

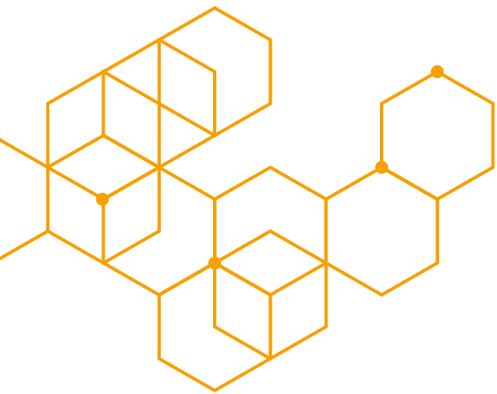
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Let's reimagine:
where healthcare
goes from here

How the healthcare sector
is reimaging digital transformation.



FUJITSU



Across the world it's the same story. People going through their days with a keen awareness of their surroundings, continually making sure they're a safe distance away from each other. It is the new normal.

Meanwhile, the world of work is going through its changes, as businesses learn how to operate safely.

Some sectors have been more impacted than others. We're all familiar with the turmoil in the leisure and hospitality sectors.

Similarly impacted is healthcare, which has been forced to innovate at an unprecedented pace, while simultaneously changing how medical care is delivered and prioritized.

It only took a few months for Coronavirus to change everything.

Seemingly overnight, phrases like "social distancing" and "self-isolation" have embedded themselves in our collective lexicon.



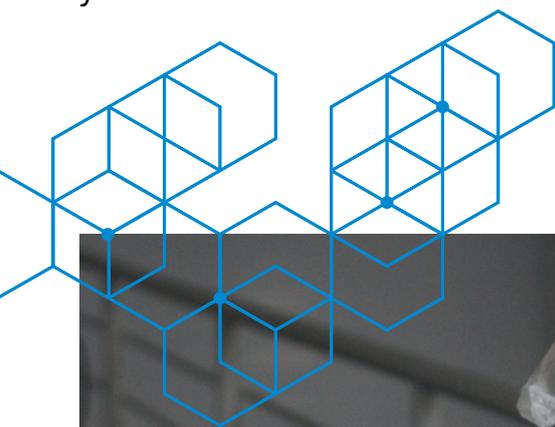
The latter is most keenly apparent when looking at treatment and inoculation approaches. Industry regulators, healthcare providers, and biotech companies have combined forces to push out potential remedies and vaccine candidates at a speed which was previously unthinkable, compressing multi-year development cycles into just a few months.

Previously, the best-case scenario for a vaccine was that it would take five years to develop. This sluggishness was the product of relatively low enthusiasm from biotech firms, as well as delays caused by bottlenecks. But COVID-19 has created a sense of urgency, and there's a real possibility a vaccine may become available by early next year.

The consequences of releasing a dangerous and inadequately-tested drug can be catastrophic, as demonstrated by the Thalidomide scandal in the 1960s.

In practice, this tepid enthusiasm for technological innovation has meant that things like telemedicine were traditionally seen as “nice to haves,” rather than the bedrock upon which treatment is delivered. Obviously, COVID-19 changed all that.

With every person being a potential carrier — with some infected presenting as asymptomatic — medical professionals have been forced to re-assess how they engage with patients in an ongoing pandemic environment. And the risk associated with visiting hospitals and primary care clinics has increased appetite for telemedicine among patients and providers alike.



Healthcare, by its very nature, is an intensely regulated industry. Rightly so. Treatments need to be proven to be safe and effective before they're deployed among a wider populace.

But telemedicine isn't a silver bullet to the challenges facing the industry. For many treatments, it's optimal for a patient to have face-to-face contact with a clinician. Some conditions which present with physical symptoms — like bumps and rashes — may require the kind of attention you simply can't give via a webcam.

This adds a degree of cognitive burden for professionals, who have to balance coronavirus safety with clinical efficiency. This is undoubtedly a delicate tightrope for some to walk, and mistakes are inevitably made — the likes of which we've never seen before.

Similarly, communication remains a challenge — including when it comes to the relationship between the patient and their loved ones. Because hospitals now come with an increased risk level, many have barred relatives and friends of patients from visiting. Although well-intentioned, this attempt to contain the pandemic's spread will inevitably contribute to the loneliness and anxiety felt by those hospitalized.

But will these efficiencies remain? Telemedicine most likely will, since it offers more flexible patient access and doctors' ability to work remotely away from their usual surgeries. But it's hard to imagine hospitals remaining closed to visitors after the pandemic. On a basic level, human beings are social animals who crave interaction with other members of their species. An iPad is simply inadequate to replace the physical presence of a loved one.



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Healthcare organizations responded - but at what cost?

