



COVID-19 in Western Australia

Bulletin 5: The impact on seeking routine care



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Introduction

COVID-19 has resulted in unprecedented changes to the lives of Western Australians.

This bulletin is the fifth in a series of bulletins produced by the Epidemiology Branch of the Department of Health investigating the impact of COVID-19 on various aspects of the lives of Western Australians. This bulletin investigates the impact of the COVID-19 restrictions on routine care by the Western Australian population.

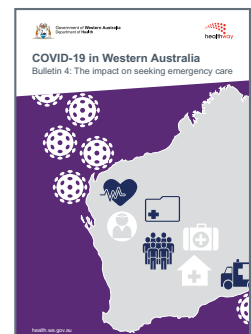
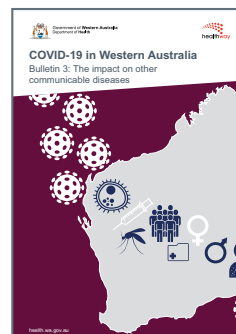
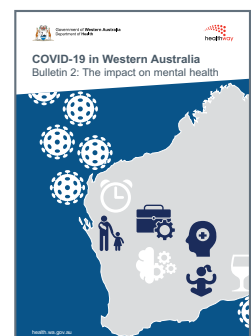
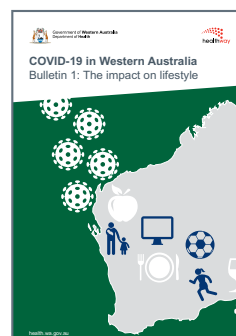
Bulletin 1 presents an introduction to the project and an overview of the COVID-19 control measures in WA, as well as lifestyle impacts of the COVID-19 control measures. Bulletin 2 presents an overview of the mental health impacts of the pandemic, while bulletin 3 looks at the impacts of the COVID-19 control measures on other communicable diseases. Bulletin 4 investigates the impacts the COVID-19 pandemic had on emergency care seeking behaviour.

Please find the previous bulletins in this series here: <https://ww2.health.wa.gov.au/Reports-and-publications/COVID19-in-WA-bulletins>

Despite the current success in controlling COVID-19 in WA, concerns remain as to whether Western Australians may have delayed or avoided seeking routine care during the period of the COVID-19 restrictions.

This bulletin reports on data from six different sources to describe changes in routine care seeking behaviour that occurred during the first period of COVID-19 restrictions in WA.

The identification of any impacts on routine care seeking behaviour is vital to understanding, and responding promptly to issues that could arise if restrictions are required to be reintroduced in the future.



COVID-19 control measures

For WA, the major impacts of the COVID-19 control measures, so far, have been felt during March, April and May 2020. For a timeline of the COVID-19 interventions and case counts for WA, please see Bulletin 1.

Responses to COVID-19 during this time included stay-at-home orders, physical distancing recommendations, the closure of recreation facilities and non-essential businesses, limits on dispensing and sales of prescription and over-the-counter medicines, and purchase limits on staple food items and takeaway alcohol.

Methods



To better understand the impact of COVID-19 control measures on routine care seeking behaviour of the WA population, the WA Department of Health used data collected from six different sources.

1. The WA Health and Wellbeing Surveillance System (HWSS) collects information on the health and wellbeing of WA residents via a population-based survey. This survey provides information on changes in care seeking behaviour reported by Western Australian residents.
2. The Busselton Healthy Aging Study (BHAS) is a large longitudinal community-based cohort study of adults currently aged 52-74 years [1]. For this bulletin, the BHAS provides information on changes in health care seeking behaviour reported by older Western Australian's.
3. The WA Primary Health Alliance. WA Primary Health Alliance is a not-for-profit organisation established in 2015 as part of the Australian Government's Primary Health Network (PHN) Initiative, to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time. WA Primary Health Alliance manages data from participating Western Australian GP practices enrolled in the Practice Incentives Program for Quality Improvement.
4. The Medicare Benefits Scheme (MBS). The MBS is an Australian Government program that subsidises the cost of medical and hospital services for all Australian residents [2]. Services listed on the MBS schedule are eligible for a Medicare benefit. Data on the number and cost of MBS items for WA is publicly available from Services Australia: http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp.
5. The Pharmaceuticals Benefits Scheme (PBS). The PBS is an Australian Government program that subsidises the cost of medicines for most medical conditions to make them more affordable. Most of the medicines listed on the PBS schedule are dispensed by pharmacists and used by patients at home [3]. Data on the number and cost of PBS items for WA is publicly available from Services Australia: http://medicarestatistics.humanservices.gov.au/statistics/pbs_item.jsp.
6. The Midwives Notification System (MNS). The MNS receives information from midwives about births they attend in WA. The MNS collects information on both the mother and the infant. For the mother, information received describes the period from conception to 24 hours following the birth, or death, discharge or transfer from the birth site, whichever is soonest. For more information on the MNS please see: https://ww2.health.wa.gov.au/Articles/J_M/Midwives-Notification-System

Introduction to the HWSS



The HWSS is a continuous data collection initiated in 2002 to monitor the health status of the population of WA. A random sample of approximately 550 Western Australians is interviewed each month via computer-assisted telephone interviews. The sample is weighted to reflect the Western Australian adult population.

In addition to the standard range of topics collected by HWSS, COVID-19 specific questions were added to the HWSS on 1 May 2020. Key indicators around care seeking from the HWSS include: the proportion of people who reported avoiding going to hospital or other health care settings, and the proportion of people who were unable to buy essential medicines. The COVID-19 specific questions are available for 635 adults for May 2020.

For important additional information on the analysis and interpretation of the HWSS, including information on the demographic characteristics of the sample, please see Bulletin 1.

Introduction to the BHAS

The BHAS cohort collected baseline data on 5100 adults between 2010 and 2015. Follow-up data collection from the cohort commenced in 2016, with 3000 people re-tested as of March 2020 when the COVID-19 control measures were introduced. The Busselton Population Medical Research Institute [4] was able to take advantage of the existing data collection infrastructure to distribute additional COVID-19 specific questions to the entire BHAS cohort. Data from the first 1000 respondents who answered the additional COVID-19 questions was available for analysis in this bulletin. Key indicators around care seeking from the BHAS include: details of how use of, or access to, health care services was impacted as a result of the COVID-19 pandemic.

Introduction to the WA Primary Health Alliance data set

Data was provided for 'active' patients (as defined by the Royal Australian College of General Practitioners) across 421 participating general practices that contributed data for each month March-May 2020.

The advantage of the WA Primary Health Alliance data set, is that it reflects the number of people presenting to general practice, while MBS/PBS items represent services. The limitation of this data set is that data is only available from practices that participate in the Practice Incentives Program for Quality Improvement resulting in incomplete coverage of general practices and may not accurately reflect disease prevalence and service utilisation patterns in the wider community.

Introduction to the MBS

MBS data that is publicly available via Services Australia reflects only those services that are performed by a registered provider, for services that qualify for Medicare Benefit and for which a claim has been processed by Services Australia. They do not include services provided by hospital doctors to public patients in public hospitals or services that qualify for a benefit under the Department of Veterans' Affairs National Treatment Account.

A limitation of the data is that any dates reflect when Services Australia completed the administrative/data validation processes associated with the claim, rather than the date the service was provided. The average time between the date of a medical service and the processing of a claim is 15-16 days [5].

Introduction to the PBS

PBS data that is publicly available via Services Australia relates to the volume of PBS and Repatriation PBS items that have been processed by Services Australia. They refer only to paid services processed from claims presented by approved pharmacies [6].

A limitation of the data is that any dates reflect when Services Australia completed the administrative/data validation processes associated with the claim, rather than the date the medicine was supplied. It typically takes several weeks from when the medicine was supplied to processing the claim [7].

PBS data are subject to seasonality, with a regular increase in dispensing in the later part of the year due to the effect of the PBS Safety Net. When a family spends over a specified amount on PBS medicines in one calendar year (i.e. exceeds the Safety Net threshold), the cost of all subsequent PBS medicines is reduced. With access to medicines at a reduced price some patients obtain extra quantities of their medicines toward the end of the year, stockpiling for the new year when they revert back to paying standard prices [7].

