

## Research Insights

# Who is avoiding necessary health care during the COVID-19 pandemic?

Australians experiencing high levels of financial stress and mental distress are not seeking needed health care. This study looks into what policies could help encourage greater use of necessary health care to improve wellbeing and avoid more expensive care later on.

# Forgone health care during the COVID-19 pandemic

The healthcare sector is the largest part of the economy and employer in Australia. As fears about the COVID-19 pandemic overwhelming the healthcare system begin to subside in Australia, there remains the possibility of longer-term impacts on the sector caused by a fall in demand for health care. In addition to policies that have restricted non-urgent elective surgeries, people have been avoiding visiting healthcare providers. This might be due to fear of contracting the coronavirus, or from being unable to afford out-of-pocket costs because of increased financial stress caused by the pandemic.

A recent Australian Bureau of Statistics (ABS) Household Impacts of COVID-19 Survey asked respondents if they had experienced difficulty in accessing a General Practitioner (GP) or other health professionals during the period from early-April to early-May.<sup>1</sup> The ABS survey found that one in 14 Australians (7% or 1.4 million adults) needed to see a GP or other health professional in person during the period but were unable to do so.<sup>1</sup> It also showed that access to in-person health care is worse for people with a chronic or mental health condition.

There have been reports about reductions in diagnostic testing, cancer diagnoses and hospitalisation for emergency conditions. Australian Medicare data comparing April 2020 with April 2019 shows that diagnostic imaging and pathology testing have fallen by almost 30 per cent; consultations with specialists have fallen by eight per cent; and medical operations have fallen by 27 per cent. Meanwhile, the Peter MacCallum Cancer Centre in Australia has reported a 33 per cent decline in cancer referrals.<sup>2,3</sup> In the United States there has been a decrease in the number of patients presenting to hospitals because of emergency conditions such as heart attack<sup>4,5</sup> – not because of fewer heart attacks, but because some people were reluctant to seek non-coronavirus health care during the pandemic.<sup>4</sup>

## Many not seeking necessary health care

In the Melbourne Institute's *Taking the Pulse of the Nation* survey conducted between 1-6 June 2020, we asked respondents whether in the past 30 days they have needed to see a health professional (e.g., a GP, specialist, psychologist, physiotherapist, podiatrist, optometrist or pharmacist) but chose not to. Unlike the question asked in the ABS survey, we intentionally asked respondents if they “chose not to” instead of were “unable to” as a way of focusing more on individual behaviours instead of capturing reasons outside of the patient's control.

One in seven (14%) respondents of the *Taking the Pulse of the Nation* survey reported that they needed to consult a health professional but chose not to – double that of the seven per cent as reported by the ABS in early-April to early-May.<sup>1</sup> Of those who chose not to visit a healthcare provider, 57 per cent were for an existing condition and 43 per cent for a new condition. Thirty-nine per cent reported they had consulted a health professional when they needed to, three-quarters of which were in-person visits and a quarter via telehealth. The remaining 45 per cent reported they had not needed to see a health professional in the past 30 days, and two per cent refused to answer.

