

Impact of COVID-19 Pandemic on Behavioral Health Service Utilization & Other Indicators

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Chapter

01

Context: Impact of Extraordinary Events on Behavioral Health

Context – Impact of Extraordinary Events on Behavioral Health and Use of Services

- We are living in unprecedented times!
- The combination of the widely experienced impact of the COVID-19 pandemic and national racial, socio-political, and economic tensions is extraordinary
- Decades of public health research has demonstrated the impact of similar extraordinary events on health and behavior

Extraordinary Societal Events

- Natural & Manmade Disasters
- Health Epidemics & Pandemics
- Significant Economic Downturns
- Etc.

**NEGATIVELY
IMPACT**

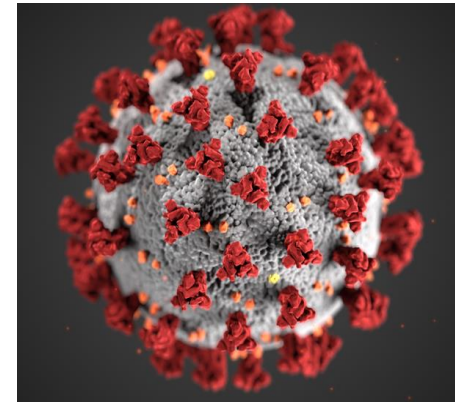


Human Behavior, Health, & Behavioral Health

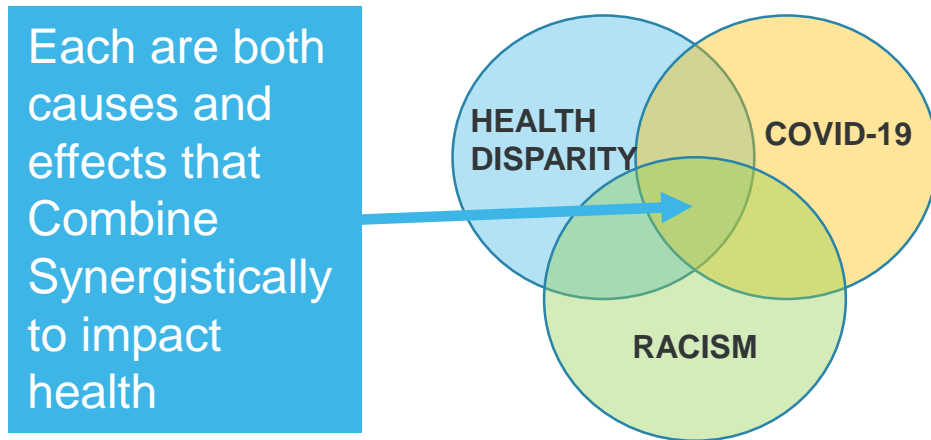
- Alcohol, Drug & Tobacco Use
- Stress, Anxiety & Post-Traumatic Stress
- Utilization of Health & Behavioral Healthcare Services

Context - continued

- While the general impact of such extraordinary events is measurably negative, disaster-specific factors – such as the nature, severity, and duration of events – can greatly moderate the timing and degree of the effects.
- The current situation is different from most other disasters because:
 - The event is likely to persist for a year or more
 - It is widespread in its geographic impact
 - The need for social distance interferes with typical sources of social support
 - The effects cannot be easily or directly observed
 - There are unprecedented economic as well as health related impacts
 - etc.



A Perfect Storm – COVID-19, Racism & Behavioral Health Disparity



Adapted from Dr. Wisdom Powell – Director Health Disparities Institute at UCONN

- **COVID-19, Widespread Health Inequities and Racism exemplified in police brutality** against black citizens, is a perfect storm.
- **Multiple studies**, including several recently conducted by Beacon regarding behavioral health (BH) services in CT Medicaid, have demonstrated **disparities in access, experience, and quality of care for minority populations.**
- **Both COVID-19 and Racism** can be understood as **potentially traumatizing events** that interact with existing health disparities to further disadvantage minority populations.

A Perfect Storm – Health Disparity, Racism, & COVID-19

HEALTH DISPARITY

- A form of structural racism impacting the access, experience, quality, and outcomes of care.
- When someone has contracted COVID-19 or is experiencing traumatic stress related to racism, disparity will result in some groups receiving inferior care.
- The traumatic impact of years of mistreatment may contribute to mistrust of predominantly white healthcare practitioners

RACISM

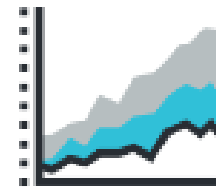
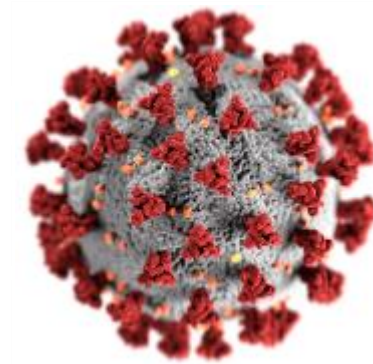
- The experience of Racism itself can be traumatizing and contribute to anxiety, depression, and substance use
- Racism has contributed to higher rates of COVID-19 among minority populations due to;
 - Living in more densely populated areas
 - Greater obstacles to maintaining social distance
 - Reduced access to testing/treatment
 - Etc.

COVID-19

- The sequelae of COVID-19 on society disproportionately impacts minority populations;
 - Economic - Fewer financial resources to begin with
 - Childcare Needs – fewer working from home opportunities
 - Stress – reduced access to recreation and nature
- COVID-19 can be more harmful to minorities with higher rates of underlying health conditions associated with poverty

COVID-19 Pandemic: Impact on Connecticut Medicaid Population

- Consistent with historical trends noted on the previous slide, BH utilization in CT was impacted by COVID-19
- Utilization of BH services decreased for certain levels of care, while telemedicine utilization has increased
- Curious trends in incidence rates for Suicide & Overdose



Chapter

02

Member & Provider Supports

Member and Provider Supports during COVID-19

- In response to COVID-19, Beacon staff continued work virtually on supporting both members and providers
- Resources were shifted to allow for additional immediate assistance to members (e.g., implementation of Warm Line)
- Beacon's provider response included assessment, training, and support to ensure a cohesive response to the pandemic and to allocate the maximum support and information possible to benefit our providers and the members they serve

COVID-19: Response to Members

- Beacon care management staff continued their work virtually and via phone to support members during the pandemic
- Members recently discharged from higher levels of care received proactive outreach calls to determine if connections to on-site or telemedicine services had been made, or if members needed support finding providers
- Provided support to address members' social determinants of health, such as assistance with accessing food, housing, and technology for telemedicine
 - Assisted members with senior housing applications, coordinated with providers to secure security deposits or obtain temporary motel rooms
 - Supported members with getting devices and minutes for their phones to help engagement with telemedicine
- Staff worked closely with state agencies and providers to assist with coordination of care and service linkage



COVID-19: Response to Members (Cont.)

- Child Intensive Care Managers worked closely with providers of all Levels of Care to ensure the needs of children and families were met.
 - Provided assistance in matching youth to the most appropriate levels of care,
 - Navigated challenges associated with limited admissions due to COVID-19
 - Continued to focus on minimizing the amount of time youth spent in Emergency Departments and inpatient units on Discharge Delay status
- Autism Spectrum Disorder (ASD) team worked to assist access to the most appropriate Levels of Care; and to divert youth from emergency departments
- ASD team worked to support families whose children were struggling with the decrease in structure from school and providers shifting from in-home to telemedicine due to COVID-19



COVID-19: Response to Members (Cont.)

- Beacon launched its **Warm Line** in order to provide immediate assistance to members. Warm Line services include:
 - Emotional Support
 - Wellness Education
 - Mental Health Recovery Support
 - Substance Use Recovery Support
 - Community Resource Referrals as Needed

Warm Line is staffed by people who identify as individuals in recovery (peers). Each Peer also has lived experience with loved ones who have struggled with substance use and mental health disorders. Peers have clinical staff support as needed.



