

Research in Brief



Issue No 2021-5

Publication Date April 28 2021

ISSN 2092-7117

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COVID-19 and Health Care Utilization

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Introduction

The Ministry of Health and Welfare earlier this year reported that, citing findings of the 2020 Health Care Experience Survey, health care utilization rates declined after the covid-19 outbreak. Conducted between July and October 2020 face-to-face with a total of 6,000 households sampled across the country, the survey found that in the period between July 2019 and June 2020, the proportion of people who had visited hospitals or clinics seeking health care services declined year-on-year, to 60.8 percent for outpatient care and to 3.5 percent for inpatient care.

More than a year after the first covid-19 case was reported in Korea on January 20 last year, the pandemic remains unabated, with the number of new cases falling and rising repeatedly. Covid-19 has reshaped Korea's social landscape. The pandemic also affected the way Koreans use health care, as is shown by recent statistical data and perception surveys. According to the Health Insurance and Assessment Service (HIRA), the use of health care services decreased significantly year-on-year in the first half of 2020, with the number of reimbursement claims declining by 13.3 percent and the number of outpatient visits by 12.5 percent. Another survey, conducted by the National Health Insurance Service, found that during the same period the number of inpatient days declined by 4.5 percent year-on-year

and the number of outpatient visit days by 15.2 percent year-on-year. Also, Covid-19 Perception Survey by Hankook Research (3rd ~ 22nd) revealed that more than 50 percent of respondents on average reported having put off or called off a hospital visit.

This brief uses data from the Health Care Experience Survey to examine changes that covid-19 effected in the use of health care services. A total of 12,507 people participated in the Health Care Experience Survey in 2019. In the 2020 survey, 12,133 people participated. The two groups had similar sociodemographic characteristics. In this brief, an individual was considered having used health care if he or she had used outpatient or inpatient services at least once during the first half of either 2019 or 2020. The figures presented in this brief may therefore differ from the figures presented in earlier reports on the Health Care Experience Survey.

[Table 1] General characteristics of Health Care Experience Survey participants, 2019 and 2020

All		2019		2020	
		12,507 (persons)	(100.0) (%)	12,133 (persons)	(100.0) (%)
Sex	Man	5,934	(49.9)	5,709	(47.1)
	Woman	6,573	(50.1)	6,424	(53.0)
Age	15~19	608	(5.4)	515	(4.2)
	20-29	1,489	(16.0)	1,462	(12.1)
	30-39	1,571	(11.6)	1,585	q(13.1)
	40-49	2,001	(13.2)	1,984	(16.4)
	50-59	2,581	(24.0)	2,617	(21.6)
	60+	4,257	(29.9)	3,970	(32.7)
Residence	Urban	9,350	(83.5)	9,107	(75.1)
	Rural	3,157	(16.5)	3,026	(24.9)
Household income	Quintile 1	1,976	(14.0)	1,954	(16.1)
	Quintile 2	2,996	(23.5)	2,247	(18.5)
	Quintile 3	1,986	(16.1)	2,526	(20.8)
	Quintile 4	2,932	(24.5)	2,718	(22.4)
	Quintile 5	2,617	(21.9)	2,688	(22.2)

Source: Health Care Experience Survey, for 2019 and 2020

Note: Proportions are weighted estimates

Covid-19 and health care service utilization

The proportion of those having used health care services at least once in the first half of 2020 was 59.1 percent, down 9.8 percentage points from 68.9 percent in the preceding year's first half. Of those who said they were in poor health, 97 percent reported having used health care services in the first six months

in 2020, down slightly from the previous year's 98.1 percent. In comparison, the health care utilization rate for people with chronic conditions rose to 98.1 percent in 2020 from 97.0 percent in 2019. As had been made clear by administrative data, the pattern of health care service use varied across people with different disease types. Hospital visits for common illnesses declined, while for chronic conditions such as hypertension and diabetes, there was no decrease in in-person health care use.

