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Overcoming the COVID-19 Crisis and Planning for the Future

Brief Insight

The COVID-19 crisis has shocked the United States and its health care system. Undoubtedly, the events of the past months will be investigated further in the future. However, the main purpose of this article is to look forward. Institutions and their leaders must learn from their successes and failures in addressing the health and economic crisis of COVID-19. A stable and sustainable approach to financing will require a good balance between improving income and reducing costs. Faced with declining revenue from selected procedures, surgery, and treatment, almost all organizations have developed cost-cutting measures, including, in some cases, a significant reduction in salaries and benefits, and (which may affect the medical equipment industry) are likely to be planned at great expense.

Introduction

Towards the end of 2019, a new virus, severe acute respiratory infection coronavirus 2 in Wuhan, China, created a contagious disease that would be called coronavirus disease 2019 (COVID-19) by the World Health Organization. February 11, 2020. The disease spread rapidly around the world, with a rapid increase in new cases reported in many European countries and the United States between early February and early March 2020. On March 12, 2020, the World Health Organization announced the global spread of COVID-19 worldwide . As of May 29, 2020, a total of 5,657,529 cases of COVID-19 have been registered worldwide, of which 356,254 have been confirmed dead.

Currently, no causative treatment is available for COVID-19, and the SARS-CoV-2 vaccine is not expected until early 2021. see “essential COVID activities for at least another 18-24 months.” In that report, published April 30, the authors create 3 scenarios about how the COVID epidemic can occur during this time: Situation 1 consists of repeated peaks and valleys, state. 2 predicts peak in the fall of 2020 with additional small peaks throughout 2020 and 2021, and condition 3 appears to be relatively new, with ongoing disease activity with peaks and small valleys until the beginning of 2022.

COVID-19 AND THE U.S. ECONOMY

In early mid-March, many U.S. governments and local governments began implementing temporary restrictions on public health and less important work in an effort to reduce the spread of the virus, which has led to temporary economic decline. Thus, the US economic impact declined sharply and sharply in the 1st quarter of 2020, with total domestic production declining at an annual rate of 5.0%. At the same time, the number of people applying for unemployment grew rapidly,

reaching 43 million by the end of the second week in May.

The restrictions imposed on special surgery and other treatment procedures have led to a decrease in conventional clinical surgery. At the same time, non-COVID-19 patients delayed doctor visits for fear of contracting the virus, which led to delayed diagnosis, procedures, and follow-up visits.

A way that the rapid increase in the number of patients with COVID-19 has affected hospitals and private groups is that the rapid increase in telemedicine compensation only partially compensates for the expected decline in new and planned medical visits. Moreover, not all patients and providers have been able to cope with the technical challenges of telemedicine.

After the first phase of the disaster, which now seems to have passed to some of the most affected areas in the United States at first , we expect a planned recovery that may take a long time. This will require the restoration of patient self-esteemas a basis for safe restoration of normal clinical function, where coping with chronic conditions, such as cardiovascular disease and cancer, will also be a priority. There is a great deal of uncertainty about the speed of this recovery. Some previously scheduled procedures may be delayed, but others may not be possible: for example, in some cancer patients, the disease may have progressed, making it unqualified for surgical treatment; some patients with chronic illnesses may be killed by COVID-19; and some may lose their employer-sponsored health insurance and face financial hardship due to unemployment, which further delays their care. Some of these people may be eligible for Medicare or Medicaid or seek insurance through an exchange program. staggering numbers.

Against this sad economic base, we will now discuss how health organizations can deal with the uncertainty associated with COVID-19 and adjust their planning accordingly. In doing so, they may find it helpful to form two groups of people: one that focuses on reducing problems quickly (e.g., infection control and control measures, procurement of necessities and defences, and redistribution of resources and personnel) and the other. focuses on the medium and long-term effects of the problem at all levels (e.g., patient behaviour, company finances, financial planning, and the expected timeline for full recovery).

