

17 August 2020

## **BRIEF19**

*A daily review of covid-19 research and policy.*

### **RESEARCH & POLICY BRIEFING**

**How did primary care practices adapt to covid-19?** Social distancing during the covid-19 pandemic not only affected our ability to eat out, go to the movies, or gather in large groups, it also changed the way primary care providers communicated with patients. In a new [study](#) published in the *Annals of Internal Medicine*, researchers looked at how the U.S. Department of Veterans Affairs outpatient medical facilities adapted its patient care during the first 10 weeks of the covid-19 pandemic. Data included all adult visits to VA health care facilities between 2016 through 2020 to determine whether trends during the pandemic represented statistically significant changes from past patterns. The researchers looked at the type of visits for each patient during this time period, which included in-person, telephone, and video visits. From the first 10 weeks of 2020 to the first 10 weeks of the pandemic, in-person visits to VA facilities decreased by 55.5 percent. During the first 10 weeks of the covid-19 pandemic, telephone visits increased by 139 percent and video visits increased by 72.6 percent. Similar changes in the types of visits at VA facilities were observed in 92.8 percent of VA clinics nationally. Although this study was limited to VA patients, which are often older males compared to the general adult U.S. population, it does provide evidence that large health systems were able to quickly adjust and maintain new social distancing guidelines in the outpatient setting. The researchers observe at the end of the paper that further research is needed to determine whether telehealth services have an effect on patient outcomes compared to in-person visits. —*Joshua Niforatos, MD*

**Salivating for samples. A new test for SARS-CoV-2 moves forward.** Over the weekend the Food and Drug Administration (FDA) [issued](#) an Emergency Use Authorization (EUA) for a novel means of testing for coronavirus, specifically using saliva samples. Developed by the Yale School for Public Health, the “SalivaDirect” process has several features that make it an attractive alternative for testing: any sterile specimen container may be used for collection, it bypasses a nucleic acid extraction step (often the equipment-limiting phase causing delays in other tests), and has been validated and authorized on a variety of reagents and equipment, allowing greater generalizability. It does not require any special swabs, which has been a bottleneck in some areas. The protocol has been released (and is open source). Because it does not require any proprietary equipment or materials, the new test should be easily integrated into most testing facilities. A prepublication [release](#) of a study on the test’s effectiveness showed greater than 94 percent concurrence with nasopharyngeal swabs. However, prepublication releases of research findings have not been vetted via the traditional peer review process and as such outside verification is still necessary *The FDA* —*Joshua Lesko, MD*

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*Brief19* is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.