

VIEWPOINT

John Z. Ayanian, MD, MPP

Institute for Healthcare Policy and Innovation, University of Michigan, Ann Arbor; and Editor, *JAMA Health Forum*.



Viewpoints
pages 1131-1155 and
Editorial page 1159

JAMA Health Forum and COVID-19

JAMA Health Forum launched on January 23, 2020—just 3 days after the first person tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the US and 1 week before the World Health Organization (WHO) declared coronavirus disease 2019 (COVID-19) a “global public health emergency.”¹ The timing of this launch was coincidental, yet it provided an urgent opportunity for *JAMA Health Forum* to pivot rapidly to identify and publish leading-edge content as the COVID-19 threat became more clear. Seven weeks later, the WHO declared COVID-19 a global pandemic as rapidly increasing numbers of cases were diagnosed across 6 continents. Over the ensuing 6 months, the global pandemic has become the greatest public health crisis and challenge to health care systems of the past century, causing nearly 1 million deaths worldwide and nearly 200 000 deaths in the US.

Until an effective vaccine becomes available, efforts to contain COVID-19 must focus on public health measures to reduce the spread of the virus.

JAMA Health Forum—An Overview

As the newest addition to the JAMA Network, *JAMA Health Forum* is a digital publishing channel devoted to health policy, health care systems, and public health. This channel currently features the following 4 categories of articles:

- “Insights” commentaries from a wide range of authors around the world
- “Forum” commentaries from 16 US experts in health policy and health economics
- “In the News” articles on major health reports issued by government agencies and nongovernmental organizations such as leading foundations
- “Editor’s Comments” about notable original research studies related to health policy published recently in the JAMA Network journals.

With the ability to publish rapidly, *JAMA Health Forum* has been well-positioned to publish and disseminate timely articles about COVID-19, beginning with an early news report on the WHO declaration of a global public health emergency.¹ The magnitude of the effects of the pandemic in the US became starkly apparent in March, when the health care systems of several metropolitan areas including New York City, New Orleans, and Detroit were stretched beyond their capacity with hospitalized patients. The rapid implementation of widespread stay-at-home orders in many states led to major economic disruptions and job losses. Since the

launch of *JAMA Health Forum*, about 80 of the approximately 160 articles published have focused on COVID-19 and have addressed some of the most crucial issues facing health care professionals, health system leaders, and policy makers in responding to this ongoing crisis.

Early Policy Flashpoints With COVID-19

Within 2 weeks after the WHO declaration of a global pandemic on March 11, the initial 4 commentaries on major COVID-19 policy concerns were published in *JAMA Health Forum*. In the first of these articles, Nundy and Patel² introduced the concept of individuals’ self-testing for COVID-19 at home. This prescient report anticipated the widespread limitations and delays that have persisted with COVID-19 diagnostic testing and offered a new pathway to alleviate these barriers. This article was followed in close succession by 3 other commentaries that illuminated major policy issues that were begin-

ning to emerge as important components of the COVID-19 crisis, including hospital preparedness, shortages of personal protective equipment (PPE), and major outbreaks in nursing homes.

With an urgent call for US hospitals to anticipate a rapid surge of critically ill patients with COVID-19, Cavallo and colleagues³ addressed the rapidly increasing numbers of patients who required hospitalization for COVID-19, as recently observed in Italy. The authors issued warnings about shortages of health care workers, ventilators, and PPE that could arise if hospitals were unprepared in “planning for the Nth patient”—which could then lead to ethically difficult rationing decisions for physicians and their patients.

Mason and Friesel delved more deeply into the shortages of PPE (eg, masks, N95 respirators, gowns, and gloves) that many hospitals and nursing homes encountered during the early weeks of the COVID-19 pandemic.⁴ As the authors noted, these shortages were particularly risky for nurses and other health care workers caring for severely ill patients with COVID-19. The authors also provided constructive policy recommendations to improve the availability and use of PPE in the current pandemic and future ones.

Describing nursing homes as “ground zero” for the pandemic, Barnett and Grabowski⁵ underscored the vulnerability of frail older adults and lack of preparedness for COVID-19 at these sites. The authors noted that nearly half of older men and more than half of older women require nursing home care at some point in their lives and advocated for greater societal support for nursing homes and their staffs. They also provided practical guidance to improve infection control in nursing homes.

Corresponding Author: John Z. Ayanian, MD, MPP, Institute for Healthcare Policy and Innovation, University of Michigan, 2800 Plymouth Rd, Ann Arbor, MI 48109 (ayanian@umich.edu).

Growing and Unequal Health Consequences of COVID-19

These initial articles addressed some of the most immediate policy concerns that arose with the rapid early spread of COVID-19. Subsequent commentaries in *JAMA Health Forum* have addressed problems that may persist for months to years as the US and other countries struggle to recover from COVID-19. One of the most crucial challenges will be determining the overall health effects of the pandemic and how they are distributed unevenly in the population, reflecting preexisting racial, ethnic, and socioeconomic disparities in health that have been accentuated by the pandemic.

