The New Healthcare (Second of a Series)

THE LEAD | July 1, 2020

We continue our special series on how the coronavirus is affecting the healthcare industry. At the heart of this pandemic is the doctor/patient relationship.

Much has been written about heroic efforts by first-responders in the early days of the crisis. Information gleaned on the front-line by those experiences has contributed greatly to a better understanding of how this virus spreads. The importance of washing hands, wearing masks and social distancing has only been solidified as a result.

We spoke recently to our own primary physician in a Zoom interview about his experience in a COVID-19 world.

“Thank goodness for telemedicine,” he told us, speaking from his home. “I can be very effective each day and have meaningful discussions with my patients. A lot of these now involve testing for the virus antibodies, which is easy and quick. You can get the results next day. And our staff can do all the blood work for general physicals.”

How will this pandemic change patient behavior, and your practice? “I think patients are acutely aware now of how these viruses spread,” he said, “and how to protect themselves from infection. We’re still a ways from a vaccine. Even then, there’s a lot of uncertainty. What’s clear is that we’re in for a long haul with this virus.”

Even before COVID, telemedicine was an already emerging dimension of healthcare. “There’s been real innovation in the space,” one healthcare lender told us. “In home healthcare, if a patient has a medical episode, the facility can automatically wheel up a device that takes the patient’s vitals. The doctor instantly sees the data and can address with medication. Remote medicine will certainly change and improve.”

It needs to, according to one top healthcare M&A partner. “The state of telehealth is just ok. It needs to go through another evaluation and evolution. It needs to change from just a reactive substitute for COVID, to something that’s better.

“There’s so much we don’t know,” he continued. “Prescriptions for antibiotics are higher for virtual than office visits. Why? To guard against bad on-line patient reviews? We don’t know. Just like teachers had to adapt this spring to distance learning, doctors have to modify the way they operate. Training needs to start in medical school.”

How will the doctor/patient relationship evolve? “It’s the same batch-processing of treatment and individuals that’s always been there. It’s very inefficient. You used to sit in the waiting room. Now you sit in your car. The old models don’t work in this environment. We need some residual barriers in place.

“Social distancing may be with us for good. Think about how travel changed after 9/11. We had to accept screening and security precautions. There needs to be the same massive shift in infrastructure and healthcare delivery systems. Telemedicine is just the 21st century version of housecalls. It’ll take time, but the paradigm

has to change.”