

Research Insights

Using health care during the pandemic: should I stay or should I go?

COVID-19 is continuing to keep those in financial and mental distress away from the doctor, though overall use of health care has increased since June. The overall increase in the use of health care since June is largely driven by increased use by women, especially older women.

Avoiding needed health care during the COVID-19 pandemic

The aim of this Research Insight is to examine Australians' use of health care and telehealth, examine whether this changed since early June, and to better understand who has avoided visiting health providers, who has sought health care, and who has used telehealth.

People are avoiding seeking health care because of fears about contracting the virus, to avoid overburdening hospitals, and also because of increased pressure on household finances.¹⁻³ In an earlier Research Insight based on the Melbourne Institute's *Taking the Pulse of the Nation* survey in the first week of June, one in seven (14%) respondents reported that they needed to see a health professional (e.g., a GP, specialist, psychologist, physiotherapist, podiatrist, optometrist, or pharmacist) but chose not to in the past 30 days.⁴

The Medicare rebate was introduced in March, which was necessary to help prevent the spread of the virus and protect both patients and frontline health professionals. Telehealth items were also mainly bulk-billed, so that affordability was not a barrier to seeking healthcare.

As time goes on, are people still delaying seeing their doctor, or has there been a resurgence in visits after people initially delayed their care? As more people used telehealth during COVID-19, it is important to understand whether people are continuing to forgo the health care they need. The *Taking the Pulse of the Nation* survey asked respondents the same question on seeking health care in two subsequent waves: wave 13 (29 June – 3 July) and wave 17 (17-21 August).

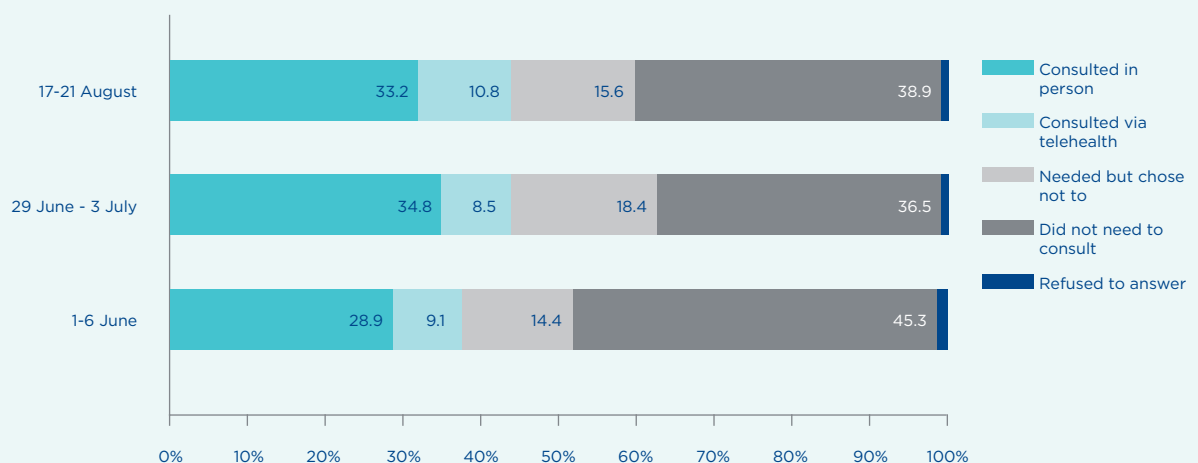
Key Insights

1 More people needed health care and consulted a health professional in August than in June.

The proportion of respondents reporting that they had consulted a health professional when they needed to rose from 39 per cent in June to 44 per cent in August.

The proportion reporting that they did not need to see a health professional fell from 45 per cent in June to 39 per cent in August (Figure 1). This suggests a resurgence in visits to health professionals which is confirmed by Medicare data.

Figure 1. 'In the past 30 days, have you needed to see a health professional but chose not to?' (%)



2 Similar to three months ago, Australians with financial stress continue to avoid needed health care.

The proportion of respondents reporting that they needed to consult a health professional but chose not to, rose from 14.4 per cent in early June to 18.4 per cent in late July, and then fell to 15.6 per cent in August. People who were financially stressed were much more likely to forgo needed health care (32.8%) than those making ends meet (14.8%) and those who are financially comfortable (6.3%) in August. These are similar results to three months ago for those experiencing high financial stress (31.6% to 32.8%), whilst a lower proportion of those who are financially comfortable were likely to forgo needed health care (8.7% to 6.3%).

