



*Serving
Connecticut
communities for
25 years*

COVID-19 Impact and CHNCT Support

Presentation to the CT Medical Assistance
Program Oversight Council (MAPOC)
September 10, 2020

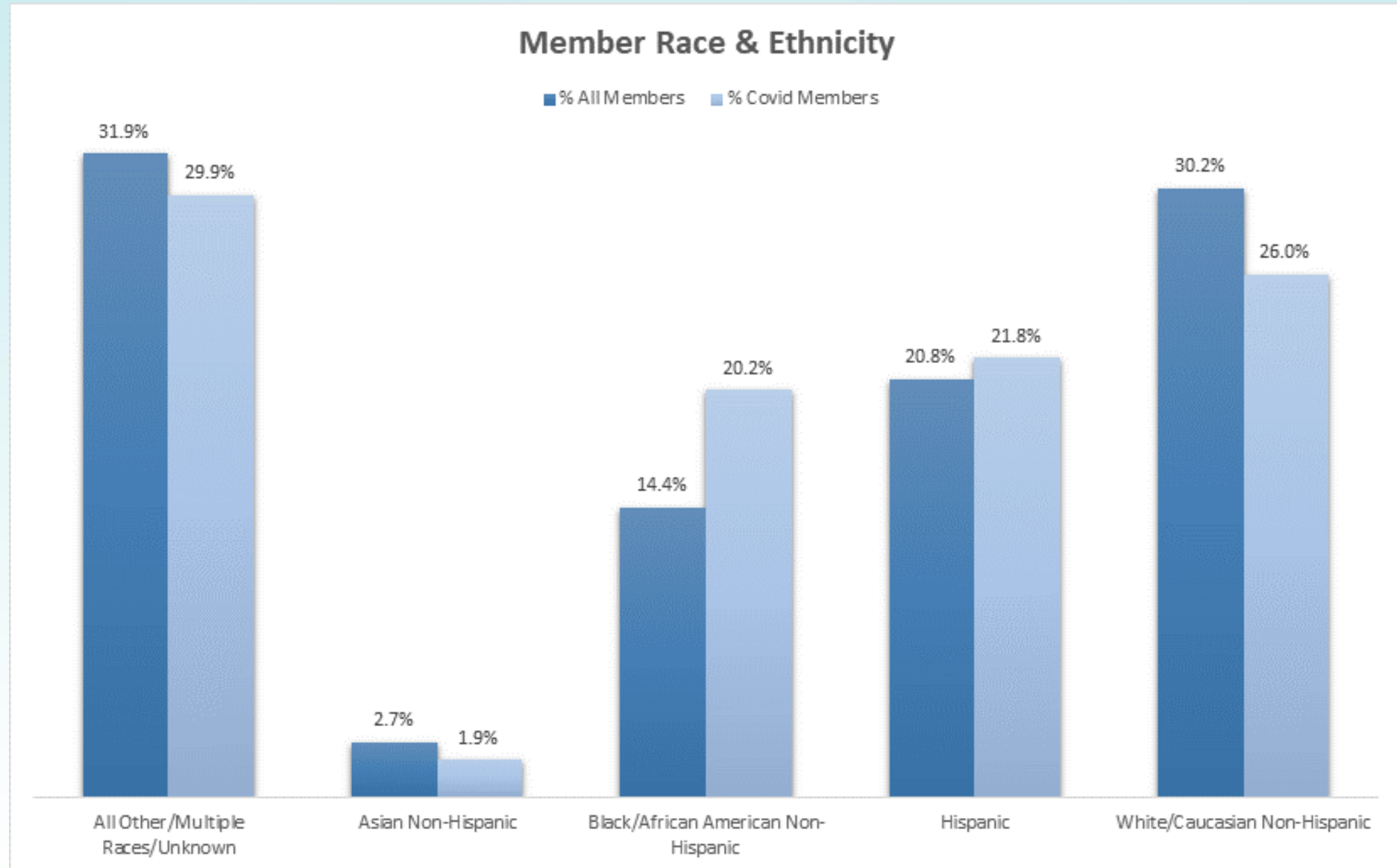
Introduction

- HUSKY Health members were disproportionately affected by COVID-19 as compared to the general population in Connecticut (27.4% of cases statewide while HUSKY represents only about 20-21% of the population).
- Although the largest number of members affected by COVID-19 were White/Caucasian/Non-Hispanics, Black/African American/Non-Hispanics and Hispanic members were affected in numbers that are higher than their incidence in the population of Connecticut.
- COVID-19 significantly affected members' willingness to get care, both hospital and preventive care.
- To respond to this, CHNCT implemented the following strategies:
 - Training and enhanced protocols for member support, including the 24/7 nurse help line
 - Specialized Intensive Care Management (ICM)
 - Promotion of testing sites
 - Member and provider surveys assessing telehealth experience

Impact of COVID-19 on HUSKY Health Members

- Since March of 2020, CHNCT has been monitoring the impact of COVID-19 on HUSKY Health members.
- Between March – August 2020, 14,482 HUSKY members were diagnosed with COVID-19.
- When looking at our members with COVID-19, the average age is 52, with a range from newborn to 102. The most common comorbid conditions include: hypertension (42%), diabetes (25%), while obesity, tobacco use, and asthma ranged from 14 – 18%. A diagnosis of substance use disorder was also present in 10% of these members.
- Of the members with a COVID-19 diagnosis, there were 1,240 hospitalizations.
 - Black/African American/ Non-Hispanics were more likely to be hospitalized with COVID-19. They accounted for 17.4% of total cases and 20% of hospitalized members.
 - White/Caucasian/Non-Hispanics accounted for the largest % of total cases, but were less likely to be hospitalized.

