

COVID-19 Pandemic: Transforming Health Care

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The beginning of New Year marked the biggest pandemic of the 21st Century—a major threat for humanity jeopardizing their health systems, economy, social and cultural norms, and behaviors. First identified in Wuhan, China on December 31st, 2019 as pneumonia cases of non-specific etiology, it was later identified as COVID-19 caused by novel Coronavirus (2019 nCoV) and declared as Public Health Emergency of International Concern (PHEIC) by WHO [1]. Within a month a rapid wave of infection spread outside China affecting more than 200 countries of the world [2]. According to the most recent WHO situation report, 3435894 cases have been confirmed and 239604 deaths have been attributed due to COVID-19 pandemic globally [3]. The devastating situation of the COVID-19 outbreak has already occurred in the USA (1125719 cases), Italy (210717 cases), and Iran (97424 cases) resulting in overburdening of their health care system [3]. In Pakistan, the first imported case of COVID-19 was reported on 26th February 2020 and now within 2 months there has been an exponential growth in the number leading to the total of 20084 cases with more than 457 deaths reported countrywide [3].

This pandemic has led to an important realization that even in developed countries health care systems are not well equipped to cope up with a public health emergency of such magnitude. Far greater impact of this pandemic is expected in developing countries with already overburdened and fragmented health care system.

For the health care sector, it is indeed quite challenging to strike balance between allocating the health resources in response to COVID-19 while at the same time maintain the delivery of essential health care services for already existing health problems in the community. Interruption in outpatient services, fear of visiting hospitals due to exposure risk, and travel restrictions have significantly compromised accessibility of people to health care for non-communicable diseases (NCD), preventive, and other rehabilitative care. This may cause increased morbidity and complications related to NCD further overwhelming the capacity of our health system leading to increased demand for hospitalization. There is also a risk of other communicable and preventable diseases outbreak due to lack of provision of immunization and screening services [4].

Health care stakeholders and policymakers need to develop a framework that lists down guidelines, settings, and pathways to manage essential health care service provision like antenatal care, childbirth, acute non-emergency medical problems, and vaccination. There is also a need to ensure the safety of these essential services through triage and screening at the point of entry, availability of personal protective equipment for health care staff, implementation of social distancing and infection control protocols and establishing a mechanism for transportation and referral of patients identified as COVID suspects while receiving care [4].

Keeping in mind these challenges associated with in-person care, various health care organizations are working on developing and expanding an alternate model of Health Care including Telemedicine and Community based Home Health services. Through these emerging services, continuity of care can be guaranteed in a safe and coordinated manner while at the same time minimizing the risk of exposure associated with in-person care. Linking Telemedicine with home delivery of medications and blood sampling will ensure uninterrupted service delivery to patients with chronic non-communicable diseases who are facing travel restrictions in lockdown.

Telemedicine can also be utilized for forward triage, screening, and risk assessment for suspected or confirmed COVID cases. A 24/7 helpline or video consultation can help in the triage of the patients before they turn up for emergency care in the hospitals [5]. This will not only help control patient surge in an overburdened Emergency Department but also early quarantine and isolation at home can be implemented for patients with mild symptoms reducing the risk of transmission to other patients and health care professionals which could have occurred if they travel to outpatient services for in-person care.

To overcome legal and regulatory challenges associated with Tele Medicine there must be documented guidelines and algorithms to standardize patient care across different Telemedicine set up at the local level. Another challenge will be to integrate COVID testing with the process flow of Telemedicine. There is a need to expand testing facility which may include in the car drive through test, designated tents or office spaces in the peripheries which will enhance coordination of care while at the same avoiding overcrowding of hospitals [5].

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Received: May 06, 2020; Revised: May 19, 2020; Accepted: May 29, 2020
DOI: <https://doi.org/10.37184/lnjpc.2707-3521.1.24>

Delivering health care through Telemedicine in the field of Dermatology, Elderly care, Mental Health and chronic disease management has been an ongoing practice in many countries including the UK and USA; however no conclusive research evidence is available on its overall utility and cost effectiveness especially during pandemic situations [6, 7].

Transformation of Health Care through digitalization and technology is the way forward in COVID pandemic. This is high time to embrace this change by investing resources, trainings, and research in this area which can explore its impact further leading to efficient utilization of Health care. We cannot anticipate when this pandemic will come to an end but for now, the world has to learn to live with this pandemic until we see the rising dawn of the post COVID era.

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