

COVID-19: BEYOND TOMORROW

COVID-19—Looking Beyond Tomorrow for Health Care and Society

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Just 6 months ago, the novel coronavirus now known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and COVID-19, the severe disease it causes, were unheard of. Today, this highly contagious and dangerous virus and the widespread virulent disease it causes have resulted in major disruptions of business, education, and transportation, and have permeated and interrupted virtually every aspect of daily life. Millions of people have been affected by COVID-19, hundreds of thousands have experienced critical illness, and tens of thousands have died. Physicians, other health care professionals, and health care systems around the world have been challenged like never before in recent history.

Since one of the first publications in *JAMA*, titled “Coronavirus Infections—More Than Just the Common Cold,” by Fauci and colleagues on January 23, 2020,¹ it was clear that the scope and ultimate effects of this outbreak were unclear and would evolve rapidly. However, at some point the acute phase of the pandemic will end, and it will be necessary to understand what the future may look like in health care and in society. Various forecasts have suggested possible timelines for when peaks in disease activity, intensity, and severity of COVID-19 may begin to gradually subside. There are major concerns and uncertainty not only regarding when a return to some semblance of “normal” activities might occur, but also regarding what that “new normal” will be like, in terms of the implications related to the lingering risk of ongoing COVID-19 disease. These implications may be profound and most likely will have important consequences for daily life and for the health care system. At least in the short term, as severe disease and the current pandemic begin to subside, some of the significant and fundamental changes that have occurred in health care and in society will remain in place, and many of these may become permanent.

It is impossible to know exactly what the future pattern of COVID-19 disease activity might be, because it seems that the only predictable aspect of this pandemic is that it has been unpredictable. For instance, it is unknown whether there will be substantially less disease over the coming months, or whether a second wave of pervasive severe disease will emerge. However, as more reliable data and evidence from the acute phase of the pandemic become available, it may be possible to use this information to provide some insights about the future potential consequences of COVID-19 for the health care system.

As described in a recent Editorial,² it is clear that the US and countries around the world must be better prepared for what may emerge in the coming months than they were for the initial pandemic, and they may need to implement bold and creative responses. Accordingly, in a series of upcoming Viewpoints, *JAMA* will attempt to look beyond tomorrow—to the postacute phase—to describe and understand various issues in health care that may need to be considered and addressed. Among these may be clinical issues, such as development of effective therapies and a safe vaccine; public health issues, such as continued surveillance, risk mitigation, and containment; infectious disease-specific issues, such as appropriate therapeutic interventions, serologic testing, and prevention of transmission; financial issues, such as implications for national health care spending and for hospitals and practices; operational issues, such as meeting pent-up demand for delayed health care services and transitioning to increased use of telehealth; and preparedness issues, such as ensuring adequate equipment, supplies, and personnel to mount an effective response to COVID-19 resurgence or perhaps another severe disease outbreak.

In the first article in this series, Walensky and del Rio³ discuss key concepts related to the questions of when and how the US may be returning to normal activities. The authors suggest that there will be a staccato progression toward the restoration of a more normal life, perhaps sometime toward mid- to late May, and that the cornerstone of the next phase will require massive testing, in 2 forms: serologic testing that detects immunoglobulins (IgG and IgM) specific for SARS-CoV-2 to provide estimates of population exposure, and virologic polymerase chain reaction testing that detects active disease to effectively stop transmission. While Walensky and del Rio optimistically note that “[t]he COVID-19 pandemic will one day be in the rearview mirror,” they also emphasize that before the US reopens for work, school, and other activities, this current phase must end with “a course-corrected public health strategy that promises widespread testing, resources for those affected, and a profound appreciation for an impressive, inspired, and tireless health care workforce that helped the US deal with this pandemic.”

While acknowledging that there will be uncertainty in addressing the topics in the “COVID-19: Beyond Tomorrow” series, the insights from these Viewpoints should serve to help inform physicians, other health care professionals, administrators, and policy makers about what the future may hold with COVID-19 for health care and society. Perhaps these Viewpoints could also serve to provide suggestions to galvanize efforts about what will need to be done beyond tomorrow.

ARTICLE INFORMATION

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