

## Factsheet

# Subjective unmet medical needs during the COVID-19 crisis in Austria

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## Introduction

A large number of studies in European countries show that the COVID 19 pandemic caught many healthcare systems unprepared. With the onset of the pandemic, numerous planned treatments had to be suddenly postponed or cancelled due to this external shock, in order to keep capacities in hospitals and especially in intensive care units free for possible COVID-19 cases (cf. ECDC, 2020). This situation led to a partial downgrading of regular health care in many countries, including Austria, especially during the peak phases of the pandemic since March 2020. In Austria, for example, there was a decrease of about 80 percent in stays for knee or hip surgery in April 2020 compared with April 2019 (see Eglau, 2021). According to data from Statistics Austria, 7,131 more people died in Austria in the year 2020 compared with the previous year, 6,477 of whom died from COVID 19 (see Statistics Austria, 2021).

## Data und Methods

This fact sheet is based on the AKCOVID study ("The COVID-19 health and labor market crisis and its impact on the population", website: <https://inprogress.ihs.ac.at/akcovid/>, director: Univ.-Prof. Dr. Nadia Steiber). This is a representative survey of working-age adults (20-64 years) in June 2020 (1st part) and January 2021 (2nd part). The sample size was N=2000, with 80% interviewed by telephone, and 20% online. Post-stratification weighting was performed by age, gender, education level, household composition, and province.

Respondents were asked the following questions regarding unmet needs, "Since the onset of the Corona Crisis, have you had one or more medical exams or treatments that you needed/have needed? This includes things like needed doctor visits, therapies, and surgeries." In case of medical need, it was indicated whether this need was met. In case of unmet need, the most important reason could be selected from the following: financial reasons; too long a waiting list or wait times, no time (e.g., work obligations or caregiving responsibilities); lack of accessibility (e.g. no possibility to drive to the practice/clinic/office); practice/office/clinic was not open due to the Corona crisis; examination/treatment was

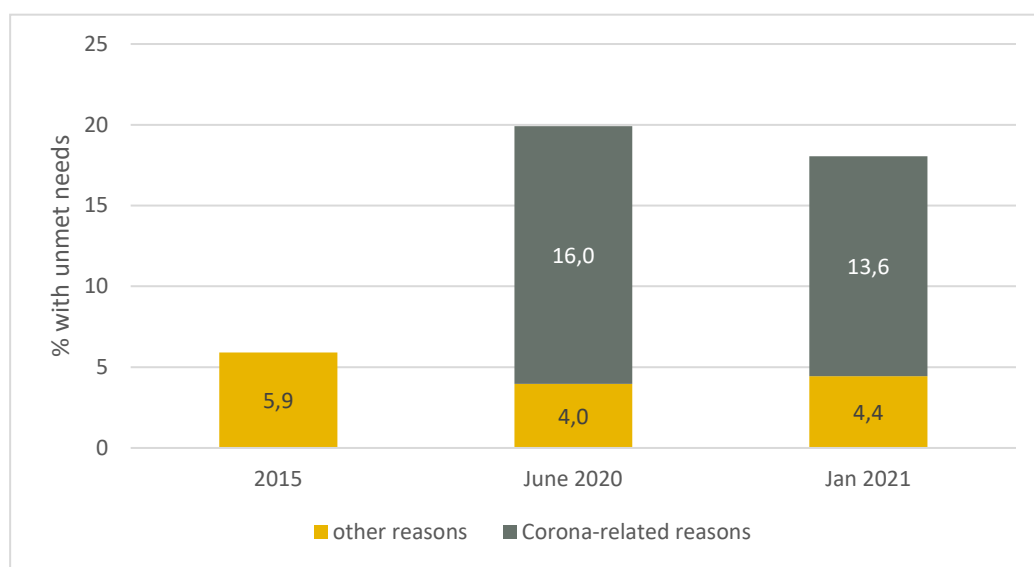
postponed due to the Corona crisis; fear of catching the Corona virus (COVID-19); do not know a good specialist; other reason.

## Results

### *Subjective unmet medical needs increased during the pandemic*

While only a very small number of unmet medical needs are usually identified in Austria (see OECD & European Observatory on Health Systems and Policies, 2019), these increased sharply during the pandemic. In 2015, i.e. before the pandemic, about six percent of the population aged 20–64 years reported unmet treatment needs in the previous 12 months (Figure 1, according to European Social Survey data). According to the June 2020 evaluations, this proportion increased to about one-fifth during the pandemic. The evaluation allows a differentiation into 'traditional' and 'Corona-related' reasons for unmet treatment needs: While the importance of traditionally queried reasons for unmet medical treatment needs (e.g., financial barriers, lack of knowledge) did not change significantly between 2015 and 2020, COVID-19-related reasons (practice/clinic/office not open, postponed examination/treatment, or fear of infection) prevail in 2020, with only a small reduction by 2021.