- Beacon also introduced a COVID webpage on the CT BHP website listing dozens of relevant resources, including those from DMHAS, DCF and others on managing behavioral health problems through the crisis and domestic violence

COVID-19: Response to Providers

- Lifted Prior Authorization (PA) for multiple levels of care to minimize administrative burden and facilitate rapid access to care
- Assisted providers in navigating the various changes made in the PA process
- Hosted several Provider Forums re:
 - COVID-19 to ensure a seamless transition to alternative treatment modalities particularly telemedicine
 - Answer questions related to PA lifting
- Delivered timely communications through policy transmittals and provider alerts/notices
- Created a COVID-19 landing page on the CT BHP website
- Multiple Beacon departments provided additional support to field calls from providers



COVID-19: Provider Assessment & Trainings

Beacon's support included provider assessment and training to ensure a cohesive response to the pandemic and to allocate the maximum support and information possible to benefit our providers and the members they serve.

- **Assessment**

- Beacon staff outreached to providers to understand provider needs and capacity
- Assessed changes in access and service availability
- Compiled feedback to inform internal departments' responses
- Shared feedback with state agency partners

- **Training**

- Beacon held telemedicine trainings to support expansion of these services
- Provided technical assistance and support to providers re: changes in UM process, telemedicine, and other system issues
- Beacon CT's Medical Director Offered COVID-19 and Wellbeing trainings to provider groups and other ASOs

COVID-19: Themes from Provider Feedback

- The majority of behavioral health providers responded swiftly to COVID-19, such as transitioning quickly to a telehealth model, adjusting practices to allow for social distancing, obtaining PPE, etc.
- Many providers reported lower engagement at the onset of the pandemic as both providers and members adjusted to a telehealth model; however many providers now report that telehealth has helped reduced no-shows and eliminated some barriers to engagement.
- Inpatient providers noted that although utilization was down, the acuity of members admitted was higher.
- Social determinants of health (SDOH) needs were often exacerbated by the realities of the pandemic.
- Providers expressed appreciation for the CT BHP's provider forums as they provided opportunities to discuss challenges associated with the impact of COVID, as well as strategies to increase access to care and promote engagement amid the pandemic.

Chapter

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Behavioral Health Utilization by Level of Care

Level of Care Analyses – Context

- Beacon Produces Semi-Annual and Annual Utilization reports using **Authorization Data**
 - Advantage – Timelier because unaffected by claims lag
 - Advantage – Highly consistent with claims for higher levels of care
 - Disadvantage – Less accurate for lower levels
 - Disadvantage – Not available when Prior Authorization is lifted
- Prior Authorization (PA) was lifted for most levels of care to reduce provider burden during the COVID-19 pandemic. However, the following levels of care were not affected by the lifting of PA, allowing for accurate reporting on the COVID-19 impact:
 - Inpatient Freestanding Detoxification, ASD, Solnit and Private Residential Treatment Facilities: PA was **not** lifted for these levels of care
 - Home Health services: Beacon granted home health services an automatic 90-day extension
 - Residential & Therapeutic Group Home: authorized by Beacon, which continued through Q2 '20

Service Utilization Following COVID-19 Pandemic

- For levels of care where authorization data is interpretable, BH service utilization is down due to several factors including:
 - Providers reducing census due to COVID positive cases and/or to make adjustments to maintain social distancing
 - Members sheltering at home and reluctant to travel to programs or have providers visit them
 - Challenges with childcare, employment, finances and other stressors taking precedence over healthcare
 - Transition period to telemedicine
- Numerous national studies indicate that self-reported stress, anxiety, and behavioral symptoms are up in the wake of the pandemic

BH UTILIZATION

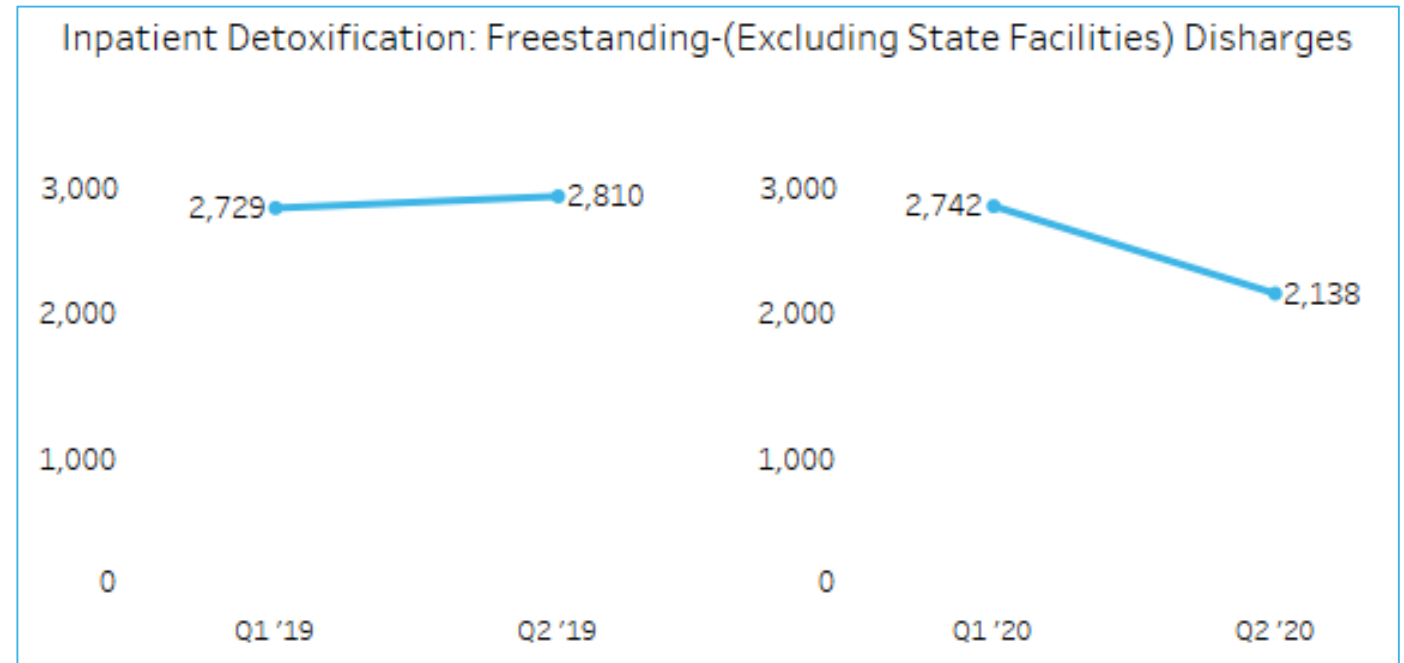


**STRESS &
BH SYMPTOMS**



Adult Utilization: Inpatient Detoxification – Freestanding

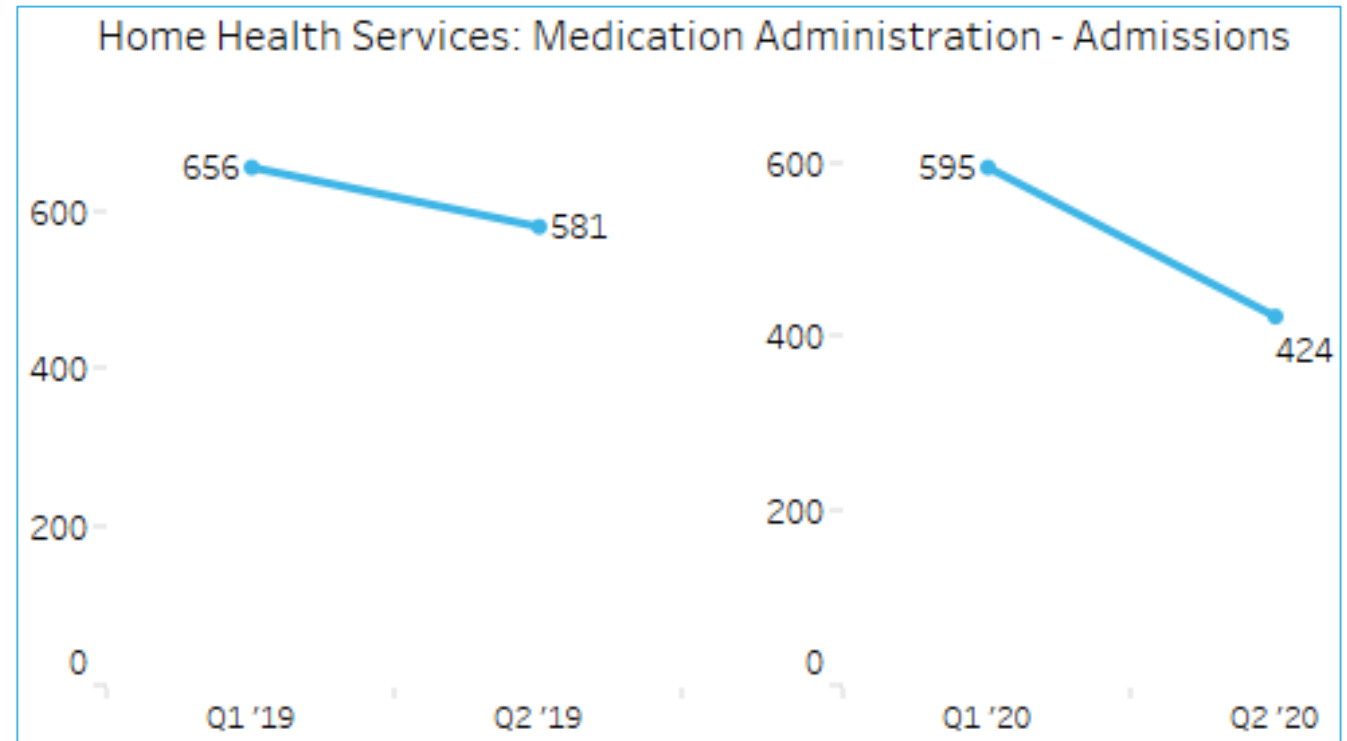
- Comparing the first two quarters of 2019 to 2020, the impact of COVID-19 is clear
- 2019: discharges **increased** 3% from Q1 – Q2
- 2020: discharges **decreased** 22% from Q1 – Q2
- 19 percentage point decrease compared to this time last year



