

## **COVID-19 – Avoiding the Second Tsunami of Healthcare Challenges = DRAFT**

Pathology testing plays a critical role in diagnosing and managing about 70% of all healthcare conditions and 100% of cancers.

Over 50% of Australians live with a chronic illness, and 24% have 2 or more. Cardiovascular disease, diabetes, COPD and cancer are amongst the top 8.

Importantly, over the past 10 years communicable infections (including flu), obesity and poor outcomes related to alcohol and drug use have trended upwards.

During the COVID-19 pandemic, fewer and fewer people are attending to their other healthcare needs. Hospital outpatient clinics are restricting appointments and elective surgery has almost stopped. Hospital based pathology testing has declined 20 - 30% over the past month and is continuing to decline. Pathology testing related to GPs and community clinics as declined 40% in the past month and continues to decline at about 10% per week.

The implication is that those with chronic illnesses either cannot (due to outpatient clinic closures) or are not adhering to their care plans by having their regular checks with healthcare professionals. It also implies that those with more acute illnesses are not visiting their GP to be assessed and tested.

Continuity of care and investigation of all illness must continue as normal in Australia or we face an even more substantial healthcare challenge than that posed by COVID-19. Continuity of care failures will lead to a second tsunami of healthcare challenges once we are through the COVID-19 pandemic.

### Trends in Australian healthcare

- Cardiovascular Disease affects 645,000 people and accounts for 7.7% of the disease burden in Australia.
- Diabetes prevalence has tripled over the past 25 years and at least 1.2 million Australian's have diabetes and death rates in diabetics is almost double the background population.
- Cancer 138,300 new cases in 2018 and 48,600 deaths
- Chronic respiratory conditions (outside of COVID-19) affect
- Poisoning, overdose and deaths from illicit drugs has increase 89% in the past 10 years.
- Diabetes accounts for almost 10% of all hospital admissions, and about the same for all deaths.

- It should be noted that diabetes is a leading cause of cardiovascular disease and of chronic kidney disease. An estimated 1.7 million Australians have biomedical signs of chronic kidney disease, leading to 16% of all hospitalisations and 11% of deaths.
- Influenza and other communicable diseases are a major source of morbidity and mortality with over 500,000 cases reported in 2017.

### Healthcare costs in Australia

- Diabetes costs Australia about \$600 million per year to treat, plus the societal costs. Diabetics without complications cost about \$3,500 per year to treat and with advanced complications, about \$17,000 per year. Clearly, we need to prevent people from developing the advanced complications.
- Cardiovascular disease costs Australia about \$3.9 billion in direct health costs, plus societal costs.
- COPD costs the Australian healthcare budget about \$1 billion in direct costs.
- Chronic kidney failure costs about \$1 billion but end stage kidney failure about \$12 billion. Clearly, we need to prevent people from moving to end stage.
- Cancer costs about \$4.5 billion in direct costs.

Australians, especially older individuals, are currently reluctant to leave the house - even to visit their GP for fear of contracting COVID-19.

The Federal Government has announced several measures to address this, including a telemedicine solution.

However, the trend of declining pathology testing for non-covid-19 related tests continues unabated and could reach as few as 30% of normal testing by end of April.

This represents a huge challenge for healthcare providers, both immediately and into the future. With testing levels down by 40%, and potentially declining by 70% over coming weeks, pathology laboratories and pathology technology supply companies are commercially very vulnerable. Businesses will not be able to sustain a turnover reduction of 40 to 70% without major structural change. Loss of supply and testing capacity will severely impact Australia's ability to service healthcare into the future.

With the current trend of healthcare avoidance, people with chronic illnesses could quickly move from stable and relatively low cost, to critical and very high cost. In doing so, taking up hospital and ICU beds. From the data presented above, individuals with cardiovascular disease, diabetes and kidney failure make up 34% of the total healthcare burden in Australia, representing \$5.6 billion in direct costs. However, if people with these conditions deteriorate, they represent 10 to 12 times

that cost. Stable kidney disease costs \$1 billion per year in total, but end stage costs \$12 billion. Stable diabetes costs about \$3,500 per patient per year to treat, but with complications costs \$17,000.

Clearly, we need continuity of care to prevent too many people tipping into the critical phase of their chronic disease.

Likewise, with acute illness, particularly communicable infections and toxic encounters with alcohol and drugs. We are coming into flu season. There is very clear evidence that flu testing is an effective way to reduce community acquired infection. We need to have the capacity to conduct this testing during winter months.

It is likely that we will be dealing with the COVID-19 pandemic for many months, possibly through to the end of 2020. During this time many thousands of Australians could suffer significant deterioration in their chronic or acute health condition. We need an urgent program to facilitate people with chronic illnesses and with acute needs to visit their healthcare provider and to continue with their care.

Providing safe zones for people to receive their healthcare. Consideration to facilitating telehealth pathology requesting. Increasing in-home or drive-through specimen collection service. There are many alternatives that can be implemented.

Most of all however, we need a very strong public awareness campaign informing people of the need for continuity of care, the services available to facilitate this and the risks to individual and public health if they don't.

If the pathology sector- the pathology laboratories and the pathology technology suppliers - cannot maintain a commercial foothold, the consequences for all of healthcare are serious indeed. 70% of all medical diagnosis and management decisions are based on pathology test results and 100% of all cancer diagnosis. Loss of any capability in this sector will severely restrict our ability to navigate out of the current COVID-19 pandemic and make it almost impossible to manage the second tsunami of healthcare challenges.

All data drawn from Govt of Australia's AIHW and Diabetes Australia.

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