SPMC JHCS

EDITORIAL

COVID-19 research agenda for health care services

Alvin S Concha[1]

Due to the long quarantine, with several levels of intensity and degrees of implementation, we all have, more or less, similar experiences with the COVID-19 pandemic. Starting early this year, we stayed home for a long time, we had ourselves tested, our friends or relatives had themselves tested, and some of us may even have tested positive for the infection. We listened to, or read, or watched the news, about the statistics of COVID-19 morbidity and mortality, lockdowns, reopenings, resurgence and reinfections. And then, we received all sorts of information—true, fake, inaccurate, anecdotal—and some were derived from systematically produced knowledge, i.e., properly conducted research or ongoing research.

The things that are happening and the information that we have received, so far, tell us that COVID-19 is here for the long haul. While the COVID-19 virus can potentially be controlled—through systematic and effective implementations of strict infection control measures—it will probably not go away at least in the near future.

What is good is that, as time goes by, we gain more knowledge on the disease and the virus that causes it. With greater knowledge, the strategies in our fight against the disease can only improve. Within only a few months, we have learned a great deal about the SARS-CoV-2 virus and its modes of infection. Our knowledge base on the immunology, pathophysiology, clinical course, diagnostics, therapeutics, and prevention of COVID-19 itself is growing at record speed. All in all, our knowledge on the clinical science of the disease is not much yet, but it is taking shape at a very fast rate.

Despite what we already know, the numbers of COVID-19 cases worldwide and locally continue to rise, and health care services continue to be reshaped as new evidence from research and updated statistics of the disease come in. At this point, what is not yet well-developed is our knowledge around the operational aspects of the clinical science of COVID-19. Ultimately, we would want to know how our knowledge in diagnostics, therapeutics and prevention of COVID-19 play out in the real world. Health care service delivery has greatly changed in the presence of COVID-19. At the start of the quarantine, physical structures within health facilities have been remodelled, rooms and wards have been reallocated, process flows have been revised, and some non-COVID-19 services and public health programs may have been temporarily scaled down or suspended altogether in favor of giving greater focus on COVID-19-related services. At this point, what we would like to know is the real-world practice of health care service delivery in relation to the presence of COVID-19—how services have been implemented from the start of the COVID-19 pandemic, and how it should be implemented in the future.

What we eventually aim to achieve, by way of knowledge production, is just a handful of general outcomes: 1. effective health care service delivery for patients with COVID-19; 2. maintenance of health care service delivery for patients with non-COVID-19 conditions; 3. decrease in the transmission of the COVID-19 virus; and, 4. psychosocial reorientation. We need an assessment of how health care services have been delivered, so far, since the start of quarantine, both to patients with COVID-19 and to those with non-COVID-19 conditions. The new knowledge will help us calibrate and improve our services. Then, we need knowledge on the present efforts to control SARS-CoV-2 infection outside of health care facilities because we want to contribute to the overall COVID-19 prevention efforts. Moreover, as a society, we need a reoriented mindset to go with the structural and process changes that are taking place around us in response to the presence of the new disease. Decreasing viral transmission and promoting psychosocial reorientation not only decreases mortality and morbidity from COVID-19, but also decreases strain in health care services.

Our present research agenda lies in between the account of what had been initially done—in terms of the outcomes mentioned—and the things that we need to do next. And, the general questions would be: What did we do right? What didn't we do right? What can we do from

[1]Research Utilization and Publication Unit, Southern Philippines Medical Center, JP Laurel Ave, Davao City, Philippines

Correspondence
Alvin S Concha
alvinconcha@gmail.com

Received
15 September 2020

Accepted
14 October 2020

Published online
15 October 2020

Cite as
Concha AS. COVID-19 research agenda for health care services. *SPMC J Health Care Serv.* 2020;6(2):3. http://n2t.net/ark:/76951/jhcs82zhf4

here on? In Box 1, I point out some specific areas in health care services that we need to do research on right now. They are just examples, and the list is, by no means, exhaustive.

Knowledge production on the foregoing areas should be approached through the lenses of different sectors—including economics, development, education, and local government—and through the lenses of different disciplines as well—not only the medical sciences, but also the social sciences, psychology, and perhaps even philosophy. Health care services research can potentially be conducted quickly, and yet, because the questions are practical and relevant, the research results can lead to recommendations that are immediately implementable. Ultimately, the findings of these researches will inform the development and innovation efforts that we mount against the COVID-19 pandemic.

Box 1 COVID-19 research agenda for health care services

General outcomes

1. Effective health care service delivery for patients with COVID-19
2. Maintenance of health care service delivery for patients with non-COVID-19 conditions
3. Decrease in the transmission of the COVID-19 virus
4. Psychosocial reorientation

Possible research, development, and innovation areas

1. Health care service delivery for patients with COVID-19

- Experiences in health care provision and utilization for COVID-19 management during quarantine (feedback, assessment, and suggestions on several aspects, including medical, emotional, financial, logistical, etc.)
  - Triaging and guiding health care utilization
  - Getting a diagnosis
  - Receiving treatment
  - Discharge
  - Reintroduction to the community
  - Monitoring
  - Contact tracing
  - Managing health care workers
  - Making administrative decisions related to the COVID-19 response
  - Other aspects of health care provision and utilization
- What community resources (infrastructures, equipment, supplies, social networks, human resources, etc.) can be maximized to help manage infected individuals

2. Health care service delivery for patients with non-COVID-19

- Health care utilization and program implementation for non-COVID-19 concerns during quarantine (practices, experiences, feedback)
- What will facilitate health care utilization and program implementation after quarantine
- How the usual volume of health care services can be reinstated
- What community resources (or community participation) can be tapped to enhance health service delivery
- What services can be diverted from the hospitals/health care facilities and done in communities? How?

3. Decreasing viral transmission

- Best practices in community response to COVID-19 (community: households, or barangays, workplaces, offices, schools, etc.)
  - What happened during the quarantine—community level (including households, or barangays, workplaces, offices, schools, etc.)
  - Waste management—PPEs, other infectious materials
  - Physical distancing measures
  - Implementation of quarantine guidelines
  - What practices are worth emulating or scaling up
- How workplaces (including offices, markets, business centers, warehouses, factories, construction sites, commissaries, etc.), work schedules and work processes can be modified in order to comply with infection prevention measures
- Technologies, innovations, digital solutions that prevent infection spread: either already implemented or for potential development
- What community resources can be tapped now or in the future to help decrease transmission
- How public places can be maximized to help prevent infection

4. Psychosocial reorientation transmission

- Elaboration of emerging mental health and psychosocial issues
- Definition of "new normal" from the ground, as being practiced or as will be practiced by the citizens on a day-to-day basis
- Readiness assessment for new normal among patients, providers, health systems, communities
- Definition of "new happiness" in the presence of the new disease and with the present emphasis on adherence to infection control measures
- What new forms of entertainment or hobbies can be introduced and encouraged
- How to teach responsible behavior to the public
  - Personal hygiene, use of PPEs, physical distancing
  - Obeying the law, respecting privacy, removing stigma, ending discrimination, proper netiquette

Article source
Submitted

Peer review
Internal

Competing interests
None declared

SPMC JHCS OFFICE *Research Utilization and Publication Unit, Acacia Room, Level 3 Outpatient Building, Southern Philippines Medical Center, JP Laurel Avenue, Davao City, Philippines*
Landline *(+6382) 2272731 loc 4127* • ***Website*** *www.spmcjournal.com* • ***Email*** *spmcpapers@gmail.com*