*For Inpatient Detox, the volume of discharges indicates the number of members served. Because of the protocol used in detox settings, there is little variability between admissions and discharges during a quarter.

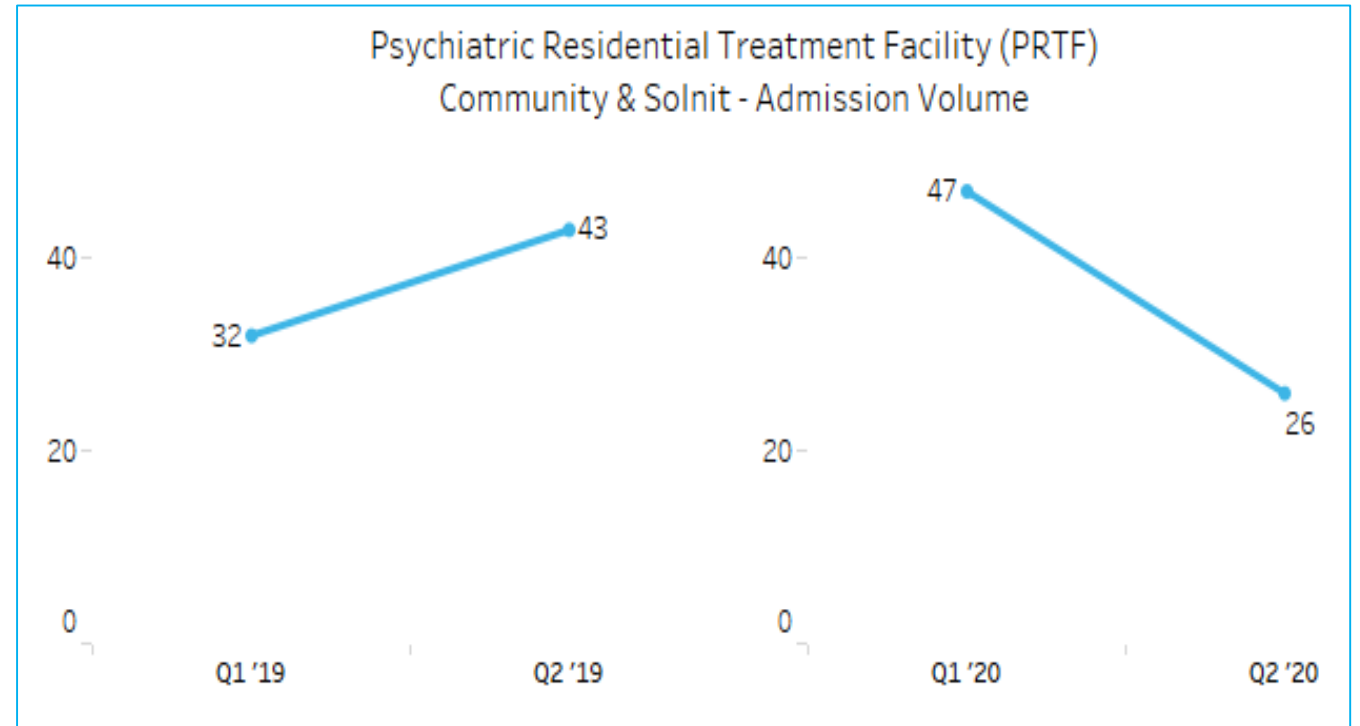
Adult Utilization: Home Health Services*

- Medication Administration:
 - COVID-19 also had an impact on this service class
- 2019: admissions **decreased** 11.4% from Q1 – Q2
- 2020: admissions **decreased** 28.7% from Q1 – Q2
- 17.3 percentage point decrease compared to this time last year



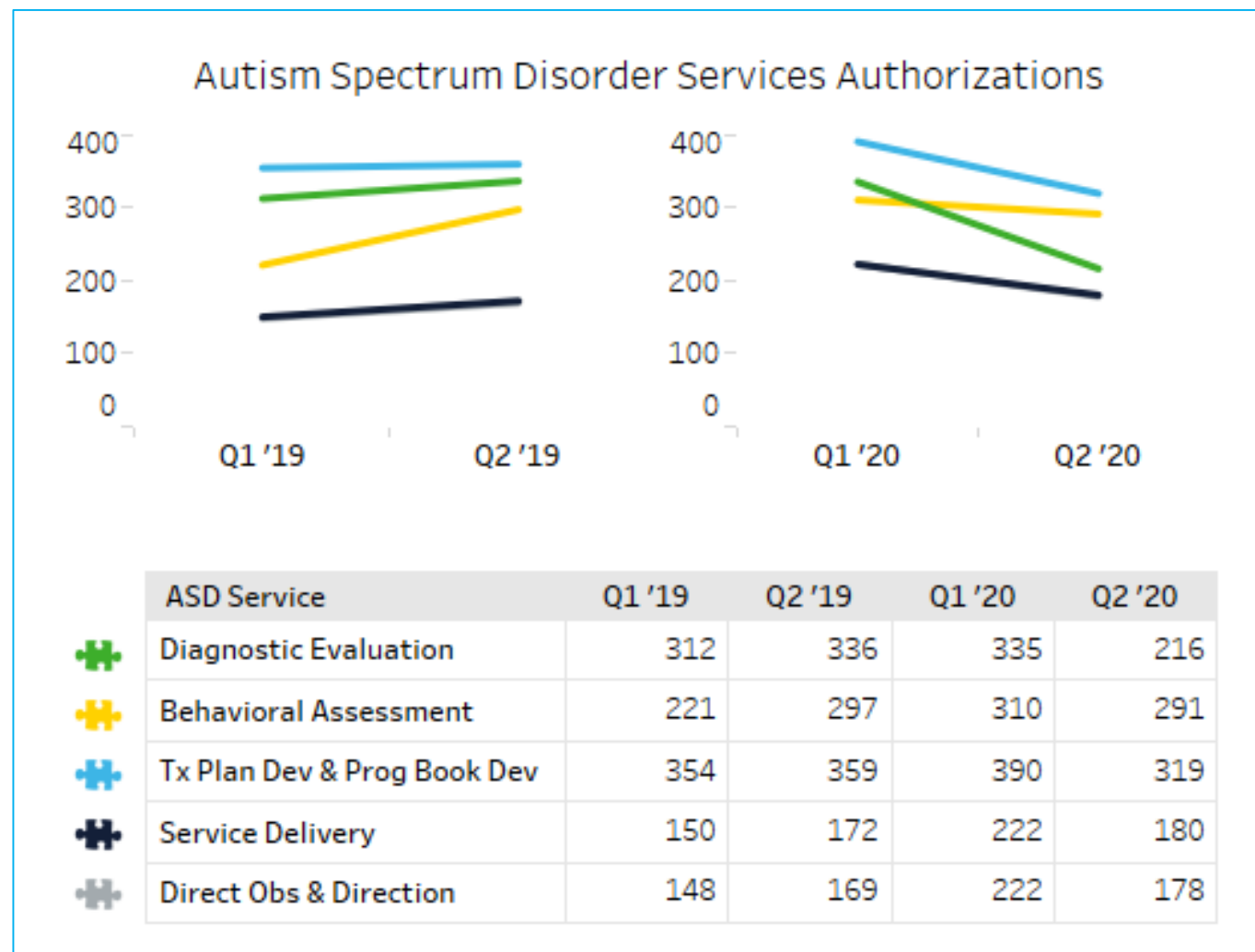
Youth Utilization: Psychiatric Residential Treatment Facility (PRTF)

