

## OPINION

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### Will Post-COVID Health Care Finally Focus On Preventing Disease?

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Respiratory Therapist Adel Al Joaid treats Melissa Wartman, a COVID-19 patient, in the ICU at Rush University Medical Center on January 31, 2022 in Chicago, Illinois. Scott Olson/Getty Images

The COVID-19 pandemic is now in the rearview mirror. Infections certainly persist, and people continue to die from them. COVID-19 disrupted the economy and society; few lives were untouched by the virus. Yet, what it also exposed are challenges in our nation's health care system and clues to constructive changes that can be made moving forward.

As the COVID-19 pandemic showed, health care is more than just treating disease. It must also be about preventing disease, which demands cooperation and trust across all stakeholders: health care providers, patients and even lawmakers, who may need to allocate funding for such preventive services.

There were no effective pharmaceutical treatments for COVID-19 early in the pandemic. Every infected person was forced to rely upon their immune system and general health to fight the virus and regain health. People with underlying health conditions often suffered the worst symptoms, with many succumbing to the disease.

The debate of dying [with](#) COVID-19 versus dying [from](#) COVID-19 took on a political hue. Yet, the fact that COVID-19 caused people to die prematurely explained why the number of deaths in the United States in 2020, 2021 and 2022 each exceeded 3.2 million, numbers far above the 2.854 million deaths in 2019.

Although nothing could have stopped the spread of the virus permanently, the general health of the nation's population made many more people susceptible to poor outcomes. For example, with more than 40% of the U.S. adult population obese, this risk factor made them vulnerable to severe disease and hospitalization. Such people continue to be vulnerable to other ailments, including diabetes, heart disease and some types of cancer.

Investments to improve population health decades ago could have saved people from premature death during the COVID-19 pandemic. Such investments today are still needed and will pay handsome dividends in improved quality and quantity of life in the future.

COVID-19 also exposed shortages of physicians and other healthcare professionals. For example, during the pandemic, primary care physicians were critical on the front lines caring for patients. Yet, there is a projected shortage of such physicians. The solution is growing the pipeline with more residency positions and more medical students to fill them. Without such a coordinated, system-wide expansion, access to care will continue to be challenged, especially in rural areas where it may be difficult to find physicians to serve.

To deliver health care services demands personnel and facilities. Under most situations, we have ample supplies of both. Yet, during the COVID-19 surges, demand exceeded supply, meaning that not everyone could receive whatever treatment and care was necessary.

Planning for demand surges is extremely expensive. Strategies to “flatten the curve” designed to slow the spread of the virus — including hand-washing, face masks and social distancing — were met with resistance and politicized, as the tradeoff between lives lost versus livelihoods lost was debated. The lesson learned is that surge capabilities must be anticipated and be available when needed. Much like how the Army Reserve is available under extreme situations, similar health care reserves can be created to meet unexpected surges in demand.

When the pandemic was made a national emergency on March 13, 2020, all health care costs related to COVID-19 treatment and prevention were covered by health insurance providers or the federal government. This gave everyone affected access to available health care services, which effectively unraveled health care services from health care costs.

This lesson can be applied moving forward, supporting the need for a single-payer system. One study showed that a single-payer system can be cost-effective. Others suggest that the quality of

care will suffer. Yet, our experiences during COVID-19 demand that a single-payer system be revisited.

Health care should be less about services and more about facilitating health. This requires the fee-for-services payment model be replaced by fee-for-health, with a stronger emphasis on prevention and well-being. Changing the focus to health would create a healthier population and place less focus on procedures that generate revenue and more focus on strategies that improve well-being.

When a crisis subsides, people and systems tend to fall back into comfort zones, so-called paths of least resistance. It would be a travesty to squander lessons learned during the COVID-19 pandemic and return to business as usual in health care, when business as usual did not serve our nation's best interests. The time is ripe to do better, given that health care and good health benefit all.

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