COVID as ‘business as usual’

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Two years on since the first news of novel coronavirus started circulating across the globe, Queensland is in the midst of its ‘planned’ pandemic.

At the time of writing, hospital admissions from the virus are plateauing, as are intensive care unit admissions. The feeling in the community is heightened with supermarket shelves empty and Rapid Antigen Tests (RATs) hard to find.

Our clinicians and support teams are doing an incredible job managing under a great deal of pressure. They have shown, once again, what we’ve always known about them: they turn up and get on with it even in the most challenging of times.

While our current surge is expected to peak over the coming weeks, well before you are reading this, we can’t glimpse into a crystal ball and predict much beyond that. We all hope the pandemic will be behind us this year, as we did last year! But the experience internationally tells us this is won’t be the case and that our current wave is unlikely to end with a simple full stop.

With that in mind, is it time to change the way we think about COVID-19 as being a pandemic and consider it as ‘business as usual’ in health care?

And if so, what does that look like? How radical can we be as we look to a ‘new normal’ and how brave do we want to be in extending our thinking?

So much has changed in the way we deliver care since the start of the pandemic in early 2020.

One of the most positive changes has been the shift to virtual models of care that have worked well for the system and consumers alike. For our First Nations Australians, virtual care options have meant care closer to, or on, Country. The work has been done on understanding many novel models of care and we now know which ones work and which ones don’t. Now is the time to bite the bullet and implement the ones that do work.

Expanding virtual models of care and offering this as a first option, where clinically appropriate, is essential for our new ‘business as usual’. But we need to find ways to address the barriers for clinicians in offering this, particularly in hospitals. This hard work will be rewarded with the ability to communicate promptly with GPs when they need it; to engage with patients when and where they want it; to be able to electronically prescribe and order pathology without onerous processes; and to be able to engage and design staffing and funding models that support this new world.

What we don’t want to do is waste this opportunity and go back to ‘the way things have always been done’ because we weren’t brave enough to make the difficult changes that could improve the system.

One of the key drivers to the success of any change is involvement of consumers and engagement with primary care and other community care providers. Their involvement is essential in the shift from largely appointment-based processes to a more responsive, demand-based approach.

I see our ‘new normal’ as a system that is better off for having been part of a global pandemic and one that is more responsive to the needs of our consumers and care partners. A system that has learnt so much in the past two years, capable of building on that and being better for it.

I believe we need to stop waiting for the pandemic to be over, but rather accept that it’s here to stay for the foreseeable future and get on with ensuring everyone in our community who needs care gets it.