

LETTER TO THE EDITOR

General correspondence**Primary healthcare utilisation by older Australians during the COVID-19 pandemic**

Older individuals are vulnerable to COVID-19 infection, associated complications, and unintended harms from social measures implemented to mitigate infection.^{1,2} General practitioner (GP) primary care services are central to effective healthcare provision for older people. Limited information exists on the impacts of the COVID-19 pandemic on utilisation of GP services by older Australians, including the uptake of telehealth services.

Medicare Benefits Schedule (MBS) data, restricted to individuals ≥ 65 years from January 2019 to December 2020, were downloaded from the Services Australia website.³ Fifty-four face-to-face and telehealth MBS items (Supporting Information Table S1) from four groups (A01, A11, A15 and A20) were selected to examine primary care utilisation. Australian population estimates for individuals ≥ 65 years were obtained from the Australian Bureau of Statistics.⁴ Monthly incidence rate estimates (MBS claims/1000 population) and 95% confidence intervals (CI) for face-to-face services, telehealth (introduced 13 March 2020) and both ('combined') services were calculated. Relative monthly changes in incidence rates were calculated, comparing 2020 rates with corresponding months in 2019.

A total of 43 974 263 MBS claims in 2020 and 39 322 060 in 2019 were examined. Prior to the COVID-19 pandemic (March 2020), monthly face-to-face GP consultations (A01) were 689.6/1000. By May 2020 face-to-face consultations decreased 42.6% compared with May 2019 and remained 20% lower until December 2020. In April 2020, combined GP consultations peaked at 1019.6/1000, 35.1% higher than 2019, and remained elevated for the rest of 2020 (Fig. 1A, Table S2). In April 2020, face-to-face urgent after-hours attendances (A11) decreased by 38.9% (from 1.20/1000 in April 2019 to 0.73/1000 in 2020, Fig. 1B), face-to-face GP management plans (A15) decreased by 39.3% (from 86.3/1000 in 2019 to 52.4/1000 in 2020, Fig. 1C) and face-to-face GP mental health services (A20) decreased by 47.7% (from 6.2/1000 in 2019 to 3.2/1000



in 2020, Fig. 1D). Introduction of telehealth items resulted in increased utilisation of urgent after-hours attendances, but levels remained lower than 2019. GP management plans and mental health services rates were similar to those of 2019 by April and June, respectively (Fig. 1B–D).

Due to national social restrictions and other strategies to reduce infection risk, a decrease in GP consultation face-to-face visits was observed between May and December. This void in service access was filled by telehealth, suggesting successful implementation of these services. The introduction of telehealth increased GP general attendances, potentially in part due to increased health concerns during the pandemic and changes in GP models of practice. Lower urgent after-hours attendances in 2020 were observed, likely reflective of social restrictions and risk mitigation measures. GP management plans and mental health services did not return to 2019 levels until July 2020, possibly a result of delaying care or treatment during the restrictions.⁵ We were unable to examine incidence by state; Victoria endured an extended lockdown likely impacting service utilisation.⁵ Introduction of telehealth items resulted in sustained utilisation of GP primary care services; however, the short- and long-term effects on both physical and mental health should be explored.