Incidence of COVID-19 by Race/Ethnicity

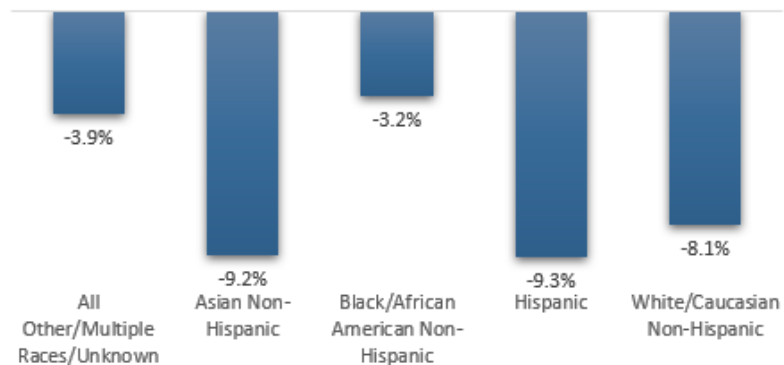


Impact of COVID-19 on HUSKY Health Members

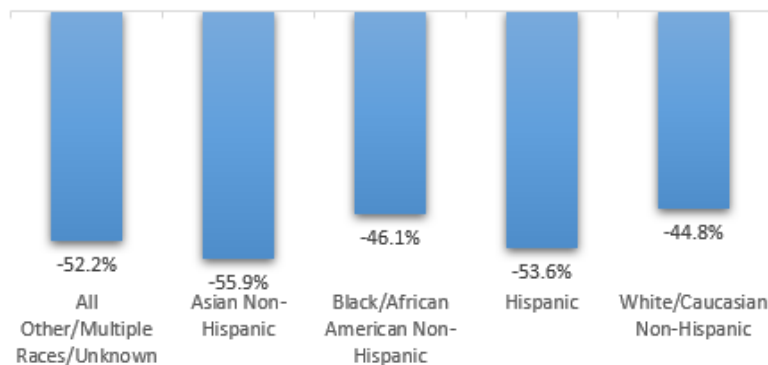
Hospital Services

- During the pandemic, HUSKY members were significantly less likely to use hospital services.
- When comparing the second quarter of 2020 to the same period in 2019, overall member utilization of hospital services decreased by 5.3% for inpatient admissions, 52.5% for ED visits, and 45.6% for hospital outpatient services, shown below by race/ethnicity.

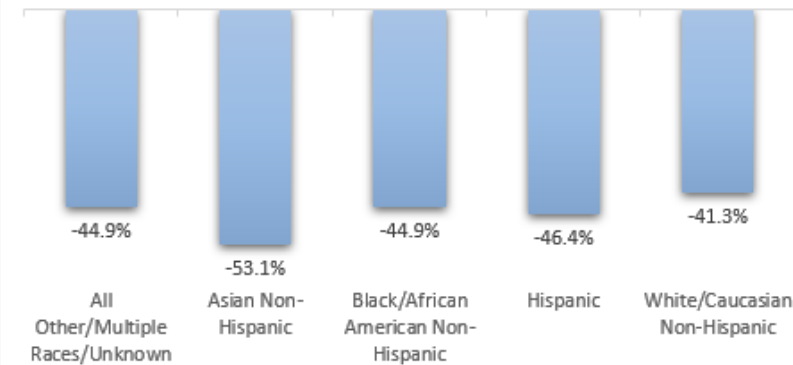
Q2 2019 vs 2020 IP Util Variance



Q2 2019 vs 2020 ED Util Variance



Q2 2019 vs 2020 OP Util Variance



Impact of COVID-19 on HUSKY Health Members

Complications and New Conditions

- HUSKY members experienced significant COVID-19 related complications that were newly diagnosed at discharge:
 - 296 (23.9%) with **Acute or Chronic Renal Failure**
 - 159 (12.8%) with **Coronary Artery Disease**
 - 125 (10.1%) with **Chronic Respiratory Failure**
 - 40 (3.2%) with **Cerebrovascular Accident (CVA)**
 - 23 (1.9%) were on **dialysis**
 - 5 (0.4%) had an **amputation**

Impact of COVID-19 on HUSKY Health Members

Preventive Services

- There was a significant decrease in HUSKY Health members seeking or obtaining preventive or health maintenance services during the pandemic.
- As a consequence, there was a decrease of 0.08% to 22.0% in all health outcomes measure results through June of 2020 compared with the same period in 2019. For example:
 - The rate of adolescents receiving well visits decreased by 31.0%. Black/African American/Non-Hispanic adolescent members were 11.6% less likely to have had a well visit.
 - The rate of children receiving well visits for ages three through six decreased by 15.4%. Asian children were 83.1% less likely to have had a well visit followed by Black/African American/Non-Hispanic children who were 11.7% likely to receive a well visit.
 - The rate of HUSKY A/B members with diabetes getting hemoglobin A1c testing decreased by 17.8%. HUSKY members in the All Other/Multiple Races/Unknown category were 16.9% less likely to have had an A1c test.

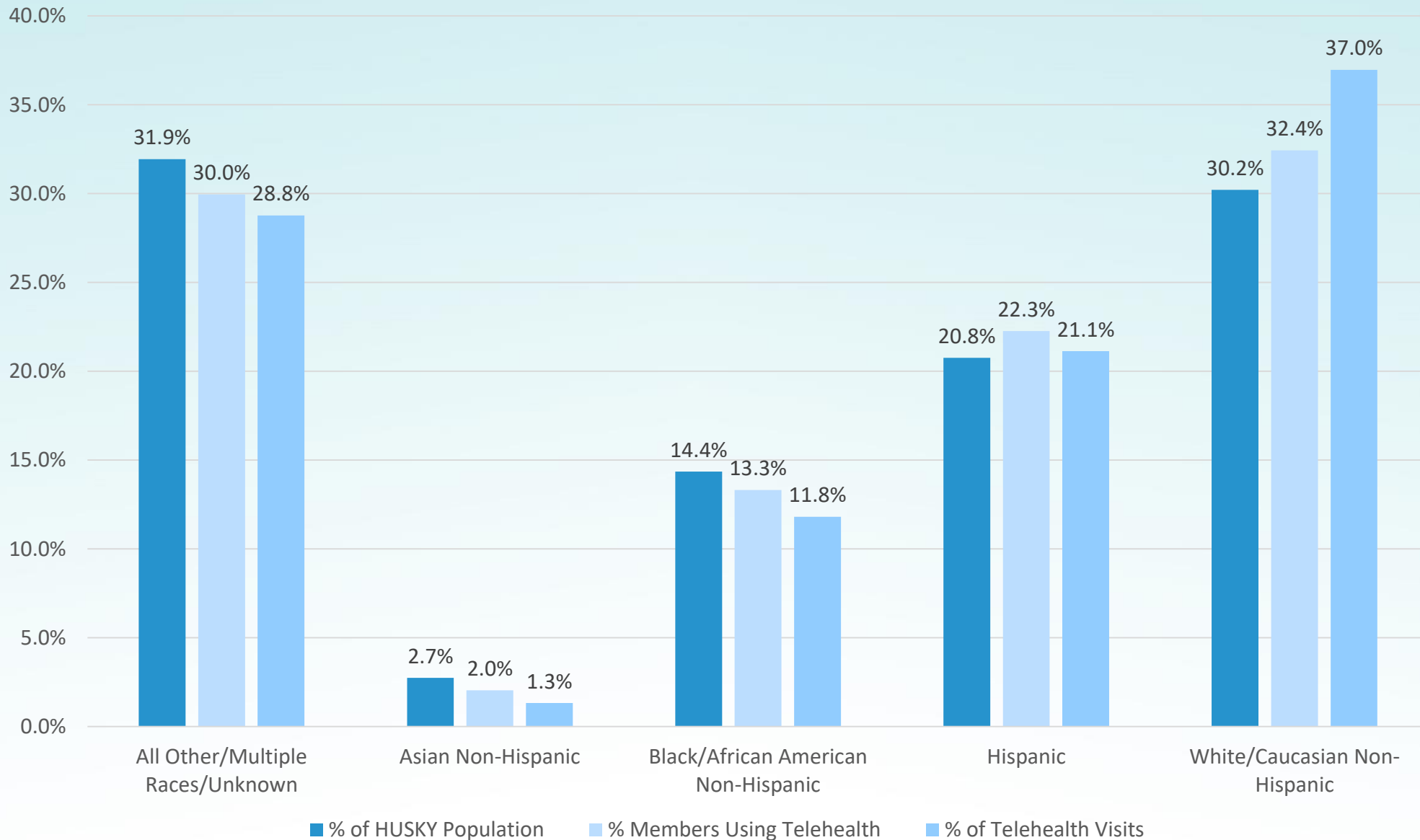
Impact of COVID-19 on HUSKY Health Members

