

Submitted
26/6/2023**Revised**
26/6/2023**Accepted**
26/6/2023**Published**
26/6/2023**EDITORIAL****A clear path to endemic: An opportunity to increase healthcare professionals' system**Sumarno Adi Subrata¹✉, Busra Sahin²**Author information**¹ Department of Nursing, Universitas Muhammadiyah Magelang, Indonesia² Department of Nursing, Aydin Adnan Menderes University, Turkey

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doi <https://doi.org/10.31603/ihs.9469>**Abstract**

The COVID-19 pandemic brought to light some of the most severe flaws in the healthcare system, but it also sparked a flurry of ideas resulting in a significantly enhanced delivery system. These were innovations that were brought about as a direct result of a pressing need: telenursing for community services; telemedicine access and use skyrocketed; new hospital-at-home services emerged; ambulatory surgical centres expanded their menu of procedures; and a variety of novel therapeutics were introduced, including the widespread distribution of vaccines, new medical diagnostics, and innovative monoclonal antibodies. A new era of digital medicine during the endemic may be on the horizon due to the proliferation of new services that feature adaptable delivery methods. Therefore, healthcare professionals need to improve the system, including reevaluating and redeveloping it for a better quality of care in clinical settings and community.

Keywords: Quality care; COVID-19; telenursing; telemedicine; community services; innovation in health

The COVID-19 pandemic highlighted some of the most serious flaws in the healthcare system. Still, it also sparked a flurry of ideas that have the potential to result in a significantly enhanced delivery system. These were innovations that were brought about as a direct result of a pressing need: telemedicine access and use skyrocketed; new hospital-at-home services emerged; ambulatory surgical centres expanded their menu of procedures; and a variety of novel therapeutics were introduced, including the widespread distribution of vaccines, new medical diagnostics, and innovative monoclonal antibodies.¹ A new era of digital medicine may be horizon due to the proliferation of new services that feature adaptable delivery methods. This would contrast the traditional and expensive brick-and-mortar delivery system, diminishing its scope.

Now that the crisis is over, we are witnessing an attempt at retrenchment from the flurry of innovation we have seen (Elden et al., 2023). Some business leaders are now calling for a return to the delivery mechanisms in place before the pandemic, which contrasts with their actions during the pandemic. The period of innovation was made feasible by emergency regulatory relaxations, targeted funding, Emergency Use Authorizations, flexible payment structures, and a Federal Retail Pharmacy Programmed that collaborated with more than 41 000 retail pharmacy sites countrywide. All of these factors combined to make the period of creativity possible. Now, major sector interests are attempting — as they frequently do— to guarantee that interim measures are allowed to lapse, that old funding channels return to prominence, and that regulatory relaxations end.

How will we ensure we don't lose the substantial and potentially game-changing innovations that developed during the pandemic? We contend that to protect valuable innovations and defy the urge to do away with them, evaluating the clinical quality and utility of the innovations in question is necessary. Although established interests present arguments that question innovations' economic and quality benefits, their business models are not subject to the same rigorous examination as those of the innovations. The public needs access to data to investigate and, where necessary, contest the assertions that are being pushed by industry. It is necessary to reimagine the healthcare data architecture to make value-adding innovations possible and preserve them. Take, for example, the trend towards virtual care, the most significant market shift. The number of telehealth visits covered by Medicare increased from 840 thousand in 2019 to 52.7 million in 2020. Patients receiving routine care services, patients living in rural communities (saving hours of travel time for appointments), patients from working families, and patients with

demanding diseases that require daily assistance from clinicians were all able to access virtual care during the COVID-19 waves, which appears to have provided substantial benefits to patients (Patterson, Roddick, Pollack & Dutton, 2022). The advantages of switching to telehealth are the subject of an ongoing and important discussion (Bouabida, Lebouché, & Pomey, 2022). Did it make access easier for all demographic groups, or did it make existing health inequities worse? Did it give care of a sufficient quality to maintain or improve health outcomes? Finally, does telehealth save costs, or does it add another expensive layer on top of the conventional model of care? We observed that telehealth provides all that answers (Stamenova et al., 2022).

We risk letting hospitals, physicians who hospitals employ, and insurers dependent on hospitals for access to monopolized services answer these concerns (Rivers & Glover, 2008). Hospitals are concerned about losing money from lost office visits; hospitals employ physicians, and insurers depend on hospitals for access to monopolized services (Yang & Pan, 2017). These significant policy arguments may be settled not on the initiatives themselves but rather on the short-term financial demands imposed by these legacy business models. Patients, policymakers, and innovation-seeking payers will be unable to assess these innovations' economic or consumer benefits and, as a result, will be unable to counter anti-innovation arguments made by vested interests (Gale, 2015). Without definitive public data sources and support for an independent assessment of the COVID-19 response, these stakeholders will be unable to evaluate the benefits of these innovations.

Allowing these policy debates to become focused on the early experiences and nearly certain failures of early pioneering enterprises is another risk that could be taken. When it comes to effective business innovation, generations of business model development are often required (Scarbrough & Kyratsis, 2022). This is because first movers give way to followers who learn from the mistakes of early entrants (and do not bear the expense of establishing the market). Despite this, the failures of first-mover enterprises or models are frequently cited to criticize the innovation model in a more general sense (Liu, Shi, & Yang, 2022). It takes time and investment to build creative and lucrative business models, which may be swiftly reduced in an environment favouring the status quo (Flessa & Huebner, 2021). Building new and profitable company models takes time and investment (Huang, Ciari, Costa, & Chahine, 2022). Finally, healthcare professionals must collaborate to improve the quality of care and vice versa, decreasing the cost.

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Editor's perspective

Key points

- Healthcare systems should be evaluated after the pandemic ends
- The role of healthcare professionals is significant in achieving better patient outcomes
- Collaboration with an expert in information technology will be the fundamental strategies

Potential areas of interest

- What is the role of healthcare professionals in dealing with the healthcare changes?
- How is the government being involved in developing a better healthcare system?
- When must healthcare technology be evaluated for system optimization?

How to cite this article (APA style)

Subrata, S., & Sahin, B. (2023). A clear path to endemic: An opportunity to increase healthcare professionals' system. *Innovation in health for society*, 3(1), 1-3. doi: <https://doi.org/10.31603/ihs.9469>