- 2019: admissions **increased** 34.4% from Q1 – Q2
 - Partly due to increase in bed capacity during this timeframe
- 2020: admissions **decreased** 44.7% from Q1 – Q2
 - Some programs held admissions temporarily due to COVID restrictions
 - Reductions in census due to quarantining needs
 - Additional challenges with securing aftercare, limiting “throughput”



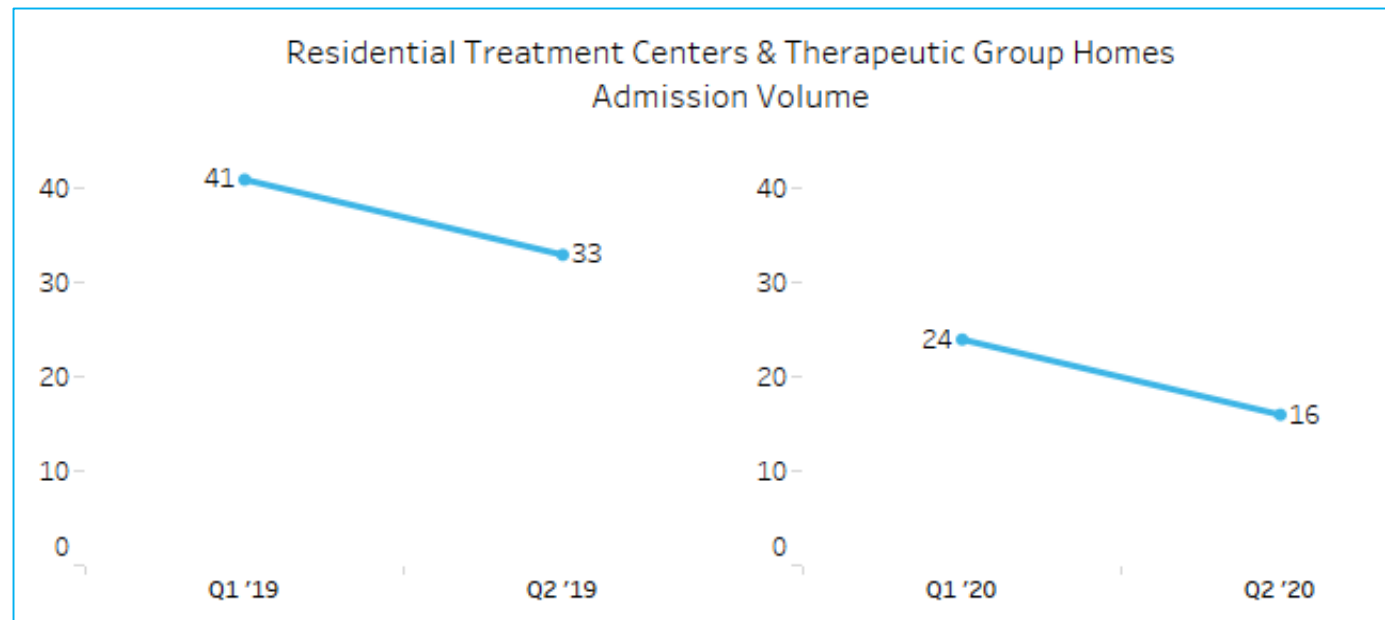
Youth Utilization: Autism Spectrum Disorder (ASD) Services

- All ASD Services:
 - 2019: Authorizations continued to increase
 - 12.5% **increase** from Q1 – Q2
 - 2020: Auths decreased across every ASD service
 - 19.9% **decrease** from Q1 – Q2
- Diagnostic Evaluation decreased 35.5% due to validated observational tools being unavailable
- Initial decrease while telemedicine implementation guidelines were established
- Concurrently families' preference also impacted utilization of this service



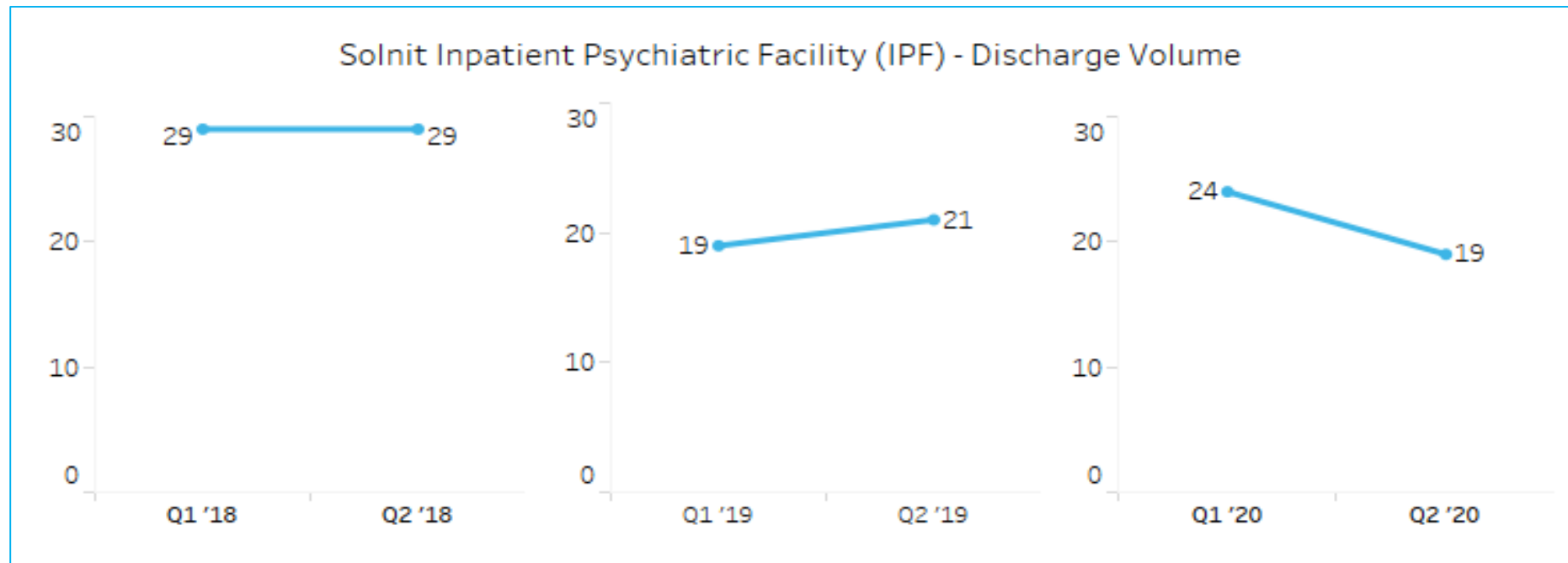
Youth Utilization: Residential Treatment Centers (RTCs) & Therapeutic Group Homes (TGHs)

- 2019: admissions continued to decrease over time
 - 19.5% **decrease** from Q1 – Q2
- 2020: admissions **decreased** a further 33.3% from Q1 – Q2
- 13.8 percentage point decrease compared to this time last year



Youth Utilization: Solnit Inpatient Psychiatric Facility (IPF)

- 2018: discharges steady from Q1 – Q2
- **2019**: discharges **increased** 10.5% from Q1 – Q2*
- **2020**: discharges **decreased** 20.8% from Q1 – Q2, partly due to increased challenges with discharging planning (e.g., difficulty securing aftercare services, foster care, etc.)

