

The role of private hospitals in responding to the COVID-19 pandemic – focus on digital health

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Private Health reform in Australia has been on a tortuous journey over the past decade, with many good ideas crushed by individual ideology and self-interest. In both the public and private sectors, we have seen a fixation on building beds, treating them as a proxy for the health care system. The reality is that only circa 41% of health spending goes on hospitals.

With the advent of coronavirus disease (COVID-19), we have seen a societal shift. For maybe the first time, we are seeing the consumer make different decisions about their health care and health care staff making different decisions about how and where they want to work.

The COVID-19 pandemic has tested the resilience of the Australian health care system, exposing the gaps and testing our capacity and capability to deal with a rapidly changing world. Can you imagine, prior to 2020, our health care systems being required to, and successfully implementing, system wide changes in a matter of days and weeks?

In the private sector, we saw the system wide shut down of elective surgery, sometimes without logic, with many private hospitals effectively nationalised for the period of major outbreaks. Furloughing of staff created problems that required flexible solutions, forcing the industry to think and act differently.

We did see governments react too slowly to the rapidly changing virus, over and under estimating the implications and trailing the outbreaks and variant changes. Each new variant brought new problems that the previous variant did not pose. This created a drive around creativity and innovation. The rapid adoption of digital technologies to support the emergent needs of patients was particularly pleasing to witness. Telehealth, already around for many years, was suddenly put on steroids, to allow clinicians to deliver remote care and support to patients in the safety of their own homes. This included not only our patients at home but also our clinicians working from the safety of their homes.

Many innovative public and private models of virtual healthcare at home emerged during this time. We at Calvary were already running an acute care at home model in South Australia, in partnership with Medibank Private (My Home Hospital). Given our experience, in 2021 we were asked by Western Sydney to help an overwhelmed health system with the support of COVID-19 patients and thus the Covid Care at Home Program was born. This Program ended up running in New South Wales, Victoria, Queensland and Western Australia and has now supported approximately 160 000 patients in their homes.

Patients, both young and old, were willing adopters of the virtual approach, effectively using webforms, self-monitoring apps, digital assistants and Artificial Intelligence. In Queensland, where the Program deployed 'Billie', a chat bot designed to assess and triage patients, over 78% of parents with COVID-19 positive children were willing to engage with the technology.

Clinical teams also want the flexibility of working in virtual healthcare spaces. At a time of extreme workforce shortages, our recruitment campaigns for virtual healthcare workers were inundated in December 2021 with over 1400 applications in response to one advertisement alone. No doubt, some of those who applied were experiencing front line fatigue and the desire to create a better work life balance.

Agile, scalable, and effective virtual health care does not come from the traditional commissioning and procurement processes of the past. It requires system players (public and private) to engage in co-design and co-production. This greater openness allows us to more deeply understand the nuanced way our systems and capabilities can

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augment and connect, to create better experiences and outcomes for patients and staff. This approach also provides a fertile ground for trust and the ability to learn, adjust and evolve, as the situations demand.

We are demonstrating that these models work. We now need to be courageous and forge ahead to revolutionise health care. We already have amazing clinicians and care workers and now have proven technology solutions that will

support them to meet the demands of patients and the community at large.

As we enter this new phase, it is time to purposely take forward the valuable lessons of COVID-19, to implement long term reform in our system that achieves the quintuple aim of health care – advancing health equity, improved patient experience, health outcomes and clinician wellbeing all at a sustainable cost.

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