

The impact of Covid-19 on Access to Healthcare in US population during Covid-19 Pandemic

A Literature Review

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The covid-19 pandemic can be considered as a major global public health threat which challenges the provision of healthcare services and their accessibility. It has even affected well-developed countries with high level healthcare facilities, technologies, and enough healthcare professionals. Therefore, despite of healthcare and technical facilities, there is a need to adapt the systems to prompt access.

The ease with which people can acquire needed healthcare is referred to as healthcare access. It is commonly described as the ability to access adequate healthcare services in accordance with one's requirements (Daniels,1982; Whitehead, 1991). If services are available, there is a chance to get medical help; however, there are additional obstacles to overcome, such as financial, organizational, social, and cultural challenges (Gulliford et al., 2002). There are an evidence that racial and socio-economic disparities exist in the population affected by Covid-19 due to inadequate utilization of healthcare services (Abedi et al., 2021; Azar et al., 2020). Countries across the world are dealing with a rise in demand for COVID-19 treatment, which is worsened by fear, disinformation, and mobility restrictions that stymie the supply of health care for all diseases (World health organization, 2020). To mitigate the devastating effect of Covid-19 pandemic on the already weak health systems in low- and middle-income countries, it is much necessary to reinforce and scale up interventions and proactive measures that will ensure that access to healthcare is not disrupted even during pandemic (Okereke et al., 2021). Since the pandemic, telemedicine has exploded in popularity as a means of maintaining patient care and reducing the danger of COVID-19 exposure to patients, health care personnel, and the public (Abuzeineh et al., 2021). There is evidence of patients who were handled utilizing telemedicine and indicated satisfaction with the services received, suggesting that telemedicine assisted in assessing, diagnosing, triaging, and managing COVID-19 patients while avoiding a visit to the

hospital or an outpatient clinic (Al-Sofiani et al., 2021). However, virtual walk-in clinic models that do not connect patients with their own doctors can lead to fragmented, lower quality care. Although virtual walk-in clinics can be helpful for those who temporarily lack access to family doctor, they should not be relied on as a long-term substitute to an established relationship with a primary care provider (Hardcastle et al., 2021). Covid-19 pandemic can have serious mental health effects on the population, especially in vulnerable groups such as those living in poor socio-economic conditions, those who are homeless, migrant workers and asylum seekers/refugees. In addition, these vulnerable groups frequently have greater difficulty accessing health services and in treatment adherence (Hardcastle et al., 2021). Additionally, the pandemic has brought serious mental health effects, worsening psychological distress at all ages (Roy et al.,2020). The measures imposed to prevent the spread of corona virus have significant impact on local economy which led to increased unemployment and affected insurance coverages (Choi et al.,2021).

During COVID-19, the ontology of healthcare access outlines its dimensions, elements, and boundaries (Ramaprasad & Syn, 2013). Some clinical disorders may advance further, resulting in a significant rise in morbidity and mortality. To avoid this, patients with chronic diseases should be watched and managed at the very least through telephone or online health consultations, identifying those who require immediate attention and prioritizing outpatient appointments depending on disease severity. Telemedicine and the creation of networks of general practitioners who can consult with in-hospital experts could allow patients with mild diseases to be managed outside of the hospital.

Due to the diversion of medical professionals as "call of duty" for urgent COVID-19 situations, access to chronic treatment has diminished (Mauro et al.,2020). It is important routine care

continues despite the pandemic, to avoid a rise in non-COVID-19-related morbidity and mortality (Abuzeineh et al.,2020). Access to care effect on chronic conditions such as chronic obstructive pulmonary disease, diabetes, and hypertension (Chudasama et al.,2020). During this time, it's critical to keep track of and treat chronic patients, as well as prioritize outpatient visits based on disease severity (Mauro et al.,2020). To ensure the continuity of healthcare access, WHO guidelines should be followed.

Ontologies are insufficiently utilized that can aid in decision-making process. Adapting alternative treatment strategies as quickly as possible may save lives and should be implemented through communication with the multidisciplinary cancer team (Kumar et al.,2020). There are many scarce resources during the time of pandemic such as general and specialist physicians, clinical resources, and infrastructure. The prioritization led to public debate about the right to access the services (Mannelli,2020). The COVID-19 pandemic has significantly stressed public health systems around the world and exposed the gaps in health care for underserved and vulnerable populations. In the context of the social determinants of health, focusing on health system preparedness is paramount for protecting the health of all of society. Ensuring health equity in a pandemic requires robust and resilient public health infrastructure during normal times (Benjamin,2020). Information technology plays a significant role in virtual access to preventive healthcare. The use of telehealth in the field of safety and mental health, routine screening and reproductive life planning has been increased (Al-Sofiani et al.,2021). There is a lot of focus on medical equipment shortages and transferring all human resources to deal with the pandemic, which has resulted in resource reorganization and redirection through different triage procedures and prioritizing (Andrews et al.,2020). In research, the resources that affect healthcare access for diverse population groups are largely ignored. Several social,

environmental, and health risk factors have impacted indigenous groups throughout this epidemic, and a community-based strategy to strengthening the health system is critical (de León-Martínez et al.,2020). The cultural resources that would play a role in accessing healthcare during this time are not mentioned in WHO guidelines. Mental health of all population segments including healthcare personnel has been affected by covid-19 pandemic (Kontoangelo et al.,2020).

As this is a starting point for making informed decisions in public policy, the research should be updated based on development of pandemic. As indicated in the preceding analysis, significant improvements in research and recommendations roadmaps are possible. The research gaps and prospective practice guideline inclusions present a picture of the existing selective and segmented approaches to delivering healthcare access during COVID-19. A systems ontology like the one provided in this study can help to promote a systematic approach to addressing the issues of healthcare access during COVID-19 and other pandemics.

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