In the latest installment of Brainstorm Health "Reinventing the Hospital" series, Cliff Leaf, Fortune Editor-in-Chief, kicked off with an insight that would guide the rest of our discussion. He stated, "We need to make a system of health, not just a system of health care."

Indeed, as the COVID-19 infections continue to spike in the United States, the risks to our health are greater than just the virus. Dr. Kyu Rhee, Vice President and Chief Health Officer at IBM, categorized the health challenges we are facing into the "four curves of COVID-19."

The first curve of COVID-19 that we must flatten is, of course, the virus itself. The second, Dr. Rhee told us, is mental health, with an estimated 1 in 3 Americans facing symptoms of depression or anxiety during the pandemic. Adrienne Kennedy, who joined us from the Board of Directors, NAMI Central Texas, could not agree more. "Our hotlines are lit up across the country," she described.

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The third is chronic illnesses, both in treatment and prevention. Our discussion revealed that this is an urgent problem given its implications for the patient and hospital's bottom line. Dr. Rhee explained that patients are afraid to go get routine care and preventive screening, which will result in later diagnosis and more expensive treatment down the road.

Here, Dr. Georges Benjamin, Executive Director of the American Public Health Association, sees an opportunity for community partnership. He detailed for us what he learned in the first half of his career working in emergency medicine: 80% of health occurs outside of a doctor's office. To build health, he told us, we have to "become the unanticipated messenger." We must show up at real estate, school board and zoning meetings, where social determinants of health begin.

That poignant insight brought us to Dr. Rhee's fourth curve of the COVID-19 pandemic: inequity. Dr. Benjamin called for the nation to examine the roots of the inequity that are built into our healthcare system. Dr. Rhee added that we must be honest with ourselves about the problem and integrate equity into everything we do.

What is to be done to flatten the four curves of COVID-19? As we explored potential innovations, data and trust emerged as two essential solutions.

Dr. Kara Mascitti, Medical Director, Healthcare Epidemiology and Infection Prevention, St. Luke's University Health Network, believes we can get creative by using data and digital tools in medicine. "I think medicine has lagged a bit in terms of using technology," she argued. To her point, Dr. Rhee detailed for us how data from government agencies, healthcare providers, employers, life science companies and health plans have typically been siloed, which can prevent doctors from treating the whole person. In fact, research done by IBM Watson Health in association with the American Medical Association, affirms that effective, team-oriented data management helps mitigate physician burnout. It is also one of the top seven characteristics of a top performing hospital, according to a review of 100 Top Hospital winners by IBM Watson Health.

Adrienne Kennedy sees the value of data in mental health, but she adds that the issue of shame prevents effective data from being collected. To overcome that hurdle, we have to use strategic communications to destigmatize and demystify health conditions — and that requires trust. "This trust factor is so important because then data sharing becomes much more congenial... but it has to be a trust-based relationship," she argues.

Trust is fundamental to flatten all four curves of the pandemic, our panelists say. We will soon approach a potential vaccine for COVID-19 and yet we are already facing issues with vaccinating children for other diseases during the pandemic. It points to a fundamental lack of trust in the healthcare system. According to our panelists, rebuilding trust in the medical community will require a common language across public health, medical doctors, hospitals, pharma and more. It will also require the unanticipated messengers that Dr. Benjamin mentioned.

However, to build trust, you have to be able to reach people. Dr. Benjamin cited the need to increase internet access in vulnerable communities in order for telemedicine to be delivered equitably. Further, the community has to trust the person speaking to them. On that point, he and Dr. Rhee discussed the need to train Black and Hispanic doctors, while also providing cultural humility training for existing doctors.

"To me, COVID has made us realize how connected we are," concluded Dr. Rhee. "We are all essential. We have to find a way to especially help those who are most vulnerable." From our conversation, it seems data sharing and trust brokering are the way forward.

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