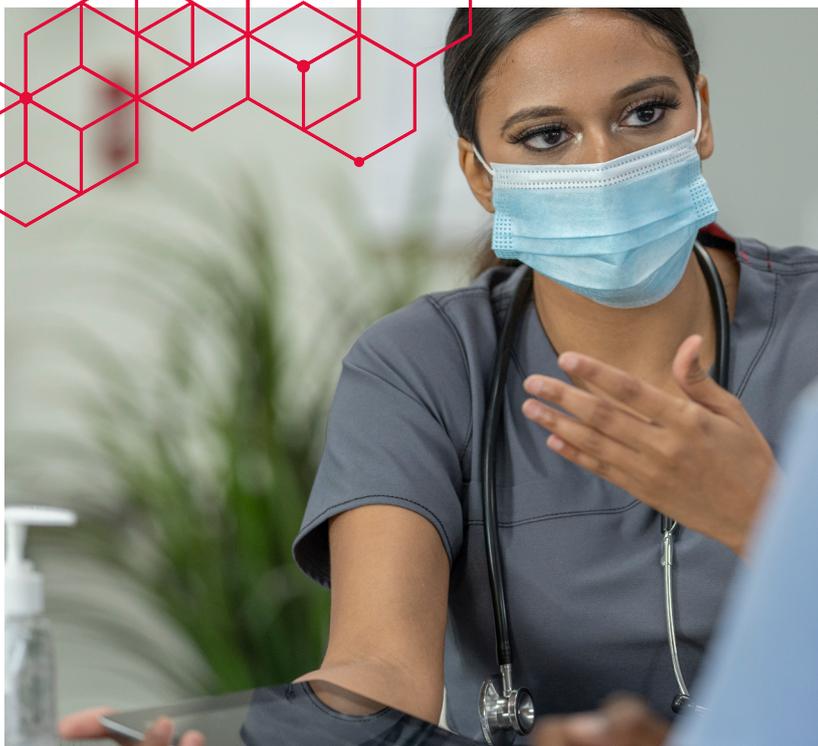
Coronavirus has impacted the provision of healthcare on an operational level, delaying other more commonplace treatments.

These include elective procedures, like hip replacements, and care for potentially life-threatening conditions, like cancer. This is partially due to a desire to limit the exposure of people to the disease — particularly for those who may have compromised immune systems as a consequence of their treatment.

The deployment of specialist physicians — like oncologists and ophthalmologists — into emergency roles has further exacerbated this disruption. As a consequence, there are now over eight million pending cases of care in the UK — up nearly five million from before the crisis.

These have included the provision of PPE to healthcare workers, shoring up of supply chains, and providing income support to those who have lost their jobs and businesses that have been forced to close temporarily.

But there is genuine cause for concern about the near-to-long term. Clearing the treatment backlog will take time. Governments and healthcare providers will potentially also have to prepare for a “second wave” of the disease, which is widely expected to land in the winter months. And finally, healthcare systems will need to consider the wellness and mental health needs of their own clinical staff, who have been under extreme pressure in recent months.



So far, much of the government's response to the coronavirus crisis has focused on the 'here and now,' dealing with the immediate challenges posed by the pandemic.

Feeling the pressure

This pressure has manifested itself both personally and professionally. Some front-line medical staff have opted to isolate from their family in hotels and temporary rentals, in order to limit their exposure from a disease that's not yet fully known. In some cases, doctors and other clinicians are working hours in excess of their usual shifts, in order to cope with the flood of cases pouring through the doors.

Exacerbating the problem further is that COVID-19 was (and remains) poorly understood. It is a novel virus. There is no cure or prophylactic. Initially, the sole treatment pathway for the most seriously unwell of patients involved attaching them to a ventilator and allowing their immune system to fight the battle.

These factors collectively raise the prospect of widespread burnout in the medical profession, with some opting to leave it entirely.

For those left behind, the provision of healthcare will look somewhat different. The pandemic has exposed the fragility of the world around us, with infrastructure often taken for granted (like public transport) massively disrupted. It has also demonstrated the overall resilience of technological systems. While buses and trains were being cancelled, packets of data continued to flow across the internet.



What next for the sector?

Healthcare provision and management will inevitably become more digitized, with cloud-based platforms systems taking up the slack due to their inherent scalability and fault tolerance. Meanwhile, clinicians will be reluctant to go back to their exclusively-offline methods of delivering care.

Telemedicine - which was previously dominant in the private sector, provided by startups like Maple and Pushdoctor - will become routine within public providers, which dominate outside the US.

And that will arguably result in better health outcomes.

There's also the likely prospect of a wider cultural shift in the way drugs and medical technologies are developed.

In just a few short months, promising vaccine candidates have been created and trialed, while promising remedies — like Remdesivir — have been approved for use by industry watchdogs. The medical sector no longer looks so cautious, instead adopting a brisk pace almost akin to a technology startup.

Regulation and oversight will always exist — and for good reason.

However, it wouldn't be surprising to see barriers to development removed, resulting in potentially shorter waiting times for new drugs and vaccines. These will be enhanced by the efficiencies developed as a necessity during the pandemic, particularly in the areas of discovery, testing, and manufacturing.

With patients offered a choice of how they see their doctor, they'll be more likely to engage. And that opens the door to things like wider preventative medicine, and better access to lifestyle advice.

What happens next is, for now, as filled with unknowns as any other stage of the pandemic. But that doesn't mean lessons haven't been learned. The ability to adapt, and to be agile in doing so, have proven their worth on countless occasions over the last four months.



Ultimately, healthcare organizations need to embrace the uncertain future that lies ahead.

This is now the time to take what you've learned from the past four months, recognize your resilience, and stride on with the confidence that has brought.

Contact us

Whether it's finding the right tech, managing change or training your people, we can help.

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