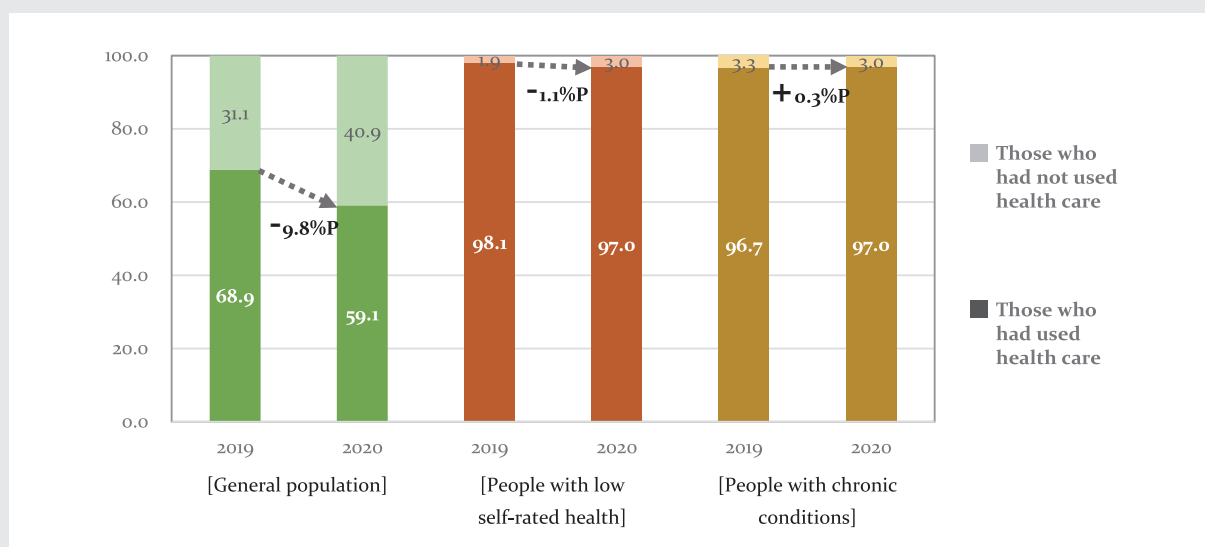
[Table 2] Health care services utilization among people with chronic conditions, 2019 and 2020

	First half, 2019		First half, 2020	
	Number of patients	Number of inpatient and outpatient days	Number of patients	Number of inpatient and outpatient days
Hypertension	5,604,284	22,002,115	5,781,647	22,317,041
Diabetes	2,453,970	9,799,004	2,571,934	10,081,508
Hyperlipidemia	1,475,745	3,381,935	1,501,838	3,472,092

Source: Key Health Expenditure Statistics (for 2019 and 2020), National Health Insurance Service

Among men, 53.9 percent reported having visited a physician for treatment or operation in the first half of 2019, a 9.2 percentage decrease year-on-year. The proportion of women who had used health care services during the same period declined year-on-year by 10.3 percentage points to 64.3 percent.

[Figure 1] Health care service use in the first half of 2019 and 2020



Source: Health Care Experience Survey, for 2019 and 2020

Note: Chronic diseases are diseases whose treatments are defined as reimbursable under the national fee schedule

By age, people 60 and older, compared to the rest, had a higher health care utilization rate. The utilization rate for the older adult population declined by 3.8 percentage points year-on-year in 2020, while those in their 20s to 40s saw a decline of more than 10 percentage points. By residence, health care utilization rates were higher in those living in rural towns than in people living in urban areas. The decline in the utilization rate was steeper for non-urban residents (12.1 percentage points) than for urban dwellers (9.3 percentage points) and steeper for high income groups than for low income groups.

[Table 3] Health care service utilization among different demographic groups, first half, 2019 and 2020

		Overall for 2019			Overall for 2020		
			Outpatient	Inpatient		Outpatient	Inpatient
Overall		68.9	60.8	4.1	59.1	58.2	3.5
Sex	Men	63.1	62.1	3.7	53.9	53.0	3.0
	Women	74.6	73.3	4.6	64.3	63.5	4.0
Age	15~19	39.3	39.2	0.5	32.1	31.7	0.4
	20~29	41.1	40.4	1.4	29.2	28.8	1.1
	30~39	58.8	57.5	2.5	45.8	45.0	2.0
	40~49	62.5	61.5	2.7	50.9	50.1	3.1
	50~59	75.2	74.3	4.1	67.5	66.5	3.2
	60 and older	90.3	88.6	7.4	86.5	85.3	6.6
Residence	Urban	67.9	66.8	4.0	58.6	57.8	3.2
	Rural	73.6	72.6	4.5	61.5	60.5	5.0
Household income	Quintile 1	87.4	85.8	9.1	76.0	74.9	5.7
	Quintile 2	69.0	67.2	4.6	65.2	64.1	5.2
	Quintile 3	65.7	65.0	3.2	54.2	53.3	3.0
	Quintile 4	61.3	60.6	2.6	51.7	51.1	1.9
	Quintile 5	67.5	66.7	2.7	54.1	53.4	2.7

Source: Health Care Experience Survey, for 2019 and for 2020

Note: The percentage overall does not add up to 100 percent because those who said they had used both outpatient and inpatient services were counted in both categories

Outpatient care visits were mostly walk-ins (71.7 percent). However, the proportion of visits with appointments increased year-on-year in 2020, from 53.1 percent to 57.6 percent for hospitals and from 9.5 percent to 14.4 percent for clinics. There was no year-on-year change of note in the proportion of appointment-based visits for oriental medicine hospitals and clinics and dental hospitals and clinics. The wait time on the day of visit at a hospital or clinic decreased irrespective of visit types (with or without an appointment).

