

Disrupted access to health care during pandemic linked to avoidable hospital admissions

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People who experienced disrupted access to health care (including appointments and procedures) during the COVID-19 pandemic were

more likely to have potentially preventable hospital admissions, finds a study published by *The BMJ* today.

This is the first study to examine the impact of disruption on [health outcomes](#) using individual level [longitudinal data](#), and the researchers say reducing the backlog from COVID-19 disruption is vital to tackle the short- and long-term implications of the pandemic.

The COVID-19 pandemic created unprecedented disruption to health care in the UK. This included disrupted access to appointments (e.g., visiting a doctor or an outpatient department) and procedures such as surgery, and [cancer treatment](#).

Previous research has described the extent of this disruption, but no study has yet examined its potential impact on health outcomes at an individual level.

To fill this knowledge gap, researchers accessed data from seven [longitudinal studies](#) in the UK Longitudinal Linkage Collaboration (UK LLC) with linked data for 29,276 people in England to their NHS electronic health records from 1 March 2020 to 25 August 2022.

The researchers' main measure of interest was avoidable emergency hospital admissions.

These were defined as admissions for ambulatory care sensitive conditions (those that can be, in theory, treated through [community care](#)) and emergency urgent care sensitive conditions (urgent conditions that suddenly worsen and may result in admissions, but should be treated in the community whenever possible).

A total of 9,742 participants (35%) reported some form of disrupted access to health care during the COVID-19 pandemic.

After adjusting for other potentially influential factors, the researchers found that overall, people who reported any form of disruption in accessing health care were at increased risk of hospital admission for any (80% higher odds), acute (twofold), and chronic (80%) ambulatory care sensitive conditions.

They then investigated outcomes according to the type of health care disruption experienced.

This showed that people who experienced disrupted access to procedures had 77% higher odds of being admitted to hospital for any ambulatory care sensitive condition, 88% higher odds of being admitted for a chronic ambulatory care sensitive condition, 45% higher odds of an emergency urgent care sensitive admission, and 57% higher odds of any hospital admission.

People who experienced disruption in accessing appointments had 52% higher odds of hospital admission for any [ambulatory care](#) sensitive condition and 46% higher odds of any hospital admission.

These are observational findings so no firm conclusions about cause and effect can be drawn and the researchers acknowledge that not all avoidable hospital admissions would have been caused by disruption of care. What's more, they did not have any data on people's difficulties in accessing health care before the pandemic, and because health care disruption was self-reported, it might be subject to bias.

However, by combining individual level data from longitudinal studies with [electronic health records](#), they were able to provide a more complete and detailed picture of hospital admissions across a national health care system during a period of great disruption.

As such, they say, "The external shock to the health system caused by

the COVID-19 pandemic seriously disrupted access to health care and this impact is having [negative impacts](#) on hospital admissions that could potentially be preventable."

These findings "highlight the need to increase health care investment to tackle the short and long term implications of the [pandemic](#), and to protect treatments and procedures during future pandemics," they conclude.

More information: Associations between self-reported healthcare disruption due to covid-19 and avoidable hospital admission: evidence from seven linked longitudinal studies for England, *The BMJ* (2023). [DOI: 10.1136/bmj-2023-075133](https://doi.org/10.1136/bmj-2023-075133)

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