

COVID-Related Disruption—Finding the Silver Lining

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COVID-19 has disrupted healthcare delivery in more ways than we can count. Growing evidence shows that many non-COVID patients have stayed home with obvious heart attack symptoms rather than coming into the hospital, for fear of catching COVID-19.¹ This has led to patients dying at home, increases in otherwise rare complications such as ventricular wall rupture,² and generally to unnecessarily severe complications from events that might have been easily managed under usual circumstances.

This pattern has been repeated with strokes and many other acute conditions,³ where patients have been too afraid to present for needed care. Cancer treatment has been delayed or disrupted in many cases, despite valiant efforts by healthcare workers to continue it. Screening tests such as colonoscopies have been delayed, which will presumably lead to an excess of late-stage presentations of cancer in the future, plus a backlog of screening tests to be performed later.⁴ Primary care doctors have not seen some patients in weeks or months,⁵ and their chronic conditions are almost certainly becoming less well-controlled over time. COVID-19 has not been good for medical care delivery, for patients, or for healthcare workers.

Or has it? While some (or even many) disruptions have been bad for patients and the healthcare system, others seem to have been helpful. We are aware of several examples of helpful disruptions, which we will briefly describe here.

Telemedicine has been stymied for years by issues with reimbursement rules—issues that melted away seemingly overnight in the face of COVID-19.⁶ Telemedicine is now poised for rapid growth. Evidence will emerge over time about its effectiveness, its place in the healthcare system, and about what it is best-suited to handle—but telemedicine has been freed overnight from many legal constraints on its expansion.

Overuse of expensive or ineffective therapies has plagued our system for years.⁷ However, in light of the current issues

of underuse, our recent efforts to rein in overuse seem to belong to another era. While we must remain sanguine about the continued influence of profit motives, and the likely durability of overuse as a problem, overuse may take years to return to what it was.

These are only some of the many examples of how COVID-19 may have unwittingly helped us to improve our systems. We can only speak about areas with which we happen to be familiar, but we know that the readership of JGIM has much wider and varied experience and knowledge. We encourage readers to think about the topic in which they specialize, or the clinic or hospital in which they practice. Certainly, readers can furnish many examples of how COVID-19 has been bad for care delivery in their area of expertise, their clinic, or their hospital. But with a little imagination, can we also find some examples of things that had been badly in need of a good disruption?

Perhaps your clinic has changed how it schedules appointments and how it manages the waiting room, to avoid causing large numbers of people to congregate. Maybe the new system is terrible and you cannot wait to abandon it. But maybe you have discovered that it actually works better than the system you had in place before. Or, that it works better in some ways and worse in others. This could become the basis for efforts to retain what works about the new system, while improving the parts that do not work as well.

Those of us who deliver care to patients, or study patient care, or help organize patient care certainly have a lot to be depressed and worried about these days. But it is important to see what good may have come out of this as well. Healthcare can be so entrenched and so hard to change, and COVID-19 may have finally provided just the shake-up some of us needed. Indeed, there are so many aspects of our healthcare system that go unexamined, and that we do not even realize ought to change. Now, for regrettable reasons, change has come to our healthcare system, sometimes in unpredictable ways. It is up to us to have our eyes open for those changes that may have been unexpectedly good, or helpful—and to refuse to let them slip away quietly.

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