- **Member Engagement:** All Member Engagement representatives were trained on how to handle COVID-19 calls from members.
 - Regardless of the reason for a call, all members who contacted CHNCT were asked if they needed assistance with COVID-19 related questions.
 - Additionally, CHNCT received 3,133 calls from members directly related to COVID-19.
 - 92 members had questions about telehealth.
 - Nearly 600 members had general questions, such as coverage for COVID-19 testing.
 - Over 1,600 members had symptoms and were either referred to their PCP or were provided assistance with obtaining a PCP.

Impact of COVID-19 on HUSKY Health Members

Telehealth Utilization by Members by Race/Ethnicity

Between March – August, 309,966 members had 1,421,857 telehealth visits.



Impact of COVID-19 on HUSKY Health Members:

Member Experience with Telehealth

- A member experience survey was conducted using a statistically significant sample of members using telehealth for medical and behavioral health services from April through June of 2020. A total of 801 members were surveyed.
- **Device Used:** Members reported using a smartphone 81.9% of the time, while another 13.7% used their personal computer/laptop and 4.5% used a tablet.
 - For medical appointments, 85.8% of members used a smartphone compared to 78.0% for behavioral health appointments.
- **Telehealth Service Used:** The majority of members (58.2%) reported using “video with audio/telephone” for their appointment, compared to 47.2% of members who utilized “telephone/audio only.”
 - “Video with audio/telephone” was used more frequently for behavioral health appointments (61.3%) than medical appointments (55.1%).
- **What Members Liked:** When asked to identify features that members liked, 76.0% noted liking that they “did not have to travel to the office” and another 42.9% reported having “less time waiting for the appointment to start.”
 - More members using telehealth for a medical appointment (37.2%) indicated they “felt [they] had the doctor’s full attention” than for a behavioral health appointment (29.8%).

Impact of COVID-19 on HUSKY Health Members:

Member Experience with Telehealth

- **What Members Didn't Like:** When asked to indicate features they ***did not like***, 64.2% indicated “nothing.” However, 12.4% noted they “found it too hard to talk to the doctor/felt less personal” and another 8.4% reported “it was hard to use/[they] had problems connecting to telehealth.”
 - A greater percentage of members using telehealth for behavioral health (14.0%) indicated they “found it hard to talk to the doctor/felt less personal” than for a medical appointment (10.7%).
- **Did Telehealth Work Well for Members:** 72.0% of members reported they either strongly agree/agree that “telehealth worked just as good for [them] as an in-person appointment.”
 - More members using telehealth for behavioral health (73.3%) agreed it worked as well for them as an in-person appointment than for a medical appointment (70.6%).
- **Quality of Care of Telehealth Visits:** 91.2% of members reported they either strongly agree/agree that the “quality of care [they] got from [their] doctor was very good, through telehealth.”
 - Members using telehealth for both medical (90.0%) and behavioral health (92.3%) telehealth either agreed or strongly agreed the quality of care from their doctor was very good.
- **Did Members Like Telehealth:** The majority of members (79.6%) either strongly agree/agree” that “overall, [they] liked using telehealth.”
 - An increased frequency of members using telehealth for behavioral health (81.8%) indicated they liked their telehealth experience than for a medical appointment (77.6%).
- **Would Members use Telehealth Again:** Additionally, 88.0% of members either strongly agree/agree that they would use telehealth again.

Impact of COVID-19 on CMAP Providers

- **Utilization of Physician Services:** Physician billing, FQHC – Medical billing, and billing by Other Practitioners such as physician assistants and nurse practitioners, decreased by 28.7% in Q2 of 2020 compared with the same period in 2019.
- **Use of Telehealth:** 14,733 unique providers at 5,394 practices/facilities performed 1.4M telehealth visits.
Of the 1.4M visits:
 - 43.9% were PCP visits.
 - With respect to attribution:
 - 33.0% - PCMH
 - 31.7% - FQHC
 - 16.4% - Unattributed
 - 13.9% - Non-PCMH
 - 4.9% - Glide Path
- **Provider Experience with Telehealth:** CHNCT surveyed 1,800 medical providers who submitted a telehealth claim. Based on 203 provider responses, key survey results showed:
 - 69.6% of providers used video with audio; 27.0% audio only; and 3.3% advised they didn't offer telehealth.
 - 45.8% of providers noticed a decrease in missed appointments using telehealth.
 - 66.0% of providers did not experience any technical difficulty when visiting with their patient during a telehealth visit.
 - 73.9% of providers surveyed indicated they found telehealth an adequate replacement for an in person visit.
 - 83.3% said they would continue to use telehealth after the COVID-19 crisis.