Acknowledgements

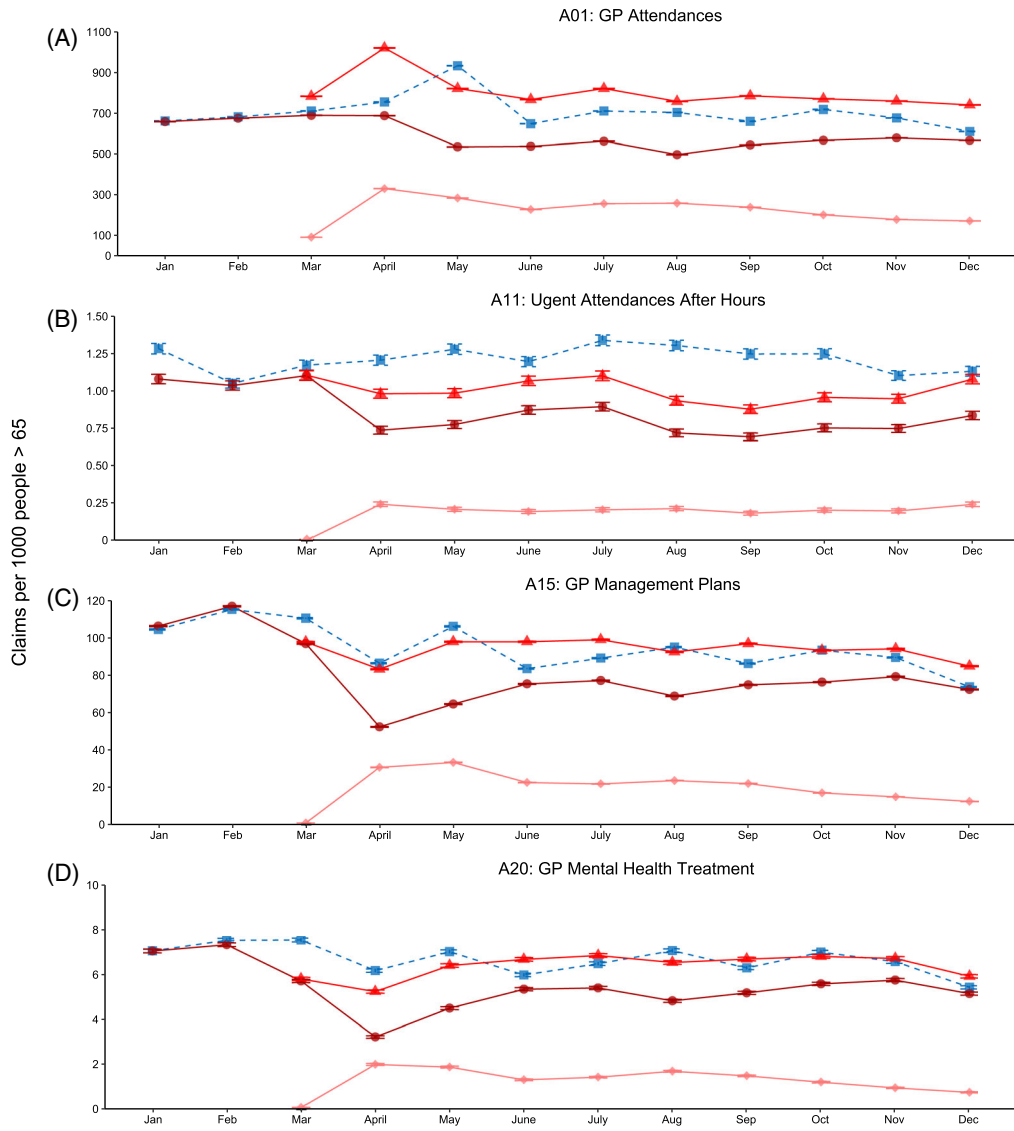
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[Correction added on June 04, 2021, after first online publication: The copyright line was changed.]



	Month											
Relative % change 2019/2020	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
A01: Face-to-face	-0.5	-1.0	-3.0	-8.9	-42.6	-17.1	-20.7	-29.3	-17.5	-21.0	-14.4	-7.1
A01: Combined	N/A	N/A	10.1	35.1	-12.0	18.2	15.5	7.7	18.9	7.2	12.2	21.3
A11: Face-to-face	-15.8	-1.3	-6.0	-38.9	-39.4	-27.1	-33.2	-44.8	-44.4	-39.7	-32.1	-26.1
A11: Combined	N/A	N/A	-5.7	-18.6	-23.0	-10.8	-17.7	-28.4	-29.7	-23.3	-14.1	-4.6
A15: Face-to-face	1.7	1.5	-12.3	-39.3	-39.2	-9.8	-13.5	-27.6	-13.2	-18.3	-11.5	-1.8
A15: Combined	N/A	N/A	-11.5	-3.7	-7.8	17.3	11.1	-2.7	12.3	-0.1	5.2	15.1
A20: Face-to-face	-0.1	-2.6	-24.2	-47.7	-35.8	-10.6	-16.7	-31.6	-17.7	-20.2	-12.6	-5.1
A20: Combined	N/A	N/A	-23.0	-15.1	-8.8	11.6	5.6	-7.4	6.2	-2.7	2.1	9.0

Figure 1 Monthly incidence rates of primary care service utilisation per 1000 individuals aged ≥65 years. The combined label denotes the total claims for both face-to-face and telehealth items pertaining to that category. (-■-), 2019: face-to-face; (-●-), 2020: face-to-face; (-▲-), 2020: combined; (-◆-), 2020: telehealth.

References

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mortality in hospitalised older adults with or without COVID-19 infection: a retrospective observational study using

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- 3 Services Australia. Medicare Item Reports. Canberra: Services Australia; 2020 [cited 2021 Jan 14]. Available from URL: http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp
- 4 Australian Bureau of Statistics. National, State and Territory Population. Australian Bureau of Statistics; 2020 [cited 2021 Jan 14]. Available from URL: <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>
- 5 Kam AW, Chaudhry SG, Gunasekaran N, White AJ, Vukasovic M, Fung AT. Fewer presentations to metropolitan emergency departments during the COVID-19 pandemic. *Med J Aust* 2020; **213**: 370–1.

Supporting Information

Additional supporting information may be found in the online version of this article at the publisher's web-site:

Table S1. Telehealth item codes in each group.

Table S2. Monthly incidence of MBS primary care item claims for 2019/2020.
