



# 5 ways

that Covid-19 has  
impacted healthcare

# Covid-19 has put challenges and a spotlight on healthcare systems to a scale that we have not seen before.

**In this month's e-Book, we explore some of the ways in which the pandemic has impacted healthcare, and how healthcare systems look to respond and move toward a better "new normal."**

## 1. Impact on care delivery

The pandemic has acted as a catalyst for significant and rapid changes in how healthcare services are delivered. Although the immediate need for changing care delivery was infection control, the service shifts required were already long-term priorities before the pandemic began.

**There have been many service shifts needed to adapt to life in a pandemic, however some of the most widespread include the following:**

1. A shift of delivering care out of hospitals and into communities.
2. A shift towards digital, remote care [telemedicine].

There is consensus amongst health leaders that delivery and business models are currently ill-equipped for the pressures of the coming years; namely, an ageing population, overwhelmed health systems, and system-wide inefficiencies.

The increasing importance of community based non-hospital care is highly regarded and welcomed by hospital executives. Many expect their hospitals to become "healthcare hubs," with the "primary care spokes" reaching out into the community, utilising primary care physicians, community care givers, community clinics, and digital monitoring [1].

The benefits of shifting towards community based and digitalised care have been realised during the pandemic. Furthermore, the infrastructure to support these service shifts is now better implemented than prior to the pandemic.

The need to adapt to new ways of delivering care has highlighted not only how beneficial community and telehealth can be for delivering quality care, but also how it can alleviate pressures from primary care settings [2].

## 2. Impact on the healthcare workforce

**During the pandemic, health care systems have been placed under great strain as patient care needs have outweighed staffing capacities. Staff exposure, illness, mental health struggles and burnout have created more pressure on already stretched and understaffed workforces.**

Most health systems were vastly unprepared for the staffing needs that arose during the pandemic. For example, during the pandemic, the NHS reported a shortage of 84,000 staff [3]. Hospitals in many US states including Florida and Oregon announced critical staff shortages during the pandemic.

Crisis capacity strategies need to be employed in order to mitigate future staffing shortages during a crisis.

However, the impact on the current workforce also needs to be considered. The pressures and stresses on health systems over the last year[s] have taken their toll on the wellbeing of staff.

Prior to Covid, the mental wellbeing of healthcare staff was a well-known issue, and one which has only been worsened by the pandemic. The long-term effects are yet to be realised, but already higher rates of depression, anxiety, and PTSD are being reported [4].

In response, healthcare systems will look to cultivate environments where staff feel supported and are therefore motivated to stay within the health system. Improved support programs for staff wellbeing should be implemented to not only improve staff retention and satisfaction, but also support better patient care.



### 3. Financial impact

**Beyond the immediate impact of Covid-19 on health, the pandemic has caused devastating damage to healthcare systems' and governments' finances.**

In 2020, it was estimated that US hospitals alone lost over \$320 billion [5]. Many EU governments had to provide financial support for their healthcare systems, the German government has roughly provided 12.7 billion in aid relief [6].

**The pandemic has caused many financial challenges, which can be broadly summarised as the following:**

- Hospitalisation costs.
- Cost of cancelled and forgone services which impact hospital revenue.
- Cost of PPE and of implementing infection control policies.
- Cost of additional health care worker support.

The negative impact of these financial challenges is likely to persist over the coming years. The significant financial squeeze of the pandemic has created a need for health systems to adapt to this new financial normal; not only to recover, but also to operate as efficiently as possible.

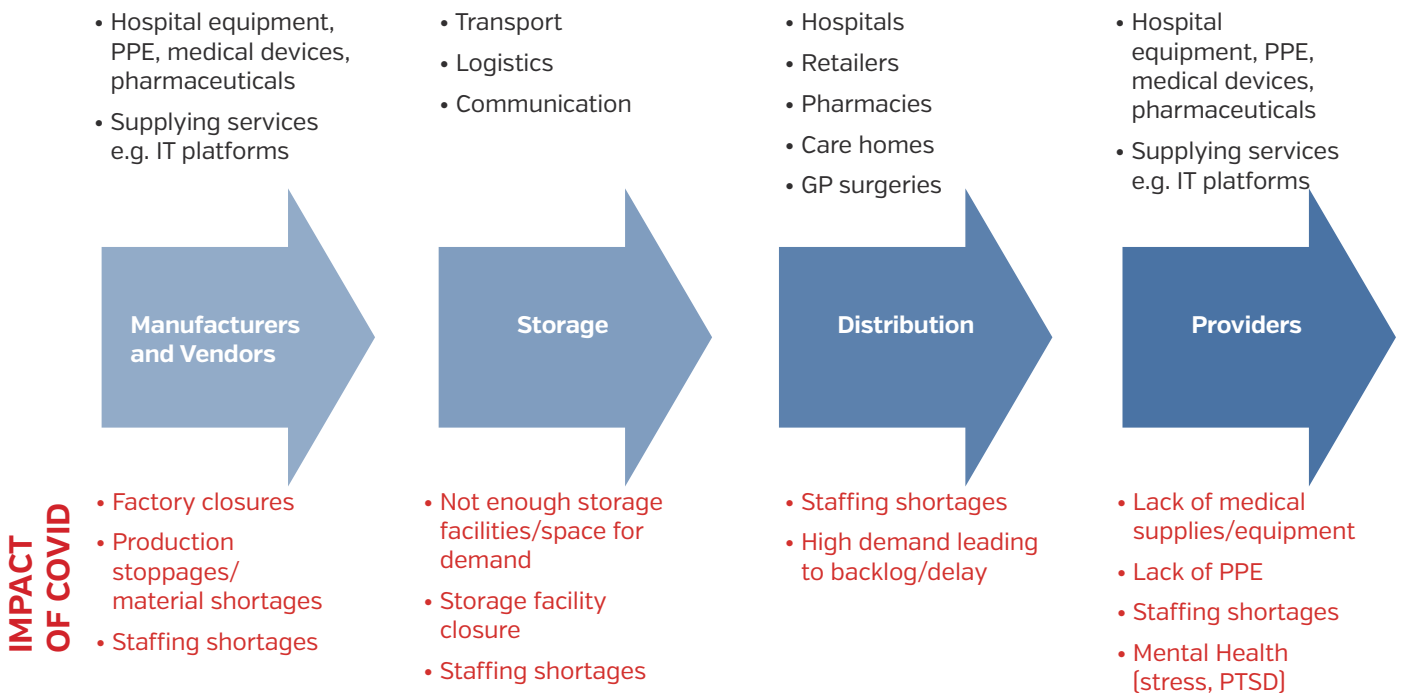
These pressures have forced healthcare leaders into aggressively managing their budgets alongside their current payer service contracts/relationships. As healthcare leaders' priorities change, it is important for service providers to understand how to best support the needs of the healthcare leaders in order to grow or continue customer relationships.