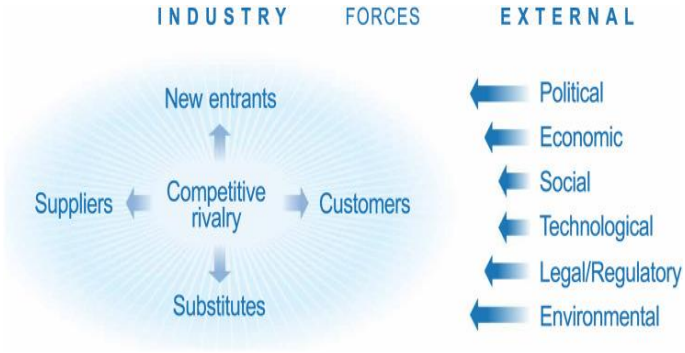
PLANNING DURING A TIME OF UNCERTAINTY

All organizations, including hospitals and health care systems, operate in the context of their external environment, and the emergence of COVID-19 could serve as a good example of this fact. Even in normal times, uncertainty is a continuing factor in the development of strategies by health systems; Examples include uncertainty due to unexpected progress or barriers to drug research and development, regulatory changes, and digital disruption.

Modelling the Outdoor Environment

One of the biggest current challenges of strategic planning is the relentless onslaught

of news and information. Putting these facts and actions into the framework of the situation helps to focus on the dynamic elements that each organization should understand. To do this, one can use fixed frames. Here, we propose a combination of the PESTEL external energy testing framework and the Porter 5-forces industrial testing framework (in below Fig.). Starting with over 100 trends, we have used this integrated framework to identify the 3 most striking styles to evaluate the effects of COVID-19 on health care systems. For each trend, we have used the framework created by futurist Amy Webb and considered possible situations, from infidelity to reality and optimism. In fact, we were aiming for conditions until the end of 2021; the scope of uncertainty is growing exponentially over time, and predicting the 18- to 20-mo spacecraft that leads us to the end of 2021 becomes uncontrollable and perhaps unhelpful. Over the next 18–20 months, we believe that the social, political, economic, and legal or administrative powers will govern and equally affect the ability of doctors' procedures, hospitals, and health systems to restore patient capacity. These forces meet in what may be the most influential trend: behaviour that requires health care. Modelling these strengths allows for a limited range of possibilities; however, like epidemiologic models ,economic models and strategies are incomplete and require ongoing validation in the real world and correction where necessary.



