Healthcare may be the first industry that will be forever transformed by coronavirus disease 2019 (COVID-19), but it won’t be the last.

Every industry must now transform itself to create an equitable, sustainable business model that will allow it to thrive in an increasingly digital age after COVID-19. Quite simply, the Fourth Industrial Revolution—when online meets offline—has been intensified by this pandemic.

Just look at what happened to telehealth. Once a luxury, in March 2020 telehealth suddenly became the primary mode of seeking care.

At my institution, the Jefferson telehealth team began calling themselves the “Night’s Watch,” a reference to the *Game of Thrones* border army. And they were right—telehealth tackled the first wave of the virus that causes COVID-19.

The result has changed medicine forever. In January, before the coronavirus crisis, Jefferson’s telehealth program helped 40–50 people per day who used its app to call an emergency medicine physician. By the last week of March, calls exceeded 1,200 per day—all of them from people who were sick and worried about COVID-19. Getting help by video screen saved them a trip to a doctor that could be difficult—and for many who are sick and older, very risky. Many such trips will never again be made in person.

Just as in healthcare, this pandemic will affect all businesses for at least 18 months, and most likely forever. It will require every
sector to work closely with employees to reengineer the delivery of goods and services in an age when the traditional organization of workplaces will change, and when the nature of work itself will change.

From our perspective in healthcare delivery, here are my key learnings:

- **Digital tools for delivery of services must be robust and clearly communicated to customers and staff alike.** For example, pregnant women are already afraid to visit hospitals for prenatal care. Whereas home pregnancy monitors used to be a luxury, they will now rapidly become part of a new mode of pregnancy: digital diagnostic tools combined with the wisdom of obstetricians and pediatricians, many times offered virtually.

- **A vast reskilling of service jobs will be needed in the world of artificial intelligence.** In healthcare, we’re now seeing thousands of physicians learning how to deliver sophisticated medicine through virtual visits. That kind of learning will occur in every industry.

- **We must put people first.** Ethics must not be an afterthought but rather considered at the beginning of new product development, before a new digital product goes to market. COVID-19 arrived during a crisis of trust; surveys by Edelman (2020) and others have found a deep mistrust of social institutions and traditional elites. Some of this mistrust is caused by the digital revolution itself—the fear that collected information may be used against oneself. We must earn trust at every stage.

- **We must reinvent how we protect the people who work for us.** COVID-19 has shattered the gig economy and the jobs of hourly employees in the service industry, and it has even injured those with full-time employment. In every
crisis of the twentieth century, business and government leaders worked to “cover” employees by providing insurance for sickness, creating rules for employment status, and the like. The COVID-19 crisis demands similar leadership. The recovery of the economy in 2020 and beyond demands a new compact with those who do the work. This will be the single biggest concern of voters in the US elections of November 2020, and it will resonate throughout the world as the global economy rebuilds.

There is nothing positive or optimistic about large, enveloped RNA viruses such as the coronavirus. This time is a trying one for our nation and the world. But although the war against the virus may be won with drugs and vaccines, the fight for an equitable and sustainable global economy has just begun.

In healthcare, telehealth worked. Providing guidance to families worked. Listening worked. Even under our greatest threat since World War II, the principles of using digital medicine to get care out to people turned out to be critical. The coronavirus pandemic has validated the principles of this book: that we need healthcare with no address, helping people where they are and when they need it.

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REFERENCE