Those in high financial stress will be those whose jobs are in jeopardy. Even though telehealth is being largely bulk-billed, it is possible that those with high financial stress are not aware or they are fearful that being sick and off work may reduce their chances of keeping their job. These people may not be getting the support they need and this will contribute to the growing inequalities in income and health between people who have been more affected by COVID-19 and those who have been less affected financially.

3 Those with high mental distress are 6 times more likely to avoid needed health care than those without mental distress. This disparity has persisted over time.

People with high mental distress were six times (40.2% compared with 6.8%) more likely than those with low mental distress to choose not to consult a health professional when needed.* This disparity in avoiding health care is persistent for people in need of health care as it has not changed between June and August.

The longer the disparity persists, the more serious the downstream consequences for individuals and for the health care system. This suggests that there is a continuing gap in support for those in mental distress.

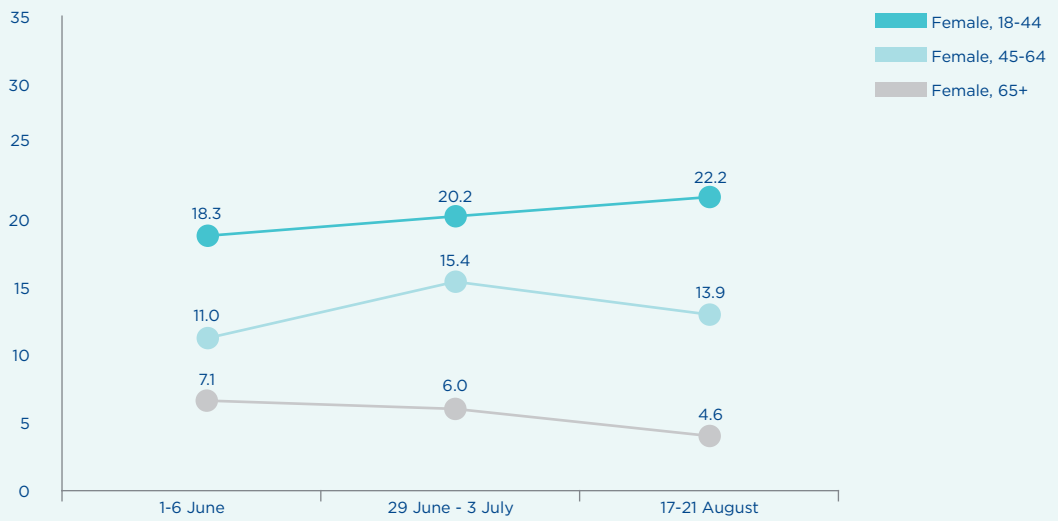
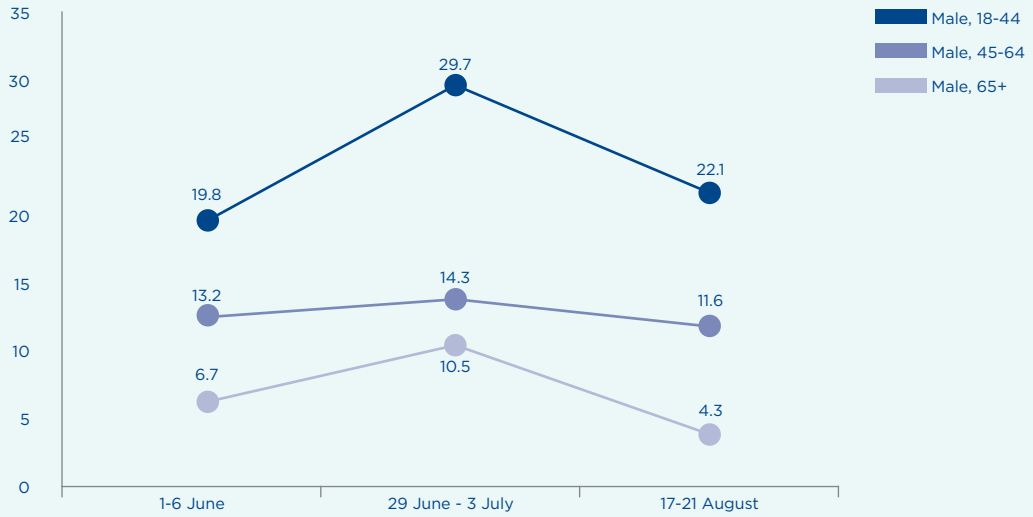
4 Younger people are more likely to forgo necessary healthcare, while older people are returning to the healthcare system.