Figure 1: Subjective unmet medical needs, 2015, 2020 and 2021



Source: Own representation based on ESS data, 2015; and on AKCOVID Study I, survey from June 2020 and January 2021. Sample: representative sample of persons aged 20–64 living in Austria. Shares of the population in this age group are shown.

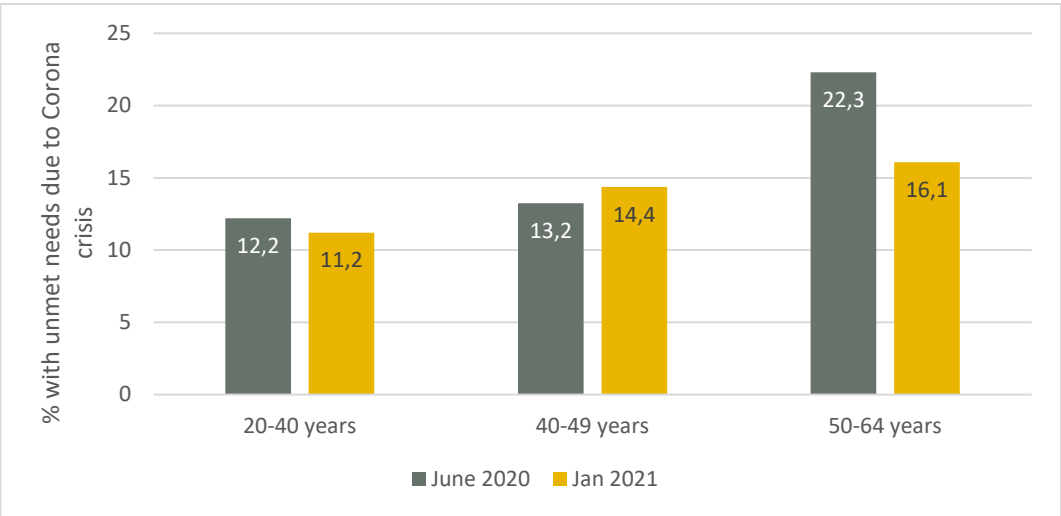
### *Older people particularly affected by restrictions in access to essential services*

In the pandemic, people in older age groups were often the group at highest risk of experiencing a severe course of Covid-19 due to pre-existing comorbidities. They therefore had to protect themselves particularly against infection with the coronavirus. The results of the AKCOVID study also show that within the sample, the age group 50–64 was most likely to report needing medical treatment but not receiving it for 'Corona-related reasons' (22

percent) compared with younger individuals (Figure 2a).<sup>1</sup> This proportion declined significantly during the pandemic in this age group between June 2020 and January 2021, suggesting that regular health care in Austria continued in a less restricted manner after the initial phase of the pandemic.

In the case of other unmet treatment needs (e.g. for financial reasons, or due to lack of accessibility of medical services), between June 2020 and January 2021 an increase occurred especially in the 40–49 age group (Figure 2b), but it was low overall.

Figure 2a: Unmet medical needs due to the pandemic by age groups, 2020/2021

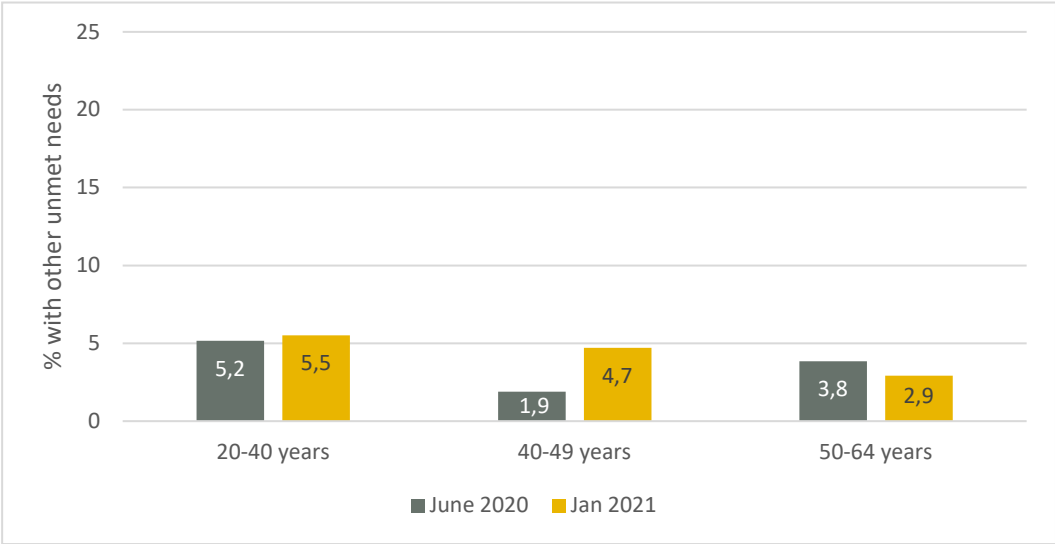


*Note: Corona-related reasons for unmet medical treatment needs are summarized as: practice/clinic/office not open; postponed examination/treatment; fear of infection.*

Source: Own representation based on the AKCOVID Study I, survey of June 2020 and January 2021. Sample: representative sample of people living in Austria.