Introduction to the MNS

The MNS has been in operation since 1975 and collects information for all births where the infant is of a gestational age of 20 weeks or more, or a birth weight of 400 grams or more if gestation is unknown. For this bulletin, data was provided on births that occurred from June through to the end of November, 2020, as the majority of these women would have been pregnant, and receiving antenatal care, during the COVID-19 period.



Analysis and interpretation of the MBS, PBS and MNS data

For the analysis of the MBS, PBS and MNS data, this bulletin compares results from March-April-May 2020 ('COVID-19 period') to results for the same three-month period in 2019. The 2019 results serve as a 'baseline period' and comparisons can provide an indication of the impact of COVID-19 restrictions on the health and wellbeing of the WA population.

COVID-19 period	Baseline period
March-April-May 2020	March-April-May 2015-2019

Results



Self-reported care seeking behaviour

HWSS

In May, more than 40 percent of people (42%) reported avoiding going to hospital or other health care settings due to concerns about COVID-19. This proportion was similar between males and females and younger and older age groups. Seven percent (7%*) reported being unable to buy essential medications (e.g. prescription medications).

BHAS

Of the first 1000 respondents from the BHAS, 20 percent reported that their access to health care services was affected by COVID-19. These access issues were predominantly related to routine care. Comments from affected participants predominantly described treatment or management by a GP/allied or complementary health practitioner/or dentist being cancelled or delayed. Other participants responded that they would only seek care for an emergency.

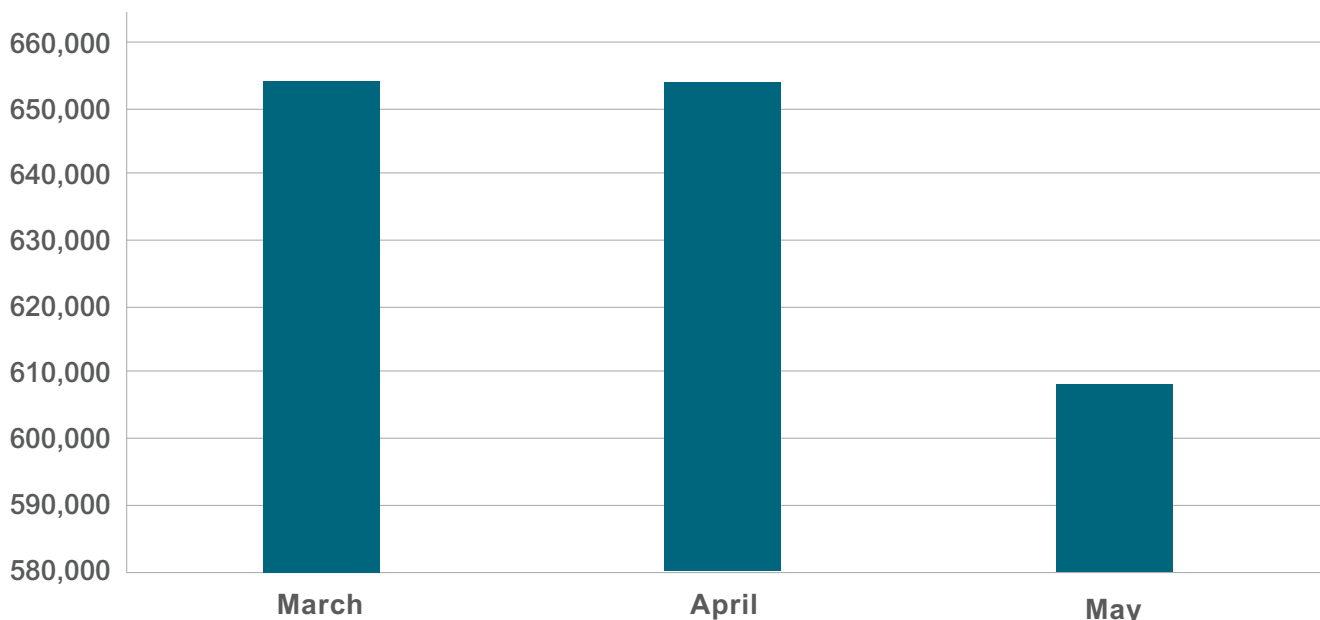
GP presentations

WA Primary Health Alliance General Practice insights

The total number of people visiting a GP was consistent in March and April and declined in May 2020.



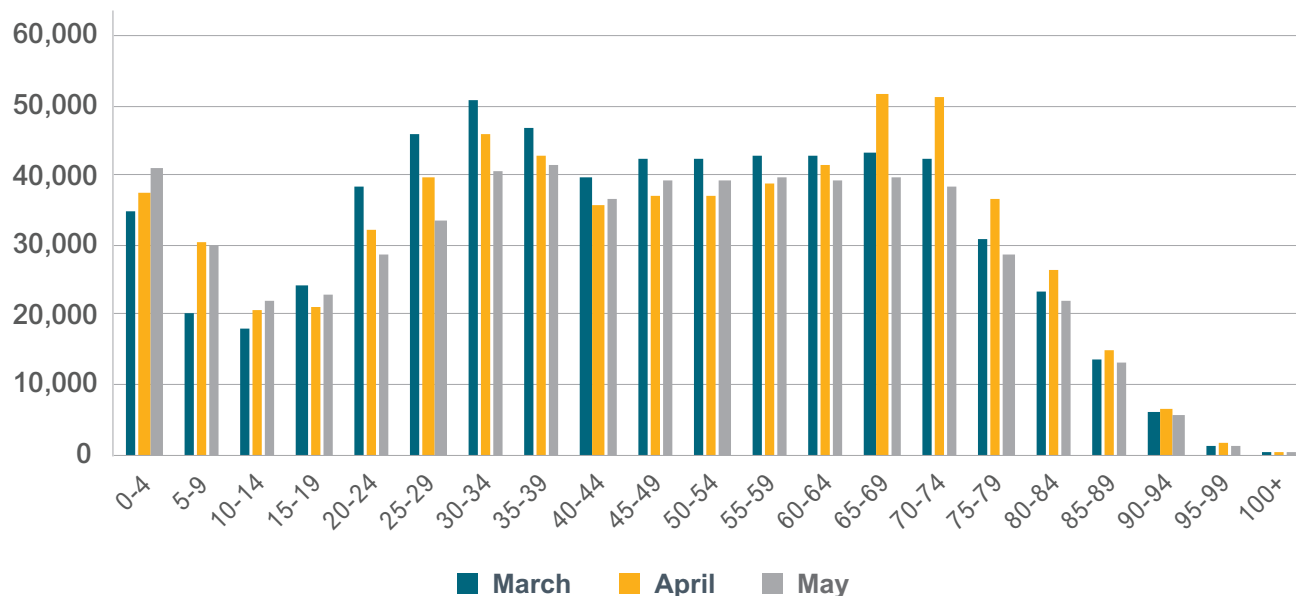
Patients attending GP practices by month, 2020



These results are consistent with findings from the Australian Institute of Health and Welfare that suggest the severity of the 2019 influenza season combined with the COVID-19 pandemic pushed people to consult their GP for flu injections earlier (in April rather than the usual peak in May) and request repeat prescriptions, which kept GP service levels up during April when many other areas of health service declined [8].

