From reactive to proactive care: 4 key takeaways about today's COVID-19 landscape

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The understanding of COVID-19 has changed significantly since the pandemic began in 2020. COVID-19 can worsen chronic conditions, such as atrial fibrillation, heart failure,[1,2] diabetes,[3] and asthma,[4] and lead to new onset conditions, including diabetes,[5] cardiovascular diseases,[6] and psychiatric disorders.[7] The risk of developing long-term effects increases with the severity of a patient's COVID-19 infection, especially for those who were hospitalized or needed intensive care.[8]

Unlike other respiratory illnesses, COVID-19 can happen year-round — including the summer and winter — so health systems may face two waves of affected patients each year, not just one.[9]

To navigate the current COVID-19 landscape, healthcare leaders must shift their mindset to match this new understanding. In Advisory Board's webinar, *Today's COVID-19 landscape: Protecting patients and mitigating broader systemic impacts*, experts emphasized an ongoing need for guideline-informed provider workflows, timely testing and treatment, and proactive care. Here are four key takeaways from that discussion:

1. Reframe clinical mindsets to be proactive and test for COVID-19 in a timely fashion.

COVID-19 care requires a proactive approach that focuses on education and timely, accessible treatment. During the COVID-19 public health emergency, health systems implemented reactive measures like social distancing, quarantines, and therapies geared toward preventing hospitalization and death. Now, health systems must shift toward proactive care for high-risk patients to mitigate the risk of chronic diseases that can develop or worsen due to severe COVID-19. That means prioritizing timely access to guideline-recommended testing and treatment.

COVID-19 symptoms — such as cough, runny nose, and sore throat[10] — can overlap with those of other respiratory viruses, so it can be challenging to diagnose without testing. Unfortunately, some health systems prioritize testing when COVID-19 patients are already very sick. Patients with mild to moderate symptoms are often sent home undiagnosed with a recommendation to rest and use over-the-counter medications.

> COVID-19 looks different than it did five years ago, but severe COVID continues to impact individuals in the acute and post-acute phases. This presents a critical opportunity for a standardized approach to comprehensive care.
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Current COVID-19 treatments are effective when given early in the course of disease.[11] It's important to test and treat COVID-19 based on patient risk factors, rather than immediate symptoms alone, to avoid delays or gaps in care.

Proactive, standardized approaches to identifying high-risk patients and providing timely testing and treatment can prevent patients with mild or moderate COVID-19 from progressing to severe illness. Preventing severe illness can help reduce the risk of developing Long COVID or exacerbating chronic conditions.

> It is important to treat COVID according to the test results for people with high risk of progressing to severe illness, rather than according to the severity of symptoms at presentation. That's a tremendous mindset shift.
>
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2. Standardize workflows to reflect the need for timely COVID-19 testing and treatment for high-risk patients.

Since providers want to improve patient outcomes and practice evidence-based medicine, clinical decision support (CDS) tools in the EHR can give providers essential information — such as testing and treatment protocols, differential diagnoses, and recommendations based on clinical guidelines — at the point of care. For example, when a patient has mild to moderate symptoms, the EHR might prompt the provider to test for COVID-19. Or, when a patient has one or more risk factors for severe COVID-19, the provider would be prompted to test for and treat COVID-19 quickly.

CDS tools help providers identify and consider patient risk factors and symptoms to determine the best care management. These tools may flag less-obvious risk factors for severe COVID-19, including underlying chronic conditions, and inform physicians of the latest research to guide patient care.

More targeted enhancements to CDS tools that streamline patient care could have a meaningful impact. For example, Dr. Bookman shared that CDS tools could recommend that providers give patients a prescription for an oral antiviral to fill only if their COVID-19 test comes back positive. This may improve patient flow by minimizing patients' time spent waiting for test results in the ED or urgent care.

Integrating COVID-19-related CDS tools into provider workflows may support clinicians in delivering more efficient, guideline-driven care for patients at high risk for severe illness.

CDS tools could allow for providers to give patients a prescription for an oral antiviral to fill only if their COVID-19 test comes back positive, which may improve patient flow by minimizing patient time spent waiting for test results.