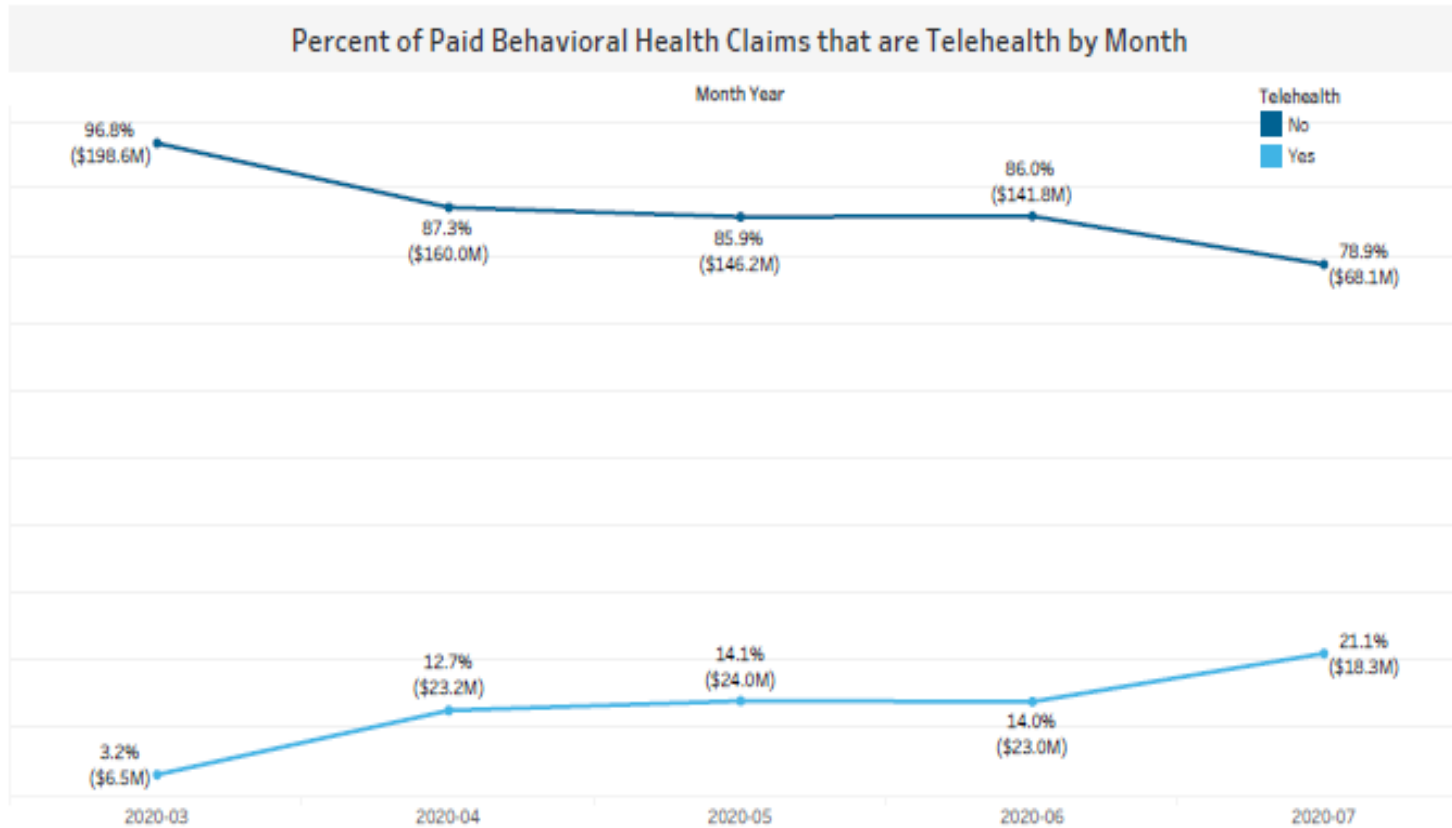


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Use of Telemedicine for Behavioral Health

Telemedicine Claims for Behavioral Health Services



- The percentage of telemedicine claims for behavioral health services increased from 3.6% in March of 2020 to 21% in June
- This effect is due to a combination of increased use of telemedicine and decreased use of face-to-face visits
- The amount paid for BH telemedicine peaked in May at \$24 million but claims lag may explain lower expenditures in the summer months

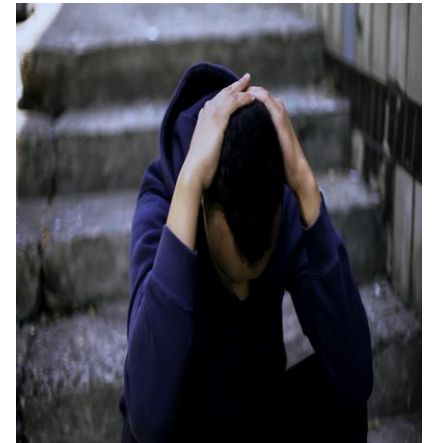
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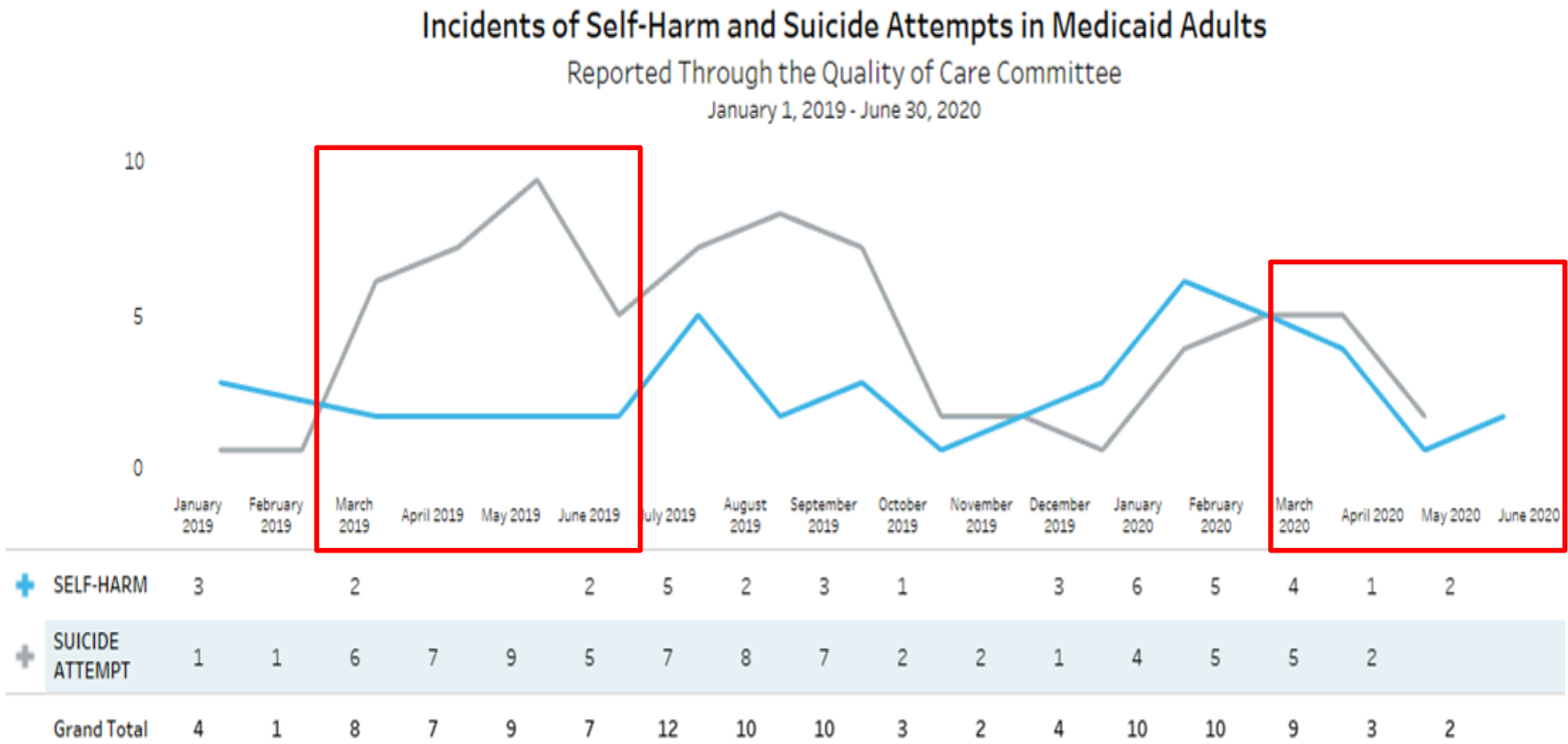
Self-Harm & Suicide

