

The impact of the COVID-19 pandemic on access to care and health services for chronic patients in Southern Switzerland

SUPSI



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Introduction

The global spread of the virus has forced many countries in the world to repurpose physical infrastructure, such as hospitals, wards, beds and technical equipment, and workforce resources to respond to the COVID-19 pandemic. This has led many hospitals to postpone elective surgery and in-person visits for other non-essential services, especially during the first wave of the pandemic (1). In Switzerland, at the height of the first wave (March 2020), the Swiss Federal Government introduced regulatory restrictions of elective procedures, including elective surgeries, and non-essential healthcare using emergency powers (2). This led to over 1400 surgeries postponed in Southern Switzerland (3). In addition, some people may also have forgone care for fear of contracting COVID-19. However, health care delay or avoidance might expose high-risk populations, such as people affected by chronic conditions, to an increase in morbidity and mortality (4). Furthermore, when patients with a chronic disease do not receive appropriate care or do not have their condition under control, they face an increased risk of developing severe illness from COVID-19.

Aim of the study

The aim of this study was to examine the impact of the pandemic on access to care and health services for people affected by chronic conditions in Southern Switzerland during the first wave of the COVID-19 pandemic.



Methods and Materials

Data are collected in the context of Corona Immunitas Ticino, which is part of a national research program that investigates the spread and impact of the corona pandemic in Switzerland launched by the Swiss School of Public Health (SSPH+). This study focuses on the adult cohort, which includes 1'085 adults aged 20-64 living in Southern Switzerland with complete baseline data. Detailed data on individual sociodemographic information, employment status and health conditions were collected at baseline, along with perceptions and worries related to COVID-19. Participants were also asked to complete weekly and monthly digital assessments.

A bespoke module on access to healthcare services for people with chronic conditions was developed and administered in September 2020. Questions explored potential consequences of the pandemic on the evolution of chronic illnesses, the degree of fear of getting infected, and the impact that the measures introduced during the first wave had on access to drugs and pharmaceutical products; diagnostic services; follow-ups and visits; GP consultations; surgeries and Emergency Department visits. Questions also explored the reasons for not accessing services. Bivariate statistics were used to address our research aim.

Results

A total of 187 subjects (18.1% of the cohort) reported one or more chronic conditions at baseline (see Table 1) and completed the bespoke module on access to healthcare for people with chronic conditions. When compared to the subjects not affected by chronic conditions, subjects with chronic illnesses resulted significantly older and more likely to be retired or unemployed. Moreover, they were significantly more likely to have a worse self-perceived health status and higher depressive symptoms. In relation to the COVID-19 pandemic, subjects with chronic conditions were significantly more worried of contracting the virus and of the impact of the pandemic on their personal health.

Respondents reported very stable conditions and a very low perceived impact of the pandemic on personal health. In terms of access to healthcare, among the 6 categories of services explored respondents reported having more issues in accessing medical consultations (13.2%), with their appointment mostly postponed or cancelled by the clinic (see Chart 1). 7.1% had difficulties in getting access to medications; 6% of respondents reported having difficulties in contacting their GP or family doctor; 5.7% did not attend exams or check-ups, because the appointments were postponed or cancelled by the clinic or healthcare professional involved. Nobody reported having postponed or cancelled their appointments due to fear of contracting the virus. In terms of emergencies, very few subjects did not attend the emergency room or services when needed (1.4%); similarly, only a few subjects decided to postpone a surgery (1.5%) or had the clinic or hospital to postpone it (0.8%).

Table 1. Chronic conditions reported

Chronic illness		n	%
Hypertension (n=1'066)	Yes	77	7.2%
	No	989	92.8%
CVD (n=1'067)	Yes	33	3.1%
	No	1'034	96.9%
Diabetes (n=1'071)	Yes	18	1.7%
	No	1'053	98.3%
Chr. lung dis. (n=1'067)	Yes	58	5.4%
	No	1'009	94.6%
Imm. syst. weak (n=1'069)	Yes	48	4.5%
	No	1'021	95.5%
Cancer (n=1'065)	Yes	11	1.0%
	No	1'054	99.0%
Hepatic cirr. (n=1'071)	Yes	0	0.0%
	No	1'071	100.0%
Chr. kidney ins. (n=1'071)	Yes	3	0.3%
	No	1'068	99.7%
Obesity (BMI>35) (n=1'065)	Yes	28	2.6%
	No	1'037	97.4%
Chronic illness (n=1'031)	Yes	187	18.1%
	No	844	81.9%

