OPTIMIZING HEALTHCARE: LESSONS LEARNED FROM COVID-19

COVID-19 has awakened the American public to the need to improve the quality of patient and population health services, advance equity and upgrade quality and outcomes, particularly for people of color , individuals with low income and residents of rural areas. Additionally COVID-19 has demonstrated the fragility of our American healthcare system and pointed out the work that lies ahead, including the need to: improve the financial sustainability of healthcare institutions; provide equity across state, racial, urban and rural geographies; become independent of foreign commercial interests in our supply of vital medical equipment and incremental supplies; and recognize the guarantees of equality to provide access to care, fair pricing, quality and privacy of health information.

So many deficiencies in our U.S. healthcare system were exposed by the pandemic. The weaknesses in our infrastructure of care have resulted in hospital closings in our rural communities and major health institutions currently facing financial crises at a time when more, not fewer, stable hospitals are needed. Our inability to respond quickly to protect our frontline workers with appropriate PPE , our slow response to providing enough testing, and the severe shortage of hospital beds, ventilators, and respirators all contributed to the mess we find ourselves in. Over 300,000 deaths and rising, eclipsing the numbers in every other country in the world, and 64.2 new cases per 100 thousand people daily, point out the shocking deficiencies in our ability to provide proper care to our population.

Regulations/legislation, that has guided how decisions are made and executed, need complete overhaul, from governance of drug pricing to the cost of care for procedures and treatments, both in-patient and out-patient in centers of care. COVID-19, that came as a shock to all of us, was clearly not addressed by an organized strategy. That is because our system has been eroded from many years of abuse and neglect. We now have seen the reckless disregard for our most vulnerable citizens which reinforces the need for fast response systems so critical in times of national disasters. We were confronted

with the dangers of inadequate control over our healthcare supply chains that provide critical equipment and medical supplies including ventilators, test kits, respirators, gloves, face shields, hand sanitizers, FDA approved N95 masks, masks for the public, and medications needed for the seriously ill. Lacking a national health agenda, we floundered. We must take steps to mitigate this in the future so we can keep our country and our citizens safe, our businesses and schools open.

Achieving and sustaining more equitable high-quality and less costly health care delivery going forward will require a paradigm shift that must include reliable digital information systems, better data collection, flexibility in care delivery, and support for communication systems. The technology is available. This can be done if we have the will. Immediate attention must be given to reforming the payment systems that support primary care and basic health services. We must reduce the cost of care services and of prescription drugs. We also must increase the supply and retention of primary care clinicians with better pay incentives and free or vastly reduced medical school education costs so that medical students do not incur enormous loans. By these actions, we will be able to fulfill the need for clinicians in medically underserved and rural areas. We must promote new forms of communication between clinicians and patients such as telemedicine use, short message systems to mobile devices and patient portals that provide a platform for patient/clinician discussions, e-visits, managing and monitoring of chronic conditions, informing patients about tests, labs, diagnoses, overdue appointments, inoculations and screenings, all of which empower the patient to take control of their care.

Part of an innovative re-structing of our current dysfunctional system is to locate public health facilities in the neighborhoods where people live. This includes the expansion of community health centers and establishing mini-clinics in housing sub-divisions and in schools. The high number of deaths in nursing homes and among the elderly also

point out the need for better trained, better paid staff that is engaged and committed to their work and the communities they serve. Expansion of health and wellness programs is needed that is aimed at building trust, that has been eroded for such a long time, between patients and clinicians. We also learned that we must change the way millions of individuals are insured for healthcare. Currently in the U.S., 30 million people do not have health insurance. Another 44 million have such bare-bones coverage that only addresses a fraction of what is needed for them to be safely buffered with manageable costs that do not put them into bankruptcy. The majority of Americans receive healthcare as part of their benefits from their employer-provided health payer programs. When the pandemic hit, many of these individuals were laid off from work. They not only lost their jobs but their healthcare as well. There are also a large number of people who work for very small companies or are self-employed, who struggle to find a good healthcare coverage plan. When a situation such as the pandemic explodes, without warning, millions of uninsured and under-insured individuals are left without the funds to pay for the care that they need.

Basic health care through national health systems is a provided to all citizens in every other democratic country in the world. As we return to a “new normal” we cannot get so involved in our busy lives that we ignore the changes that must occur in our health system. It is going to require hard work, extensive funding, revision of laws and regulations to tear down the barriers, correct the inequities and problems that led to the chaos we experienced. We must ensure that if we have to face another health disaster, and the scientists assure us that this will happen, we will be prepared.

References that contributed to this post:

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