Self Harm and Suicide Rates

- Rates of suicide and self-harm were mostly down in the spring and early summer of 2020 despite higher reported rates of anxiety, stress, and other symptoms
- The one exception was reports of quality of care concerns involving self-harm and suicide among adolescents 13-17
- It is suspected that actual suicidal ideation and behavior may be higher than indicated due to:
 - A lag in recorded claims
 - lower surveillance due to less contact with schools and healthcare providers
- Despite continued concern, actual rates of death by suicide are down as reported by DPH
- While other “disasters” have been followed by an eventual return to “normal” rates, the pandemic is an atypical “disaster” due to the duration and uncertainty factor

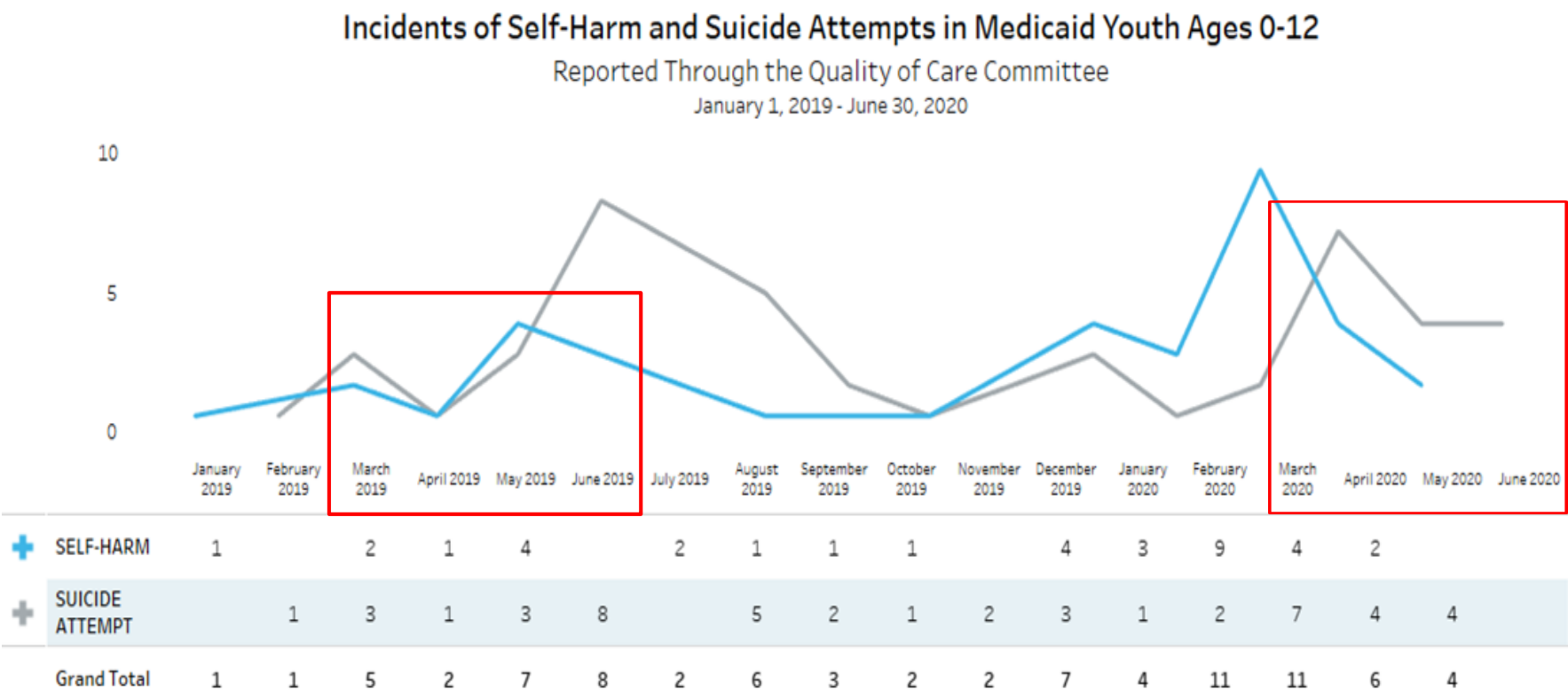


Self Harm & Suicide – Beacon Quality of Care Reports – Adult Members



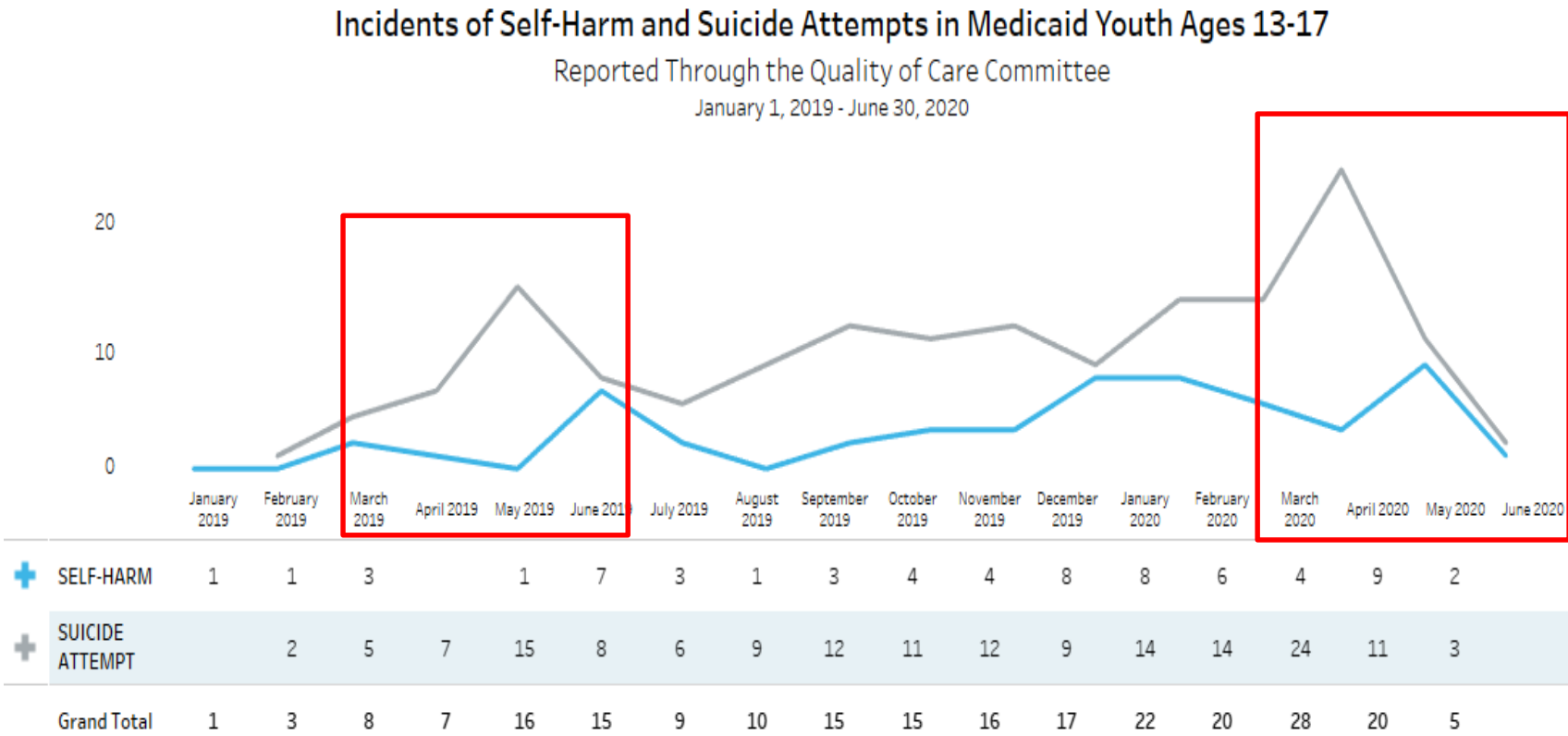
- Beacon receives notification of quality of care concerns from multiple sources and investigates for trends
- Adult Reported Suicide Attempts were down 74% in March, April, May and June of 2020 (7) compared to the same period in 2019 (27)
- Adult Reported Self Harm events were up during the same COVID period, but the n was too small to interpret (7 vs. 4)

