

ACTION BRIEF



Employer Strategies that Drive Value

HIGH-VALUE PREVENTIVE CARE DURING COVID-19

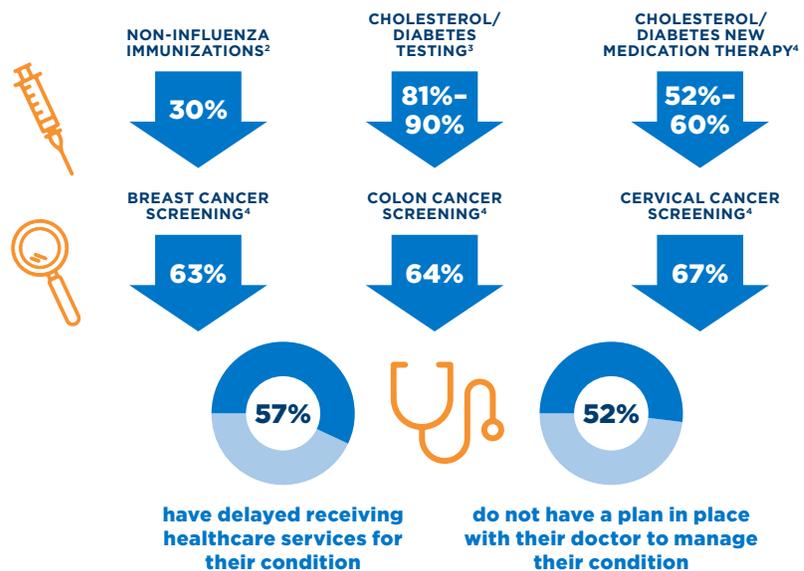
SPECIAL FOCUS ON HEALTH SCREENINGS | PRIMARY CARE | MENTAL HEALTHCARE | CHRONIC CONDITIONS

ACTION STEPS FOR EMPLOYERS:

1. Use a variety of tactics to support and promote primary care, mental healthcare, and chronic-condition management to employees.
2. Ensure health plans and wellbeing partners promote primary care, mental healthcare, and chronic-condition management.
3. Better integrate primary care and mental healthcare.
4. Assure employees that in-person preventive care visits are safe.

COVID-19 HAS REDUCED USE OF PREVENTIVE CARE

The diagram illustrates dramatic drops in preventive and chronic health care since COVID-19.



The use of preventive care for physical and mental health has fallen sharply during the COVID-19 pandemic, with people foregoing immunizations, testing, screening and treatment. As a result, fewer acute, serious and chronic physical and mental health conditions are being identified and treated.

Re-engagement by employees can help avoid catastrophic health events, high-cost treatment for advanced disease, and reduced productivity and quality of life. Employers can play a significant role in supporting this employee re-engagement in routine healthcare.

A FALLOFF IN USE OF PREVENTIVE CARE AND THE CONSEQUENCES

A look at the impact of the pandemic on all aspects of high-value preventive care shows why it is concerning:

HEALTH SCREENING

Health screening can prevent disease, detect disease early, and monitor patients. The consequences of missed screening visits include:

- ▶ A decline in new patients identified with chronic conditions. One study found that screening rates for high



cholesterol and diabetes fell 81%–90% and new medication therapy fell 52%–60% during February and March 2020.

- ▶ A 46% decline, on average, in the weekly diagnosis of new cancer cases through April 2020, according to a recent *JAMA* study. A delay in identifying new cancers leads to diagnosis at later stages, poorer clinical outcomes, and excess deaths.

PRIMARY CARE

During the pandemic, a significant number of people are avoiding primary care visits, including recommended checkups.

- ▶ According to a *New York Times* story based on data from the Health Care Cost Institute: “Preventive care declined drastically this spring and, as of late June, had not yet recovered to normal levels. Many types of such care were still down by a third at the start of this summer, the most recent data available shows, as Americans remained wary of visiting hospitals and medical offices.” The fall and winter virus surge likely will lead to a continuation of this trend.
- ▶ Another study noted that child wellness visit rates were 26% lower than before the pandemic.



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More than 50% of those with a chronic condition have delayed care and don't even have a plan of care in place with their physician.

MENTAL HEALTH

Even prior to COVID-19, the mental health delivery system was stressed due to a shortage of mental health providers, lack of adequate coverage, the significant number of psychiatrists who don't accept insurance, and the high cost of care.