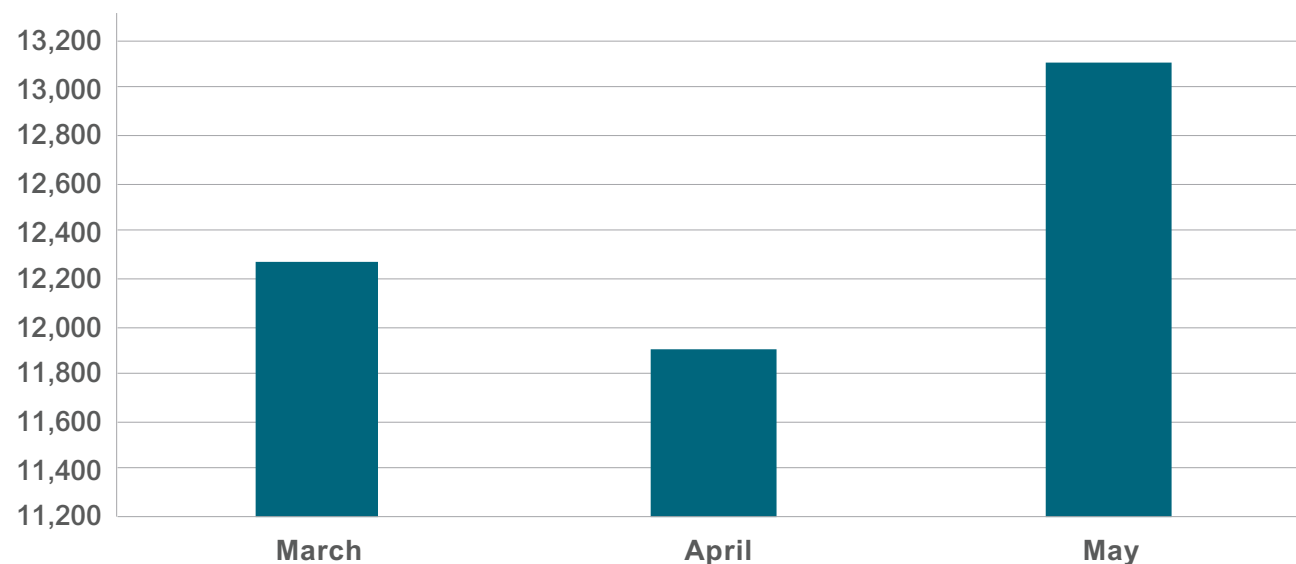
Looking at GP visits by age shows a substantial increase in GP visits in April compared to March for those aged under 14 (eligible for government funded flu vaccination) and over 65-84 (eligible for government funded flu vaccination and more likely to have chronic conditions requiring repeat prescriptions), which supports the AIHW's theory.

Patients attending GP practices by age group of patient and month, 2020



However, the patterns of GP visits differed for Aboriginal people.

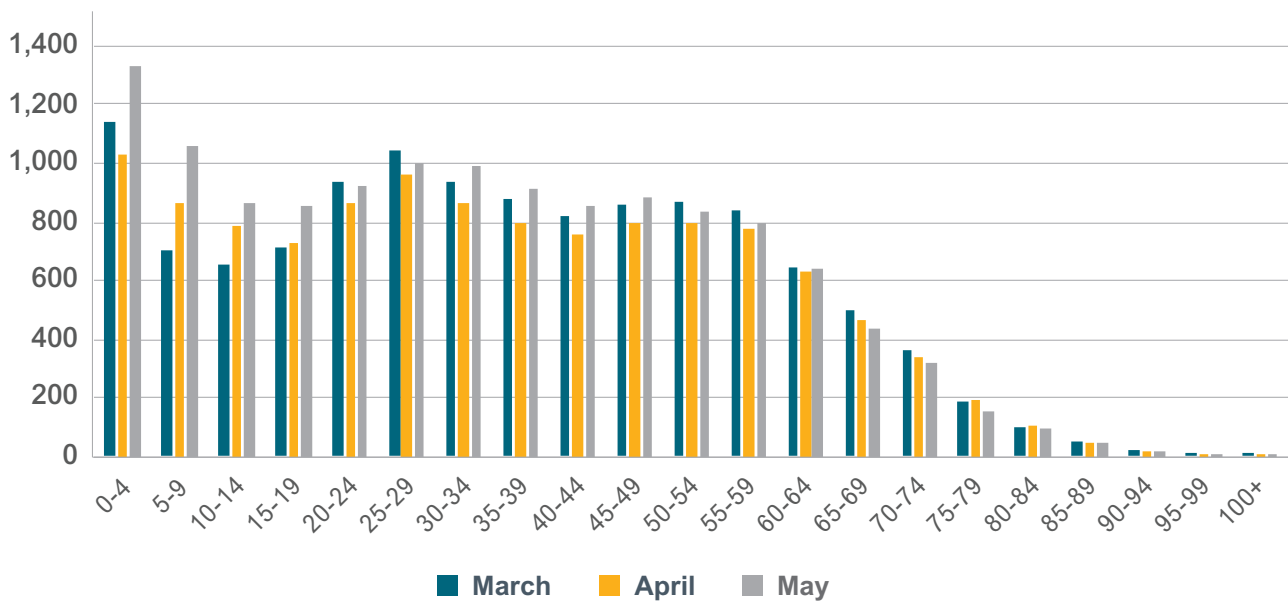
Aboriginal patients attending GP practices by month, 2020



The number of Aboriginal people visiting a GP declined during April and then increased substantially in May. When we look at the age breakdown, across almost all age groups, fewer Aboriginal people were visiting GPs in April compared with March and May.

This may suggest that Aboriginal people did not bring forward appointments for routine care such as flu injections and prescription repeats in response to COVID-19, despite having high rates of chronic disease.

Aboriginal patients attending GP practices by age group of patient and month, 2020



Summary

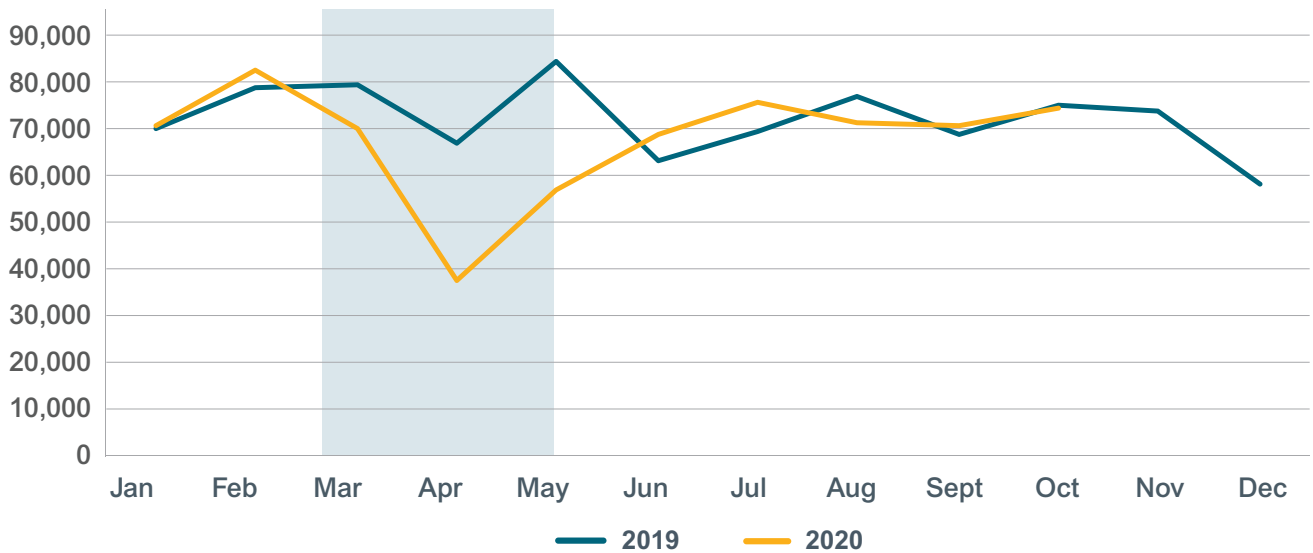
The pattern of GP presentations during the COVID-19 period is different for Aboriginal people compared with the general population. In the general population, people aged 14 years and under, and 65 years and older continued to attend GP practices in April, probably for flu injections and prescription repeats. Aboriginal people had fewer presentations to GPs in April, but this appeared to rebound with an increase in presentations in May.

