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Insights | COVID-19

Delayed Care with Harmful Health Consequences—Reported Experiences from National Surveys During Coronavirus Disease 2019

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The coronavirus disease 2019 (COVID-19) pandemic has created unprecedented challenges to providing medical care for patients with conditions other than COVID-19 in the US. While lack of health insurance and other cost-associated barriers have long been considered driving forces preventing healthcare access in the US prior to this pandemic, ²⁻⁴ other major barriers may have emerged during this extraordinary period. We reviewed several nationally representative public opinion polls that we and others have conducted during the COVID-19 pandemic to examine whether households with serious medical problems were able to get care they needed during this time. Among those unable to get care, we also assessed whether it was because of financial reasons (including insurance) or other issues.

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Delayed Medical Care Widely Reported During the COVID-19 Pandemic

Delayed care has been widely reported during the COVID-19 pandemic, both for perceived serious medical issues and all types of medical care generally. Between March and August, our "Impact of Coronavirus on U.S. Households Survey" from the Harvard T.H. Chan School of Public Health, the Robert Wood Johnson Foundation, and National Public Radio found that 1 in 5 adults (20%) in the US reported their household members were unable to get or delayed getting medical care for serious problems. Among those reporting delayed care, more than half (57%) said they experienced negative health consequences as a result.

When it comes to any type of foregone care (beyond just serious medical problems), the Kaiser Family Foundation's "Health Tracking Poll" found about half of adults (52%) reported that they or family members skipped any type of medical or dental care because of the coronavirus outbreak from March through May. From April through October, the weekly US Census' "Household Pulse Survey" found between 31% and 42% of adults reported delaying medical care for any non-COVID-19 issues in the previous 4 weeks, while the US Centers for Medicare and Medicaid Services' "Medicare Current Beneficiary Survey" found that 21% of Medicare beneficiaries have foregone any type of non-COVID-19 care from March through July.

Furthermore, we found that about 1 in 7 adults (15%) reported that household members delayed or were unable to get elective procedures or surgery for important health problems during the COVID-19 pandemic, with more than half (54%) reporting negative health consequences as a result. And among Medicare beneficiaries who have foregone medical care during the pandemic, 43% reported missing dental care; 36%, regular checkups; 36%, treatment for ongoing conditions; 32%, diagnostic or medical screening tests; 24%, vision care; and 17%, surgical procedures.

Although millions of US residents reporting delayed care during this time is unsurprising, it is still very concerning, given the potential harmful health consequences. In addition, delayed care is expected to continue through the winter without a widespread COVID-19 vaccine in place, as states, cities, and health care systems around the nation shut down to limit major surges in COVID-19 spread. Many hospitals have only been performing procedures on patients with the most urgent conditions, creating long backlogs of patients awaiting needed medical care. At the same time, many individuals in the US have been deferring preventive care, including vaccinations, pediatric visits, and dental visits, which have not yet rebounded, months into the pandemic. As health systems grapple with

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JAMA Health Forum | Insights

shutdowns and delayed care, health care professionals and health policy makers must also shift their traditional focus from cost containment and insurance expansion to addressing infection control, surge capacity, patient safety, and other pandemic-associated barriers within the overburdened healthcare system.

Health Insurance Access Not Driving Delays in Care

Notably, recent polling has not shown differences in delayed care by insurance status. In our survey, we found no statistically significant differences in reporting delayed care for serious medical problems at the household level by insurance status (without insurance: 26%; with insurance: 19%), insurance type (employer-sponsored health insurance: 19%; Medicare: 20%; Medicaid: 25%), or racial/ethnic group (Black individuals: 18%; Latino individuals: 20%; non-Hispanic White individuals: 22%). These findings run contrary to research prior to the COVID-19 pandemic widely focusing on health care costs and insurance as key factors limiting health care access.²⁻⁴

Nonfinancial Reasons as the Primary Barriers to Care

Among the general US population reporting delayed care for serious problems during the ongoing pandemic, 69% cited nonfinancial access barriers. This included reasons such as being unable to get an appointment, find a physician who would see them, or access the care location. Fewer than 4 in 10 (38%) cited financial access barriers, such as not being able to afford care or find physicians who would accept their insurance.

Among Medicare beneficiaries with foregone care, more than one-third reported they did not want to be at a medical facility (45%) or leave their house (35%) during the pandemic. In addition, more than one-quarter of Medicare beneficiaries with foregone care said their health care professionals' medical office had closed (38%) or reduced available appointments (27%).

Implications for the Future

Taken together, findings from recent national public opinion polls in the COVID-19 era show that reported delays in medical care are largely not attributable to insurance coverage or other financial reasons. Instead, nonfinancial, clinician-side barriers are largely reported as the main restrictions to care. Among households with delayed care, most contain people with chronic illnesses, underscoring the importance for expanding care options for patients with long-term health issues during this time.

These findings suggest health care professionals and health policy makers should focus on improving capacity and infection control to accommodate patients with serious medical needs other than COVID-19 during this time, particularly during COVID-19 surges. Expanding insurance coverage alone will not eliminate these important barriers to care in this pandemic.

ARTICLE INFORMATION

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