<sup>1</sup> Note: Individuals aged 65 and older were not surveyed. August 2021

Figure 2b: Other unmet needs (not due to reasons related to the pandemic) by age groups, 2020/2021



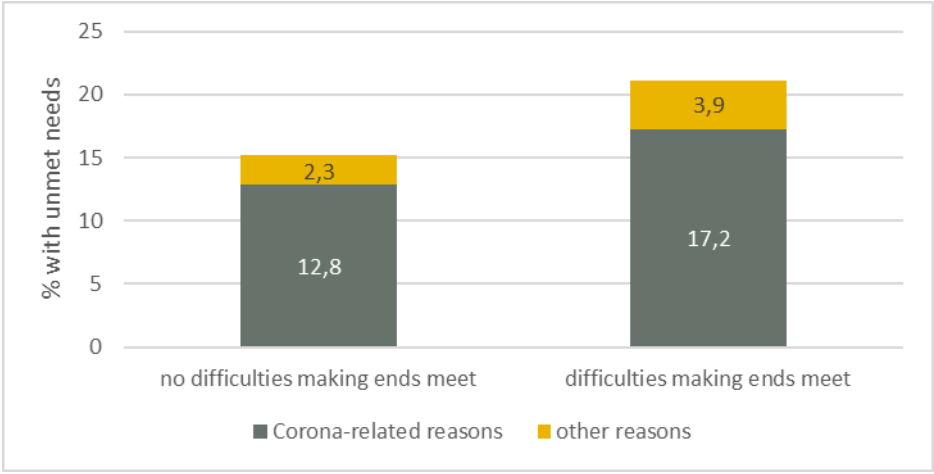
*Note:* The reasons for unmet medical treatment needs included in the figure are financial reasons; waiting list too long or waiting times, no time (e.g. professional obligations or care obligations); lack of accessibility (e.g. no possibility to drive to the practice/clinic/office).

*Source:* Own representation based on AKCOVID Study I, survey conducted in June 2020 and January 2021. Sample: representative sample of persons aged 20–64 living in Austria. Percentages of the population in the respective age group are shown.

***People with difficulties in making ends meet had higher unmet needs***

It is known from the literature that people with lower socioeconomic backgrounds are also more frequently affected by health problems. Unsurprisingly, therefore, even in a universal health system like Austria the Corona crisis shows that people with financial problems are also more likely to report being affected by unmet medical treatment needs, more than one in five respondents overall (21 percent) (see Figure 3). Among people who were not affected by difficulties in making ends meet during the crisis, unmet medical treatment needs are lower, at about 15 percent.

Figure 3: Unmet needs by financial background, January 2021



Source: Own presentation based on the AKCOVID Study I, survey conducted in January 2021. Sample: representative sample of people aged 20–64 living in Austria. Shown are shares of the population in the respective age group according to financial background.

**Fear of infection less relevant driving factor**

Closed practices or postponed procedures represented the main reasons why individuals in the pandemic reported Corona-related unmet treatment needs (Table 1). In contrast, fear of infection played only a minor role during both survey periods. Closed doctor’s practices became less important as the pandemic progressed (between June 2020 and January 2021), while in January 2021 postponed surgeries were still a relevant reason for unmet medical needs for around 7–8% of respondents affected by unmet needs. At the same time, there was an apparent increased ability to meet healthcare needs as the pandemic progressed, even if the share of persons reporting a need increased.

Table 1: Unmet needs during the COVID-19 pandemic in Austria, June 2020 and Jan 2021

	No medical needs since March 2020	Needs met	unmet need, closed doctor’s practice	unmet need: treatment postponed	unmet need: fear of infection	other unmet need
<b>Jun.20</b>	56,6%	23,4%	<b>7,0%</b>	<b>7,3%</b>	<b>1,8%</b>	<b>4,0%</b>
<b>Jän.21</b>	39,3%	42,5%	<b>3,4%</b>	<b>7,7%</b>	<b>2,7%</b>	<b>4,5%</b>

Source: Own calculations based on AKCOVID data.

Sources:

ECDC (2020) Guidance on the provision of support for medically and socially vulnerable populations in EU/EEA countries and the United Kingdom during the COVID-19 pandemic, Technical Report, 3 July 2020, available at <https://www.ecdc.europa.eu/sites/default/files/documents/Medically-and-socially-vulnerable-populations-COVID-19.pdf> (visited on 3rd May 2021).

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