Medicare Benefits Schedule data

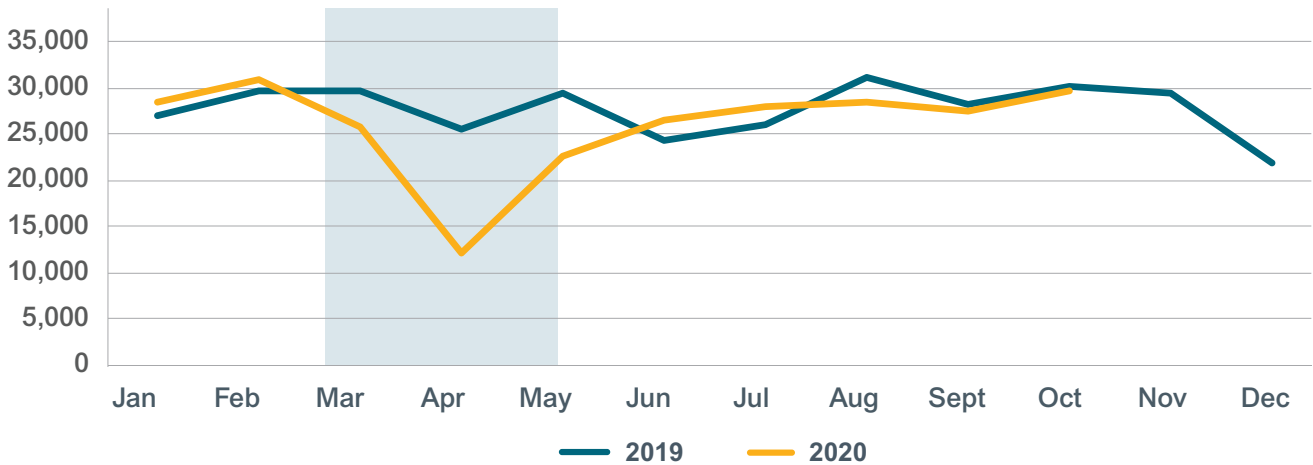


Medicare Benefits Schedule (MBS) items associated with a range of routine care services showed a decrease during the COVID-19 period compared to the same time in the previous year, including:

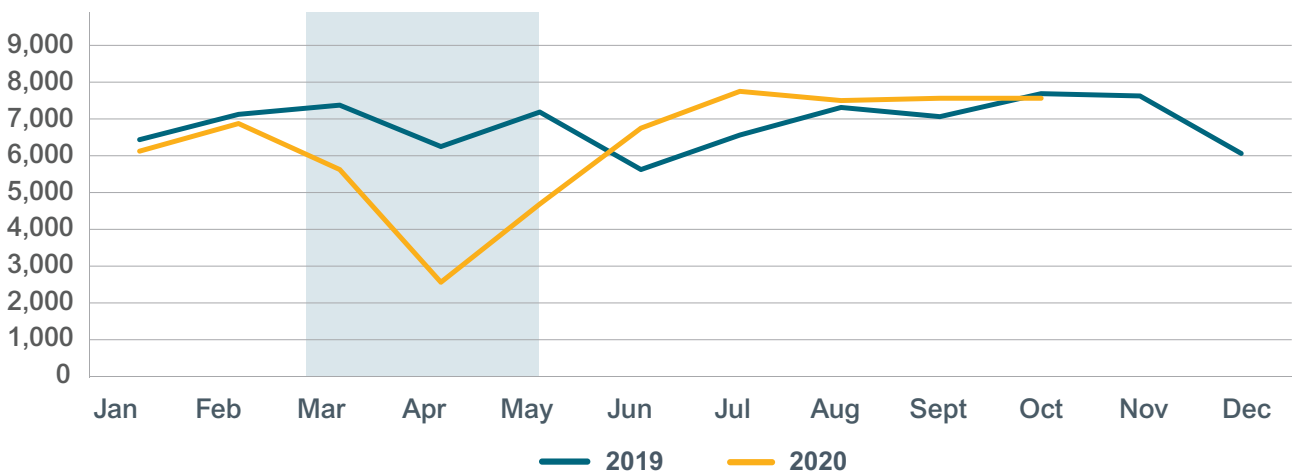
Chronic disease management plans (MBS item numbers: 721, 723, 729, 731, 732)



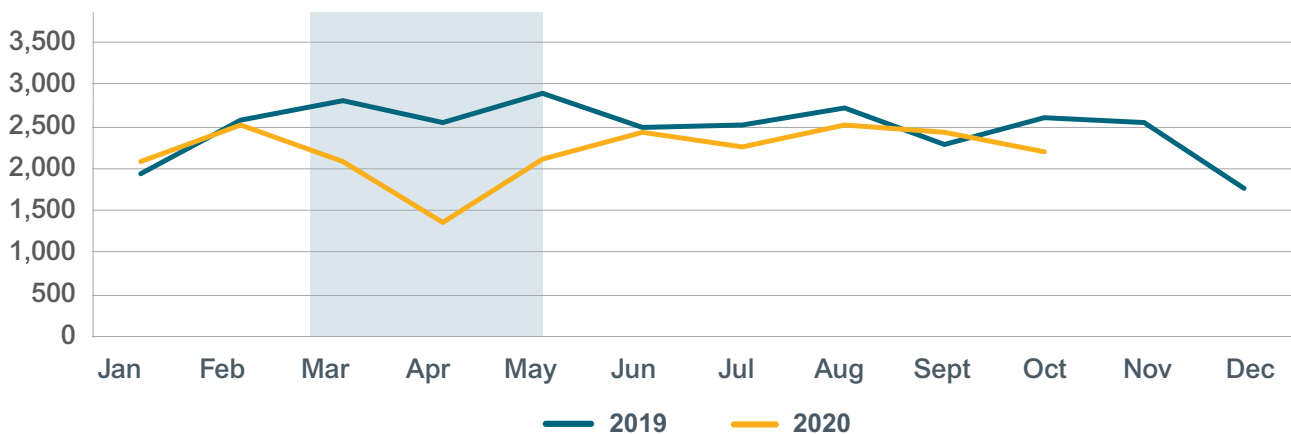
Mental health management plans (MBS item numbers: 2700, 2701, 2712, 2713, 2715, 2717)



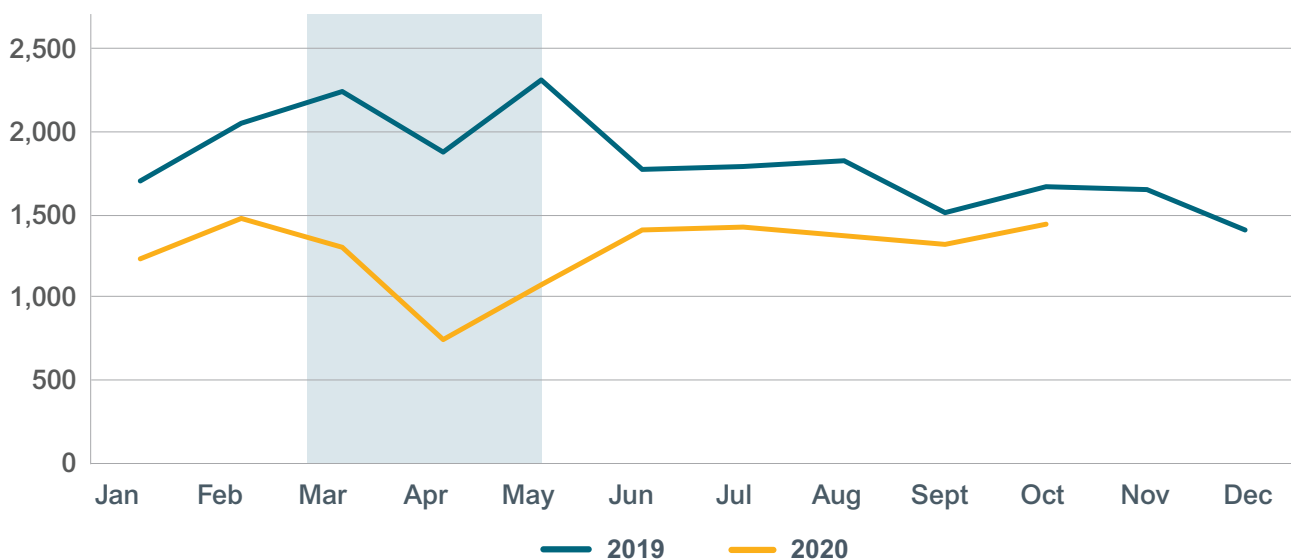
Health assessments (MBS item numbers: 701, 703, 705, 707, 224, 225, 226, 227)