Member and Provider Interventions

Intensive Care Management (ICM) Outreach

- CHNCT's COVID-19 care management outreach team, including clinicians and data analysts, used all available data sources to identify members for outreach, including current claims information, Admissions, Discharge, Transfers (ADT) data, enrollment-based demographic information, PCP attribution, and census-level data from the American Community Survey (ACS).
- The selected members were targeted populations with the following conditions: Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), heart failure, asthma, diabetes/obesity, newly added chronic liver disease or on dialysis and with hypertension, and those who were perinatal.
- We focused on those living in urban areas with high COVID-19 prevalence rates from the ADT data, 65 and older, Black and African American, and those 18+ living outside of urban areas with certain conditions.
- **Key Results:**
 - 21,097 members identified for contact (6,833 engaged in ICM and 14,264 not engaged in ICM)
 - 14,655 members successfully reached (6,833 engaged in ICM and 7,822 not engaged in ICM)
 - 12,425 members successfully completed coaching (6,295 engaged in ICM and 6,130 not engaged in ICM)
- **Next Steps:**
 - Educating pregnant members about the impacts of COVID-19 on pregnancy, birth and breastfeeding
 - Providing support and resources to minimize social isolation through group discussion
 - Identifying members at greatest risk of chronic condition deterioration due to lack of evidence-based care during the pandemic
 - Educating regarding the importance of, and ways to safely engage in, age and gender appropriate evidence-based preventive and condition-specific care
 - Preparing now for potential COVID-19 resurgence (e.g., keep a 30-day supply of medicines on hand, referrals to local health department for information, referrals to providers, and provision of resources and tools)

Member and Provider Interventions

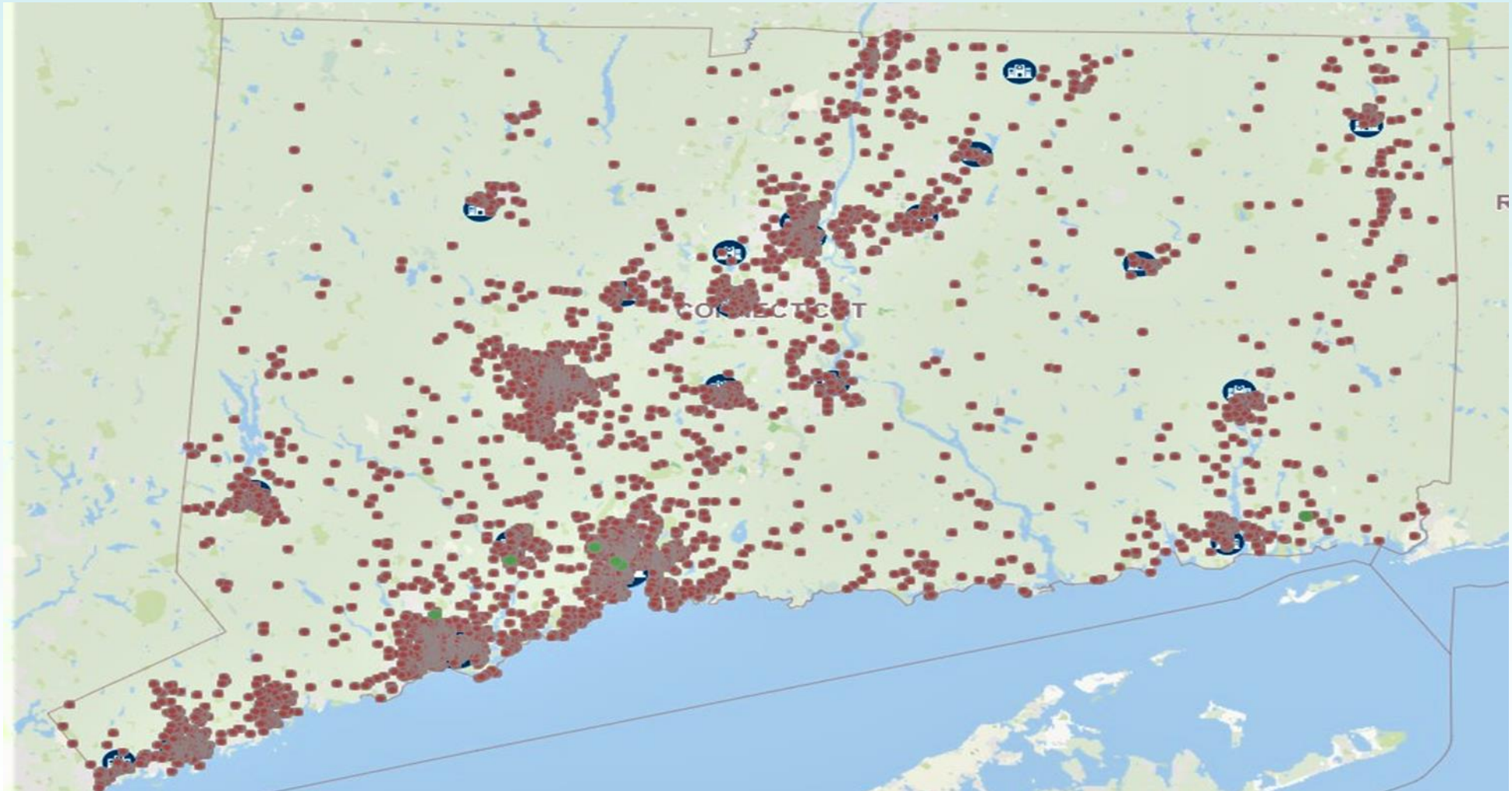
Use of ADT Data

- CHNCT receives real time registration data on admissions, discharges and transfers (ADT) from 26 CT hospitals.
- CHNCT's IT department, with input from the clinical team, developed a process for identifying potential COVID-19 cases from ADT data received.
- A tool was developed to track COVID-19 admissions by facility and member address.
- We were also able to track the number of members hospitalized on a daily basis.
- This data was integrated with claims data and incorporated into our clinical dashboard; this allowed us to track newly diagnosed chronic conditions and other medical needs as a result of COVID-19.