[Table 4] In-person health care visits and wait time, by type of outpatient service

		First half, 2019		First half, 2020	
		Proportion			
Overall	Walk-in	75.5	20.1	71.7	18.4
	By appointment	24.5	21.8	28.3	18.9
Hospitals	Walk-in	46.6	25.9	42.4	22.7
	By appointment	53.4	25.1	57.6	21.7
Clinics	Walk-in	90.5	18.8	85.6	17.0
	By appointment	9.5	16.6	14.4	14.6
Oriental medicinal hospitals and clinics	Walk-in	84.0	17.5	84.0	17.2
	By appointment	16.0	15.9	16.0	16.9
Dental hospitals and clinics	Walk-in	39.7	19.9	39.4	20.6
	By appointment	60.3	15.9	60.6	15.2

Source: Health Care Experience Survey, for 2019 and for 2020

Note: Wait time for scheduled visits means the duration of time between the scheduled time of appointment and the time of consultation

Fear of infection at health care facilities

Among those who had used health care services in the first half of 2020, when covid-19 was breaking out, 15.6 percent reported having felt anxious for fear of infection while they were in a health care facility, a figure more than double the 6.2 percent recorded for the first half of 2019. It should be noted that “fear of infection” here means fear not only of covid-19 but of infection of just about any kind that can be contracted while in a health care setting. Fear of infection was more prevalent among women (16.7 percent) and among young persons aged 15 to 19. By health care facility type, the most percentage (19.3 percent) of health care service users said they had felt anxious about infection while in a dental care setting. In terms of region, the percentage of health care users who reported having felt anxious about infection was highest in Chungchung (15.9 percent) and Gyung-sang (12.0 percent) regions.

[Table 5] Proportion of those who had felt anxious about infection while in a health care facility

		Those who had felt anxious about infection at a health care facility (%)		
		Overall	Outpatient	Inpatient
Overall		15.6	15.1	18.7
Sex	Man	14.2	13.8	17.1
	Woman	16.7	16.2	19.9
Age	15~19	19.5	19.2	44.8
	20~29	17.7	18.0	6.0
	30~39	12.5	12.3	14.7
	40~49	17.0	16.3	26.4
	50~59	16.3	15.8	20.3
	60 and older	14.9	14.3	17.3
Residence	Urban	16.7	16.3	20.3
	Rural	10.2	9.6	13.3
Type of health care facility	Hospital	17.9	17.9	19.0
	Clinic	15.4	13.6	17.9
	Oriental medicine	13.4	11.0	6.0
	Dental	19.3	18.4	-

Source: Health Care Experience Survey, for 2019 and for 2020
 Note: Figures include those who answered “don’t know (no response)”

Concluding remarks

The patterns of health care use and people’s experience of health care services will change to some extent because of covid-19. Along with an overall decline in health care utilization in the first half of 2020, there was an increase in the proportion of appointment-based visits and a decrease in the wait time, although it is hard to say that covid-19 was the sole cause. The decrease in the use of health care services may not be the problem some might take it to be, as findings of this brief suggest. Some may claim that a lower health care utilization means increased unmet needs, but the decline in health care utilization was not any steeper for older adults than for other age groups. Moreover, compared to its level before covid-19, health care service utilization among people with chronic conditions did not decline in 2020.

In a 2020 survey conducted jointly by the National Health Insurance Service and Hankook Research, 12.5 percent of respondents said “yes” when asked if after the covid-19 outbreak there was ever a time when they had not received the health care they needed. It might as well be that these “yesses” reflect cases of less urgent health care services deferred to some later time. Meanwhile, our findings suggest a decrease in patient wait time and an increase in the percentage of health care service users who felt they were given enough time for consultation with a physician.

The fear of covid-19 infection has grown so excessively that in the Second Gyeonggi Province Covid-19

Risk Perception Survey, more than half of those who had delayed receiving needed health care said they had done so out of concern that health care facilities were unsafe. To be sure, health care settings are where people of ill health frequently visit seeking health services and where therefore the risk of infections is higher than elsewhere. Yet, health care facilities are also places where quarantine measures are implemented and upheld no less rigidly than in any other parts of society. Still, however, hospitals and clinics as the frontline of resistance against covid-19 should keep their infection control tight to help people rest assured that their visits to their health care providers will be safe. The government should, while keeping every sector of society on guard for covid-19, improve its risk communication in a way that prevents people from becoming overanxious about infection. Hospitals and clinics need to have increased support from the government for their infection management and control so that they can provide health care services in a way they would in normal situations. Also, further research attempts should be made that combine various sources of health data, with a view to arriving at a more accurate picture of how covid-19 has been affecting the health of people and to gaining increased capacities to respond to the threats of future pandemics.