Health assessment for people of Aboriginal or Torres Strait Islander descent
(MBS item numbers: 715, 228)

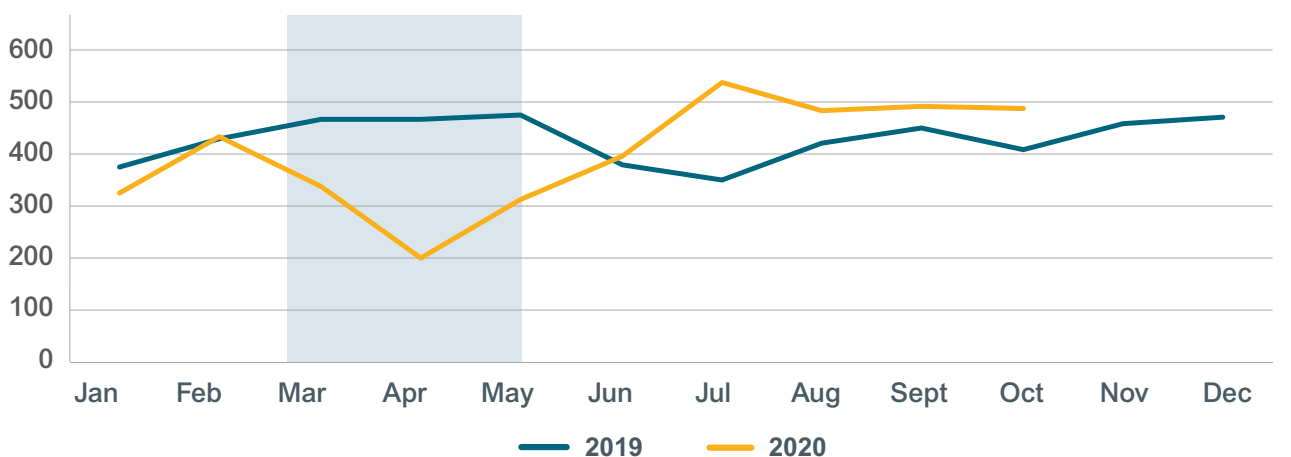


Diabetes management plans (MBS item numbers: 2517, 2518, 2521, 2522, 2525, 2526, 2620, 2622, 2624, 2631, 2633, 2635, 259, 260, 261, 262, 263, 264).



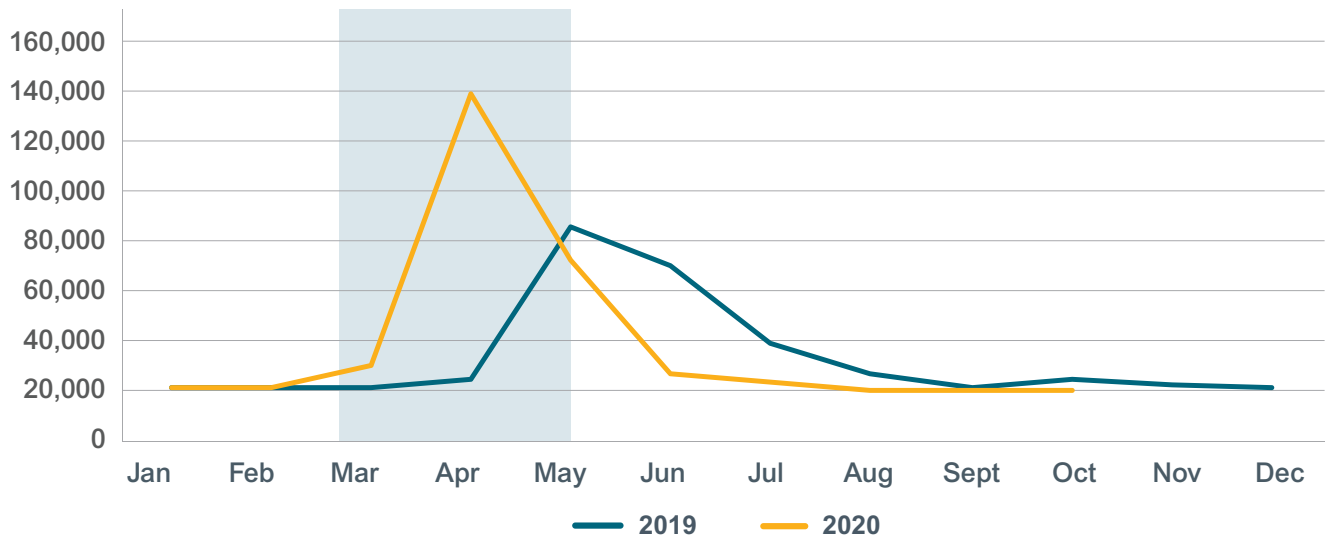
The number of diabetes management plans in 2020 was generally lower than 2019 levels. This is thought to be due to diabetes cycle of care payments no longer being eligible for GP incentive payments from 1 August 2019. Despite this generally lower level, a decrease in diabetes management plans during the COVID-19 period is still evident.

Medication reviews (MBS item numbers: 900, 245)

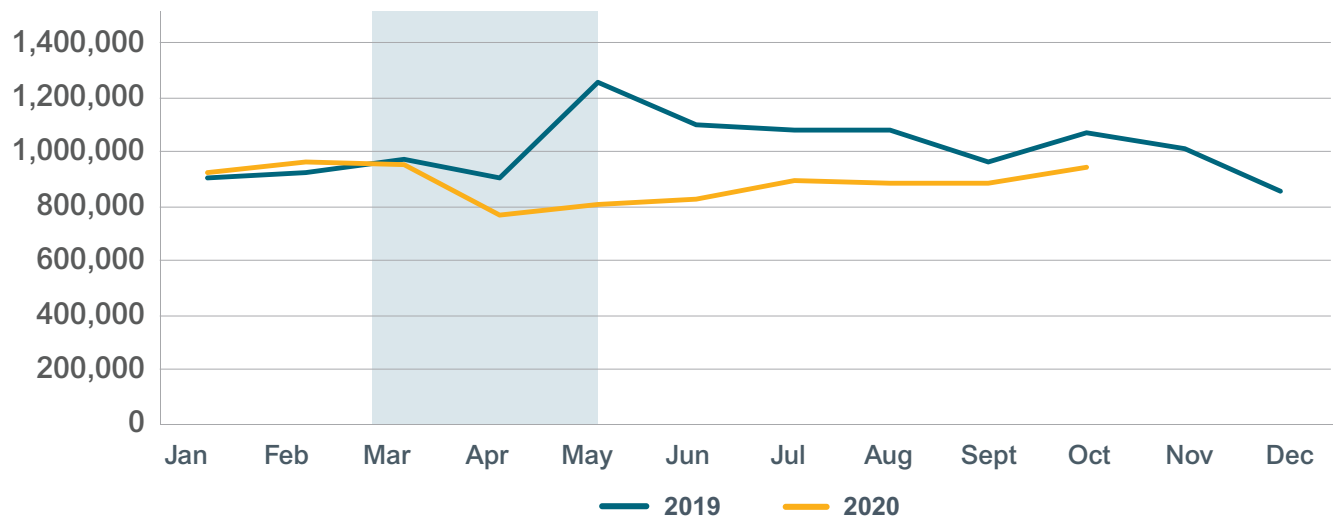


The item associated with 'Attendance for an obvious problem' was substantially increased in April, consistent with the national findings, while the total of all attendance types decreased in April and, as of October, was still trending below the 2019 levels. The 'obvious problem' category includes influenza vaccinations and requests for prescriptions for chronic conditions, while 'all attendance types' would include items associated with elective surgery which may explain why levels for 2020 remained below the 2019 levels.