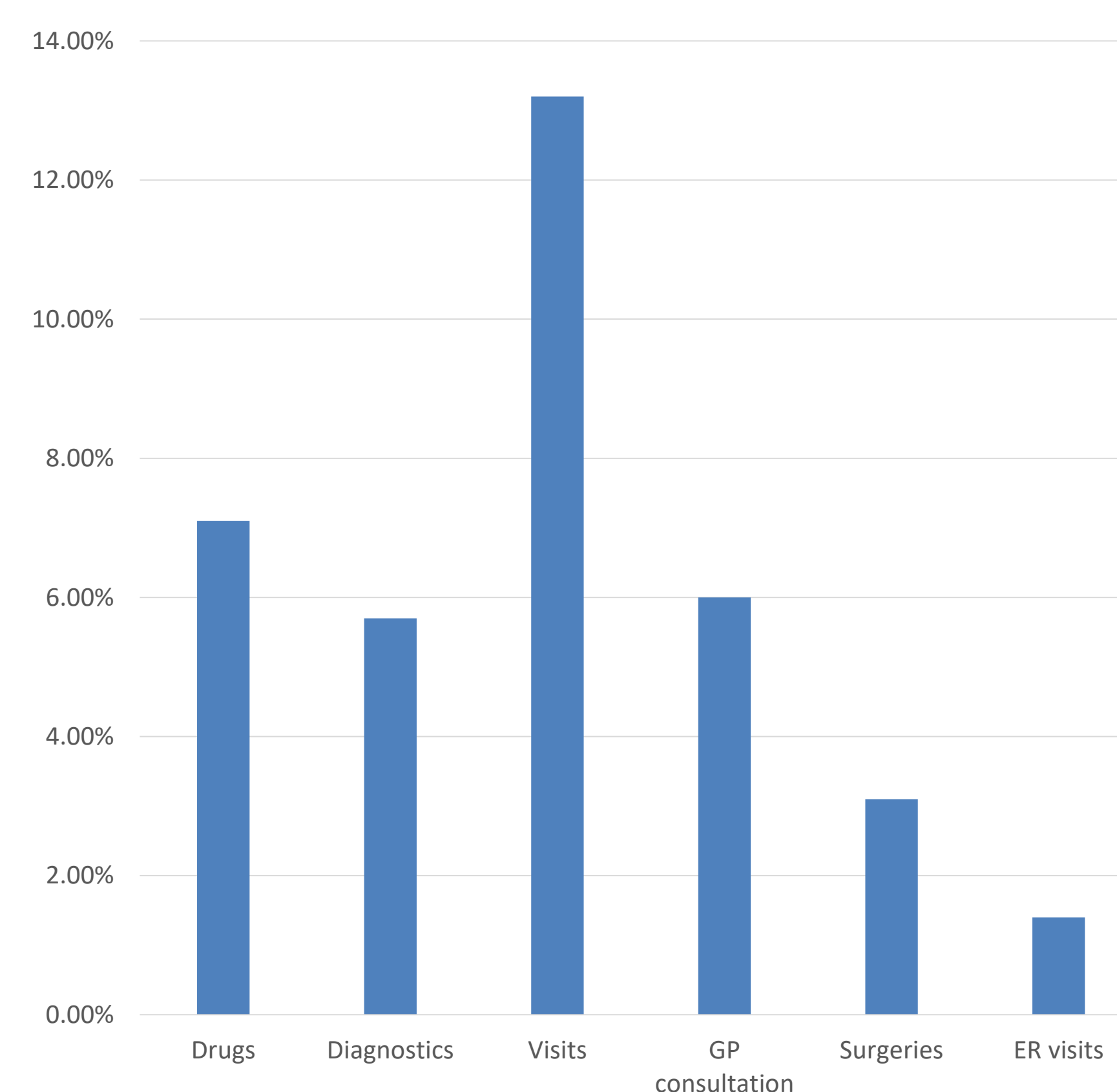


Chart 1. People reporting issues in accessing 6 different categories of healthcare services

Discussion

Respondents reported very stable conditions of their chronic diseases and this can partially explain the limited impact that the pandemic had on access to healthcare services for subjects with chronic conditions suggested by our findings. In addition, the impact could be underestimated due to a self-selection bias, with subjects affected by major chronic conditions or less stable conditions less inclined to participate in the study.

The fact that a higher percentage of people had issues with accessing medical consultations and follow-ups can be related to the restrictions on access to hospitals and clinics that were in place during the first wave of the pandemic. Finally, despite respondents reported a very low perceived impact of the pandemic on their health, they were significantly more worried of contracting the virus, compared to subjects without chronic conditions.

Conclusions

Despite our findings suggest a limited impact of the COVID-19 pandemic on the access to healthcare services for subjects affected by chronic conditions, our results also call for innovative approaches or contingency plans that would allow physicians and other healthcare professionals to ensure continued follow-up and consultations.

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