

COVID-19 – Avoiding the Second Tsunami of Healthcare Challenges

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. (<https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview>)

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

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

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 potential new cancers and 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

- Cancer 138,300 new cases in 2018 and 48,600 death. *
- 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. *
- Chronic respiratory conditions (outside of COVID-19) affect. *
- Poisoning, overdose and death 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. *

*(<https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf>)

Cancers and chronic disease in Australian represent a significant cost burden to the community.

The Federal Government has announced several measures to address this, including a telemedicine solution. However, for those patients who require to be seen by a doctor safe zones/safe practices may need to be promoted in the community.

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 a national solution to this problem to facilitate people, with possible new cancers and chronic illnesses, to visit their healthcare provider and continue their care.

Pathology requesting from telehealth is already possible, however patients will still need to have specimens collected.

Possible solutions include:

- Provide safe collection centres for patients without respiratory symptoms to attend
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- Increasing in-home or drive-through specimen collection service.

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.

All data drawn from Govt of Australia's AIHW.

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First published – 2 April 2020