Attendance for an obvious problem (MBS item number: 3)



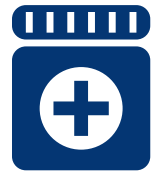
Total for all attendance types (MBS item number: 3, 23, 36, 44)



Summary

The results from the MBS data suggest there were some aspects of routine care that people delayed or avoided during the COVID-19 period, particularly around the ongoing monitoring and management of chronic diseases. However, from June, provision of many of these services seems to be returning to 2019 levels, although the total for all MBS attendance types remains below the 2019 level. The prolonged reduction in the total for all MBS attendance types is possibly due to the cautious approach to restarting elective surgeries from late April.

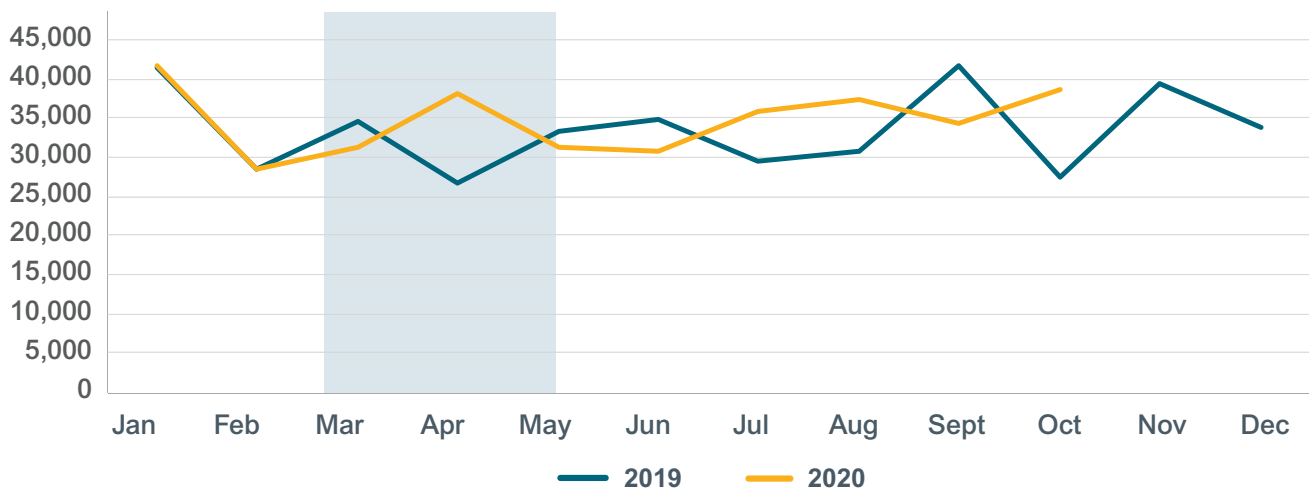
Pharmaceutical Benefits Schedule data



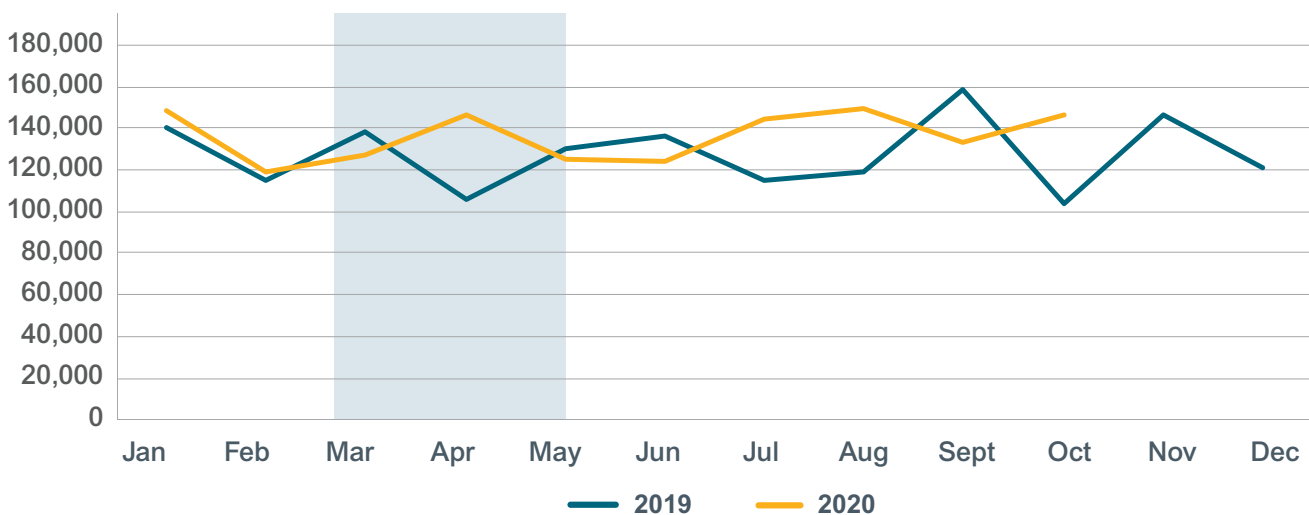
Pharmaceutical Benefits Schedule (PBS) items associated with a range of chronic conditions showed an increase in April 2020 compared to the same time in the previous year. The most striking of these increases was for prescription medicines for obstructive airway diseases. Dispensing limits of one month's supply for certain prescriptions were introduced from mid-March to assist in maintaining supply and allocating medicines equitably.

It is worth noting that the date reflects when services Australia completed the administrative/data validation processes associated with the claim, with the medicine likely to have been supplied several weeks earlier [7].

