



**Private Healthcare Australia**  
Better Cover. Better Access. Better Care.



## **Response to the Standing Committee on Health, Aged Care and Sport Inquiry into Long COVID and Repeated COVID Infections**

**November 2022**

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## About Private Healthcare Australia

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have 24 registered health funds throughout Australia as members and collectively represent 98% of people covered by private health insurance. PHA member funds provide healthcare benefits for over 14 million Australians.

## Introduction

PHA welcomes the opportunity to provide data to the Standing Committee on Health, Aged Care and Sport on Long COVID.

Long COVID is an increasing risk to private health insurers and their customers, with an unknown effect. As insurance premiums reflect the risk to policy holders, uncertainty around Long COVID will provide upwards pressure on premiums.

PHA and our member funds look forward to the deliberations of the Standing Committee, as greater understanding of Long COVID will help insurers manage the risk posed by this condition. More data and the Standing Committee's analysis will help mitigate the effects of the current uncertainty around Long COVID, helping address cost of living pressures for Australian families paying health insurance premiums.

## Long COVID and private health - data

This submission provides data available to PHA on hospital claims for privately insured members hospitalised with Long COVID.

PHA has collated and aggregated member funds' de-identified patient data on covid hospitalisations since 2020. Findings reported below are based on privately insured hospitalisation data representing slightly over 82% of the policies covering hospital care.

Long COVID hospitalisations were identified up as any hospital admissions that had an ICD-10-AM diagnosis code of "U07.4" recorded as part of a patient's diagnoses during their hospital episode of care.

**U07.4** Post coronavirus disease 2019 [COVID-19] condition  
▽ 0050, 0113  
Long COVID  
Post COVID syndrome  
**Note:** Assign this code only when a current condition is due to previous coronavirus disease 2019 [COVID-19] or SARS-CoV-2 infection.  
*Code first the condition associated with previous COVID-19.*

## Numbers of patients covered

There were 969 members (reported or detected as at 2 November 2022) admitted to hospitals since 2021 with Long COVID. These data do not generally include people in hospital as at 2 November, as claims are paid after the conclusion of the episode of care.

## Demographics

54% of people covered for Long Covid in hospital were females, with 46% males. The average age of members hospitalised with Long COVID was 66 years old.

### Where patients are being treated

7 out of 10 people covered were private patients treated in private hospitals. 3 out of 10 were private patients in public hospitals.

States with the highest proportion of Long COVID hospitalisations funded by private health insurance are:

- NSW (38.0%)
- QLD (25.7%)
- VIC (22.9%)
- SA (6.6%)
- WA (4.9%)

### Clinical care provided

The average length of stay in hospital is 7 days. The most common private health insurance clinical category listed for Long COVID hospitalisations is lung and chest (26%), followed by common list (services normally used as treatments in three or more clinical categories) (16%), heart and vascular system (12%) and rehabilitation (11%).

12 cases (1%) required an Intensive Care Unit (ICU) stay. The average patient age for these cases was 72 years old. For each admission requiring ICU stay, 6 days on average spent in ICU (23% of total duration of patient's stay in hospital on average spent in ICU). One case required continuous ventilator support.

30 members (3%) have died in hospital with Long COVID (average patient age: 81 years old).

### Comorbidities

34% of members (1 in 3) with long covid identified in their hospital admission also had heart condition(s) specified:

- 101 with abnormalities of heartbeat, atrial fibrillation and flutter or cardiac arrhythmia
- 84 with heart failure
- 77 with low blood pressure
- 56 with pulmonary heart disease and diseases of pulmonary circulation
- 31 with high blood pressure
- 28 with other diseases of pericardium
- 28 with coronary heart disease of which 15 had a heart attack
- 15 with cerebrovascular diseases of which 9 had a stroke

(Note members may have more than one of the conditions listed, so numbers will not add to total number of members.)

73% of members hospitalised with Long COVID have symptoms that commonly continue for 2 to 8 weeks after a previous hospitalisation with COVID-19 positive diagnosis or infection, with 41% of members hospitalised with Long COVID continuing have symptoms for a month or more after a previous hospitalisation with COVID-19 positive diagnosis or infection.

The ongoing symptom(s) or condition(s) of hospitalised members with Long COVID include:

- Muscle wasting and atrophy, multiple sites (17% of cases)
- Pneumonia (14% of cases)
- Malaise and fatigue (14% of cases)
- Abnormalities of breathing (11% of cases)
- Chest pain (9% of cases)
- Cough (9% of cases)
- Heart failure (9% of cases)
- Viral pneumonia (7% of cases)
- Delirium, not induced by alcohol and other psychoactive substances (7% of cases)
- Urinary tract infection (6% of cases)
- Chronic obstructive pulmonary disease (6% of cases)
- Interstitial pulmonary diseases (6% of cases)
- Abnormalities of gait and mobility (6% of cases)
- Pulmonary embolism (5% of cases)
- Atrial fibrillation and flutter (5% of cases)
- Gastroenteritis and colitis (5% of cases)

(Note members may have more than one of the conditions listed, so numbers will not add to total number of members.)

#### Benefits paid

Private health insurance has provided over \$8 million in benefits to members so far. The median total fund benefits paid by private health insurance for a member's hospitalisation with Long COVID to date has been around \$2,206 per episode of hospital care.

248 (26% or 1 in 4) patients made high claims, where total fund benefit payments for the episode of care exceeded \$10,000.

For the 12 people requiring ICU care, \$7,416 median ICU benefits were paid, with total median benefits paid of \$48,492.

Appendix

