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Lessons from COVID-19 will allow compliance to do more with less

By Nick Culbertson

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This past year, healthcare has experienced unprecedented obstacles and struggles but also its unparalleled strength. A unique introspection is necessary based on what the industry has endured so that organizations can better prepare for 2021 and beyond.

In a pandemic or national emergency, healthcare should always favor accessibility to data, data sharing, and collaboration or partnerships that foster data exchange—even if there is some associated risk. It's those data linkages that are essential for triaging the crisis and ultimately getting ahead of it, whether it's contact tracing, epidemiology, or rapidly developing necessary medical interventions. It can be imperative to sacrifice some individual rights for what we believe to be the common good. Since March 2020, we've seen necessary relaxation of the Health Insurance Portability and Accountability Act regulations[1] in order to help with the necessity of contact tracing. This access to patient data is critical in order to head off any developing hot spots and learn more about how the virus is affecting various populations, especially those most vulnerable.

At the same time, we are still obligated, professionally and ethically, to do what we can to enforce compliance regulations that reduce institutional risk and help ensure patient safety. The fact is that we, as an industry, are trying to keep our balance on a board where the fulcrum is constantly shifting.

Change happens fast

In December 2019, a poll by the nonpartisan Pew Research Center[2] showed that Americans were concerned about healthcare affordability and the addiction crisis, among other issues. Of course, by March 2020, all of these concerns took a backseat to the risks of COVID-19. Within weeks, cities like New York, San Francisco, and Seattle had become hotspots for the illness, and across the country, hospitals were forced to eliminate elective procedures to make room for acutely ill patients and to protect their staff and others from the highly contagious disease.

Hospital staff faced even more perilous challenges and continue to do so. Once the threat of the coronavirus became a national emergency, the pandemic quickly revealed vulnerabilities and problems in the American healthcare system—a system that had to change immediately in order to have a fighting chance in effectively protecting frontline staff while treating the influx of ill patients.

The essential point here is that hospitals had to change their way of doing business almost overnight, and they did. There was no time for business as usual, for long meetings and careful decision-making. Things had to happen quickly, and decisions had to be made immediately. And yet, for an industry that is historically known to be slow to adopt paradigm shifts, it made the necessary changes in order to ensure its response was proactive, not reactive to the current challenges. Such changes included setting up field hospitals in nonmedical facilities, hospitals reallocating staff to other areas of the organization, and instituting telehealth services to better serve their patients.