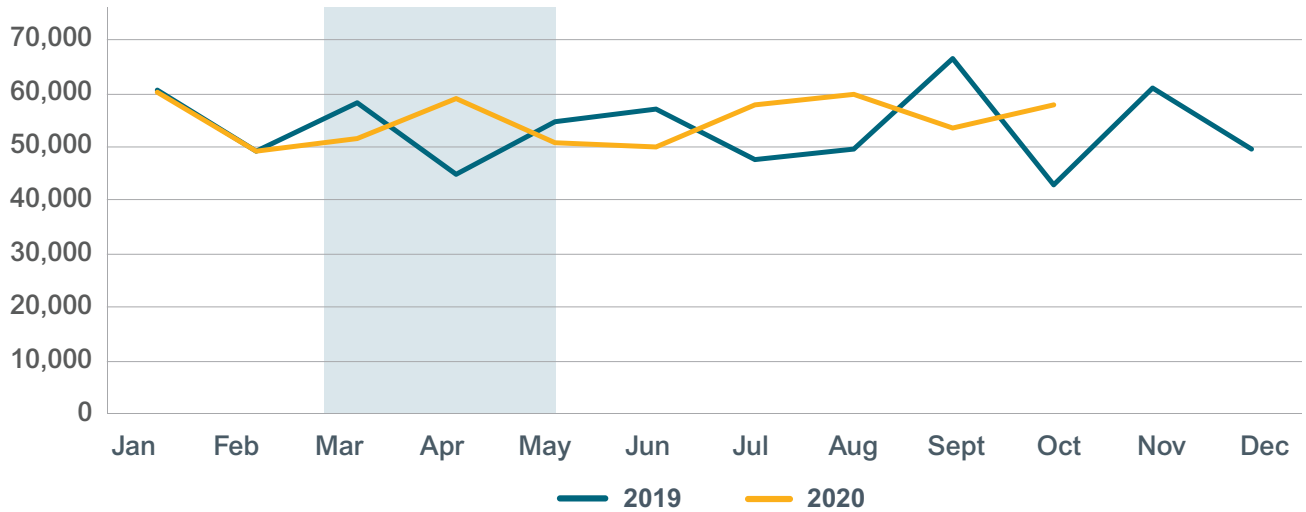
Oral hypoglycaemics for diabetes



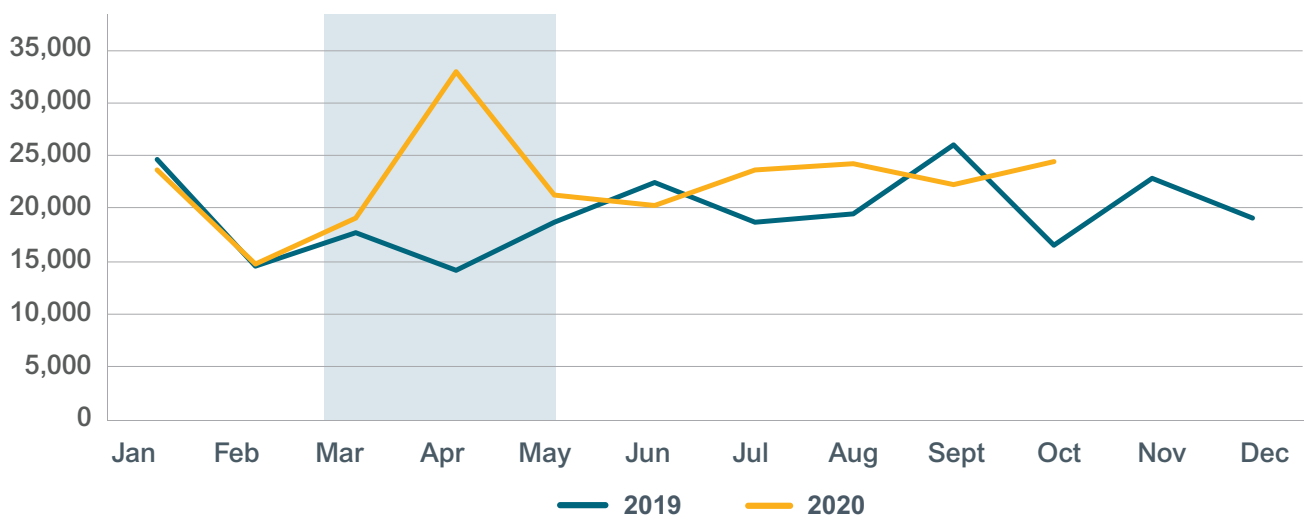
Lipid-modifying agents for cholesterol



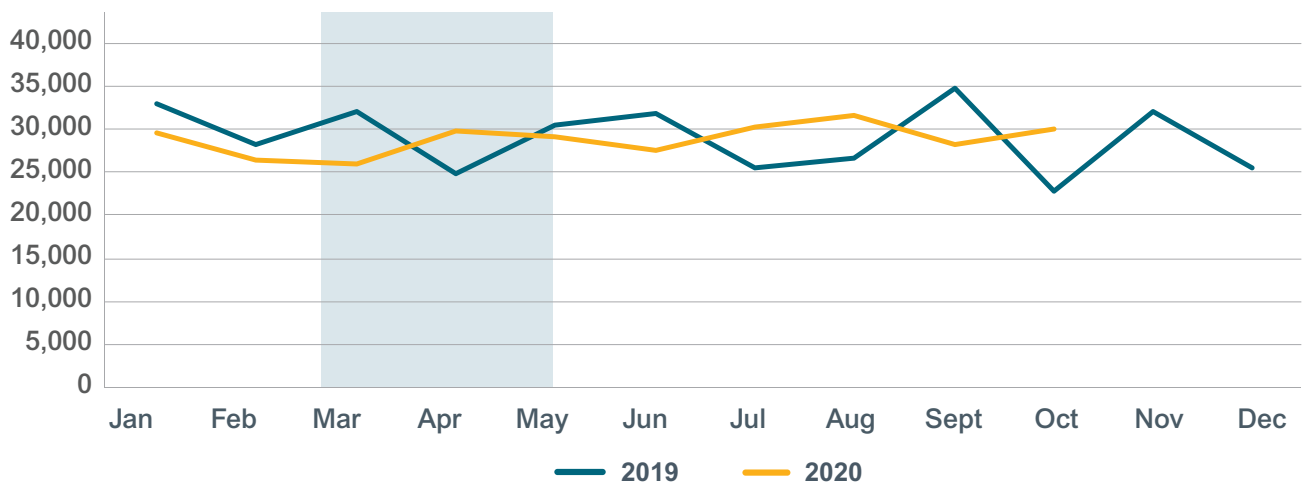
ACE inhibitors for hypertension



Selective beta-2-adrenoreceptor agonists and glucocorticoids for obstructive airway diseases



Benzodiazepine derivatives for mental health conditions



Summary

The results from the PBS data suggest there was increased demand for some prescription medicines early in the COVID-19 period, particularly for obstructive airway diseases, although dispensing limits would have moderated demand for some medicines.

For the second half of 2020, government expenditure on supplied medicines follows a different pattern from the trend seen in 2019. In particular, a seasonal peak that occurs around September 2019 is not seen in 2020. The change in pattern for 2020 may be due to people using up additional supplies of medicines that were purchased earlier in the year.

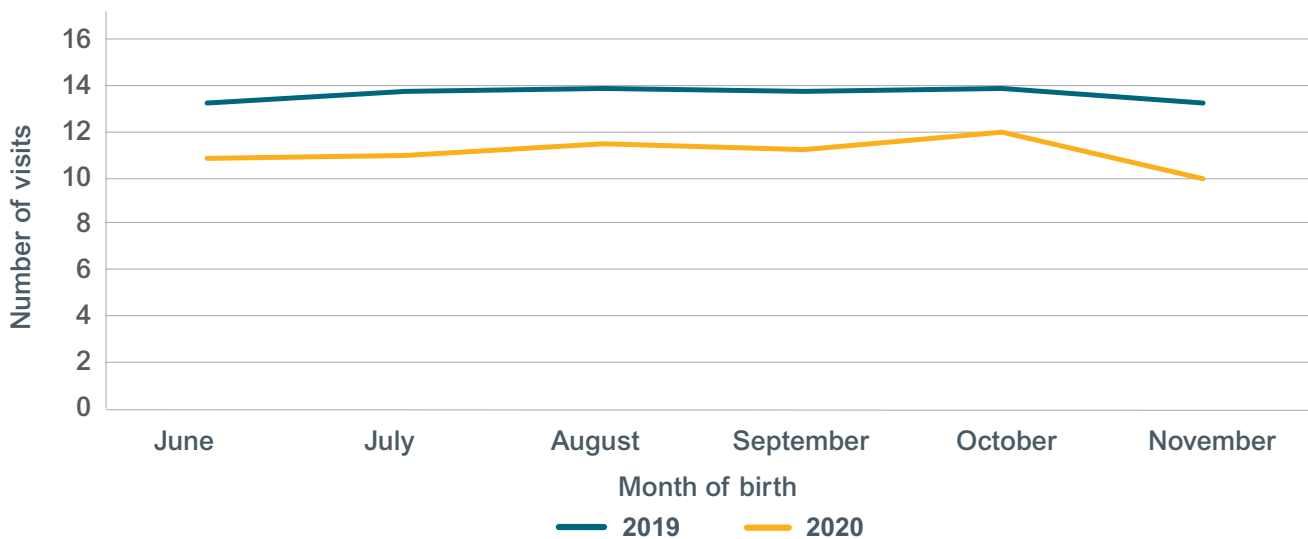
Midwives Notification data

Antenatal care during pregnancy is important to ensure the health and wellbeing of the mother and baby before birth. Practice guidelines recommend the first antenatal visit should occur within the first 10 weeks of pregnancy. While the schedule of antenatal visits should be based on the women's individual needs, practice guidelines recommend 10 visits for an uncomplicated first pregnancy and seven visits for subsequent uncomplicated pregnancies [9].