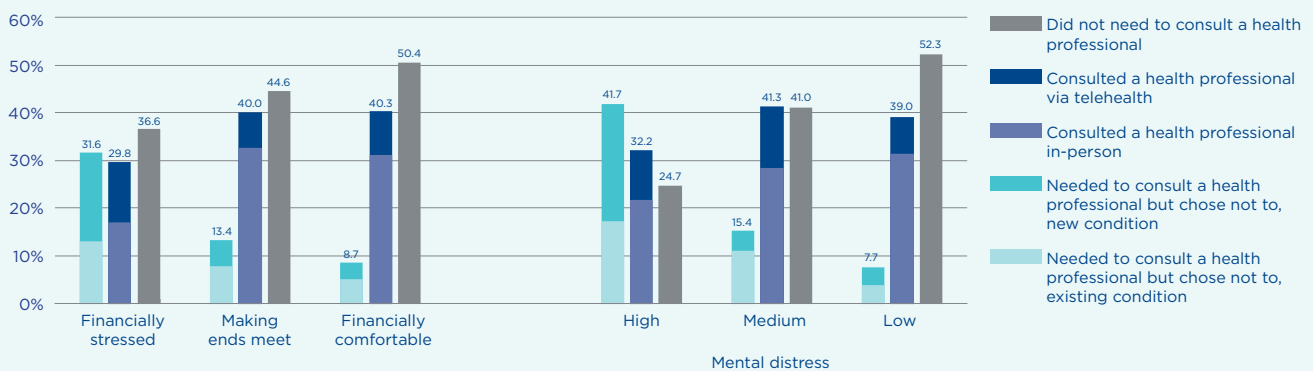
# Key Insights

## 1 People experiencing financial stress and mental distress more likely to avoid seeking required health care

People who reported financial stress (in terms of paying for essential goods and services) were much more likely to forgo necessary health care (32%) than those making ends meet (13%) and those who felt financially comfortable (9%) (Figure 1). Among people experiencing financial stress and forgoing health care, 59 per cent of foregone health care was for new conditions. Those experiencing financial stress were also more likely to use telehealth than a face-to-face consultation: conditional on consulting a health professional, 43 per cent of those financially stressed reported using telehealth, more than twice that of people making ends meet (18%) and those who felt financially comfortable (23%).

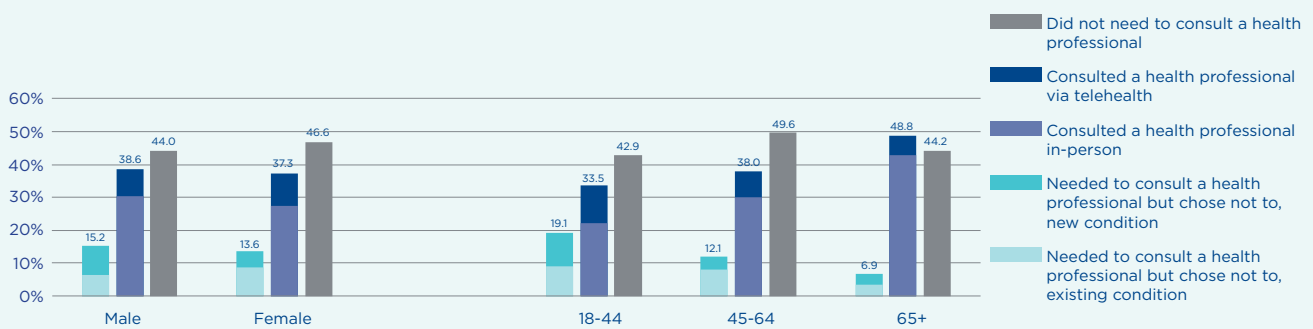
People who reported high mental distress (respondents who reported feeling depressed or anxious all or most of the time during the past week\*) were four times more likely than those with low mental distress to choose not to consult a health professional when needed (42% compared with 8%). A large proportion (58%) of people feeling high mental distress forewent health care for new conditions (Figure 1). Among those who consulted a health professional, people with high mental distress (32%) are more likely to use telehealth than those with low mental distress (19%).

Figure 1: 'In the past 30 days, have you needed to see a health professional but chose not to?', by level of financial stress and mental distress (%)



Source: Results based on weekly responses from 1,204 Australian adults surveyed over the period 1-6 June. The sample is stratified by gender, age and location to be representative of the Australian population. The vertical axis indicates the proportions (%) based on weighted responses.

Figure 2: 'In the past 30 days, have you needed to see a health professional but chose not to?', by gender and age (%)



Source: Results based on weekly responses from 1,204 Australian adults surveyed over the period 1-6 June. The sample is stratified by gender, age and location to be representative of the Australian population. The vertical axis indicates the proportions (%) based on weighted responses.

\*We categorised mental distress as high, medium and low levels by using answers to the question "during the past week about how often did you feel depressed or anxious?" in the survey. We define those responded with "most" and "all" of the time as high mental distress, those who responded "some" of the time as medium mental distress, and those who responded with "a little" or "none" of the time as low mental distress. While people with high levels of distress are more likely to experience a mental health condition, we are not reporting on clinical depression or anxiety conditions.

