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New Care Delivery

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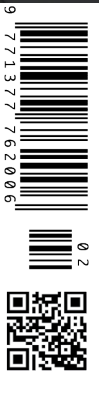
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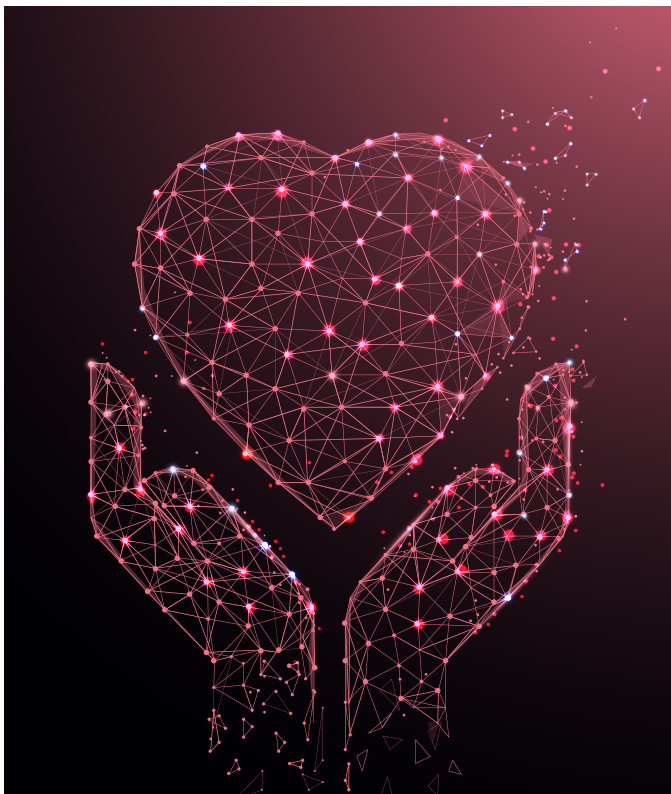
Pandemic Accelerating Uptake of New Care Models

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Since the start of the COVID-19 pandemic, novel ways of care delivery, such as digital solutions or home-based care, have been shaping the ‘new normal’ in healthcare. An investor reflects on their potential benefits and risks, and explores the elements necessary for their smooth adoption.

Key Points

- The COVID-19 pandemic is boosting the adoption of new care delivery modes, which hold great promise and present new challenges.
- Technology enabled tools, however useful, carry some inherent risks and require solid infrastructure in place.
- During the pandemic, home-based care has proven to be a safer alternative to a hospital setting, but strict safety protocols must be in place.
- Digitalisation of healthcare services leads to more organised data flow facilitating population health management and the transition to more efficient health care delivery.
- Governments must provide appropriate regulatory frameworks for these new developments.



Background

The COVID-19 pandemic is accelerating the evolution of health care delivery models, which holds enormous promise for expanding access, bringing down costs and improving the quality of care. Some of the changes, such as the surge in telehealth and telemedicine and the deployment of home-based care solutions, is quite visible to patients. Other changes are more behind the scenes, such as health providers’ adoption of technologies that improve operational efficiencies and their use of artificial intelligence to fine-tune treatment approaches. While tech-enabled solutions have allowed continuity of care, the pandemic is also shedding light on the challenges these solutions pose.

In primary care, the near wholesale flip from in-person to virtual consultations during the lockdowns has given insight into the strengths and limitations of telemedicine. We have seen that many services can be delivered remotely effectively, saving time, cutting costs, and potentially improving patient and doctor safety. But these benefits depend on there being affordable access to reliable broadband internet and this is still lacking in many places, especially in developing countries. In addition, remote diagnosis has some drawbacks compared with an in-person consultation, which allows a doctor to pick up on certain symptoms or signals

(for example, body language cues) that video and phone consultations may not. Doctor training will need to be recalibrated to compensate for this.

While virtual consultations can save patients' time and energy by cutting out trips to and from the clinic, they can add to the doctor's work burden given the time and effort it takes to set up and interact using digital platforms, all the while troubleshooting connectivity issues. Not all digital tools improve productivity and IT-driven doctor burnout is a well-documented phenomenon (Gawande 2018). In addition, this shift in care delivery calls for greater attention to be paid to data protection implications – safeguarding, for instance, that the online communication channel chosen is not vulnerable to hackers or other malicious actors.

In specialty care, digital technology is increasingly being harnessed to improve the quality of treatment. For example, an International Finance Corporation (IFC) client [runs a network](#) of diabetes clinics in Mexico, where 14 million people suffer from diabetes. A chronic illness that leads to myriad health complications, diabetes can also be a contributing factor in COVID-19 illnesses and deaths. After analysing its electronic medical records, the network noticed that patients with similar disease and demographic profiles often responded differently to the same recommendation, depending on personality type. This inspired it to create a research platform that uses behavioural analytics to tailor treatment strategies to personality types. It also deploys a mobile app to send gentle reminders to patients.

With people reluctant to visit clinics and hospitals in person during the pandemic, home-based care has become more popular. This can be a more cost-effective and safer way to deliver care compared to a hospital setting. It can be especially useful for patients recovering or rehabilitating from surgery and patients with chronic conditions like diabetes that can be monitored remotely. Providers need to strictly follow infection prevention and control protocols given that health workers in this space operate outside of a clinical setting and may be providing care in multiple homes in a single workday.

Healthcare providers' adoption of digital operating processes holds enormous promise for more efficient delivery of service and, when combined with data analytics, more sophisticated business models. For example, another IFC client [has managed](#) to become India's largest integrated online healthcare platform by offering a range of digitally delivered and enabled services including lab tests, e-prescriptions and teleconsultations. When India went into a 21-day COVID-19 lockdown in March, the company had the digital infrastructure to handle a deluge of online orders for essential COVID-19-related supplies like masks and hand sanitisers, as well as a 440% jump in flu and fever teleconsultations.

Digital technologies can also be harnessed to better connect the data dots in the health system, creating a more

seamless flow of information between providers and payors and between public and private entities. This can produce better quality data on life-cycle health treatment costs by demographic, which can promote a transition from costly fee-per-service models to models that understand and apportion risks more appropriately. Such tools are helpful to governments in managing population health as they implement their collective commitment, made at the 2019 UN General Assembly, to achieve Universal Health Coverage by 2030.

Just as health providers are adapting on the fly to an unprecedented set of circumstances, governments must adapt on the regulatory side. The pandemic pushed many to relax regulatory restrictions that impeded non-traditional modes of care delivery – for example, telehealth consultations and e-prescriptions. Health-related regulations may need to be revisited to ensure the sustainability of these modes of care by addressing the challenges and new risks they pose. Strong, practical, clear regulation that enables market innovation while protecting patients, consumers and data is the key to delivering better, safer healthcare for all.

Conflict of Interest

This article references two health care companies both of whom the International Finance Corporation (IFC) has invested in. Clinicas del Azucar is a network of speciality diabetes clinics in Mexico. In 2018 IFC approved a [\\$4 million equity investment](#) in Clinicas. 1mg Technologies is an integrated online healthcare platform in India. In 2019 IFC approved a [\\$10.2 million equity investment](#) in 1mg. IFC's total healthcare investment portfolio, as of September 2020, amounted to \$2.3 billion, spanning the health services, life sciences, and medical equipment and technology subsectors. IFC, a member of the World Bank Group, is the largest global development institution focused on the private sector in emerging markets. ■

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Gawande A [2018] Why Doctors Hate Their Computers. New Yorker, 5 November. Available from [iii.hm/14v3](https://www.newyorker.com/magazine/2018/11/05/why-doctors-hate-their-computers)