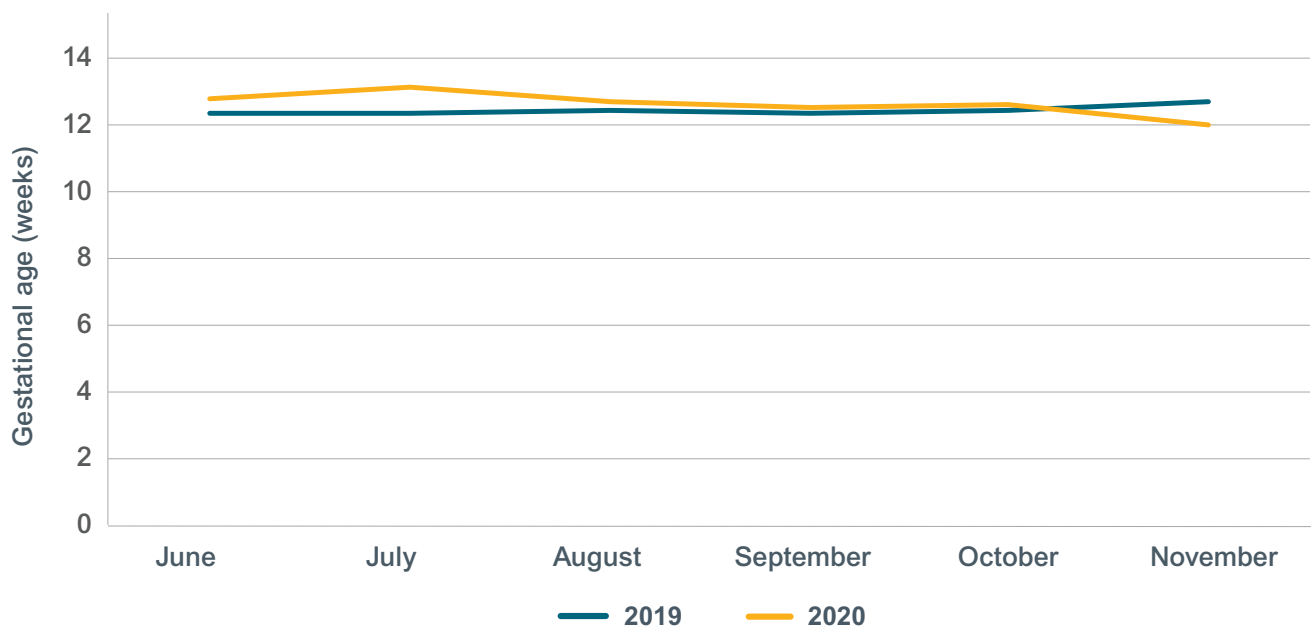


Women who were pregnant during COVID-19 had, on average, two fewer antenatal visits than women who were pregnant during the same time period in 2019. There was no substantive change in the average gestational age (in weeks) at first antenatal visit between 2020 and 2019.

Average number of antenatal visits for women pregnant during the COVID-19 period



Average gestational age at first antenatal visit for women pregnant during the COVID-19 period

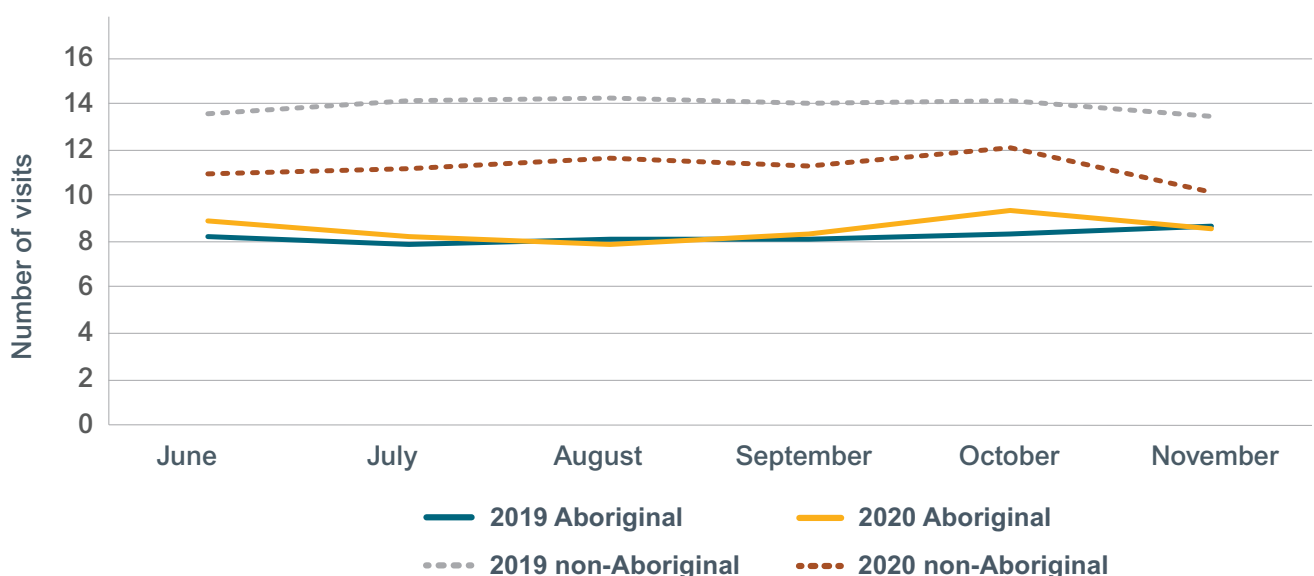


Access to appropriate antenatal care is of particular importance for the Aboriginal population, who already experience inequities in access to healthcare. The new National Agreement on Closing the Gap (which took effect in July 2020) contains a target for healthy birthweight, which is driven by access to appropriate antenatal care.

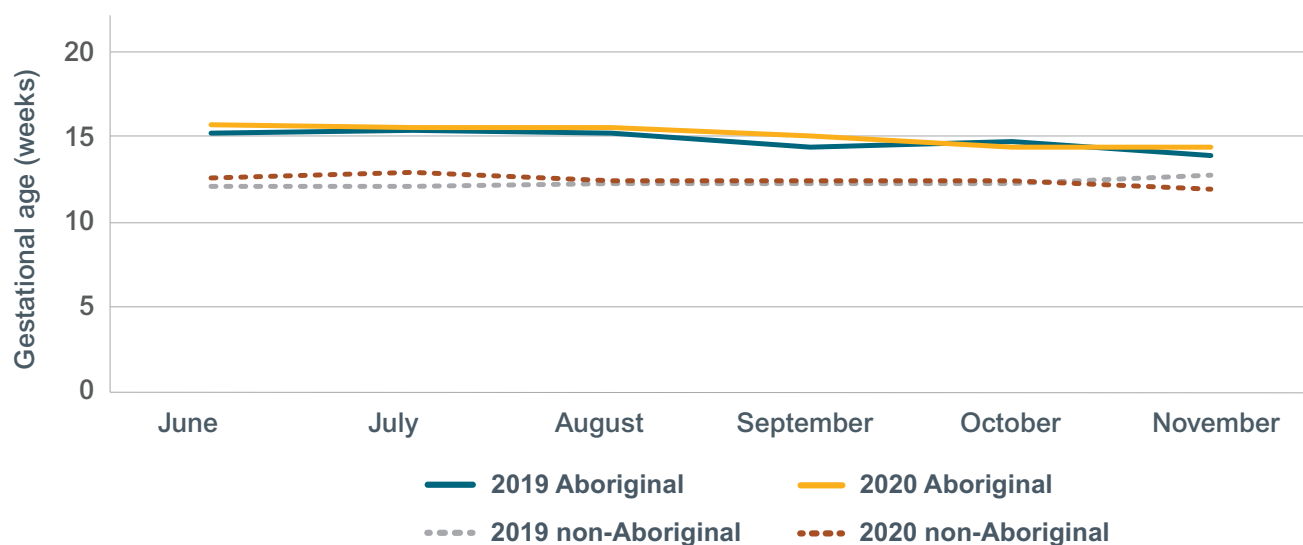
Compared to non-Aboriginal women, Aboriginal women attend fewer antenatal visits, and have an older gestational age at the first antenatal visit.

There was no substantive change to the average number of antenatal visits, or the gestational age at first antenatal visit, for Aboriginal women who were pregnant during COVID compared with the same time period in 2019.

Average number of antenatal visits for women pregnant during the COVID-19 period by Aboriginality



Average gestational age at first antenatal visit for women pregnant during the COVID-19 period by gestational age at birth



Summary

Patterns of antenatal care differ for Aboriginal compared with non-Aboriginal women, with Aboriginal women generally attending fewer antenatal visits, and having an older gestational age at first antenatal visit, than non-Aboriginal women.

Non-Aboriginal women who were pregnant during the COVID-19 period had fewer antenatal visits than non-Aboriginal women who were pregnant across the same period in 2019.

The average number of antenatal visits for Aboriginal women did not differ between those who were pregnant during the COVID-19 period compared with those who were pregnant across the same period in 2019.

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