COVID-19 Data

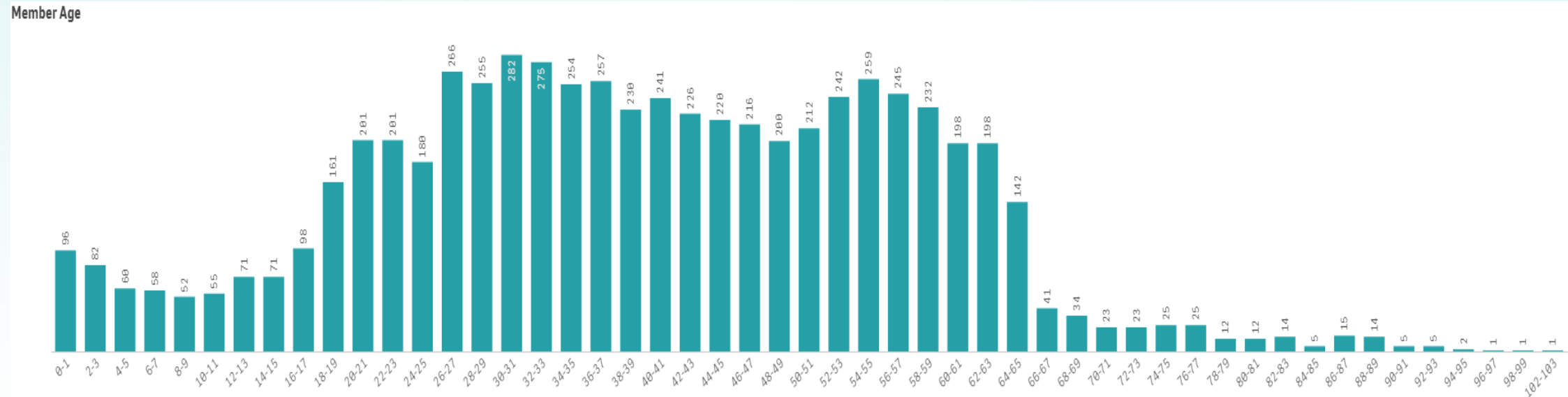
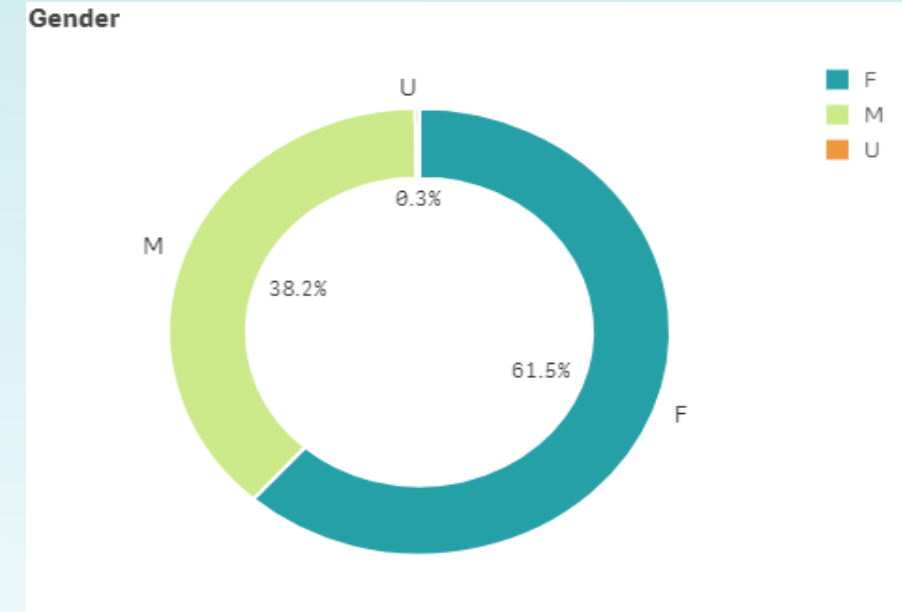
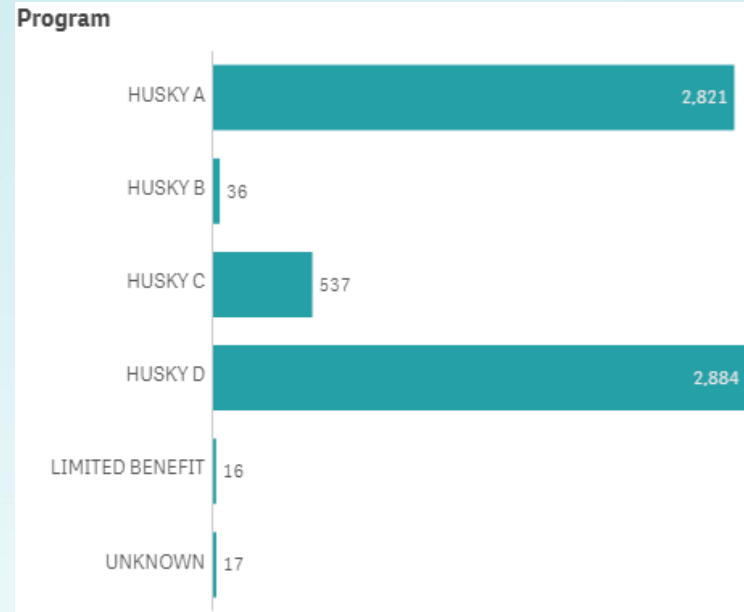
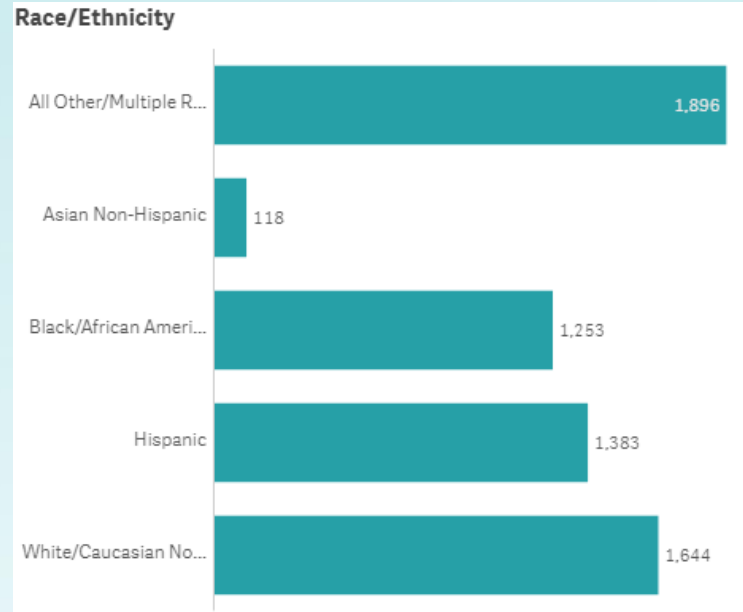
ADT Data- Understanding Hospitalizations as of August 31, 2020

Registrations	IP Admissions	ED Visits	OP Visits	Discharges	Facility Count	Currently Inpatient
5,958	1,240	1,453	849	3,475	26	6



