeremy Corr:

I would say the biggest difference between this pandemic and the ones we've had in the past is that now we have a much better understanding of what a virus is and how it works. I mean, you always say, what is it? Something along the lines of the virus and its spread is predictable; it is human behavior that is not. Obviously everybody can Monday morning quarterback, but the biggest lesson we should have learned but did not was that epidemics and pandemics are a matter of when it will happen again, not an if it will happen again. We should have been much more prepared for this pandemic than we were. Another major difference between this pandemic and some of the worst in history is that our healthcare system is much superior to that of what existed in, say, the Black Plague or even the Spanish Flu. In comparison to many of the other major historic pandemics, this one seems to be one of the more contagious ones, but we are also extremely lucky that this seems to be one of the far less deadly ones partially due to modern medicine than pandemics of the past. If this virus was, say, as deadly as Ebola but as contagious as it currently is, the death rate we're seeing now is nothing compared to what it would be. We should count our blessings that this is not as deadly and use this event as a wake up call in preparedness for future pandemics. Governments and people have a history of handling these kinds of events poorly, partially because people are terrified and so desperately want to cling onto hope that misinformation spreads like crazy. I mean, even for example, if you look at Philadelphia and the yellow fever epidemic of 1793, people wrongly believed that slaves were immune to it. So, they forced them to take care of the sick, putting them at much greater risk of getting infected as well. Look at how countries like South Korea has handled MERS, SARS, and now the coronavirus through heavy testing, contact tracing, quarantining. These are the kinds of countries we should be looking at.

Robert Pearl:

You raise a really important point. So, let me ask a follow-up question if I can. In times of war, our nation has united against the common enemy, World War II being a powerful example. And yet in this war against the coronavirus, our nation seems fragmented and we're tripping over our own feet. What's different and what can we do about it?

Jeremy Corr:

It's very interesting because an often forgotten fact about history is that in the lead up to World War II, America was very divided about how to get involved with what was going on in Europe. It wasn't until Pearl Harbor that people really united. And even then there were still some pockets of antiwar people. It is very hard to find people now who argue that World War II was not justified. I mean, Nazi Germany was one of the most evil entities in the history of the world. And I think the biggest difference is that it was a threat that felt real. Whereas with a virus, it is much harder to sense that it's real. I mean, like I said before, I personally don't have anyone that I'm close with that's had coronavirus. I don't know anybody that's died from it. But I have seen the economic impact of the shutdowns destroy my friend's businesses. I've seen many people I know get laid off, go on furlough or reduce salary, et cetera. But in the 1940s, people were sending their own sons off to war and there was footage of the battles, footage of Nazi marches, footage of the Japanese in the Pacific, it felt real. The whole country rallied behind that cause. I mean, regardless of where you sat politically, you knew that Nazi Germany had to be stopped. I mean, even during the much more abstract Cold War, most people knew and agreed that the Soviet

Communist regime was an evil and dangerous threat. Even if many disagreed with the military conflicts we got in because of the Cold War, like Vietnam. The novel coronavirus is invisible. We can't see it. We don't fully understand it yet. And it is appearing much less fatal than we originally feared. I think the big reason that we are fragmented over it is because we're fragmented as a nation. Both the right and the left are trying to weaponize information about the coronavirus for their own political gain. For example, for some of the news sources on the left to say that people are spreading the coronavirus like crazy by going to the beach or sitting outside at restaurants, but that the massive protest with tens of thousands of people aren't spreading it at all is dishonest. And for some on the right to say that the virus is more or less a hoax and is no worse than a seasonal flu is also dishonest. The reason we're divided right now is that our country is fundamentally divided and we'll be divided on pretty much any major issue until we heal that divide.

Robert Pearl:

Jeremy, we have a relatively effective flu vaccine and yet only 40% of people avail themselves of it each year. And the anti-vaccine movement in America today is one that is growing and becoming increasingly vocal as well as dominating in many areas of social media. How have people reacted to vaccines in the past?

