

Our thoughts on the shape of the next normal for healthcare

Fundamentally changing working patterns and impacting the global economy, the coronavirus crisis is a world-changing event. Our thoughts on what healthcare could look like post Covid-19.

by Dr Harriet Leyland and Kevin McDonnell

Near-term survival for many organisations is the only agenda item right now. Others are navigating the uncertainty and thinking about what comes next, how to position themselves once the crisis has passed. Although healthcare is in a different position to many sectors it is time to think what the new normal for healthcare could look like.

Whilst we don't know how long the crisis will last, or what things will look like on the other side, it's clear that

healthcare has the potential to be very different – the next normal for healthcare.

Predicting the future is challenging, but it is possible to consider recent changes and on that basis think about what the future could or should look like. We believe that the following considerations will be important in shaping the next normal for healthcare – and that HealthTech, Digital Health and Healthcare leaders will need to factor these into their thinking to

survive now, position for tomorrow and be ready to support the future of healthcare.

The Impact of HealthTech (at a health system level)

HealthTech has presented an opportunity to reduce costs, improve experience and deliver patient outcomes for decades. However, until recently the promises of telemedicine have seemed like something from the future, often hampered by economic barriers, regulatory hurdles and resistance from organisations, clinicians and patients.

Healthcare systems and care givers realise that technology can work and deliver positive change and accessibility for patients.

Covid-19 has radically shifted this environment, for all its terrible human cost the pandemic has forced healthcare systems and care givers around the world to deploy technology, resulting in the realisation that HealthTech is a solution to deliver positive change and accessibility for patients around the world – and it can be implemented quickly, cutting through some of the red tape that stymies medical progress.

Patients still need to be seen during this pandemic, but to help reduce the spread of the virus, patients are being kept out of primary care and hospitals. Around the world we have seen the rapid adoption of HealthTech and

Digital Health. In the US, regulatory barriers have fallen, reimbursement rates have risen, and clinicians are getting comfortable with video consultations. Teladoc Health reported a 50 percent increase in service in the week ending March 20, and the US government have earmarked \$200 million to improve connectivity between patients and virtual-healthcare providers.

In the UK the Government and NHS have actively requested HealthTech companies to tell them about their solutions, the relaxation of regulatory requirements, the creation of a £500k fund specifically for innovators who can offer digital solutions to support those self-isolating because of coronavirus, and a fast track assessment for apps and technology that can support Covid-19 and submitted for download via the NHS App Library. Moreover, we have seen some of the fastest adoption of HealthTech ever across the world.

Clinical services can be delivered remotely

There is a growing realisation that primary care and many other clinical services can be delivered remotely in a safe way, particularly in the case of primary care which are increasingly using digital health tools which were already available but not widely deployed. In the UK, primary care changed to a greater than 50% remote delivery model in a matter of days.

The pandemic has made us do things faster than ever before, and now we must think about health system capacity differently.

The pandemic has made us think about health system capacity differently, it has required us to look closely at different ways of managing various health conditions, particularly chronic diseases and opens up opportunities for more innovative health management. It would seem to make sense that a much more mixed management model, whereby individuals have tools to self-manage which connect then with the clinical team who are managing their condition becomes much more prevalent.

Systems of this sort are already in place, for example to reduce the readmission rates for chronic health conditions such as COPD, but their use has not yet been widespread. It is now the time to work on system interoperability and data governance to ensure these systems can be rolled out safely and effectively at a system level. Having been pushed into having to provide as many services as possible remotely it has been shown to be achievable.

We also need to think about resources and workforce planning – how healthcare can be delivered sustainably, flexing as needed at times of high demand and working alongside and complemented by technology. The

widespread adoption and use of digital tools, including AI, will increase efficiencies in some areas of healthcare, however we are going to remain reliant on vast numbers of health and care workers and we should not continue to underestimate their value to healthcare systems and our economies. HealthTech can support our government bodies who make decisions about workforce planning by developing models of how their systems can influence our reliance on which sorts of healthcare workers.

Are in-person visits a thing of the past?

By forcing clinicians to think about how to best serve their patient populations, Covid-19 has encouraged adoption of technology at a pace never seen before. It has also shown patients who would never normally have used online and remote services, how to reach their clinicians remotely, share health information and receive care.

Remote and digital patient-clinician interaction will become the preference once the Covid-19 pandemic is over.

When this crisis is over and in-person visits are again easy to manage, we believe these habits will remain, and in fact will become a preferred choice in many cases for patient-clinician interaction. Is there a need to return to an entirely in-person primary care and outpatient system now that we have

demonstrated what is possible? With the right regulation and policies, we believe telemedicine can become, in many areas, a normal part of regular health care – complimenting, rather than substituting hands-on clinical care.

The aim for post-Covid-19 should not be a return to business as normal, this will mean proactively thinking about how services are commissioned; and reducing the barriers to introducing innovation, or working in partnership which have been a longstanding issue. We have seen that when it is needed private organisations, from start-ups to big pharma, can work closely with the healthcare systems. In the UK we have seen a huge number of HealthTech businesses big and small build new products in a matter of days and make new products and existing solutions available free of charge in an

amazing effort to help the NHS deal with this crisis.

Can technology define the future of healthcare?

We believe that technology will define the future of global healthcare. Post Covid-19 we have an opportunity to make HealthTech a normal part of regular health care – complimenting, rather than substituting hands-on clinical care. What's clear is that returning the healthcare status-quo is not a sensible option – we have shown that healthcare technology has an important part to play and we believe that HealthTech is going to become the next normal for healthcare around the world.

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