

We can't let essential care become another casualty of COVID-19

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One of the hidden tragedies of the COVID-19 pandemic is the degree to which people have put off treatments for serious health conditions, in many cases avoiding even urgent medical care, over fears of catching the deadly virus.

One widely reported survey in April found that nearly one-third of U.S. adults had postponed routine care during the pandemic. Visits to emergency departments dropped by 38 percent in March and early April at major health systems, according to a report in the *Journal of the American College of Cardiology*. A survey from the Kaiser Family Foundation released May 27 reported that 48% of Americans have a family member who has delayed care during the pandemic. About one in 10 said their family member's condition worsened as a result.

Calls to 911 have also fallen dramatically in major U.S. cities during this pandemic, signaling people's willingness to forgo care for even potentially life-threatening injuries. This includes a reported 30 percent drop in Chicago and New York City recently reaching its lowest call volume in years.

Recipe for worsening outcomes

While it's difficult to predict what the next few months will look like as more communities remove sheltering restrictions and reopen for business, what's certain is that continuing to delay or avoid care is likely to lead to much poorer health outcomes over the long run.

Prolonged periods of physical separation are not easy and seldom popular, but they were necessary over the last several months to help flatten the curve of this pandemic. In that time, hospitals and physician offices have taken important steps that make returning to the doctor for routine care not only possible, but essential.

Tens of millions of people in the U.S. are battling one or more chronic diseases, accounting for nearly 90% of all health care spending in our country. Chronic conditions such as type 2 diabetes, asthma and hypertension often require a close partnership between patients and physicians, regular monitoring and a defined course of treatment over a lifetime to keep the diseases from advancing.

Where the stakes are highest

The stakes for abandoning care are especially high for communities of color. Decades of mistrust, structural inequities and outright racism in and outside our health system have resulted in higher rates of heart disease, diabetes, obesity and other chronic conditions that make these communities more vulnerable to COVID-19.

We're seeing this play out in real time as mounting research from across the country shows the disproportionate effects of COVID-19 on African Americans in particular. A recent *Washington Post* analysis found that majority-black communities have three times the infection rates and almost six times the death rates as majority-white communities.

The roots of these disparities are found in a number of complex societal factors that greatly influence a person's health and well-being late into life, such as job and income security, access to fresh food and water, education and employment opportunities, and environmental factors.

But at its heart it's also about access to care, which is why physician leaders and organizations like the American Medical Association must work collaboratively to remove the most common barriers that keep all people, but particularly those from marginalized and minoritized communities, from receiving the care they need. These include barriers to cost, accessibility—including telehealth and broadband internet—and communication.

Continuing to postpone care will inevitably lead to a surge in hospitalizations for chronic conditions and put lives needlessly at risk. And it will further tax a health system already stretched impossibly thin by this pandemic response.

Getting patients back into care stream

To minimize the risk to patients and caregivers in this pandemic, hospitals and health clinics have implemented a number of safeguards, including more aggressive cleaning procedures, instituting physical distancing requirements in waiting rooms, and organizing remote check-ins and other

workflow changes to minimize the time patients spend at the counter or around work staff. The Centers for Disease Control and Prevention recently released its own framework for health care systems and providers to deliver non-COVID-19 care during this pandemic. This includes the continued use and expansion of telehealth services, closely follow infection control guidelines, expand services based on local and state epidemiology reports and, most importantly, remain vigilant about detecting and responding to any rise in COVID-19 cases in the community.

If you haven't already, please reach out to your patients to make them aware of available care options. Assure them that physicians and other caregivers are closely following the guidelines put forth by state and local public health professionals to ensure that everyone is safe in their care.

COVID-19 has upended our lives in countless ways, but we cannot let routine and essential medical care become another casualty of this pandemic.