COVID-19 Data

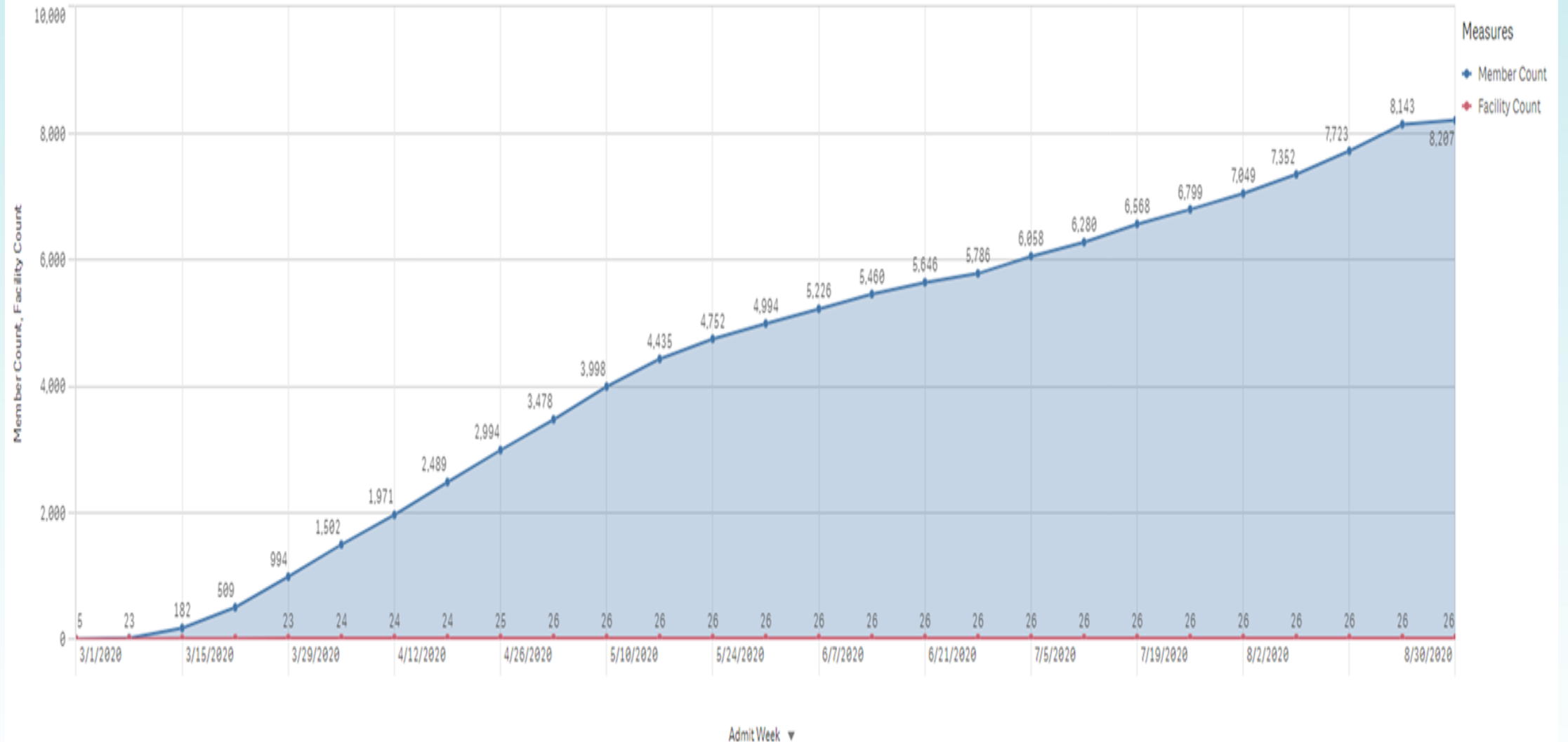
ADT Data- Understanding Member Demographics of those Hospitalized as of August 31, 2020



COVID-19 Data

ADT Data- Understanding Hospitalization Trends Over Time as of August 31, 2020

Cumulative Member and Facility Counts



Member and Provider Interventions

Education and Outreach

- **Member Education Campaigns:** Provided ongoing important COVID-19 information and resources to members through mass emails, automated calls, social media posts, and the member website.
 - Topics included: COVID-19 symptoms; 2-1-1's information hotline and resources; pregnancy and breastfeeding; and getting back on track with preventive care.
- **Promotion of Health Center High-Risk Community Testing:** Informed members through emails, automated calls, social media, and a HUSKY Health member webpage of the pop-up COVID-19 testing program administered by 16 FQHCs, with direct links to their webpages identifying testing locations/times.
 - Unattributed member listings provided to each FQHC for outreach regarding the availability of testing.
- **Provider Outreach:** Provider Engagement staff contacted over 2,500 PCP practices and key specialists to determine if telehealth visits were available. This information was tracked, along with the type of telehealth visit (audio vs. audio/video) and used by Member Engagement staff to assist members with obtaining/scheduling appointments as needed.
- **Community Health Worker (CHW) Outreach:** During COVID-19, CHNCT's CHWs worked closely with HUSKY Health families to assist with various social determinant of health (SDOH) needs by providing 6,325 resource referrals/assistance:
 - 44.6% of all member referrals/assistance related to housing needs
 - 15.7% were for financial assistance
 - 11.4% for food insecurity
- **Community Partners:** Shared information on HUSKY benefits, COVID-19 testing sites, mobile food pantries/summer meal sites, SNAP benefits, and immunizations with over 300 community organizations/partners who serve HUSKY members.

Member Story

Ms. D is a stay-at-home mom to three small children living in a rural area. In the midst of a pandemic, Ms. D found herself being very ill and living in quarantine with no support system in place to help.

Feeling hopeless, Ms. D reached out to us. Being ill and staying in quarantine didn't leave Ms. D many ways to get food. Beyond the weekday breakfast and lunch provided by her oldest child's school, she had nothing but rice to feed her children. One of our CHWs worked persistently with local organizations to find food for the family. However, finding food wasn't the only problem; getting it to Ms. D was as well. No one could deliver.