The US experienced significant disruption of the mental health delivery system during the COVID-19 crisis, with a 31% decrease in mental health visits during the first two months of the pandemic. With the rapid adoption of telebehavioral health, a rebound started in May. Whereas 48% of behavioral health visits were conducted by way of a secure video or telephone call pre-COVID, this year such calls account for 85% of behavioral health visits



Mental Health Needs Escalating During the Pandemic

- ▶ The Disaster Distress Helpline experienced a 338% increase in calls in March 2020, as states started closing down.
- ▶ The Well Being Trust estimates that as many as 75,000 more people will die during the pandemic from “deaths of despair,” including suicide and alcohol/drug misuse.
- ▶ A recent study published in *JAMA* found a 3-fold higher incidence of depression symptoms since the pandemic began.

CHRONIC-CONDITION MANAGEMENT

Many people are foregoing chronic-condition management visits to their doctor during the pandemic. More than 50% of those with a chronic condition have delayed care and don't even have a plan of care in place with their physician.

These delays are causing more emergency department visits and deteriorating health.



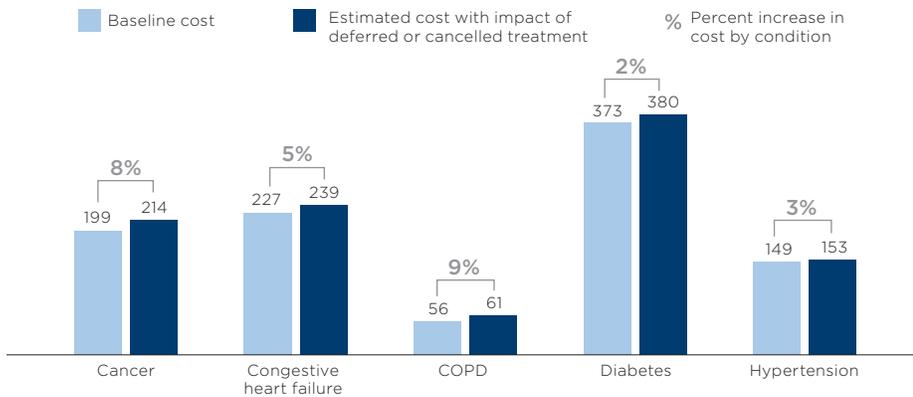
A Peek into the Future of Chronic Disease Management

COVID-19 is motivating medical systems to develop digital tools for chronic disease management. Among them:

- ▶ Real-time clinical registries. Health systems can buy or build, for example, a hypertension registry that tracks a patient's medication adherence, unhealthy behaviors, biometrics, and socioeconomic data to help them time their interventions.
- ▶ Virtual care delivery tools. Bluetooth-enabled blood pressure cuffs can synchronize with patient electronic health records, for example.
- ▶ Telehealth interventions leveraging social networks. Virtual group chats and message boards can help patients, linking them to fitness, mindfulness, self-care, and mental health services.

THE ADDED COST OF DEFERRED TREATMENT

Total annual cost to US health system, \$ billion



COPD, chronic obstructive pulmonary disease.
Source: Centers for Disease Control and Prevention

WHY EMPLOYERS SHOULD CARE

A troubling consequence of delayed care will be significantly higher costs to both employers and employees in 2021. A recent [Milliman report](#) predicts that use of the healthcare system in 2020 will be down a net \$75–\$575 billion nationally. Until there is widespread uptake of a vaccine, costs will continue to be suppressed. However, Milliman says, once there is a vaccine, backlogged care will skyrocket, “providers [will] demand price increases to make up for lost revenue,” and those increases will be passed on to employers.

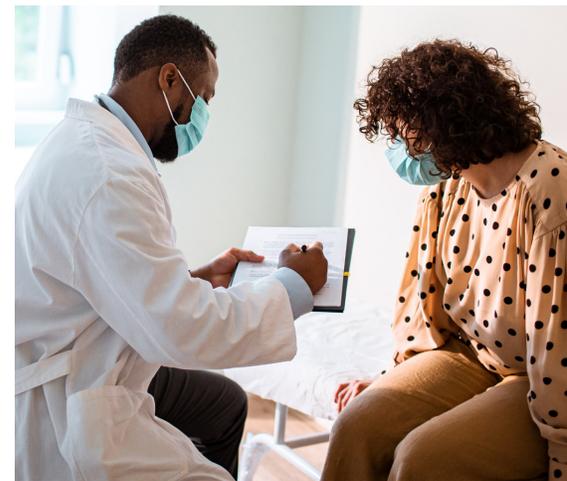
Using CDC data, [McKinsey estimates](#) that once the immediate and direct impact of COVID-19 in a particular location has passed, the effects from deferred care will likely create new challenges for individuals and the healthcare system that could increase annual costs in the United States between \$30 billion and \$65 billion.

