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Imperatives for Rebuilding European Healthcare Systems Post-COVID-19

How European healthcare systems can rebuild in the post-COVID-19 era.

The COVID-19 crisis has laid bare the very foundation on which the European healthcare system is based. So many revelations, so many regrets. To bring this into perspective, let us look at some hard numbers. At the time of writing this article, the novel coronavirus had infected more than 800,000 people (1) in Europe alone, claiming the lives of more than 66,000 of them.

If this is not alarming enough, take a look at this: those infected in Europe comprise over 52.5% of the total cases (2) reported in the world at this time, and the mortality due to COVID-19 in Europe is over 71% of the global number. On the other side of statistics, the continent is home to only about 6% of the world's population (3).

With this discrepancy in numbers, it comes as no surprise that European hospitals and paramedics are massively overwhelmed (4). The purpose of reiterating these numbers is to impress upon the necessity of improving the European healthcare systems. What is it about the European healthcare systems that needs to be changed to be prepared for such crises in the future? Is it the way hospitals function as holistic organisational units? Or is it how doctors and nurses who provide primary healthcare are trained?

Contrary to popular belief, primary healthcare is not merely about doctors and nurses treating someone with an illness. It goes a lot deeper than that, as the World Health Organization (5) so clearly describes. Effective primary healthcare also means that authorities should draft actionable policies that can effectively deal with probable health threats to the people. Additionally, at the ground level, people, families and the larger community must also be equipped to take responsibility of their health as well as that of the people around them.

All three levels of primary healthcare can be improved by heeding the imperatives that the COVID-19 crisis has been communicating to us through its aftermath. Here are some of these imperatives:

#1: Invest in Strengthening Public Healthcare Systems

The approach to healthcare must change. Over time, government investment in public healthcare systems has seen a decline in Europe. As a result, those factions of the society



#1. Invest in strengthening public healthcare systems

#2. Make Telemedicine the preferred channel for delivering Primary Healthcare

#3. Build up community health Information infrastructure

#4. Ensure preparedness of Hospitals to manage community outbreaks

that most depend on the affordable public healthcare systems are often unable to gain equal access to healthcare facilities. The elderly population is heavily impacted, as are the people inflicted with chronic sicknesses.

However, privatisation of healthcare is still desirable for efficiency and quality patient experience. In the post-COVID-19 world, enhanced public-private partnership is the way to go. This will help governments to improve the scale and efficacy of the public healthcare infrastructure within their allotted budgets.

Imperative #2: Make Telemedicine the Preferred Channel for Delivering Primary Healthcare

Since it is all about social distancing when it comes to preventing the spread of the coronavirus, building more robust telemedicine systems in Europe's hospitals is important. Firstly, this will reduce the pressure on the hospital infrastructure and resources such as beds, nurses etc. Secondly, those who are healthy will stay that way (6) by not physically visiting a doctor unnecessarily or out of undue panic. Thirdly, people who are ill but can be treated online by qualified doctors without the need for special medical

equipment can receive prompt and cost-effective care. Lastly, telemedicine will also keep those at the forefront of providing healthcare – doctors, nurses, sanitation staff – safer. Overall, this could be an excellent way to ease the burden on Europe's primary healthcare framework.

Some primary signs of the increasing importance of telemedicine have already been seen in Europe, particularly in the UK, Spain (7) and Israel (8). It is a trend that European hospitals and healthcare professionals must take forward even after the COVID-19 crisis ends.

Imperative #3: Build up Community Health Information Infrastructure

As we vividly know now, lack of information can have disastrous consequences. In the wake of the outbreak, Bill Gates (9) shared some useful insight into how disease surveillance and greater visibility of available resources, including human resource, can help fight the spread of a disease like COVID-19. Hospitals can play their part in such preventative surveillance.

For instance, monitoring the health status of international visitors could save Europe a lot of trouble. Many American universities (10) require information about tuberculosis tests from incoming international students. Many African countries require a yellow fever vaccination certificate (11) from international visitors. In the future, similar and more rigorous tests may have to be recommended by European healthcare systems to collect information from all international travellers.

European governments should also set up Artificial intelligence (AI)-driven community health monitoring centres. These centres would become enormous treasure troves of information. Using AI and machine learning, the spread of contagious diseases could be predicted and monitored. Such centres would, of course, need help in the form of hospital admissions data from all private and public facilities so they can take timely and effective actions to contain the transmission. Encouragingly, AI is already being used for screening patients and monitoring symptoms in China, the US, South Korea and many other countries.

Imperative #4: Ensure Preparedness of Hospitals to Manage Community Outbreaks

Preparedness is the key to mitigating a disaster. There are two aspects to consider when it comes to being prepared for a healthcare emergency:

Disaster management drills

To ensure preparedness for disasters like COVID-19, the onus falls on the hospitals to design disaster management drills that cover multiple emergency scenarios. However, disaster management drills cannot be limited to individual hospitals. They need to be conducted at community level and should include both public and private hospitals. During this crisis, many countries in Europe failed to find a proper collaboration model between Public and Private hospitals. We cannot risk repeating that failure. Thus, drills need to be team events that can test the coordination between multiple hospitals in a city or country even.

Flexibility of infrastructure and staff

Another aspect of preparedness is how flexibly hospital spaces can be re-designed and re-allocated to quickly set up temporary infrastructure like isolation wards, beds and even ICUs. Many leading hospitals in the US have had to do exactly this to deal with the increased patient volume. A judicious and smart use of all available space is a must in such emergencies. Moreover, hospital staff should be trained for smooth reassignment of responsibilities in situations when the demand is excessively high.

If healthcare authorities and health systems could incorporate even some of these imperatives in their practice post the COVID-19 pandemic, Europe's healthcare system will be so much better prepared for the future, however unpredictable it may be. ■

Author: Sourabh Pagaria

Executive Vice President & Head of Southern Europe | Siemens Healthineers
sourabh.pagaria@siemens-healthineers.com | [in@SourabhPagaria](https://www.linkedin.com/in/SourabhPagaria)

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- For full references please visit <https://iii.hm/12tg>