

## Editorial

# Fear-Based Barriers to Care in the COVID-19 Pandemic

Christopher Ott, MD, FACEP<sup>1</sup>

## Abstract

### Description

COVID-19 has made patients afraid to engage with providers in-person to manage acute, chronic and preventive non-COVID-related health care needs. As health care providers, we must continue to do everything within our power to address our patients' fear of our infrastructure and the increasing barriers they are experiencing to accessing the care that they need.

### Keywords

COVID-19; coronavirus infections; betacoronavirus; SARS-CoV-2, pandemics, health services accessibility, preventative medicine, preventative health services, patient acceptance of health care, telemedicine

Our society, healthcare industry and individual consumer responses to the COVID-19 pandemic have caused a significant negative impact on individual and population health outcomes, the financial stability of our industry and altered health care consumption patterns. The pandemic has created widespread fear to engage with providers in-person to manage acute, chronic and preventive health care needs. And, the volume of health care consumed in the United States has been significantly affected and altered in profound ways that were both predictable yet still unexpected due to the pandemic. This confluence of events and our reaction to them has collided with longstanding health policy, business and government strategies and individual health care decisions, which previously were balanced with our industry's care delivery and financial models. Couple this disruption of consumption and patients' fear with loss of employment, income and insurance and we have a perfect population health storm brewing in the United States.

I have long held that there are really only two levers that affect health care consumption patterns in the United States; patient anxiety

about the morbidity, mortality and symptoms they will endure by not seeking care AND barriers to that consumption. Insurance coverage, ability to pay, location of clinics, hospitals and physical infrastructure, online access, knowledge of health care assets in the community, advertising, health literacy and many other moveable barriers to consumption exist. Most healthcare reform efforts and industry growth strategies focus on managing and lessening these barriers while improving health literacy and activating patients to engage in improving their own health.

$A \text{ (anxiety)} - B \text{ (barriers to consume)} = R \text{ (rate of consumption)}$ .

The rate of consumption is positively correlated to improving most health care outcomes.

COVID-19 has made patients afraid to engage with providers in-person to manage acute, chronic and preventive non-COVID-related health care needs. Multiple studies and forward looking analysis tell us that the steep fall off in cancer screenings, immunizations, prescription refills, primary care visits for chronic

Author affiliations are listed at the end of this article.

Correspondence to:  
Christopher Ott, MD, FACEP  
Chief Medical Officer  
Physician Services Group  
HCA Healthcare  
2000 Health Park Drive  
Brentwood, TN 37027  
([Christopher.Ott@hcahealthcare.com](mailto:Christopher.Ott@hcahealthcare.com))

condition management and emergency department visits for chest pain, neurologic symptoms and abdominal pain all portend a waterfall of advanced pathology with significant negative impacts on mortality rates, health care spending and the health of our citizenry. The industry has responded by improving access to remote services through telehealth and asynchronous management platforms, but we have not yet overcome our patients' fears to engage in their care. We must continue to do everything within our power to address our patients' fear of our infrastructure and the increasing barriers they are experiencing to accessing the care that they need.

## **Conflicts of Interest**

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## **Author Affiliation**

1. Physician Services Group, HCA Healthcare, Brentwood, TN