



# News Notes

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**VOLUME 16 | ISSUE 4 | WINTER 2020 | RECENT EVENTS**



## COVID-19 IMPACT ON UTILIZATION AND HEALTH OUTCOMES (ON-DEMAND)

While employers can expect healthcare costs to rise in 2020 due to COVID-19, a decline in utilization for elective, preventative and routine care is expected to mitigate the increase in total cost, said Mary Elizabeth Myers RN, BSN, Population Health Consultant. Myers described the impact COVID-19 has had on utilization, costs, health outcomes, and employer considerations during LVBCH's first On-Demand Webinar, COVID-19 Impact on Utilization and Health Outcomes. The webinar, available at [www.LVBCH.com](http://www.LVBCH.com), was presented by Geneia, a healthcare analytics and services company that focuses on improving systems to support personalized, patient-centered care. Geneia helps health plans, hospitals, physician practices, and employers collaborate and align to lower cost, and improve outcomes. LVBCH is partnering with Geneia in the development of its Care Engager too, which uses Geneia's Theon platform to provide insights into performance, risks, costs, and utilization. Care Engager analyzes the health care and pharmacy claim information of several Coalition employer groups – accounting for approximately 53,000 members.

The ultimate financial impact of COVID-19 on employer health care plan costs will depend on the demographic profile of the company's employees and the rate and severity of those infected. Projected increases in healthcare expenditure for employers have been decreased to account for the unanticipated decline in utilization. Some costs, such as joint replacements or cataract surgery, may show later, while others, like teeth cleaning, will not.

Comparing March 2020 to March 2019, healthcare utilization and professional revenue have decreased. In April, both continued to fall. Similarly, the LVBCH Data Group showed a decline of in the amount paid, with decreases occurring across inpatient, outpatient, and professional claims, and across all age groups. Pediatric, adult primary care, and oncology visits all declined, while the largest reduction was in ophthalmology visits. Behavioral health had a less significant decline. When looking at specialty care in the Coalition data group, all areas – cardiology, orthopedic surgery, dermatology, gastroenterology, obstetrics and gynecology and pediatrics – showed significant decreases. In regard to primary care visits, the Coalition Data Group showed decrease in office visits as well as in preventative services. Immunizations are also down. "This decline in routine care has the potential to have a significant impact on our nation's public health and well-being, far beyond the imminent dangers of COVID-19," Myers said.

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“While delaying preventative care may be a reasonable choice for patients to make during a pandemic, especially if the disruption is short lived, what elevates our concern even more is there is evidence that suggests that people are avoiding emergency care as well,” Myers said. Hospital surveys are reporting a significant decline in the number of severe heart attacks as well as hospital and emergency visits. Substantial declines in cancer screenings are also being reported. Myers quoted “Lack of screenings and treatments could result in almost 10,000 excess deaths from breast and colorectal cancer in the next decade.”

To encourage employees who are missing appointments to resume care, Geneia offers the following recommendations: Anticipate and acknowledge patient fears or resuming care or wellness screenings - consider posting a flyer or send a letter. Make room for emotional well-being - some people are experiencing loss or financial difficulties and may need to be reminded of the resources available to them. Use identification and stratification analytics, where appropriate to determine those at highest risk for severe COVID-19 impacts and use technology to monitor at-risk patients. Prioritize outreach and engagement by providing routine education on benefits including health and wellness. Provide education on which visits need to be in-person and leverage resources to address social determinants of health to mitigate their unmet social needs such as loneliness, housing, and transportation.

For additional information, please contact: Geneia Solutions at 866.267.9894 or [Solutions@Geneia.com](mailto:Solutions@Geneia.com).

## ABOUT MARY ELIZABETH MYERS



Mary Elizabeth H. Myers RN, BSN, is a Population Health Consultant (PHC) within Geneia’s Population Health and Consumer Engagement division. She earned her Bachelors of Science in Nursing from York College of Pennsylvania and brings with her a diverse range of healthcare experiences, from clinical nursing to practice administration. As a PHC, she has a variety of roles, working with internal teams as a clinical subject matter expert and consulting with external clients. She has experience with payers, providers and employer groups, providing population insights, educating on healthcare trends and making recommendations to impact change and improve outcomes.

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