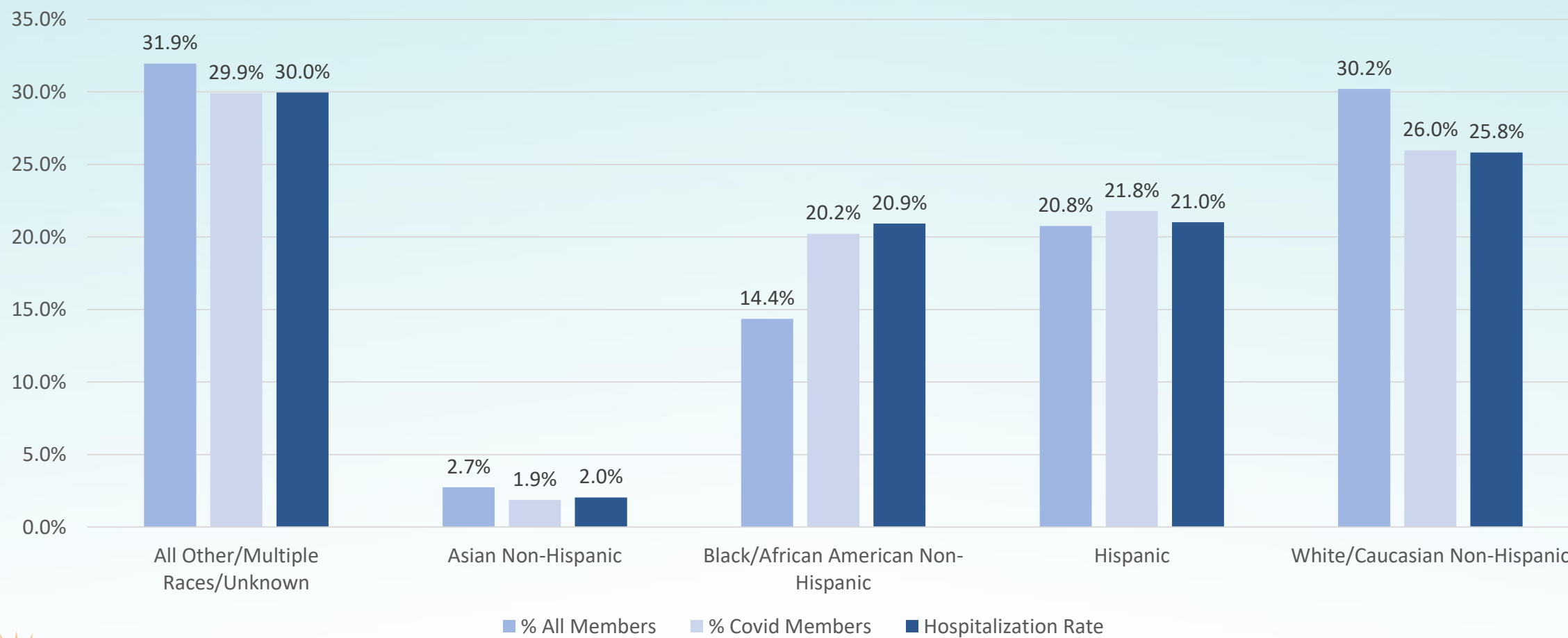
Having exhausted typical options, the CHW began looking for non-traditional ones. The CHW called the local fire department and one of the fire fighters stated they would be happy to deliver food to Ms. D. The CHW called Ms. D to let her know and put her in touch with the fire department to work out the delivery details.

The next day, the CHW called Ms. D who confirmed the fire department had delivered food the day prior. The CHW was also able to find a local food pantry who committed to delivering food, paper goods, and diapers to the household until Ms. D was no longer in quarantine.

With the fear of how to feed her family lifted, Ms. D was very appreciative of our help and can now focus on her medical care.

Appendices

Race/Ethnicity of COVID-19 Cases and Hospitalizations



COVID-19 Impact

Claims Data – Understanding Utilization Trends by Category of Expense

	Q1 2019			Q1 2020			Change			
Category of Expense Description	Util	Util/1000	Paid	Util	Util/1000	Paid	Util/1000	%	Paid	%
Totals	2,718,523	12,500.5	618,986,441	2,667,481	12,316.9	672,172,870	-183.6	-1.5	53,186,429	8.6
Hospital Inpatient	20,063	92.3	152,014,961	19,908	91.9	207,883,631	-0.3	-0.4	55,868,670	36.8
Hospital Outpatient – Emergency Room	144,493	664.4	75,173,846	139,659	644.9	71,476,150	-19.6	-2.9	-3,697,696	-4.9
Hospital Outpatient – All Other	286,342	1,316.7	122,727,887	276,358	1,276.1	123,107,866	-40.6	-3.1	379,980	0.3
Physician Services – All	1,221,868	5,618.5	118,355,903	1,192,824	5,507.8	117,544,907	-110.7	-2.0	-810,996	-0.7
FQHC – Medical	193,114	888.0	29,713,708	194,565	898.4	30,394,814	10.4	1.2	681,107	2.3
Other Practitioner	184,961	850.5	15,138,741	193,153	891.9	15,720,335	41.4	4.9	581,594	3.8
Home Health Services	81,871	376.5	26,078,824	67,423	311.3	24,445,738	-65.1	-17.3	-1,633,086	-6.3

	Q2 2019			Q2 2020			Change			
Category of Expense Description	Util	Util/1000	Paid	Util	Util/1000	Paid	Util/1000	%	Paid	%
Totals	2,572,719	11,902.8	615,222,360	1,743,887	7,891.8	510,886,166	-4,011.0	-33.7	-104,336,193	-17.0
Hospital Inpatient	17,897	82.8	169,710,239	17,332	78.4	189,847,822	-4.4	-5.3	20,137,583	11.9
Hospital Outpatient – Emergency Room	133,529	617.8	71,206,637	64,836	293.4	39,148,360	-324.4	-52.5	-32,058,277	-45.0
Hospital Outpatient – All Other	280,554	1,298.0	121,975,298	155,997	705.9	80,617,960	-592.0	-45.6	-41,357,338	-33.9
Physician Services – All	1,138,636	5,267.9	110,660,186	783,041	3,543.6	81,360,809	-1,724.4	-32.7	-29,299,377	-26.5
FQHC – Medical	183,699	849.9	28,337,668	157,092	710.9	24,756,291	-139.0	-16.4	-3,581,377	-12.6
Other Practitioner	176,863	818.3	14,409,604	128,656	582.2	10,287,018	-236.0	-28.8	-4,122,586	-28.6
Home Health Services	71,515	330.9	23,498,263	58,685	265.6	21,107,150	-65.3	-19.7	-2,391,113	-10.2

Impact of COVID-19 on HUSKY Health Members: Member Experience with Telehealth: 801 Members Surveyed				
SURVEY QUESTIONS		Composite (801)	Medical (400)	Behavioral (401)
THE DEVICE MEMBERS USED:				
Smartphone		81.9%	85.8%	78.0%
Personal computer/laptop		13.7%	10.2%	17.3%
Tablet		4.5%	3.0%	6.0%
TELEHEALTH SERVICE USED:				
Telephone/audio only		47.2%	51.6%	42.8%
Video with audio/telephone		58.2%	55.1%	61.3%
QUALITY OF TELEPHONE/AUDIO (POSITIVE RATINGS):				
Telephone/audio only		97.9%	98.1%	97.7%
Video with audio/telephone		95.7%	96.4%	95.1%
QUALITY OF VIDEO (POSITIVE RATINGS):				
Video with audio/telephone		94.8%	93.7%	95.9%
WHAT DID MEMBERS LIKE ABOUT TELEHEALTH?				
Did not have to travel to the office		76.0%	74.8%	77.3%
Less time waiting for the appointment to start		42.9%	45.4%	40.5%
Felt I had the doctor’s full attention		33.5%	37.2%	29.8%
Took less time to schedule an appointment		31.2%	35.9%	26.5%
WHAT DID MEMBERS NOT LIKE ABOUT TELEHEALTH?				
Nothing		64.2%	67.1%	61.3%
I found it hard to talk to the doctor/felt less personal		12.4%	10.7%	14.0%
It was hard to use/I had problems connecting to telehealth		8.4%	8.0%	8.8%
I didn’t have a private space to have my appointment		3.0%	3.0%	3.0%
Used too many minutes on my phone		2.2%	3.2%	1.3%
LEVEL OF AGREEMENT WITH TELEHEALTH STATEMENTS (TOTAL “AGREE”):				
Telehealth worked just as good for me as an in-person appointment		72.0%	70.6%	73.3%
It was easy to talk to my doctor and understand my doctor’s instructions		92.2%	92.5%	91.8%
The quality of care I got from my doctor was very good, through telehealth		91.2%	90.0%	92.3%
Overall, I liked using telehealth		79.6%	77.6%	81.8%
I would use telehealth again		88.0%	88.0%	88.0%

