

Healthcare

A Whole New World of Healthcare

This year's coronavirus serves as the catalyst for a more complex model of care delivery.

By Cognizant RCM Editorial Team



Imagine a world in which a pandemic such as COVID-19 is not a once-every-100-years occurrence, but a once-a-decade event.

A 500-year flooding event has a 0.2% chance of occurring in one year; Houston [experienced three such events three years in a row](#). In the past 20 years alone, we've seen more than 60 million people affected by the H1N1 swine flu in 2009 a SARS-CoV epidemic starting in 2002 and again in 2018, a MERS-CoV epidemic starting in 2012, an Ebola epidemic starting in 2014 and Zika in 2015. Malaria kills several hundred thousand people per year. There has even been an uptick in polio.

But what makes an outbreak an epidemic, and an epidemic a pandemic? It's a roll of the evolutionary dice, with additional input from transmission routes, virulence and the ability of a virus itself to evolve. Throw in genetics and human behavior and we have a perfect recipe for COVID-19.

It seems as though pandemics are happening more frequently, so let's examine what effect this is having on healthcare. How might the possibility of COVID-19 as a recurring experience change us in terms of how we deliver care, how we live and work and how we protect ourselves? The possibility that COVID-19 could be a catalyst for lasting change in healthcare means we must take the necessary precautions.

Potent Conditions for Change

Climate change is [usually cited](#) as creating the conditions for more chaotic weather. This results in some fundamental changes in biomes that lead to increased pandemic possibilities. Some of these arise from behaviors such as mass migration that stress our water supplies and cause us to search out [risky food supplies](#). This, in turn, increases the chance of the spread of infectious diseases. Additionally, viruses, once at equilibrium with their animal and human hosts, suddenly have new transmission routes, vectors and evolutionary pressures.

What the future may hold

Cultures will adapt. Businesses, governments and individuals might treat pandemics as another recurring hazard to manage with the right supplies and contingency planning. More people may work from home or distributed remote locations, even to the extent that the nature of cities and work spaces might change. Smaller communities might pool their health resources. Face masks may be worn by everyone all the time – moving from safety to fashion statement. Technology will merge with healthcare, possibly creating digital databases with built-in tracking and warnings activated by health officials, transmitted straight to smartphones.

In this world, imagine:

- **Healthcare will follow health consumers on their journeys** and become centered on the consumer's new environments and patterns.
- **Regular telehealth check-ins, remote monitoring and in-home care will become routine.** Wearables and home diagnostic devices will analyze at the edge of 5G-plus networks and stream relevant insights continuously. Algorithms will screen for new patterns and alert the health consumer, family and care teams to intervene when a notable and actionable anomaly arises.
- **Nutrition advice, therapeutics and care** will become personalized and delivered virtually.
- **Physicians as care teams will be trained in holistic patient care**, incorporating community interventions from social determinants of health.

The fear of infectious disease could become the catalyst to realize the vision of precision, contextual and holistic care. Healthcare might have the chance to finally transition away from episodic transactional models to a continual engagement in each person's life.

But this is possible only if we are thoughtful in how we use the COVID-19 crisis as a catalyst for change.

Sparking an Overdue Response

We do not need to wait for a new pandemic to start building a more resilient, continuous, consumer-centered system of care. Take telehealth, for example. Because most government and commercial health insurance plans limited reimbursements for virtual consults, health systems had little incentive to adopt that channel. When COVID-19 emerged, The Centers for Medicare & Medicaid (CMS) [quickly expanded telemedicine reimbursements](#). Healthcare systems began promoting that option, and telehealth consults [jumped dramatically](#). In a “new-normal” world, there’s no reason to reverse course, so long as we design for effective engagement.

Other measures we imagine taking to fortify our healthcare system are less familiar: machine learning, precision medicine and health engagement, in-home health tools, wearable diagnostics with seamless data tracking and bio-engineered foods. While these are exciting possibilities, they also raise important questions. There’s also the concern about how much



privacy we might have to trade for more protection against the next pandemic.

We now have many of the tools in place to realize the vision for a more tech-driven, personalized healthcare system. Will society take advantage of a cultural catalyst and make sure we are designing for effective engagement and better outcomes? The COVID-19 pandemic may be the agent that takes us to a better place.

This content is part of our special report on the future of healthcare. Stay tuned for more articles on this topic. Visit CognizantRCM.com for additional insights and updates.

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