Self Harm & Suicide – Beacon Quality of Care Reports – Youth 0-12



- Reported Suicide Attempts for the youngest children were stable between March, April, May, and June of 2020 compared to the same period in 2019 (15 & 15)
- Reported Self Harm events were also relatively stable when comparing the same time period in 2019 to that of the COVID time period in 2020
- Beacon believes that actual rates in 2020 may be higher due to lower surveillance of youth and less contact between Beacon and providers during this period

Self Harm & Suicide – Beacon Quality of Care Reports – Youth 13-17

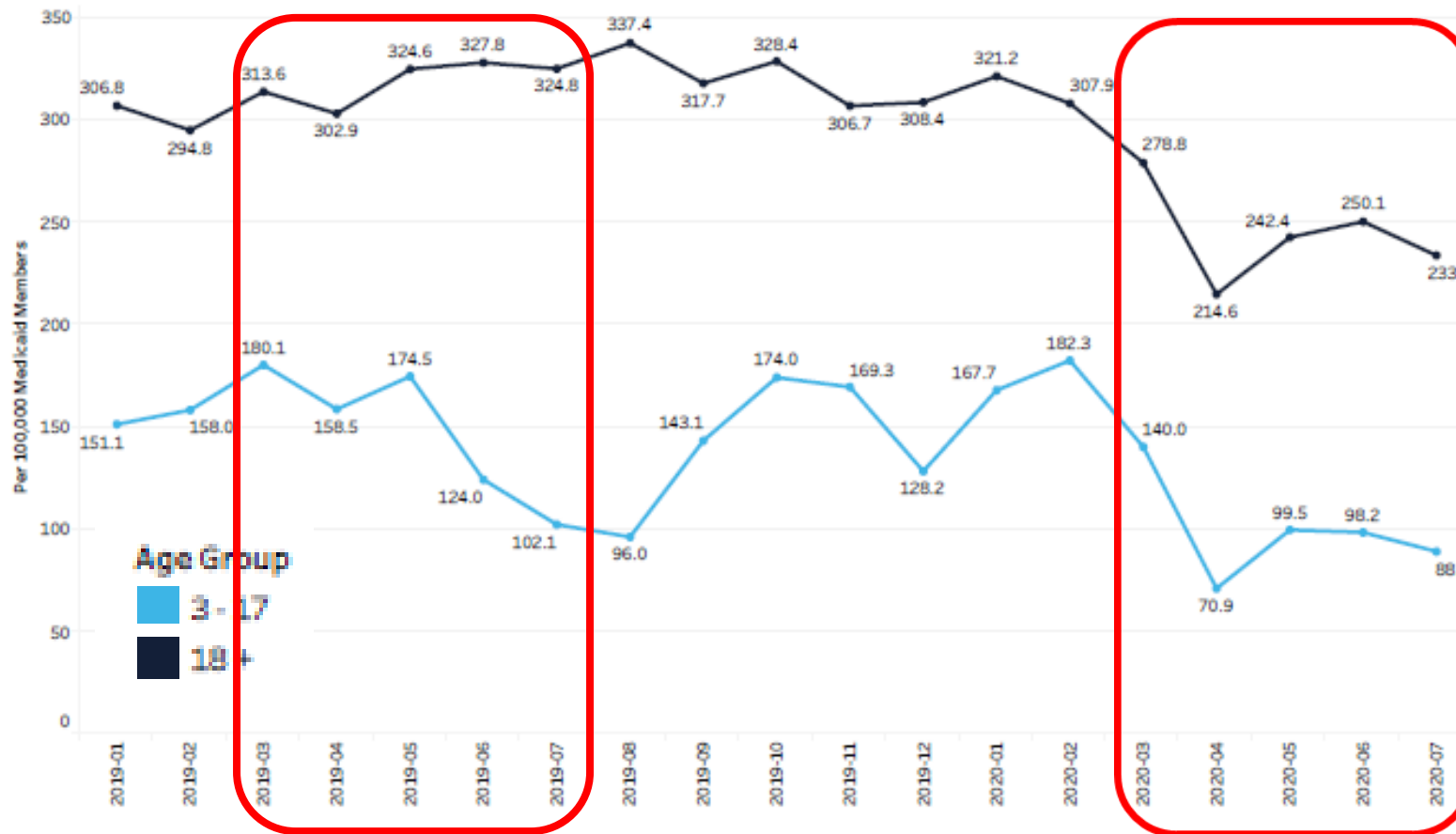


- Reported Suicide attempts were up 8.6% for youth 13-17 for the period between March and June of 2020 compared to the same period in 2019 (35 vs. 38)
- Reported Self Harm events for youth 13-17 were up 36% between March, April, May and June of 2020 compared to the same period in 2019 (11 & 15)
- Beacon believes that actual rates in 2020 may be higher due to lower surveillance of youth and less contact between Beacon and providers during this period

Self Harm & Suicide – Medicaid Claims Data

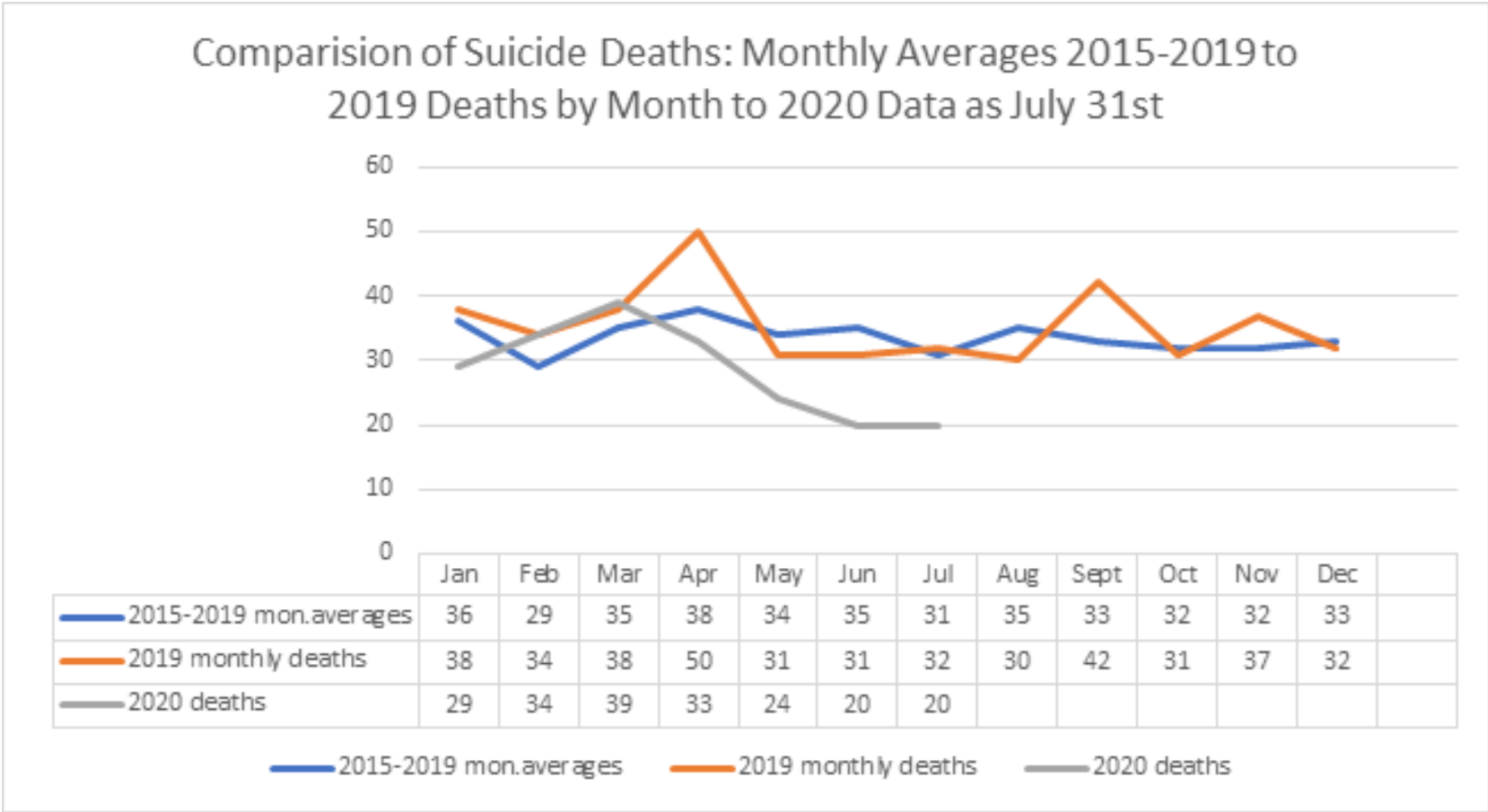


Suicidal Ideation, Attempt, or Intentional Self-Harm Claims-based Prevalence per 100,000 Medicaid Members by Month and Age Group