COVID-19 Impact

Use of Telehealth: Claims Mar – Aug 2020

Telehealth Claims by Category of Expense

COE	Category Of Expense Description	Members	Visits	Paid Amount	Billing Providers	Performing Providers
100	Medicare Crossover	16,434	44,179	\$1,198,133.96	1,213	4,436
120	Hospital Outpatient – Emergency Room	63	66	\$19,187.08	8	31
122	Hospital Outpatient – All Other	7,004	17,468	\$3,303,996.17	32	967
130	Physician Services – All	142,133	264,133	\$20,980,100.04	1,226	6,665
131	Other Practitioner	72,250	378,554	\$38,744,186.70	3,552	5,256
145	Home Health Services	139	819	\$231,895.50	20	102
150	FQHC – Medical	88,145	182,479	\$0.00	19	635
152	FQHC – Mental Health	24,609	171,671	\$0.00	18	629
160	Dental	39	44	\$1,047.32	3	6
161	Vision	213	286	\$11,066.74	31	47
162	Clinic Services	40,019	276,586	\$27,615,057.36	223	908
999	All Other	8,085	85,572	\$9,584,900.52	168	357
Total		309,966*	1,421,857	\$101,689,571.39	5,394*	14,733*

*Please Note: Unique counts of members, billing providers, and performing providers are represented in the “Total” line. Therefore, these columns will not equal the totals.

ICM Outreach: Results for HUSKY Health Members Engaged in ICM

YTD through August 2020

N = **6,833** ICM member successful calls offering COVID-19 coaching

- Coaching completed with **6,295 members = 92.13% coaching rate**

Coached on COVID-19 by Race	Percent of Total
All Other/Multiple Races/Unknown	34.00%
White/Caucasian Non-Hispanic	27.58%
Hispanic	19.30%
Black/African American Non-Hispanic	17.27%
Asian Non-Hispanic	1.86%

Coached on COVID-19 by Attribution	Percent of Total
FQHC	23.11%
Glide Path Practices	5.12%
Non-PCMH Practices	28.45%
PCMH Practices	32.09%
Unattributed	11.23%

Coached on COVID-19 by Age	Percent of Total
0 – 19 Years	14.49%
20 – 39 Years	44.49%
40 – 59 Years	29.80%
60 – 69 Years	10.36%
70+ Years	0.87%

ICM Outreach: Results for HUSKY Health Members not Engaged in ICM and at risk of a Severe COVID-19 Illness/Outcome

YTD through August 2020

N = **14,264** eligible members for contact to whom 3 call attempts were made

Measurement	Results
Number of HUSKY Health Members Identified for contact	14,264
Number of HUSKY Health Members successfully reached	7,822 (54.84%)
Number of HUSKY Health Members successfully completing coaching program	6,130 (78.37%)
Receptive to engaging in the full ICM program	1,817
Referred to providers for symptoms	50

ICM Outreach: Results for HUSKY Health Members not Engaged in ICM and at risk of Severe COVID-19 Illness/Outcome (cont.)

YTD through August 2020

Results by Attribution

	Member Contact & Engagement					
	Members Eligible for Outreach N = 14,264			Members With Successful Outreach N = 7,822		
Attribution	Eligible for Outreach	Members Reached	% Successfully Reached	Engaged in Coaching	Refused Coaching	Coaching Rate
FQHC	4,077	2,159	52.96%	1,752	407	81.15%
Glide Path Practices	845	471	55.74%	370	101	78.56%
Non-PCMH Practices	1,726	958	55.50%	721	237	75.26%
PCMH Practices	5,407	3,111	57.54%	2,459	652	79.04%
Unattributed	2,209	1,123	50.84%	828	295	73.73%
Grand Total	14,264	7,822	54.84%	6,130	1,692	78.37%

ICM Outreach: Results for HUSKY Health Members not Engaged in ICM and at risk of a Severe COVID-19 Illness/Outcome (cont.)

YTD through August 2020

Results by Race/Ethnicity

	Member Contact & Engagement					
	Members Eligible for Outreach N = 14,264			Members With Successful Outreach N = 7,822		
Member Race/Ethnicity	Eligible for Outreach	Members Reached	% Successfully Reached	Engaged in Coaching	Refused Coaching	Coaching Rate
All Other/Multiple Races/Unknown	2,063	1,071	51.91%	856	215	79.93%
Asian Non-Hispanic	413	224	54.24%	137	87	61.16%
Black/African American Non-Hispanic	3,665	2,009	54.82%	1,588	421	79.04%
Hispanic	4,357	2,313	53.09%	1,893	420	81.84%
White/Caucasian Non-Hispanic	3,766	2,205	58.55%	1,656	549	75.10%
Grand Total	14,264	7,822	54.84%	6,130	1,692	78.37%

ICM Outreach: Results for HUSKY Health Members not Engaged in ICM and at risk of a Severe COVID-19 Illness/Outcome (cont.)

YTD through August 2020

Results by Age Group

	Member Contact & Engagement					
	Members Eligible for Outreach N = 14,264			Members With Successful Outreach N = 7,822		
Member Age Group	Eligible for Outreach	Members Reached	% Successfully Reached	Engaged in Coaching	Refused Coaching	Coaching Rate
0 - 19 Years	44	12	27.27%	9	3	75.00%
20 – 39 Years	2,464	1,065	43.22%	894	171	80.87%
40 – 59 Years	5002	2741	54.80%	2240	501	77.63%
60 – 69 Years	3,848	2267	58.91%	1794	473	73.63%
70+ Years	2,906	1,737	59.77%	1,193	544	54.40%
Grand Total	14,264	7,822	54.84%	6130	1692	78.37%