

The Next Normal | Video transcript

Healthcare in 2020 and beyond

In this video, Penny Dash and Shubham Singhal, two leaders of McKinsey's Healthcare Systems & Services Practice, reflect on how COVID-19 is transforming the healthcare industry.



Healthcare goes digital

Shubham Singhal: In healthcare, coming into the COVID-19 crisis, there was the promise of the use of virtual health, digital health, telehealth. We had been talking about that for a while, and it had been growing off a small base. What the COVID-19 crisis has done is accelerated that.

Penny Dash: And what's happened in the past three months has been an unbelievable level of adoption. In many countries, we've seen 70 to 80 percent of primary-care consultations either go online or be carried out by phone.

Shubham Singhal: Interestingly, we've also seen physicians who would not have been, historically, willing to engage in those virtual modes now doing so and actually thinking that even post COVID-19, they want to stick with it. So we've seen a big movement in that direction.



Penny Dash: I would really emphasize, do not go back on the adoption of digital and remote working. I think it will be very tempting to say, "Whew, right. We're through the first wave. Now we'll cancel the remote consultations and we'll go back to how things were." That would be such a lost opportunity and a wasted opportunity and, of course, would also detract from what is going to be needed, which is more efficient services in order to deal with the backlog. So keep hold of the digital technologies and the remote working.

More flexibility in the workforce

Shubham Singhal: This has been a wake-up call that, in the healthcare system, we don't have the resilient plan that we need to have in place—whether it was workforce, whether it was supplies, whether it was having enough beds, having enough ventilators, et cetera. That is a bit of a wake-up call to say we need to stress-test our system. During a crisis, do we have established protocols for allowing a nurse in the hospital so that they can be trained to be an ICU [intensive-care-unit] nurse and capable of helping with ventilators, for example? So the flexibility in the workforce is a very important part.

Penny Dash: There are many, many people working in healthcare and in care settings and so on who have had a really tough few months. And those people are going to need support—both emotional support as well as a bit of time to rest. One particular piece that I would point to is the use of volunteers, who are not necessarily people who've been through extensive training over many years in order to be qualified to care for people, but actually people with far less training who have been able to play a very important, a very supportive role in looking after some of the more vulnerable members of society.

Building capacity—and doing it fast

Shubham Singhal: When an emergency like this one strikes, how do we convert hospital beds into ICU beds? And, if needed, how do we convert other areas—like hotels, et cetera—into lower-acuity sites of care when the hospitals are full?

Penny Dash: If you'd asked anyone working in healthcare in Europe or in the US in January, “Could you build a new hospital in two weeks, like Wuhan is planning to do?” people would have laughed. And guess what? Many places did. So this ability to ramp up capacity in order to meet a surge in demand has been demonstrated as perfectly feasible and is really important for the future.

Shubham Singhal: How do we take the learnings around the rate and speed at which you can change—and take that speed that you've shown during “wartime,” if you will—and take it forward to “peacetime”? Obviously, we have moved extremely fast. How we lock in that speed is going to be a big imperative as we look ahead.

Penny Dash, a senior partner in McKinsey's London office, leads the Healthcare Systems & Services Practice in Europe; and **Shubham Singhal**, a senior partner in the Detroit office, is the global leader of the Healthcare Systems & Services Practice.

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