Younger adults (18-44 years old) are more likely to forgo needed health care than older people. Forgoing health care by young adults has increased over time and especially for younger women (Figure 2). In contrast, the proportion of people aged 65 years and older who choose not to consult a health professional when needed has declined for both men and women.

This suggests that those in older age groups, usually those most in need and with more complex conditions, are returning to the health care system.

* We categorised mental distress by high, medium and low levels, using answers to the question, "during the past week about how often did you feel depressed or anxious?" from the survey. We define those who responded with "most" to "all" of the time as high mental distress, those who responded with "some" of the time as medium mental distress, and those who responded with "a little or "none" of the time as low mental distress.

Figure 2. Percent of People Who Needed to Consult a Health Professional but Chose not to in the past 30 days, by gender and age (%)

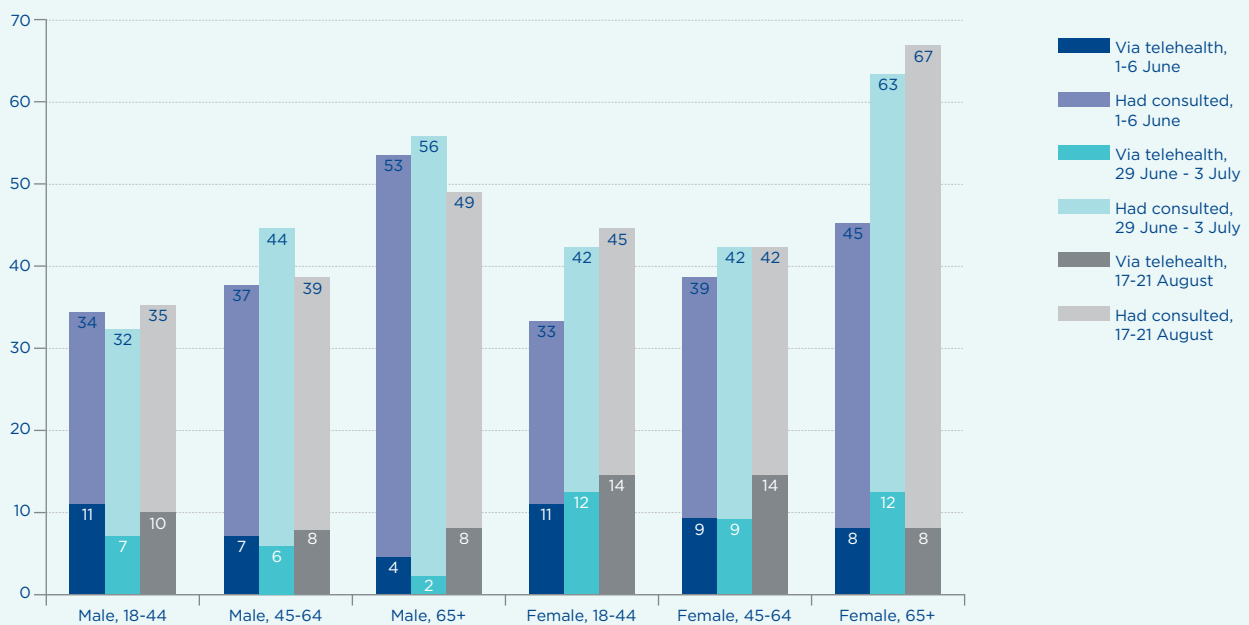


5 The overall increase in the use of health care since June is largely driven by increased use by women.

The proportion of women who consulted a health professional has continued to increase between June and August across all age groups, but consultations remain relatively low for men (Figure 3). The increase is most notable among females aged 65 years and older which are likely to be those most in need.

Of people who consulted a health professional, younger people are more likely to use telehealth, and females are more likely to use telehealth than males of the same age group across all three waves. This is consistent with national Medicare data.

