Outcomes of COVID-19
With the Mayo Clinic Model of Care and Research

To the Editor: We read with interest the article published by our colleagues about the coronavirus disease 2019 (COVID-19) treatment outcomes at Mayo Clinic.1 We commend them for the excellent work and for establishing that superior outcomes are possible with a care model that is multidisciplinary, collaborative, agile, compassionate, and socially responsible. The authors reported that from March 1, 2020, to July 31, 2020, the overall mortality for patients afflicted with COVID-19 managed at Mayo Clinic was 1.1%. The mortality for hospitalized patients was 7.1%, whereas the mortality for those who required intensive care unit care was 11.9%. This was lower than in most studies reported in the literature and government data.1

Several points bear emphasis. Although we agree that mortality rates are lower numerically, there are some aspects that we want to point out. Hospitalization and mortality rates can easily be confounded by comorbidities, race, ethnicity, and social determinants of health. The variables mentioned have important implications on COVID-19 outcomes.2 In a study referenced, black patients represented 37.3% of the study population compared with only 9.3% in this study.3 It is important to know the proportion of patients in this study that experienced homelessness or patients without health insurance. It is possible that the rates in this study were different from other studies because the populations were very different from each other.

Second, best practice supportive care (and dexamethasone) is vitally important for treating patients afflicted by COVID-19, given that novel therapeutics have failed to exhibit mortality benefit.4 It was correctly pointed out that the Mayo Clinic hospitals were not affected by an overwhelming surge of hospitalizations during the study period. One key piece is the staffing ratio of doctors and allied health professionals to patients. Chronic understaffing of nurses has been reported even before the pandemic, particularly in New York, where nurses routinely take care of up to 9 patients per shift.5 The exact numbers were not reported in this study, but we suspect that our institution may have fared better than some other institutions during the pandemic.

Third, the article highlighted the importance of a multidisciplinary physician team that contributed to these outcomes. The most important factor is the exceptional teamwork of our physicians, nurses, nursing assistants, pharmacists, phlebotomists, respiratory therapists, radiology technologists, physical therapists, emergency medical technicians, medical laboratory scientists, and other allied health staff including environmental services staff, clinical assistants, language interpreters, information technologists, and other support staff. We would like to highlight this fact, and for readers to take into account their invaluable contribution to the outcomes reported in this study.

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In reply—Outcomes of COVID-19 With the Mayo Clinic Model of Care and Research

We thank the writers for emphasizing the importance of multidisciplinary team care in the outcomes reported in our article. We cannot emphasize enough the importance of every team member in achieving these patient outcomes, particularly during this time period of unique stress on the system. The point made regarding staffing ratios is well taken; although the staffing ratios throughout the time period fluctuated, staffing shortages were managed within the Mayo Clinic system and a high ratio maintained. Furthermore, the treatment review panel allowed the

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