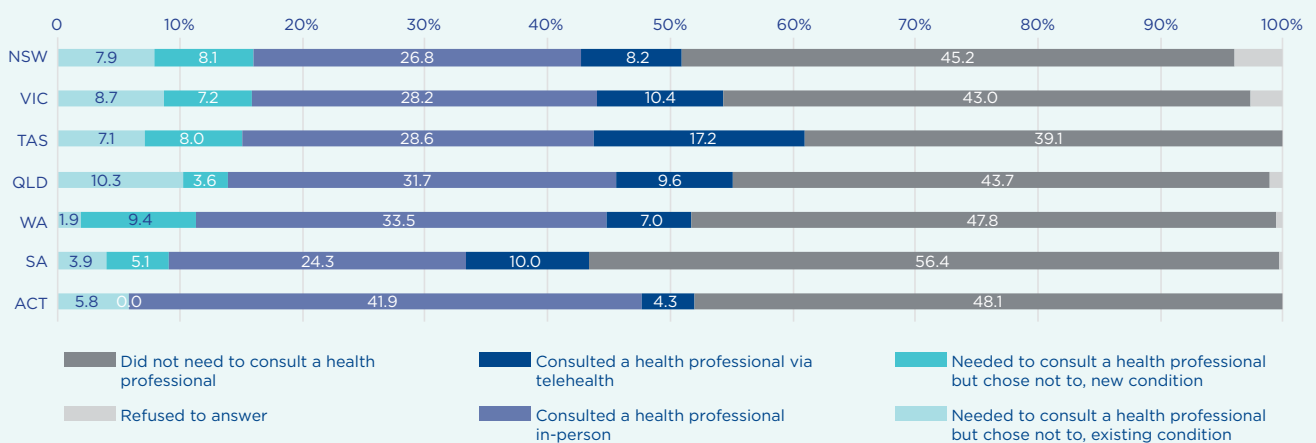
## 2 Younger people more likely to forgo health care and use telehealth than older people

Younger people (18-44 years old) were more likely to forgo necessary health care (19%) than those aged 45-64 years (12%) and respondents 65 years and over (7%) (Figure 2). Males had a slightly higher rate of choosing not to consult a health professional even though they needed to (15%) than females (14%). Of those people who consulted a health professional, younger people and females were more likely to use telehealth. This is consistent with the finding on telehealth service use during the period early-April to early-May 2020 by the ABS.<sup>1</sup>

## 3 Rate of avoiding health care varies by state and territory

The proportion of people who reported that they needed to see a health professional but chose not to varied by state and territory, with New South Wales, Victoria and Tasmania showing higher rates than the national average of 14 per cent (Figure 3). This may be partly associated with the severity of the pandemic, where New South Wales and Victoria have had the largest number of confirmed cases of COVID-19 to date.<sup>6</sup> Evidence suggests that the pandemic is causing many people not to see a doctor because of fears about contacting the virus.<sup>2,3</sup> However, people in rural and metropolitan areas reported similar rates of going without necessary health care (15% and 14%, respectively) and use of telehealth (25% and 23%, respectively) – despite the fact that people living in remote areas were less likely to be able to access available GPs when required and at a lower risk of contracting coronavirus, than those living in major cities.<sup>7</sup>

Figure 3: 'In the past 30 days, have you needed to see a health professional but chose not to?', by state/territory (%)



Source: Results based on weekly responses from 1,204 Australian adults surveyed over the period 1-6 June. The sample is stratified by gender, age and location to be representative of the Australian population.

# Policies are needed to encourage early use of appropriate and necessary health care

## Monitoring forgone health care

The key issue for people's health and wellbeing is whether the health care that was avoided was needed or not. Not visiting a health professional at all or delaying health care that is 'needed' may lead to long-term adverse health outcomes. This is especially the case for chronic conditions and other preventable diseases, where early diagnosis and treatment for some disabling conditions are the most cost-effective and cost-saving ways to treat people and improve Australians' health. For example, missing out on primary care visits, medication or treatment can lead to more disabling and costly downstream care for heart attacks and strokes. Missed early diagnoses or treatment for cancers can cost lives and burden the healthcare system in the future.

On the flip side, some health care services and procedures are deemed unnecessary and of 'low value,' with high rates of overdiagnosis that can cause harm or have minimal benefit.<sup>8</sup> If this type of health care is avoided, then there will be little adverse impact on population health. The extent to which low value health care increases after the COVID-19 pandemic is important to examine. The amount of low value and high value care that has been forgone needs to be more carefully measured so the impact of the pandemic on health outcomes can be properly assessed.

## Lowering costs of essential healthcare

Financial stress is one of the main reasons why Australians are avoiding necessary health care amid the COVID-19 pandemic. The avoidance of necessary health care could persist for a much longer period due to the predicted long-term economic impact of COVID-19. To help those with financial stress, governments have already implemented employment and income support policies such as JobSeeker and JobKeeper payment schemes (though as restrictions are lifted government support will end). It would help if there were more targeted policies aimed at reducing the costs of essential and effective health care for those who have trouble affording it. Governments could modify the Medicare Safety Net for those experiencing financial hardship.