EMPLOYER ACTION STEPS

A combination of COVID-19, flu viruses, advanced illness, and missed care and care management spell bad news for general employee mental and physical health and for overall ability to recover. However, employers can play an important role in getting employees back on track with preventive care during the pandemic. Here are four action steps:

ACTION STEP 1. Use a variety of tactics to support and promote primary care, mental healthcare, and chronic-condition management to employees.

- ▶ **Review benefit coverage** and supportive programs and fill gaps as possible. Consider:
 - Covering the expanded [IRS list of preventive care services](#) for chronic conditions in high deductible HSA plans; these services can be covered at 100% prior to the deductible, reducing the financial burden of receiving these needed services.
 - Continuing, and potentially expanding, telehealth and telebehavioral health where clinically appropriate. Consider paying for telebehavioral health at parity with in-person care to maintain this increased access to care. The National Alliance found in May 2020 that more than half of employers polled were waiving cost-sharing for telemedicine services related to COVID-19.
 - Offering an advocacy and/or second opinion program. These programs provide a shared-decision platform to help employees prioritize return to care; partner more effectively with providers, especially for patients who may have later-stage disease progression upon diagnosis;



“We expect an increase in costs [of medical care] after the pandemic due to deferred care and pent-up demand... those costs are likely to be significant.”

—Milliman

and navigate claims issues, such as surprise billings.

- ▶ **Remind employees of their benefits** frequently, including:
 - Preventive screenings and services covered at 100% prior to deductible.
 - Disease management and coaching programs, especially for those with chronic conditions.
 - Approved services payable through HSA and FSA accounts.
 - Availability of alternatives to in-person care, such as telehealth and telebehavioral health.
- ▶ **Educate employees of the risks** of NOT seeking preventive care.

It is critically important for employees to understand that the sensible limitations on day-to-day life due to COVID-19 do not mean their health should be put on hold.

- ▶ **Explain** that getting regular primary and preventive care for ongoing management of underlying conditions (e.g., cardiac disease, diabetes, obesity,

pregnancy, and COPD) is essential to minimizing their symptoms if they contract COVID-19.

- ▶ **Remind employees** to act quickly when they experience signs of urgent cardiac, stroke or diabetes events, or other emergencies. Ignoring these signs can result in severe illness or even death. In the early days of the pandemic, emergency department visits were down 20% for strokes, 23% for heart attacks, and 10% for high-blood-sugar incidents. The National Alliance has a helpful [Stroke Awareness Action Brief](#) that includes access to an employee communications [Stroke Urgency Toolkit](#).
- ▶ **Help employees** understand how urgent it is for them to catch up on cancer screenings. Delayed identification of cancer can result in later-stage diagnosis and poorer clinical outcomes. Check out this [American Cancer Society resource](#) for cancer screening in the COVID-19 era, which will help employees prioritize the various screenings they have missed.

ACTION STEP 2. Ensure health plans and wellbeing partners promote primary care, mental healthcare, and chronic-condition management.

Immediate strategies can include:

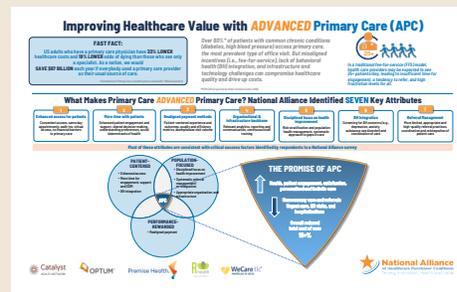
- ▶ **Identifying gaps in care** and reaching out with reminders for needed screenings, checkups, and chronic-care management.
- ▶ **Highlighting the need to catch up on missed screenings** and primary, chronic, and mental healthcare in health plan and wellbeing program employee communications.
- ▶ **Explicitly addressing condition-specific recommended visits**, tests and vaccines in disease management programs, especially for those at high risk for severe illness if they contract COVID-19 (such as those with diabetes and heart conditions).

ADVANCED PRIMARY CARE: An Alternative to Traditional Primary Care

Increasingly, employers are participating in discussions with health plans about new and more effective alternatives to the traditional in-person annual physical. While research is beginning to question the value of routine annual exams, a new form called “Advanced Primary Care (APC)” is gaining popularity.

Under APC, care is data-driven and patient-centered, not a “one-size-fits-all” model like current annual exams. APC also better integrates behavioral health and allocates more financial resources toward primary care to avoid costly long-term conditions.

