

## **MEDICAL VISITS FOR OUTPATIENTS DURING EMERGENCY STATE DUE TO CORONAVIRUS PANDEMIC**

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### ***Abstract***

*The COVID-19 pandemic has brought dramatic changes to the medical services of outpatient care. The measures imposed by the State of Emergency associated with the fear of infection, drastically reduced the number of consultations at the endocrinology outpatient clinic, respectively the patient-doctor communication.*

**Key words:** patient, emergency state, COVID 19

### **INTRODUCTION**

A State of Emergency is a governmental declaration that may alter the normal functioning of certain legislative, executive or judicial institutions. Such statements usually take place during pandemics, natural disasters, after a declaration of war or during periods of popular uprisings. Emergency statements warn citizens to change their normal behavior and order government agencies to implement contingency plans.

Romania has entered a State of Emergency on Monday, 16<sup>th</sup> of March 2020, due to the COVID-19 coronavirus pandemic, by Decree no. 195/ 16.03.2020. This was the first state of emergency established in Romania after December 1989. Starting with 15<sup>th</sup> of April 2020, the President extended by 30 days the state of emergency throughout Romania, due to the evolution of the COVID-19 pandemics.

The state of emergency is a set of exceptional measures of a political, economic and public order nature, applicable throughout the country or in some administrative-territorial units. The exceptional measures applied by the Government, included the following dispositions:

- courses in all educational units and institutions are suspended;
- the central and local public administration authorities will take measures to organize the activity so as to avoid direct contact between persons, including electronic means of communication;

- isolation and quarantine of persons from risk areas, as well as those who come into contact with them;
- gradual closure of state border crossing points;
- restricting or prohibiting the movement of vehicles or persons in/ towards certain areas or between certain hours, as well as leaving those areas;
- temporary closure of restaurants, hotels, cafes, clubs, casinos, association headquarters and other public places.

From medical point of view, it was established that:

- medical services and medicines can be granted and validated without signing with the national health insurance card and without a reporting period within 3 working days from the date of providing the services;
- the settlement of the medical services in the primary medical care units and for the specialized assistance in ambulatory, to the level of the activity that was actually performed, with maximum 8 consultations / hour;
- the prescription of medicines by family doctors, including restricted medicines from the List of medicines, approved by Government Decision no. 720/2008, for chronic patients.
- for medical services, medicines, laboratory investigations granted during the state of emergency, the amounts committed will not be limited to those approved for the first quarter of 2020.
- limiting the activity of public hospitals to hospitalization and solving urgent cases

## **MATERIAL AND METHODS**

To conduct this observational study, we followed the flow of patients during the 2 months pandemics (16.03.2020-13.05.2020), at the Bihor County Emergency Hospital – Outpatient Endocrinology Clinic.

The objective was to compare the attitude of patients (regarding their needs, the COVID-19 infection risks, their addressability to health care services etc.) during the state of emergency (caused by the COVID-19 pandemic) and non-pandemic period.

## **RESULTS AND DISCUSSIONS**

The first confirmed case of Coronavirus infection was registered on February 26<sup>th</sup> 2020, and in the next two weeks the sporadic nature of the disease was maintained, being confirmed 1-2 cases daily. From March 10<sup>th</sup>, the daily number of confirmed cases follows an upward

trend, with an average of 55 cases/day in week of March 16-22, 200 cases/ day in the week of March 23-29, reaching an average of 300 cases/ day at the beginning of April.

Acute endocrine pathology is not very often; this is the reason why many patients with endocrine dysfunctions contact the specialized outpatient service. In average, there were 35 patients consulted per day. When the emergency state was declared, the number of patients presenting for consult decreased drastically: 5-12 patients/ day. There were more reasons for this situations (Fig.1):

- fear of contacting the virus in a hospital setting, where the incidence of sick people is high;
- the belief that the outpatient clinic is closed
- information that doctors consult only medical emergencies (the idea that only serious situations or patients infected with Sars-CoV-2 have access to specialized services)
- restricting the movement of persons over 65 years of age (including the situation in which the period of free movement did not overlap with the doctor's consultation program)
- information from the media
- fear of transmitting Coronavirus infection to sick or at-risk family members
- promoting telemedicine

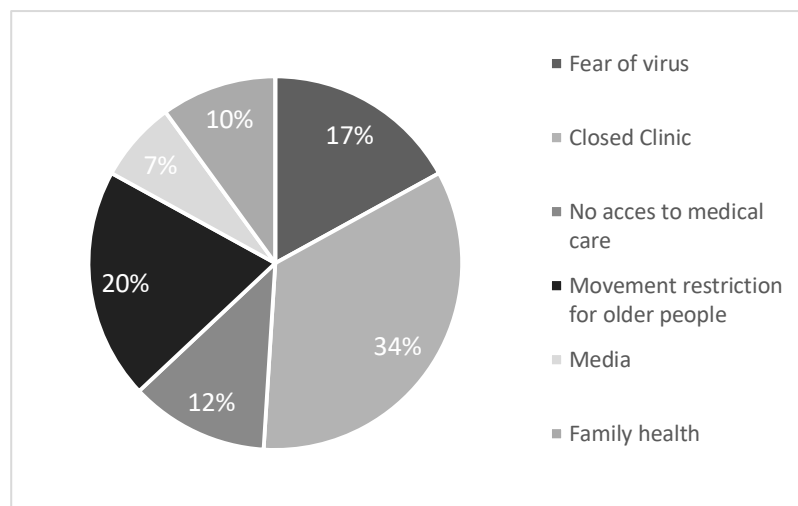


Fig. 1. Reasons for avoiding endocrinology consult during Emergency State

This situation is not limited to our clinic. A study conducted by Harvard University and Phreesia (a health care technology company) shows that the number of visits to ambulatory practices (in U.S.) fell

nearly 60 percent by early April before rebounding through mid-June. From then through the end of July, weekly visits plateaued at 10 percent below the prepandemic baseline. The cumulative number of lost visits since mid-March remains substantial and continues to grow (Mehrotra a. et al, 2020).

All patients that came in to the clinic (during Emergency state) were younger than 65 years – it is important to mention, taking into account the fact that at least a quarter of total number of patients registered in the outpatient Endocrinology clinic are over 65 years.

Despite de pandemics and the Emergency State, they required a consult because:

- they were scared about their laboratory results
- they just wanted to see if there is anybody to offer them medical services and guidance
- they were not pleased with telemedicine service
- they needed medical advice when starting to feel worse and the emergency medical services indicated an endocrinology consult

There was a lack of communication between non COVID patient and medical healthcare provider during emergency state.

After ending the restrictions induced by the state of Emergency, people started to come back to the doctor more often, reaching the number of usual prepandemic visits at the end of the summer/ beginning of autumn. Most patients maintained a stable physical state (65%), the rest bring in laboratory analysis indicating decompensation. More than 80% of patients came back with depression and neuro-vegetative symptoms that begin during emergency state, without any correlation to their hormonal problem.

## CONCLUSIONS

The coronavirus pandemic induced a State of Emergency in Romania, between March and May 2020.

The restrictions determined by the State of Emergency, the fear of illness, the erroneous information, determined the decrease of the medical consultations in the specialized outpatient clinic. Patients presented to the doctor only in exceptional cases.

Reducing access to medical services, have imprinted on many patients a state of depression not correlated to hormonal dysfunctions.

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