



MASSACHUSETTS  
**HIGH TECHNOLOGY COUNCIL**

*Dedicated to Growth... Committed to Action*

The logo features a dark blue rectangular box with white text. The word 'MASSACHUSETTS' is in a smaller, white, sans-serif font. Below it, 'HIGH TECHNOLOGY COUNCIL' is written in a larger, bold, sans-serif font, with 'HIGH' in red and 'TECHNOLOGY COUNCIL' in white. Underneath the box, the tagline 'Dedicated to Growth... Committed to Action' is written in a white, italicized, sans-serif font. The background of the entire slide is a light blue grid of hexagons, with various icons in white hexagons scattered around the central text box. These icons include: a group of three people, a DNA double helix, a clock tower, a state capitol building, three test tubes, a bus and a car, a green car with a charging plug, a house with a red roof and green leaves, a document with a pencil and gears, a graduation cap, a molecular structure, a smartphone, a presentation board, and a map of Massachusetts.

# The War on COVID-19

# Key Contributors

- Bill Acthmeyer, *Founder and Senior Managing Director, EY-Parthenon*
- Aron Ain, *CEO, Kronos*
- Chris Anderson, *CEO of Massachusetts High Technology Council*
- Mark Barnes, *Partner, Ropes & Gray LLP*
- Udit Batra, Ph.D., *Executive Board Member, Merck KGaA Darmstadt, Germany & CEO, Life Science, MilliporeSigma*
- Jasmine Burton, *Associate, Bain Capital*
- Thomas J. Cahill, M.D., Ph.D., *Founder & MP, Newpath Management*
- Marc Casper, *Chairman and CEO, Thermo Fisher Scientific*
- Benjamin Cravatt, Ph.D., *Professor at The Scripps Research Institute*
- Lynn R. Goldman, M.D., M.S., M.P.H., *Professor at George Washington*
- Megan Greenfield, Ph.D., *Partner, McKinsey & Company*
- Akiko Iwasaki, Ph.D., *Professor of Immunobiology at Yale University*
- Julie Jones, *Chair, Ropes & Gray LLP*
- Adam Koppel, M.D., Ph.D., *Managing Director, Bain Capital Life Sciences*
- Michael Z. Lin, M.D., Ph.D., *Associate Professor at Stanford University*
- David Liu, Ph.D., *Professor at Harvard University*
- Ed Mackey, *EVP Global Operations, Boston Scientific*
- Steve Pagliuca, *Co-Chairman, Bain Capital*
- Robert Reynolds, *President and CEO, Putnam Investments*
- Michael Rosbash, Ph.D., *2017 Nobel laureate in Physiology or Medicine*
- Stuart Schreiber, Ph.D., *Professor of Chemistry at Harvard University*
- Edward Scolnick, M.D., *former head of R&D at Merck*
- Jonathan W. Simons, M.D., *CEO & President, Prostate Cancer Foundation*
- Navjot Singh, *Managing Partner, McKinsey & Company Boston*
- Peter L. Slavin, M.D., *President, Massachusetts General Hospital*
- Michael Springer, Ph.D., *Associate Professor at Harvard Medical School*
- Jane Steinmetz, *Boston Office Managing Principal, Ernst & Young*
- Zane Stiles, *Analyst, Bain Capital*
- Upasana Unni, *Associate Partner, McKinsey & Company*
- David R. Walt, Ph.D., *Professor at Harvard Medical School*
- Ramnik Zavier, M.D., Ph.D., *Professor at Harvard Medical School*

**Have assembled a team of experts to help operationalize the White House “Opening America” framework**

# Executive Summary: The War on COVID-19

- **Global cases & deaths continue to rise. Mitigation efforts have led to some level of “flattening”, but with severe economic consequences**
  - The US new daily cases are beginning to decline, but still account for 1/3 of global daily new cases
  - MA new daily cases still high, but are seeing frequent periods of declining. Hospital ICU beds only ~50% filled
  - JP Morgan estimating Q2 GDP down ~40% QoQ. MA unemployment ~2x the GFC, with low income workers particularly hard hit
- **Determining when to re-open is dependent on modeling out “supply and demand”**
  - Key supply considerations include availability of beds and healthcare workers (taking into account burden of other illness/need) and therapeutic availability and effectiveness
  - Key demand considerations include a manageable current new case trajectory (“flattened curve”), confidence in ability to track case counts, and anticipated effectiveness of segmentation & worker safeguards
- **If reopening causes a demand imbalance, risk a rolling lockdown scenario**
  - 1918 Spanish Flu data warns of opening too early or with too little preparation – could result in a second, larger spike in cases than the first
  - Spain re-opened once COVID-19 cases reached 20% of their prior peak, but was still too soon – cases rapidly rose and Spain was forced to shut again
- **Critical to design a “back-to-work” plan that does not overload hospitals and keeps people safe**



**We can defeat COVID-19 by implementing: (1) strategic population segmentation, (2) effective therapeutic treatments and longer term a vaccine, (3) full adoption of  $R_T$  reduction protocols**

# COVID-19 History & Economic Impact: Summary

- Global **cases and deaths continue to rise**, but the US & Europe may be in the **early stage of “flattening”**
- COVID-19 is particularly serious because of its **high hospitalization & death rate** and **high rate of spread ( $R_0$ )**. Unmitigated spread can quickly overwhelm hospitals
- While mitigation efforts are contributing to the early curve “flattening,” they will have a dramatic economic impact in the U.S., with some analysts forecasting **Q2 GDP declines 2-3x that of the great depression**
- **Workers earning less than \$40K/year** and employed by **small businesses are most vulnerable**



**Mitigation efforts are aiding in the fight against the virus, but are also having a significant impact on the economy, and impact is most severe in low income workers**

# When to Return to Work: Summary

- **Building a dynamic hospital capacity / demand model** based on current infection rate and system readiness for reopening critical to determining when to return to work
- MA new daily cases still trending **around peak**, although have shown signs of “flattening.” Managing hospital capacity well so far, with **ICU beds only ~50% filled** with COVID-19 patients
- However, **critical to not reopen too soon** – a demand imbalance could lead to a second peak more severe than the first, as evidenced by St. Louis’ re-opening during the 1918 Spanish Flu



**Need to focus on developing policies and protocols to keep hospital capacity balanced with demand and minimize the risk of another lockdown**

# The Key 3 Steps to Achieve Hospital Balance & Worker Safety

**Segmentation:** Sequence segments returning to work according to risk to lower hospitalization rate

**Effective Therapeutics:** While waiting for vaccine, implement effective treatments to curb hospitalization rate & fatality rate

**Reduce  $R_T$ :** Implement policies & procedures to reduce the rate of spread

# The War on COVID-19

## Timing & Hospital Capacity Constraint Model

*Build a dynamic hospital capacity / demand model based on current infection rate and system readiness*

### Segmentation

Implement segmentation model, sequencing segments returning to work according to risk and ability to safeguard

#### Co-living

*Develop guidelines for high risk segments living with segments returning to work*

#### Enablers

*Develop guidelines for back-to-school (including childcare) and transportation*

### Treatment

Identify and rapidly deploy effective therapeutic treatments and longer-term a vaccine

#### Therapeutics

*While waiting for vaccine, implement effective treatments to curb hosp. rate*

#### Vaccine

*Accelerate vaccine development & prepare for deployment at-scale*

### Reduce $R_T$

Implement policies & procedures to reduce the rate of spread

#### Workplace Norms

*Develop workplace norms to minimize reoccurrence*

#### Testing & Tracing

*Develop massive testing & tracing plan to be used to identify & contain virus spread*



**United we will win the war against COVID-19**