We want to find a balance. We don't want to promote unnecessary testing or treatment, but we do want to test the people who should be tested and think about which information to embed in the workflow to help providers make decisions that don't go too far in either direction.

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3. Educate patients about how COVID-19 testing and treatment has changed.

Fragmented or outdated information about COVID-19 is often a major challenge for patients. Updated, clear messaging for high-risk populations about the continued importance of vaccination, testing, and treatment can help patients navigate the health system when sick.

Many health systems already run effective campaigns year-round. But there are still opportunities to better integrate essential COVID-19 information into existing community outreach and patient education efforts, or to adapt these efforts for more targeted outreach.

By integrating current COVID-19 guidance into broader patient education and outreach efforts, health systems can empower high-risk patients to make informed decisions and better navigate care when they need it most.

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4. Prevent severe COVID-19 to protect quality outcomes.

Severe COVID-19 may impact several condition-specific quality measures,[12] such as comprehensive diabetes care and poor hemoglobin A1C control,[13,14] chronic obstructive pulmonary disease (COPD) or asthma admission rates among older adults,[15] heart failure admission rates,[6] and depression remission rates at 12 months.[7] Preventing high-risk patients from developing severe COVID-19 could have a significant impact on those health system quality measures. For instance, when severe COVID-19 results in new or worsening diabetes or COPD, patients who wouldn't otherwise have needed care may visit EDs or need to be admitted, increasing admission or readmission rates.

By prioritizing timely testing and treatment for patients who are at high risk for severe COVID-19, health systems can reduce avoidable admissions and improve overall quality outcomes across multiple chronic conditions.

You could think about measuring ED utilization from these chronic conditions. A patient has congestive heart failure or worsening diabetes because they weren't treated and progressed to severe COVID. Even after COVID is resolved, those chronic conditions cause increased ED utilization and hospital admissions downstream. Those are the kinds of things everybody should think about measuring.

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Endnotes

1. Zhang T, et al. Cardiovascular outcomes in long COVID-19: a systematic review and meta-analysis. *Front Cardiovasc Med*. January 28, 2025.
2. Zuin M, et al. Risk of incident heart failure after COVID-19 recovery: a systematic review and meta-analysis. *Heart Fail Rev*. December 27, 2022.
3. Mehrotra-Varma S, et al. Patients with type 1 diabetes are at elevated risk of developing new hypertension, chronic kidney disease and diabetic ketoacidosis after COVID-19: Up to 40 months' follow-up. *Diabetes Obes Metab*. 2024.
4. Chiner-Vives E, et al. Short and long-term impact of COVID-19 infection on previous respiratory diseases. *Arch Bronconeumol*. May 6, 2022.
5. Xie Y, Al-Aly Z. Risks and burdens of incident diabetes in long COVID: a cohort study. *Lancet Diabetes Endocrinol*. March 21, 2022.
6. Hilser JR, et al. COVID-19 is a coronary artery disease risk equivalent and exhibits a genetic interaction with ABO blood type. *Arterioscler Thromb Vasc Biol*. October 9, 2024.
7. Taquet M, et al. Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA. *Lancet Psychiatry*. February 2021.
8. Long COVID Basics. Centers for Disease Control and Prevention. Published July 24, 2025.
9. Rosen A. Why COVID surges in the summer. Johns Hopkins Bloomberg School of Public Health. Published August 7, 2024.
10. COVID-19, cold, allergies and the flu: What are the differences? Mayo Clinic. Accessed October 23, 2025.
11. Types of COVID-19 Treatment. Centers for Disease Control and Prevention. May 8, 2025. Accessed October 23, 2025.
12. Measure inventory. Centers for Medicare & Medicaid Services. Accessed October 23, 2025.
13. Landstra CP, de Koning EJP. COVID-19 and Diabetes: Understanding the Interrelationship and Risks for a Severe Course. *Front Endocrinol*. June 16, 2021.
14. Unnikrishnan R, Misra A. Diabetes and COVID19: a bidirectional relationship. *Nutr Diabetes*. June 23, 2021.
15. Kim B, et al. Increased Risk of New-Onset Asthma After COVID-19: A Nationwide Population-Based Cohort Study. *J Allergy Clin Immunol Pract*. September 27, 2023.

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