

Coronavirus Disease 2019, Universal Health Coverage, and Ambulatory Care in 2020

To the Editor:

Measures taken to keep the coronavirus disease 2019 (COVID-19)-related mortality and morbidity rate low have led to a decline in ambulatory care utilization.¹⁻³ Despite the increasing use

of telemedicine, ambulatory care utilization did not reach prepandemic levels in 2020^{2,3} and the forgone or postponed care was salient for less privileged populations.³ Hence, we compared ambulatory care visits in 2020 from England and Germany to the United States to contribute to the discussion on the need for universal health coverage.⁴⁻¹⁰

Figure 1 shows monthly changes in ambulatory care utilization adjusted for the prepandemic seasonal variation and weekly COVID-19 deaths per 100,000 population for England, Germany, and

the United States in 2020. Outpatient utilization dropped to the lowest level in April (decreased by 24%, 39%, and 54% of the prepandemic level in Germany, England, and United States, respectively), when the strictest measures were applied in 3 countries. In Germany, outpatient utilization bounced back to prepandemic level much faster than in England and the United States in June 2020 and remained stable despite the surge in deaths through the end of 2020, whereas it stabilized at around 8% below the prepandemic level in the United States. On average, ambulatory

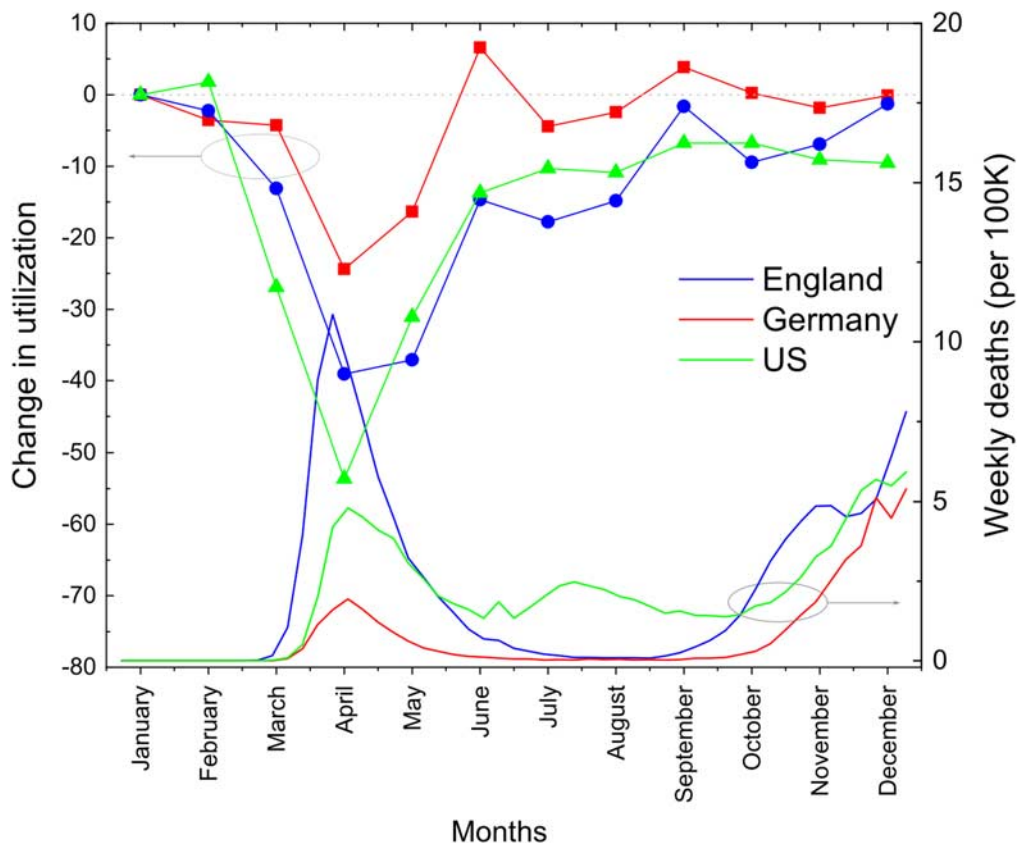


FIGURE 1. Percent change in ambulatory care utilization from baseline, adjusted for seasonality, and coronavirus disease 2019 (COVID-19) deaths per 100,000 population for England, Germany, and the United States in 2020. Data are presented as a percentage change in the number of visits in a given month from baseline month (January 2020), adjusted for prepandemic seasonality. Prepandemic seasonal adjustments are made based on 2019 utilizations in England and Germany and 2016–2019 utilizations (equally weighted across the years) for the United States. Data sources are listed in the Supplemental Digital Content 1 (<http://links.lww.com/MLR/C446>).

Supported by German Research Foundation grant DFG 458599862.

The authors declare no conflict of interest.

Supplemental Digital Content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's website, www.lww-medicalcare.com.

ISSN: 0025-7079/22/6006-0413

care utilizations in England, Germany, and the United States were respectively 14%, 4%, and 16% lower in 2020 than the baseline. The decline in ambulatory care utilization in Germany was statistically significantly less than that of England ($P=0.001$), and the United States ($P=0.002$); changes in ambulatory care utilization in England and the United States were not statistically significantly different ($P=0.48$). Although both England and Germany have universal health care systems, pattern of changes in ambulatory care utilization in England followed the pattern in the United States more closely. Therefore, in addition to universal health coverage, pandemic management is essential to minimize disruptions in health care utilization to avoid further public health problems.

Esra E. Bayindir, PhD

Jonas Schreyögg, PhD

Hamburg Center for Health Economics
University of Hamburg, Hamburg, Germany

REFERENCES

1. Chatterji P, Li Y. Effects of the COVID-19 pandemic on outpatient providers in the United States. *Med Care*. 2021;59:58–61.
2. Mehrotra A, Chernew M, Linetsky D, et al. The impact of COVID-19 on outpatient visits in 2020: Visits remained stable, despite a late surge in cases. Commonwealth Fund; February 22, 2021. Available at: <https://doi.org/10.26099/bvhf-e411>. Accessed January 20, 2022.
3. Mafi JN, Craff M, Vangala S, et al. Trends in US ambulatory care patterns during the COVID-19 pandemic, 2019–2021. *JAMA*. 2022;327:237–247.
4. Mishori R. The social determinants of health? Time to focus on the political determinants of health!. *Med Care*. 2019;57:491–493.
5. King JS. COVID-19 and the need for health care reform. *N Engl J Med*. 2020;382:e104.
6. Rubin EJ, Baden LR, Epstein A, et al. Audio interview: the impact of COVID-19 on patients with other diseases, with Arnold Epstein. *N Engl J Med*. 2020;383:e62.
7. Tediosi F, Lönnroth K, Pablos-Méndez A, et al. Build back stronger universal health coverage systems after the COVID-19 pandemic: the need for better governance and linkage with universal social protection. *BMJ Glob Health*. 2020;5:e004020.
8. Lal A, Erondy NA, Heymann DL, et al. Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *Lancet*. 2021;397:61–67.
9. Hiam L, Yates R. Will the COVID-19 crisis catalyse universal health reforms? *Lancet*. 2021;398:646–648.
10. Barron GC, Laryea-Adjei G, Vike-Freiberga V, et al. Safeguarding people living in vulnerable conditions in the COVID-19 era through universal health coverage and social protection. *Lancet Public Health*. 2022;7:e86–e92.