Figure 3. Percent of people who saw a health professional and used telehealth in the past 30 days, by gender and age (%)



6 There is higher use of health care in areas less affected by COVID-19, and the use of telehealth is higher in areas under stricter restrictions

The use of health care has shown a rebound in most states in July and August, and it is generally higher in states less affected and with fewer restrictions. The use of telehealth has increased in New South Wales and Victoria, while all the other states have seen a decline in telehealth use. Specifically, Victoria saw a notable increase in the use of telehealth in August when it faced a second surge of COVID-19 cases and imposed strict lockdown policies.

This suggests that the use of telehealth is associated with the geographic distribution of COVID-19 cases across Australia, and implies that its use may fall once the pandemic is over.

Policy Conclusions

More targeted support for those with financial stress and mental distress

Access to needed health care for those with financial stress and mental distress continues to be an issue, and does not seem to be improving over time. This will have a long-lasting cumulative impact on people and on the health system if these trends persist, widening inequalities in income and health in Australia. People will present with more serious conditions that will increase costs in the longer term. This will increase the prevalence of conditions that are potentially preventable.

Removing financial barriers to health care is one solution supported by more targeted information about the availability of free telehealth. Most telehealth GP consultations are already bulk-billed. Bulk-billing incentives for face-to-face consultations (and all telehealth consultations) should be targeted to those with mental distress and in families suffering financial hardship, to encourage them to visit health professionals for needed health care. Expansion of hospital-in-the-home services is occurring and will also help, though funding for this should target those most at risk.

The barriers to accessing health care are multifaceted, and include not only out-of-pocket costs and distance to providers, but also issues such as adequate information on the availability of services, culturally appropriate services, and for services to be appropriate to the needs of patients.⁵ These are continuing issues for vulnerable populations and show how COVID-19 is increasing inequalities in access to healthcare.

Increasing use of healthcare

As people have adapted to the pandemic, there is evidence that more are returning to visit health professionals, especially women, and older people, while the use of telehealth remains fairly stable over time. The increased use of health professionals may reflect that people are catching up on services that they had previously delayed or avoided in April and May. But it is unclear what will happen once the backlog is cleared. This may also reflect people being more willing to look after their health as the pandemic continues longer than many expected. However, coupled with the fact that people with financial stress and mental distress continue to avoid needed health care at quite high rates, it suggests that the increase of overall use is concentrated among people with less financial stress and mental distress. People most in need continue to have lower use of health care.

Monitoring the use of telehealth

The use of telehealth remained relatively stable over the past 2 months. Evidence that the use of telehealth is associated with the geographic distribution of COVID-19 cases across States and Territories suggests that its use may fall when the pandemic is over. However, as a new treatment modality, its use in some circumstances, such as monitoring people with chronic disease, may continue if Medicare funding supports this. However, there remains a lack of evaluation of the use of telehealth in routine clinical practice, and so decisions to continue funding telehealth after COVID-19 will have to be made without rigorous evidence to draw on. The issue is that the use of telephone consultations still dominates the use of video consultations and little is known about what modality is most appropriate for different patients. Restricting telehealth claims to people who have a regular GP was designed to protect continuity of care, a key issue in providing quality primary care services, and prevent corporate businesses from establishing online-only businesses that could threaten the livelihood of more traditional GPs and potentially offer a lower quality service. However, some patients may be willing to accept lower quality for increased convenience, or there may be other ways to regulate the quality of online-only services. Where used appropriately, and in the context of continuity of care, the use of telehealth is very convenient to patients who are less mobile and find it difficult to travel. It would also reduce the need to take time off work to visit a doctor, which might be particularly important in the recession to help maintain productivity. Telehealth may therefore increase access for those with chronic conditions whilst helping to maintain productivity during the recession.

Further Information

Targeted policies are needed to encourage early use of appropriate and necessary health care for those in financial stress and mental distress. This would improve Australians' health, avoid more expensive downstream health care costs, and reduce the growth in inequalities of income and health that are emerging during the pandemic.

Datasets

This analysis uses data from *Taking the Pulse of the Nation* – Melbourne Institute's survey of the impact of COVID-19. The aim of the weekly survey is to track changes in the economic and social wellbeing of Australians living through the effects of the coronavirus pandemic whilst adapting to various changes in Federal and State government policies. The survey contains responses from 1,200 persons, aged 18 years and over. The sample is stratified by gender, age and location to be representative of the Australian population. The current analysis draws on survey responses collected from three waves: wave 9 (1-6 June), wave 13 (29 June-3 July) and wave 17 (17-21 August).

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