Service providers will have to continue to collaborate with healthcare systems and governments to ensure low-cost, high-quality care whilst navigating a new financial landscape.

## 4. Impact on the Supply Chain

The pandemic has caused major disruption and strain on worldwide healthcare supply chains. Many items, including personal protective equipment (PPE), ventilators, sanitising supplies, testing kits and other hospital equipment were in short supply.

A lack of preparedness for the worldwide demand of these items contributed to the challenges faced by healthcare systems. Prior to the pandemic, most healthcare systems were implementing a lean supply chain focusing on minimising costs and a “just-in-time” delivery system.



[Figure 1. The impact of Covid-19 on healthcare supply chains [7]]

**Traditional supply chain lines were heavily impacted by Covid in the following ways:**

- Factory closures/ production stoppages
- Transportation disruption
- Workforce limitations/ staffing shortages



With the above challenges and high consumption demands, traditional supply chain production lines could not match consumer demands. In response to the supply crisis, many different industries contributed in an aid to try to match the needs of health systems. For example, many apparel brands produced PPE for healthcare systems. The limitations that have been exposed have prompted healthcare systems and suppliers alike to adapt to new ways of ensuring supply of healthcare items in times of extreme need.

The pandemic has highlighted how current supply chains are insufficiently prepared for times of crisis. However, manufacturers, governments, and healthcare systems can learn valuable lessons from the pandemic.

### **Moving on from the pandemic, healthcare systems may look to invest in the following:**

- Supply chain digital technology [including enhanced forecasting tools].
- Increased self-storage and self-distribution.
- Enhanced crisis aversion strategies.
- Expanding current supply sources/ back-up suppliers.
- Improved strategic delivery systems.

Investment into enhancing current supply chain models is key to ensuring healthcare systems are better prepared in the future [8].



## 5. Healthcare inequalities

**Covid-19 has highlighted and further aggravated healthcare inequalities that existed prior to the pandemic.**

At a global and regional level, certain groups have experienced disproportionate levels of exposure and death due to the virus. These groups include ethnic minorities, those on low incomes, disabled people, care home residents, and those in key worker roles [9].

In order to support sustainable global recovery, there needs to be commitment and clear action to reduce the inequalities that have been exposed by the pandemic. This should be a central focus for healthcare institutes and governments, and should be reflected in how they are constituted, measured, and held to account.

Improving data collection and investing in metrics to better understand inequalities can help to develop strategies and set investment goals for long-term preventative measures combating health inequality.





## Vaccine inequality

Vaccine inequality is a prime example of this. The global imbalance of the vaccine supply is staggering; around 75% of Covid vaccines have been distributed to 10 countries, whilst over half of the world's population are yet to receive their first dose [10].

Unsurprisingly, the world's richest countries have had much greater access to vaccinations; for example, the US ordered 1.2 billion vaccine doses for a population of 360 million [11].

Vaccine hoarding would be less problematic if those purchasing ensured fair and equal distribution of vaccines to those that are most at need. However, during the pandemic this was not the case. The US have pledged 580 million vaccines and delivered 140 million, and the UK pledged 100 million yet have only delivered 9 million.

Why then have so few vaccines been delivered to those in need? It cannot be attributed to a lack of vaccine supply; manufacturers are currently producing 1.5 billion vaccine doses per month [11].

The COVID-19 Vaccine Global Access (COVAX) Facility was launched in April 2020 to create mechanisms for sharing vaccines more equitably. However, COVAX are currently solely relying on donations from wealthy countries.

Covid has highlighted the need to initiate better frameworks to support fairer vaccine distribution in the event of future pandemics. Governments and manufacturers alike must work together to prioritise equal vaccine delivery to areas in need.



There is no doubt the Covid-19 pandemic has and will continue to transform healthcare more so than any other sector. Healthcare systems, governments, and providers will transform and change, following both the opportunities and inefficiencies that the pandemic has highlighted.

In some ways this could be a silver lining, as adaptations to healthcare planning and delivery could lead to enhanced and improved patient care.

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