

What's next? A starter set to think about the future of care delivery.

Guiding principles and questions

1. We will be living with SARS COV2 for some time. A vaccine is unlikely to be 100 percent effective/ and the virus is likely to become endemic and mutate.
2. Its virulence will attenuate but continue to periodically ravage vulnerable cohorts like people with multiple comorbidities and advanced age.
3. Pandemic preparation will continue although the pessimistic side says we will build our army to fight the last war and not be thinking ahead to the next threat.
4. Work will seem the same but not be the same.

PPE

1. what's that going to be like for the next 1-2 years?
2. What will be our approach to infectious disease moving forward?
 - a. Looking back SARS/MERS and H1N1 didn't really change our behavior.
 - b. We never really embraced CLABSI prevention
 - c. C Diff and MRSA prevention didn't fit our work flow so we minimized contact/droplet.
 - d. CoV- 2 is perhaps 10X lethal compared to the flu, averaged and affects enough people of "our" age that we take it seriously.
3. What are the implications of wearing N95 level masks all day?
 - a. Communication is going to be a challenge
 - i. How we speak to patients
 - ii. How we communicate with one another
 - iii. How we communicate in the ORs

Departmental Function

1. All the meetings have been cancelled through December
 - a. What do we do about Wednesday morning meetings?
 - b. What is the role of the department in continuing education?
 - c. How is M&M done
2. Student education
3. Communication
 - a. Some people don't read email – of course we are starting this conversation on e mail.
 - b. Texting provides links but little connection
4. Gains and losses of Zoom/Teams
5. Video communication
 - a. What role, if any does play in our practice?

Impact on the health systems

1. Fracturing and consolidation
 - a. Fracturing – movement of cases to ASCs to avoid the hospital
 - b. The pandemic hastens the unbundling of health care

- i. Physician practices are being carved up by function
 - ii. Hospitals are being broken apart with cross subsidization
- c. Consolidation – many practices and health systems do not have the balance sheet to survive the economic depression we are entering. The landscape will look different in the next year.

Possible outcomes – these may overlap

1. Our practice patterns don't change. We double down on PPE and reinforce the special isolation that we have as anesthesia providers that keeps us separate from other parts of the health system.
2. We find new ways to communicate virtually within our current practice.
3. Fracturing leads to opportunities for anesthesia providers to assert leadership roles in the coordination of unbundled care through control of virtual care models.