Health System Change in the Wake of COVID-19

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With some distance from the worst of the COVID-19 pandemic, it is possible to evaluate the changes it has produced. The health effects of COVID-19 have been awful; the changes to the health care system have been more mixed. Here are 4 key health system changes brought about by the COVID-19 pandemic.

Health System Resiliency

The most favorable aspect of the COVID-19 pandemic experience is the realization that the health care system is quite resilient. Physicians and nurses experienced conditions that more closely resembled battlefield medicine than normal practice. Hospitals that operated near the edge of viability cared for people without regard to the expense. Pharmaceutical companies rushed to develop a vaccine. The federal government provided financial and technical assistance. All of that is terrific news.

By some metrics, the US health care system proved more resilient than that of other international health systems. In a 2022 Commonwealth Fund survey of roughly 1000 primary care physicians in each of 10 countries, 17.6% of US primary care physicians felt the quality of care they could provide improved a lot (2.7%) or somewhat (14.9%) compared with quality of care before the COVID-19 pandemic, which is a greater improvement than what their counterparts in other countries reported.

Even still, the business of medicine was scarred by the COVID-19 pandemic. Physicians practicing in small groups, which depend on a steady supply of visits to generate revenue, were hit particularly hard. In the same Commonwealth Fund survey, 43% of US primary care physicians reported that their practice revenue fell during the COVID-19 pandemic, more than physicians in all countries surveyed. Such changes will clearly affect how physicians choose to practice. Take the example of practice ownership. Small groups of physicians, long the model of medical practice, are likely to decline as a consequence of the COVID-19 pandemic as physicians search for financial security in larger groups. This trend, which predates the COVID-19 pandemic but will likely be accelerated by it, is good for physician income but will present policy problems. Large groups of physicians charge higher prices than smaller groups. They also tend to “upcode” patient severity more. If the change in spending to physicians is large enough, it may lead governments and private insurers to increase scrutiny on the prices that physicians charge.

Telehealth Makes Inroads

The widespread adoption of telehealth was another beneficial effect of the COVID-19 pandemic. Telehealth went from virtually nonexistent use before the COVID-19 pandemic to more than 40% of outpatient visits in April 2020. For patients who find it difficult or costly to travel to clinician visits, this is a major benefit.

Unfortunately, the telehealth uptake has not been as extensive as might have been hoped. Even though some segments of health care have adopted telehealth for a large share of visits (mental health care being a prime example), telehealth visits have fallen off markedly from their peak. In addition, telehealth is not expanding rapidly into other related areas. For example, telehealth is an

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important part of the Hospital at Home movement, yet that movement has not increased noticeably since the start of the COVID-19 pandemic.

Funding is partly to blame. Telehealth was well reimbursed during the COVID-19 pandemic, but there are worries that continued funding for telehealth programs will end. Personnel challenges may also be an issue in that physicians are burned out by virtual meetings just like many workers throughout the economy. And adopting remote capabilities requires organizational initiative that may be lacking. It may be that additional policy changes will be needed for telehealth use to make even greater inroads into the delivery of care.

Labor Force Changes

The COVID-19 pandemic had a massive, adverse effect on the mental health of clinicians. After 2 years of working to excess and being exposed to disease and unruly patients and families, clinicians are burned out. In a recent survey, 53% of US physicians reported feeling burned out, and 23% report signs of depression. Both have trended upward since the start of the COVID-19 pandemic.

Burnout and depression are associated with lower quality care. They also lead to labor force withdrawal, which in turn increases demand for temporary and travel nurses. During the COVID-19 pandemic, the cost of labor soared for many organizations.

After some time, the strains in the health care labor force have lessened. During the last quarter of 2022, hospital employment recovered to levels seen before the COVID-19 pandemic and employment continues to increase. The use of travel nurses has declined, as has temporary staff wage bills. Some employment has even returned to the nursing and residential care sector, which has rehired about half of the people lost during the COVID-19 pandemic.

The major issue for health care will be figuring out how to keep a stable supply of workers in the future. One recent survey found that nearly 20% of the nursing workforce was expecting to leave within the next 5 years because of stress, burnout, and retirement, which were heightened by COVID-19. Similarly, 24% of physicians in a recent study said that COVID-19 had made them want to retire early, though 40% of these physicians canceled such plans.

The COVID-19 pandemic clearly increased the pressure to find ways of making health care work less prone to cause burnout. Administrative reforms may be one way to do this. Clinical and nonclinical staff are often tied up in administrative tasks, which have increased in number over time. If the time and energy required for administrative tasks can be reduced, burnout might decrease and more time would be freed up to care for more patients.

Outside health care, the federal immigration policy will be an important driver of workforce availability. Foreign medical graduates could make up for a shortfall of US physicians. Also, the reduction in legal immigration in recent years could hurt patients that rely on personal care and home health care aides, many of whom are immigrants.

Politicization of Public Health

Among the worst legacies of the COVID-19 pandemic is the lingering mistrust of the medical and scientific establishment by large shares of the population. Before the COVID-19 pandemic, US health care guidelines were one of the few areas in society that was not rife with partisan struggle; most individuals believed public health authorities and their recommendations. That view changed fundamentally during the COVID-19 pandemic. Republicans have largely soured on support for scientists, whereas Democratic support has remained steady.

It may be some time before this rift is healed. This is especially the case as some politicians running for office embrace antiscience platforms. It will be important for medical and public health authorities to avoid combating misinformation through overt political actions, such as minimizing
some potential threats or overhyping others. Trust in science decreases when people see political actions dressed up as scientific recommendations.

Overall, alongside the devastation it has wrought, the COVID-19 pandemic has created the opportunity for lasting improvements in medical care practice. A key goal for clinicians and health system leaders will be to address the complications created by COVID-19 to help the system for delivering medical care to emerge even stronger.

ARTICLE INFORMATION

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REFERENCES