- Provider use of claims codes related to suicide and self-harm are significantly down since COVID and significantly below last year's rates
- Claims lag analysis indicates that June is likely missing 6-7% of claims and for July 11-13%

Self Harm & Suicide – CT DPH Suicide Death Rates



- Recorded deaths due to suicide are significantly down in 2020 compared to 2019
- 2020 rate for the first six months is down 20% in comparison to the past five-year average (2015-2019)
- Although unexpected, this decline in suicide deaths is consistent with the pattern observed following other “disasters” such as 9/11, major hurricanes, etc., where rates declined in the immediate aftermath

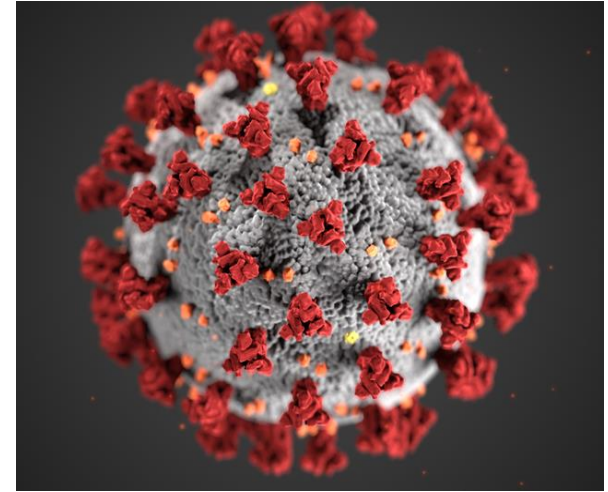
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Drug Overdose Rates (unintentional)

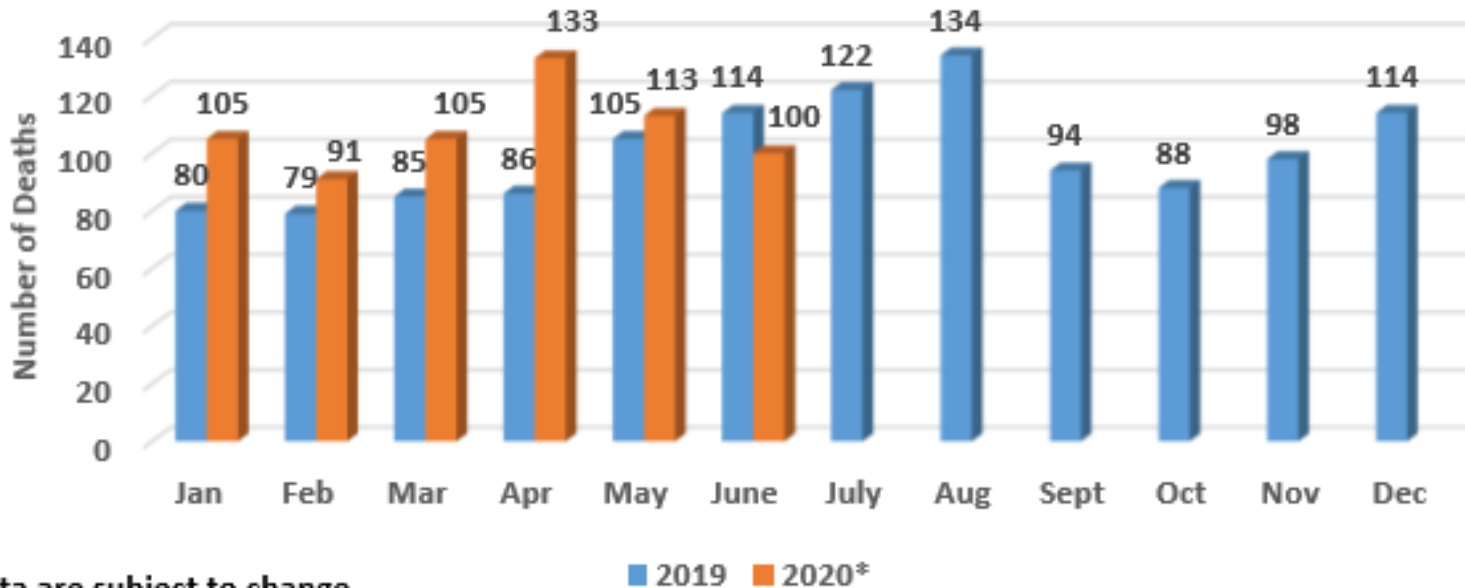
The Effect of COVID-19 on the Opioid Crisis

- As noted in the introduction, the increased use of substances including alcohol, tobacco, and illicit drugs is common following extraordinary events
- Such an effect is clearly true with the impact of COVID-19 on opioid use and overdose as evidenced in both national and CT-specific data
- This situational impact is also superimposed on an increasing rate of overdose deaths this year, preceding the “stay-at-home” measures in response to the global pandemic



Spike in Fatal Drug Overdoses*

Number of Drug Overdose Deaths, by Month, Connecticut, 2019 – June 2020*



- *CT DPH – Monthly Drug Overdose Deaths 2019 to June 2020

- COVID-19 appears to be accelerating an increase in the rate of fatal drug overdoses contributing to the projection that CT will surpass last year's total of 1200 cases
- 2020 Data does not include over 300 cases pending toxicology analysis
- The Overdose Detection Mapping Application Program (ODMAP) saw an 18-percent national increase in drug overdoses in the first two months after sheltering protocols began

Beacon's Work to Address the Opioid Crisis

- **Project ECHO:** A virtual video conferencing program to promote increased knowledge, adoption, and utilization of medication for opioid use disorder (MOUD) (2017 – 2019)
- **Provider Enrollment:** Outreach to medical and psychiatric practitioners to increase the number of MOUD prescribers delivering care to Medicaid recipients
- **Systems Coordination:** Beacon's Regional Network Manager's and care managers connect providers and members to MOUD resources and provide regional and statewide forums to share best practice
- **Web Based Resources:**
 - **Members** – MOUD Provider MAP, educational materials on addictions, treatment, and MOUD, phone #s for referral, toolkits, links, etc.
 - **Providers** – Screening Tools, Program Brochures, Materials to obtain provider waivers necessary for prescribing, toolkits, white papers, webinars, etc.
- **Care Management Resources:** Warm lines, Referral Lines, assistance obtaining transportation, peer services, intensive care management, etc.
- **Data & Reporting:** Arming providers with data regarding their practice patterns that supports improved care to members with substance use disorders
- **Changing Pathways Program:** A comprehensive program to promote increased utilization, effectiveness and adherence to MOUD at critical treatment access points. Provides member education, peer support, provider consultation, and databased quality management support to promote early induction, warm transfer to continuing care

Chapter

07

Member Perspective

Member Perspective

Mary has been a sales representative for 26 years and lost employment suddenly due to the COVID-19 Pandemic. She struggled with the social isolation and required several inpatient hospitalizations due to anxiety and depression. She had difficulties with sustaining connection with behavioral health resources and attempted to obtain support from various hotlines until she connected with Beacon's Warm Line.

Mary connected with a Peer Specialist who began daily check-ins and worked with her to formulate an individualized support plan. The Peer Specialist and Mary worked together on finding Mary providers with whom she felt comfortable for both individual therapy and medication management. The Peer Specialist provided Mary with emotional support and encouraged her to maintain engagement with services. Mary has since been able to re-engage in some of her employment activities; restoring a sense of normalcy.

At last contact, Mary reported feeling less isolated and is continuing with her behavioral health provider and has avoided further hospitalizations. Mary reported the encouragement and support she received from her providers and Peer Specialist helped give her back strength to move forward. She continues to check in with her Peer Specialist to monitor her progress.

Questions?

Thank You

Contact Us



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