## Improving mental health care

In May 2020, 42 per cent of Australians experiencing high mental distress needed but chose not to consult a health professional, for both existing and new conditions. This is five times higher than those experiencing low mental distress. People with mental health conditions often have co-existing physical ailments and normally spend twice as much on health care than those without mental health conditions. Previous research has found that some factors improve mental health outcomes, including ready access to mental health treatment, effective return-to-work policies, less financial stress and the generosity of the welfare system.<sup>9</sup> Australian governments have expanded mental health services in response to the increased needs due to COVID-19 such as the Medicare telehealth service and several online mental health portals, though much remains to be done as levels of mental distress are predicted to increase. It will be important to evaluate the effects of these changes and continue the effective support for those most in need.

## Increasing use of telehealth

GPs were among the most affected by the drop in visits since the COVID-19 outbreak started.<sup>10</sup> Medicare funding for telehealth has been used to support access to GPs and non-GP specialists, though for GPs the majority of this has been for telephone calls rather than video calls. Where used appropriately – and in the context of continuity of care – the use of telehealth is very convenient for patients who are less mobile and find it difficult to travel, and for those who do not need to take time off work to visit a doctor, which will be particularly important to help maintain productivity while the economy recovers from the pandemic. Telehealth may therefore increase access for those with chronic conditions whilst helping to maintain the productivity during the recession.

# Further Information

## Datasets

This analysis has been drawn 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. Each week, the survey contains responses from 1,200 persons, aged 18 years and over. Sample weights can be used to make the sample representative of the Australian population on gender, age and location.

## Authors

**Professor Yuting Zhang, Dr. Judith Liu and Professor Anthony Scott**

Melbourne Institute: Applied Economic & Social Research, University of Melbourne

*Research Insights* produced by the Melbourne Institute provide a clear and practical understanding of contemporary economic and social issues in Australia.

Supported by high-quality academic analysis, each Research Insight aims to make sense of complex issues to enable evidence-based decision making for policy and practice.

[melbourneinstitute.unimelb.edu.au](https://melbourneinstitute.unimelb.edu.au)

## References

1. Australian Bureau of Statistics. Household Impacts of COVID-19 Survey, 29 Apr - 4 May 2020. 2020; <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4940.0Main%20Features529%20Apr%20-%204%20May%202020?opendocument&tabname=Summary&prodno=4940.0&issue=29%20Apr%20-%204%20May%202020&num=&view=>. Accessed May 28, 2020.
2. Maarten Ijzerman, Emery J. Is a delayed cancer diagnosis a consequence of Covid19? . 2020; <https://pursuit.unimelb.edu.au/articles/is-a-delayed-cancer-diagnosis-a-consequence-of-covid-19>. Accessed May 26, 2020.
3. Melissa Cunningham. Fears seriously ill people going unchecked as cancer referrals plummet. 2020; <https://www.smh.com.au/national/fears-seriously-ill-people-going-unchecked-as-cancer-referrals-plummet-20200426-p54n95.html>. Accessed May 26, 2020.
4. Solomon MD, McNulty EJ, Rana JS, et al. The Covid-19 Pandemic and the Incidence of Acute Myocardial Infarction. *New England Journal of Medicine*. 2020.
5. Garcia S, Albaghdadi MS, Meraj PM, et al. Reduction in ST-Segment Elevation Cardiac Catheterization Laboratory Activations in the United States during COVID-19 Pandemic. *Journal of the American College of Cardiology*. 2020.
6. Australian Department of Health. Coronavirus (COVID-19) current situation and case numbers. 2020; <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers>. Accessed May 22, 2020.
7. Australian Bureau of Statistics. Patient Experiences in Australia: Summary of Findings, 2018-19. 2019; <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4839.0-2018-19-Main%20Features-Key%20findings-1>. Accessed June 8, 2020.
8. Gawande A, Colla C, Halpern S, Landon B. NEJM Perspective Roundtable: Avoiding Low-Value Care. *Obstetrical & Gynecological Survey*. 2014;69(8):461-463.
9. Peter Butterworth. How to protect mental health through the COVID-19 crisis? 2020; [https://melbourneinstitute.unimelb.edu.au/\\_\\_data/assets/pdf\\_file/0004/3369973/ri2020n06.pdf](https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0004/3369973/ri2020n06.pdf). Accessed June 8, 2020.
10. Ateev Mehrotra, Michael Chernen, David Linetsky, Hilary Hatch, Cutler D. The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges. 2020; <https://doi.org/10.26099/ds9e-jm36>. Accessed May 26, 2020.

This Research Insight represents the opinions of the author(s) and is not intended to represent the views of Melbourne Institute. Whilst reasonable efforts have been made to ensure accuracy, the author is responsible for any remaining errors and omissions.