



The Impact of COVID-19 on Patient Care in the United States

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Supporting Patients and Staff During the Crisis and Beyond

Though stay-at-home orders are lifting in certain areas of the United States, the COVID-19 pandemic is still greatly impacting healthcare providers and patients. As new cases spike, personal protective equipment (PPE) shortages still abound, and many providers face financial hardship due to the cancellation of elective surgeries and other in-person medical procedures. This is compounded by consumer hesitation regarding physical doctor visits and routine care.

With many experts warning of the [potential for a second wave](#), the healthcare system may not have time to recover from this ongoing first stage. For providers and patients navigating the challenges associated with giving and receiving care, the total impact of the novel coronavirus has likely not yet been felt.



How COVID-19 Is Impacting Patient Care

COVID-19 has had a striking impact on the most central part of the healthcare system: patient care. While providers may be focused on restarting elective procedures and routine care, understanding financial accounting and compliance responsibilities, and maximizing cash flow, patients are still encountering roadblocks in receiving the care they need.

THREE CRITICAL WAYS THE PANDEMIC HAS IMPACTED PATIENT CARE

1. Supply Shortages

The impact of supply shortages on healthcare employees, and thus on the patients they treat, has been a hot topic throughout the course of the pandemic, and it shows no sign of abating soon. PPE shortages contribute to the spread of COVID-19, making hospitals and other in-person care locations less safe, especially for non-COVID-19 patients. In addition, PPE access issues contribute to a higher rate of infection among healthcare employees. With so many healthcare employees becoming sick and unable to work, the strain on the healthcare system is even greater. The situation is particularly dire in post-acute care organizations. The [National Center for Assisted Living](#) surveyed 375 of its members and discovered that 71% were reusing PPE while 40% were using homemade or improvised PPE.

PPE isn't the only resource in shortage. Several weeks ago, [the Red Cross reported a serious blood shortage](#) that has yet to be resolved. As of early June, the Red Cross had enough blood to meet less than two days' worth of the United States' needs, whereas it typically has enough supply for five full days. As a result, some hospitals are concerned they will need to ration blood, which would delay elective procedures that can be critical to patient safety. Cancer patients are especially affected by blood shortages, as blood and platelet donations are critical for their care. Accident victims (the number of which increase during hurricane season), patients with sickle cell disease, and patients in need of organ transplants also require blood and platelets.

Drug shortages have also become a major concern. The United Nations recently called for countries and manufacturers to begin preparing for a [possible shortage of HIV drugs](#) within the next two months due to COVID-19 closures and higher costs from lockdowns. In early June, [several other drug shortages](#) were reported, including Zoloft (one of the nation's most-prescribed antidepressants), hydroxychloroquine sulfate tablets and six anesthesia drugs.

These shortages not only make it difficult to treat patients, but they may also force doctors to decide which patients should get priority for certain supplies and which must go without.

2. Access to Care

COVID-19 has made it difficult for many patients to access care not only for diseases they have, but also for diseases that have yet to be diagnosed.

In 2020, the number of cancer diagnoses in the United States dropped dramatically—not because cancer suddenly became obsolete, but because [fewer cancer screenings had been performed](#). These delays in screening could potentially lead to an increase in late-stage cancer diagnoses.

Delays in diagnoses aren't the only issue—delays in treatment also plague patients and providers. Delaying elective surgeries, for example, not only impedes a patient's recovery but can also hurt hospitals financially. Elective surgery [does not necessarily mean the surgery is optional](#); rather, it indicates a surgery can be scheduled in advance. Some serious conditions, such as cancer, require elective surgeries. Elective surgeries can include kidney stone removal and kidney donations by a living donor—other critical procedures.

Patients are also avoiding hospital visits out of fear of contracting the virus. As a result, it's likely that many are remaining at home and coping with symptoms rather than seeking treatment, causing providers to worry that people are putting themselves [at risk](#) for severe health issues and even death.

Health maintenance in the recovery or post-recovery stage of an illness or condition also raises concerns. Attending well-checks, for example, has been difficult with many offices closed, and can also be detrimental to mental health. While some of these offices are reopening, they could potentially close again if there is a second wave.

3. Mental Health

The impact of COVID-19 on physical health has been significant, but what about the impact to mental health? Americans are reporting higher rates of anxiety and depression than usual, according to recent surveys. To complicate matters, it can be difficult to identify these symptoms in the current environment. Symptoms normally associated with anxiety and depression, such as changes in weight and sleeping habits, could also be a natural result of changes to routines due to COVID-19.

Additionally, options for seeking inpatient treatment have been limited during the pandemic. For those ill enough to require inpatient treatment, [there was only one psychiatric bed for every 3,000 Americans](#). For comparison, that's [one-tenth of what was available in the 1950s](#).

The United States has been operating in a mental health crisis for the past several years, with high rates of depression and anxiety stressing mental healthcare options. COVID-19 has exacerbated these issues and highlighted the need for changes to our healthcare system and the way we view and approach mental illness.

HOW HEALTHCARE ORGANIZATIONS CAN SUPPORT THEIR PROVIDERS AND PATIENTS

1. Provide Staff Support

The effects of COVID-19 go far beyond healthcare. It has impacted every aspect of our daily lives, such as school and daycare facilities that provide support for working parents. Even as states begin to reopen, some of these facilities may remain closed or go out of business, especially as a second wave looms.

Healthcare leaders should consider not only how to support their staff now, but also how to support them in the event of a second wave. Leaders can provide daily meals, tap the local community to assist with childcare or provide on-campus respite areas. Leaders can also use data from the first wave of the pandemic to create a plan for managing a second wave. Leaders should also be transparent and openly communicative with staff so they are as informed as possible about what is happening and what may happen in the future.

2. Combine Virtual and Physical Visits

Telehealth services have become a vital part of the healthcare system under COVID-19. For non-urgent symptoms, patients can schedule telehealth visits to determine if an in-person visit is necessary or receive care instructions if they are able to remain at home. Even though states are reopening, telehealth is likely to continue to be a major factor in the healthcare system, as evidenced by [bipartisan political support for permanent changes to telehealth policies](#).

To capitalize on the benefits of telehealth, healthcare leaders should combine telehealth visits with in-person visits. Telehealth can be used to treat and identify some mental illnesses and non-urgent conditions, and support groups can meet over video rather than in-person. Drive-through testing, as has been carried out for COVID-19, could possibly be expanded to other conditions to ensure minimal physical contact. In-person visits can be saved for those instances in which there is no other option. By combining telehealth, physical visits and drive-through testing, healthcare leaders can help restore patient confidence, making them feel safer and potentially more willing to come to the hospital or clinic when the need arises.

3. Prepare for a Second Wave

Having a concrete plan in place for a second wave can help inspire confidence in both healthcare workers and patients. Safety should be healthcare leaders' number one concern. Making sure there's access to PPE and stocking up in case of a second wave is crucial. They should also be prepared for sustained drug shortages.

Putting in place proper protocols for treating and supporting immunocompromised patients during a potential second wave can also help keep at-risk patients safer.

Healthcare leaders should put together mental health treatment and support plans for patients who experience increasing or worsening mental illness symptoms in the

case of further closures. Finally, seeking further funding and financial support during this time can help hospitals and other healthcare facilities weather a potential second wave of the pandemic.



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