Jeremy Corr:

Interestingly enough, anti-vaccine movements have been around as long as vaccines have been around. From the small packs anti-vaccination leagues in Europe and the United States when vaccination efforts were started. There were complications with the DTP vaccine which caused many to fear it, which led to three major whooping cough epidemics. But the birth of the modern anti-vaccine movement stems from Andrew Wakefield's discredited and then retracted paper that was published in the Lancet stating that the MMR vaccine caused autism in children. Even though that was disproven, there are still people that believe it to this day. The anti-vaccine movement continues to grow on both the political right and the left for various reasons. We've seen measles spreading in the United States and in modern times in pockets where these anti-vaccine movements have more of a major foothold. Like you said, only about 40% of the people get the flu shot every year. And I hear people being more and more angry at the virus' effects on the economy. I mean, heck, the downtown area surrounding my office right now is a virtual ghost town. I think with the pandemic being politicized, inaccurate, and often confusing information coming from the WHO, both state and federal government dropping the ball and giving conflicting information and advice, people are becoming increasingly angry and skeptical about the information they're given. And I am very concerned that if there is a safe and effective vaccine for the coronavirus, that there will be a huge number of people that, a, do not trust it, maybe fear it was rushed out and refuse to take it. And this could make our fight with the virus last much longer and be a much bigger uphill battle than it needs to be. Robbie, other countries are looking at the U.S. Europe is allowing people from 15 nations to enter, but none from the U.S. Even the National Hockey League is thinking about moving its playoffs completely outside the United States, hosting them in Canada only. How do you evaluate our nation's response compared to the rest of the world?

Robert Pearl:

Jeremy, I'd give us a D. Almost every other industrialized nation has done far better than the United States. Our biggest problem, we don't have a strategy. And we've not had effective and consistent leadership. We keep saying things like, "Let's see what happens next month when we can predict exactly what will happen." We have 50 different plans without any effective coordination. In our country, you can drive from state to state and carry the virus with you and yet you have to wear a mask in one

geography and five minutes later, you can be in a place where you don't have to wear a mask. In the class I teach at Stanford, I often say, hope is not a strategy. Nowhere is that truer than when it comes to the coronavirus. We keep taking two steps forward, hoping everything will be fine and then two steps back when the predictable happens as it is occurring in the majority of states in the United States today. It's not a problem with the virus, it's a problem with people and our unwillingness as a nation to accept the reality viral replication. We need a strategy. We need a common plan and we need effective leadership to accomplish it.

Jeremy Corr:

Robbie, the reality of the world we're currently in is very, very sobering. What are you seeing or reading that has given you the most hope for the future?

Robert Pearl:

Jeremy, Elisabeth Kubler-Ross has described the five stages of loss. The model has been applied in multiple areas. When it comes to what we need to give up in the context of the coronavirus, I believe it offers a good framework for our nation, a good way to understand where we are in this process. We've seen each of the four initial stages happen in various ways and at different times in different geographies. There's been denial about the risks, anger at the restrictions, bargaining over whether we really have to change and depression when the problem intensifies. The fifth and last stage is acceptance. And what I'm optimistic is that we're reaching that point. People have bounced between great fear and overconfidence, and now I'm hoping, now I believe that we're moving towards a clear understanding about this virus. We may be six months too late, but late is better than never. If listeners want additional updates in the future, I encourage them to tune into our bi-weekly podcast, coronavirus: The Truth. They can also get more information on COVID-19 through my website, robertpearlmd.com. And if they have questions about this pandemic, I encourage them to send them to us through our Fixing Healthcare website. If we don't know the answers, we promise to find someone who does.

Jeremy Corr:

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Robert Pearl:

Thanks to all. Together we can once again make American healthcare the best in the world.

Jeremy Corr:

Thank you for listening to Fixing Healthcare with Dr. Robert Pearl and Jeremy Corr, have a great day.