Under APC, Horizon Blue Cross Blue Shield of New Jersey has been able to cut emergency room use by 26% and hospital readmissions by 25% among its medical home enrollees. And HealthPartners in Minnesota reports 39% fewer ER visits, 40% fewer hospital readmissions, and a reduction in appointment wait times from 26 days to one. (View the National Alliance Advanced Primary Care Infographic [here](#).)



- ▶ **Offering telehealth and telebehavioral health** to ensure rapid access to needed services that can be provided virtually.
 - ▶ **Implementing strategies**, such as the Collaborative Care Model, that support primary care practices, helping them harness evidence-based and effective approaches to managing mental health needs in the primary care setting.
- In the longer term, ask health plans and other providers to explore more effective primary care and preventive care strategies that can better withstand significant disruption like that experienced during COVID-19. (See sidebar on “Advanced Primary Care: Alternatives to Traditional Primary Care.”)
- ▶ **Conducting mental health screenings**, such as the PHQ-9, and identifying COVID-19-related stressors, secondary adversities (such as economic stress, job loss, and domestic violence), and behavioral health symptoms.
 - ▶ **Collaborating with behavioral health professionals** to enhance primary care’s ability to provide evidence-based, effective mental healthcare, using models such as the Collaborative Care Model.
 - ▶ **Co-locating mental health services**, including EAP counselors and behavioral health specialists, with primary care in order to provide easy and rapid access to needed services.
 - ▶ **Engaging behavioral health specialists** in chronic-care management to address underlying issues that may prevent effective self-management.

ACTION STEP 3. Better integrate primary care and mental healthcare.

Because of the shortage of in-network mental health providers, lack of adequate coverage, and the high cost of care, it is important to integrate mental healthcare into primary care services. Strategies can include:

Employers with worksite clinics are especially well positioned to implement these strategies directly with clinic managers. For primary care provided in the community, employers



are encouraged to work with their health plans and behavioral health organizations to address integration. After successfully integrating mental healthcare into 113 primary care settings, Intermountain Healthcare showed higher screening rates for depression, greater adherence to diabetes care plans, and better blood pressure control. Emergency department visits dropped by 23% and the health insurance company noted a 3.3% overall savings.

ACTION STEP 4. Assure employees that in-person preventive care visits are safe.

Ask how your health plans and providers are changing the way preventive care is delivered so employees feel safe when seeking care. Ask them to communicate these changes with members and to promote in-person visits when they are needed.

Providers better understand the risks and spread of COVID-19 and are better prepared to ensure a safe environment for patients than they were at the beginning of the pandemic. Providers are:

- ▶ Routinely and frequently disinfecting lobbies and care rooms
- ▶ Requiring social distancing in waiting rooms
- ▶ Scheduling extra time between appointments
- ▶ Offering COVID-19 and antibody screening
- ▶ Maintaining regular staff COVID-19 screening
- ▶ Reducing all unnecessary “touch points” in the office and between clinicians and patients
- ▶ Establishing separate waiting rooms for sick patients

Other ways clinics offer in-person services with less risk of COVID-19 transmission include:

- ▶ Curbside visits
- ▶ Drive-through immunization clinics
- ▶ Designated “safe” lab locations to reduce exposure risk when routine labs are needed
- ▶ Designated “safe” imaging locations to reduce exposure risk when routine imaging is needed

RESOURCES FOR EMPLOYERS

- [National Alliance Curated COVID-19 Resources for Employers](#)
- [Mental Health Index: U.S. Worker Edition](#)
- [Improving Healthcare Value with Advanced Primary Care](#)
- [COVID-19 and the Mandate to Redefine Preventive Care](#)
- [The Impact of COVID-19 on the Use of Preventive Health Care](#)
- [Three Steps to Improve Preventive Service Utilization During the COVID-19 Pandemic](#)
- [The Invisible Epidemic: Neglected Chronic Disease Management During COVID-19](#)
- [5 Ways to Adapt Chronic Disease Management During COVID-19](#)
- [Chronic Disease Management in the COVID-19 Era](#)
- [How Johns Hopkins Medicine Keeps Patients Safe During COVID-19](#)
- [National Alliance Pulse of the Purchaser Sept 2020 Results](#)
- [How Will COVID-19 Affect your Health Benefit Plan Costs?](#)
- [COVID-19: Considerations for Commercial Health Insurance Rates in 2021 and Beyond](#)
- [IRS Expands List of Preventive Care for HSA Participants to Include Certain Chronic Care Conditions](#)

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