Modelling the Outdoor Environment 1

Key Trend Highlights: Health Care-Seeking Behaviour

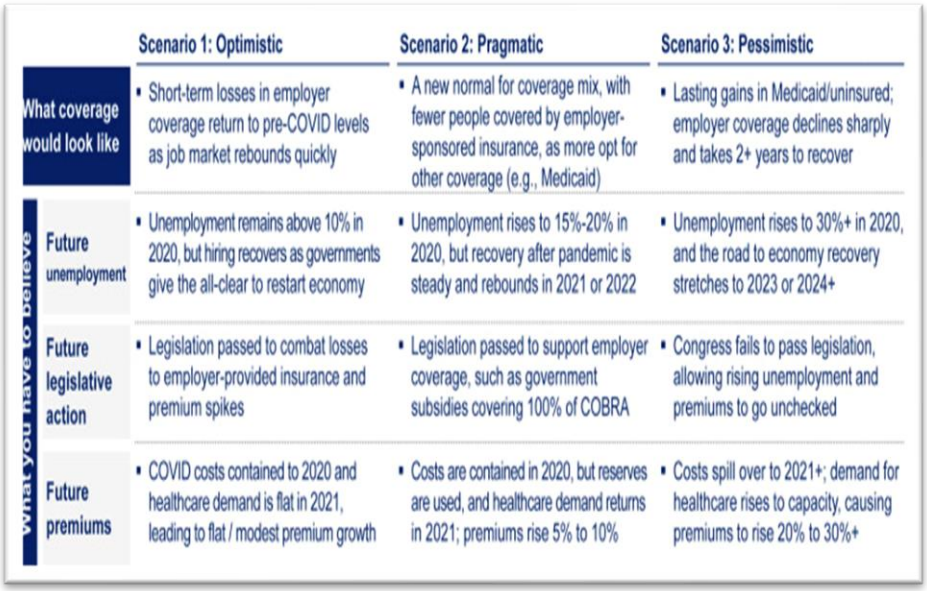
		Scenario 1: Optimistic	Scenario 2: Pragmatic	Scenario 3: Pessimistic
What that would look like		▪ Fear of resuming care subsides, and utilization of remote care and digital tools for some visits increases clinical efficiency and compliance ▪ Communities hardest hit by pandemic resume prepandemic behaviors ▪ COVID testing capabilities increase in the community and reassure people about hospital safety	▪ Demand rebounds for those at greatest risk, and major delays are forestalled by telehealth and other care delivery innovations ▪ Hard-hit communities delay seeking care short term but recover over time ▪ COVID testing increases for some areas but not others	▪ Sustained decrease in demand for routine care compromises ability for early diagnosis, leading to reduced hospital and physician practice activity and worse health outcomes ▪ Decreases in demand are pronounced in hard hit communities ▪ COVID testing remains sporadic, prolonging fear of resuming activity
What you have to believe	Demand and continuity	▪ Alternative modes of communication and delivery sustain effective continuity of care until fear of in person activity lessens	▪ High-risk, time-sensitive conditions are not significantly delayed ▪ Telehealth enables patients to avoid many poor health outcomes	▪ Compliance for both elective care and surveillance exams declines significantly
	Health disparities	▪ Pandemic unmasks but does not change existing health disparities	▪ Pandemic temporarily exacerbates existing health disparities, but effect is not permanent	▪ Impact of the pandemic on communities hit hardest will profoundly worsen health outcomes long term
	COVID testing capacity	▪ Government and business efforts to scale testing reach public health benchmarks	▪ Government and business efforts to scale COVID testing increase capacity but remain uneven	▪ COVID testing remains difficult to access and inadequate for population needs

Key Trend Highlights: Health Care-Seeking behaviour

Our status analysis framework provides an overview of some of the variables that may be associated with health-seeking behaviours .Predicting which of these situations will ultimately succeed, we use a range of competitors and signals from within and outside the healthcare industry, including styles for ambulance visits, testing and protection

care styles, mobile touring methods compared to the individual. travel, shipping styles and patterns, and Google is searching for cancer.

Significant Trend Highlights: Unemployment and Insurance Management



What you have to believe	Scenario 1: Optimistic	Scenario 2: Pragmatic	Scenario 3: Pessimistic
What coverage would look like	• Short-term losses in employer coverage return to pre-COVID levels as job market rebounds quickly	• A new normal for coverage mix, with fewer people covered by employer-sponsored insurance, as more opt for other coverage (e.g., Medicaid)	• Lasting gains in Medicaid/uninsured; employer coverage declines sharply and takes 2+ years to recover
Future unemployment	• Unemployment remains above 10% in 2020, but hiring recovers as governments give the all-clear to restart economy	• Unemployment rises to 15%-20% in 2020, but recovery after pandemic is steady and rebounds in 2021 or 2022	• Unemployment rises to 30%+ in 2020, and the road to economy recovery stretches to 2023 or 2024+
Future legislative action	• Legislation passed to combat losses to employer-provided insurance and premium spikes	• Legislation passed to support employer coverage, such as government subsidies covering 100% of COBRA	• Congress fails to pass legislation, allowing rising unemployment and premiums to go unchecked
Future premiums	• COVID costs contained to 2020 and healthcare demand is flat in 2021, leading to flat / modest premium growth	• Costs are contained in 2020, but reserves are used, and healthcare demand returns in 2021; premiums rise 5% to 10%	• Costs spill over to 2021+; demand for healthcare rises to capacity, causing premiums to rise 20% to 30%+

At this rate, a high unemployment rate of 30% could be a 26% reduction in the number of people covered by employer-sponsored insurance schemes, or 41.5 million people. Using our situation analysis framework, we provide an overview of these potential (in below Figure), which can inform actions an organization may take