An Editor's Comment in *JAMA Health Forum* highlighted important new research in *JAMA* and *JAMA Internal Medicine* on COVID-19–related mortality in the US.⁶ Based on state and federal vital statistics data, these studies estimated that excess mortality during the pandemic was much higher than the numbers of deaths directly attributed to COVID-19. This discrepancy may be related to shortages in COVID-19 testing, as well as people avoiding or delaying care for other life-threatening conditions such as myocardial infarction or stroke.

The health effects of the pandemic have not affected the US populations evenly. As emphasized by Essien and Venkataramani,⁷ Black and Hispanic individuals have borne a disproportionate burden of morbidity and mortality related to COVID-19. These disparities have arisen from impaired access to diagnostic testing in lower-income communities, poorly controlled chronic health conditions such as hypertension and diabetes that are risk factors for COVID-19 complications, and social determinants of health such as overcrowded housing and inadequate PPE for low-wage essential workers that place vulnerable individuals at greater risk of becoming infected with SARS-CoV-2. To address these disparities, the authors argued convincingly for policy solutions that include Medicaid expansion, support for community health centers, and more accurate and complete data on health disparities related to COVID-19.

Persistent Policy Challenges Related to COVID-19

Until an effective vaccine becomes available, efforts to contain COVID-19 must focus on public health measures to reduce the spread of the virus. One of the most important measures has been the use of face masks in social settings outside of homes, as recommended by state and federal guidelines to reduce the spread of COVID-19. However, this policy has also become a particularly polarizing issue for many US residents. In the most widely read commentary to date in *JAMA Health Forum*—viewed more than 140 000 times—Dorfman and Raz⁸ provided useful guidance for clinicians when patients request exemptions from wearing face masks as a disability accommodation.

A persistent challenge for state and local policy makers has been the question of how to balance the educational needs of students with the health concerns of teachers and communities when deciding how to reopen schools this fall via in-person, virtual, or hybrid modes of teaching. A recent Editor's Comment by Buntin and Gavulic⁹ reviewed guidance from 9 articles related to schools and COVID-19 that have been published in *JAMA Health Forum*, *JAMA*, and *JAMA Pediatrics*. Emphasizing the importance of schools as “lifelines” for many students, the authors called for engagement among leaders in education, medicine, public health, and social services; further research to determine how the spread of COVID-19 can be minimized as schools reopen; and greater funding to help schools reopen safely.

Health care professionals, public health officials, and policy makers will be learning from experiences with COVID-19 for years to come. In a recent commentary, Gostin¹⁰ has helped to frame this learning by presenting 7 early lessons from the ongoing pandemic. Amid often contentious debates about how to balance public health and economic concerns, he advocates for stronger commitments to scientific research, health equity, and global cooperation. By informing society's response to COVID-19 and recovery from the pandemic, *JAMA Health Forum* and the other JAMA Network journals will have an important role in each of these domains.

ARTICLE INFORMATION

Conflict of Interest Disclosures: Dr Ayanian reported receiving grants from the Michigan Department of Health and Human Services and the National Institute on Aging and receiving personal fees from Harvard University, University of Massachusetts Medical School, and University of Chicago.

REFERENCES

1. Stephenson J. Coronavirus outbreak—an evolving public health emergency. *JAMA Health Forum*. 2020;1(2):e200114. doi:10.1001/jamahealthforum.2020.0114
2. Nundy S, Patel KK. Self-service diagnosis of COVID-19—ready for prime time? *JAMA Health Forum*. 2020;1(3):e200333. doi:10.1001/jamahealthforum.2020.0333
3. Cavallo JJ, Donoho DA, Forman HP. Hospital capacity and operations in the coronavirus disease 2019 (COVID-19) pandemic—planning for the Nth patient. *JAMA Health Forum*. 2020;1(3):e200345. doi:10.1001/jamahealthforum.2020.0345
4. Mason DJ, Friese CR. Protecting health care workers against COVID-19—and being prepared for future pandemics. *JAMA Health Forum*. 2020;1(3):e200353. doi:10.1001/jamahealthforum.2020.0353
5. Barnett ML, Grabowski DC. Nursing homes are “ground zero” for COVID-19 pandemic. *JAMA Health Forum*. 2020;1(3):e200369. doi:10.1001/jamahealthforum.2020.0369
6. Ayanian JZ. Tallying the toll of excess deaths from COVID-19. *JAMA Health Forum*. 2020;1(7):e200832. doi:10.1001/jamahealthforum.2020.0832
7. Essien UR, Venkataramani A. Data and policy solutions to address racial and ethnic disparities in the COVID-19 pandemic. *JAMA Health Forum*. 2020;1(4):e200535. doi:10.1001/jamahealthforum.2020.0535
8. Dorfman D, Raz M. Mask exemptions during the COVID-19 pandemic—a new frontier for clinicians. *JAMA Health Forum*. 2020;1(7):e200810. doi:10.1001/jamahealthforum.2020.0810
9. Buntin MB, Gavulic KA. Safely reopening schools—learning amid a pandemic. *JAMA Health Forum*. 2020;1(8):e201054. doi:10.1001/jamahealthforum.2020.1054
10. Gostin LO. The great coronavirus pandemic of 2019—7 critical lessons. *JAMA Health Forum*. 2020;1(8):e201043. doi:10.1001/jamahealthforum.2020.1043