With COVID-19 cases and deaths in sharp decline across the U.S., and governmental and public health leaders lifting restrictions on public gatherings, it certainly feels like the return to normalcy we have all eagerly awaited. But returning to normal shouldn’t include abandoning the health care advancements we have made that will better serve patients and physicians alike in the post-pandemic world.

These advancements—in telehealth, in stress reduction, in medical education and in renewed attention to public health infrastructure, to name just four areas—can improve the health of our nation. Building on the progress we’ve made means returning to a better normal, not just a new one.

For example, the acceleration of telehealth and remote patient care since March 2020 has been a lifeline for patients with chronic conditions, and for independent physician practices crippled by the economic storm of COVID-19. The advantages that telehealth brings to physicians’ ability to deliver care, and the way patients experience it, has the potential to improve health outcomes and reduce costs. Moving forward, we will need physician leaders, government, public health agencies and private health systems working collaboratively to ensure that telehealth adoption continues in an equitable manner that also protects patients’ privacy.

As detailed in the AMA Telehealth Implementation Playbook, this approach is an incredibly powerful tool in caring for patients with various forms of chronic disease, the treatment of which absorbs nearly 90% of U.S. health care spending. In addition, telehealth is invaluable in preventive care as well as in treating acute conditions like COVID-19, particularly as it keeps patients from exposing others. Although potential of telehealth is transformative, significant work remains to ensure all who can benefit from it can access it.
New focus on physician stress

For physicians and other health professionals, the pandemic also has brought renewed emphasis on stress reduction and other aspects of behavioral well-being for themselves, their coworkers and their patients. This is a welcome change from the previous approach that overvalued physical stamina and mental toughness, and normalized levels of fatigue and anxiety that would normally induce incapacity.

In short, COVID-19 brought mental health out of the shadows and into the forefront of everyday conversations, where it rightfully belongs. We know that large segments of the population dealing with behavioral health issues receive no treatment whatsoever, and that others who seek it out experience inadequate levels of care.

Physicians often hesitate to obtain treatment for such issues partly because they fear that doing so might jeopardize their medical licenses and careers. Long-standing AMA policy encourages state licensing boards and other credentialing bodies to ensure confidentiality when physicians seek out counseling or other services to address their feelings of burnout, career fatigue, stress or depression.

Creating problem-solvers for tomorrow

Medical education also stands to benefit from pandemic-induced changes as medical students adapt to new models of learning, such as a greater emphasis on incorporating telemedicine principles as a core element of a clinical curriculum. The AMA has assembled a broad array of resources to help medical students, residents and faculty members manage pandemic-related disruptions, and adopt innovations that will benefit them and their patients going forward.

Along these same lines, I was particularly intrigued by the shift in medical instruction philosophy as voiced by Catherine Lucey, MD. She is the vice dean for education at the University of California, San Francisco, School of Medicine, one of the 37 schools comprising the AMA Accelerating Change in Medical Education Consortium. Dr. Lucey believes the pandemic highlighted the need to train physicians to recognize and reason their way through unfamiliar problems and situations, as opposed to storing and recalling existing knowledge for treating conditions encountered in daily practice.

“That’s a really important philosophic difference,” Dr. Lucey said in an AMA news article. “The first approach creates physician problem-solvers who are capable of addressing both enduring and emerging threats to health.”
Building public health infrastructure

The pandemic has painfully highlighted the immense shortcomings of our nation’s public health infrastructure, and vividly demonstrated the work we must undertake to ensure its effectiveness. The AMA and our Federation of Medicine partners intend to do all we can to reverse the chronic underfunding and understaffing of state and local health departments that curbed their effectiveness throughout the crisis. To help advance this mission, our AMA helped shape last year’s revision of the 10 Essential Public Health Services, which were created a quarter-century ago to define the activities public health organizations should undertake in every community.

The challenges before us are plentiful, and how we meet them will shape the progress we make in meeting the disparate health care needs of a diverse populace. I believe that we are up to the task, that we can heed the hard lessons of this pandemic and reconfigure our approach to medicine to the benefit of patients everywhere.

Reaching this goal will require a much greater focus on the social determinants of health and a much firmer commitment to health equity. We intend to lead by example in identifying and dismantling structural racism within the AMA and throughout health care, and invite you to join us in strengthening inclusion, valuing diversity and spreading equity across all aspects of modern medicine.