# COVID19:

Health Trends in Missouri's Commercially Insured Population, Year One

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COVID-19: Health Trends in Missouri's Commercially Insured Population, Year One

While the COVID-19 pandemic has dramatically changed most areas of the life we knew, health care may have been disrupted the most. To assist providers, purchasers, and our community in understanding COVID's impact and the potential for future change, Midwest Health Initiative (MHI) off ers this COVID-19, Year One report.

Using MHI's claims dataset representing more than 2.2 million people in the region, this analysis examines care received by Missouri's commercially insured, ages 0-64, from the start of COVID-19 through the first quarter of 2021.

#### **Charted trends include:**

- (1) COVID-19 Testing, Diagnosis, and Hospitalizations;
- (2) Care Delivered In-Office vs. Telehealth;
- (3) Acute Care; and
- (4) Preventative Screenings.

For questions regarding this analysis or to inquire about additional health care information interest, please contact the MHI team at **info@midwesthealthinitiative.org**.

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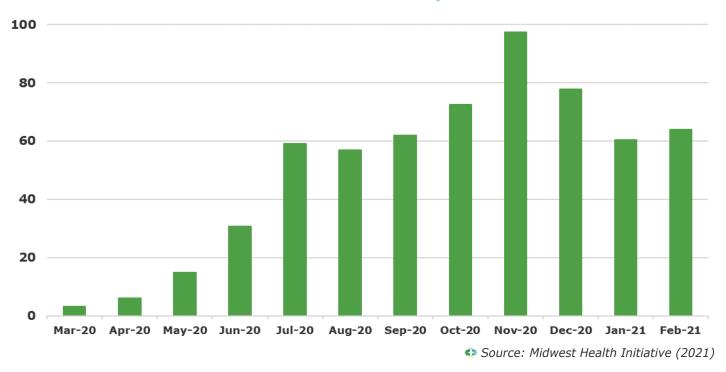
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# **COVID-19 Testing**

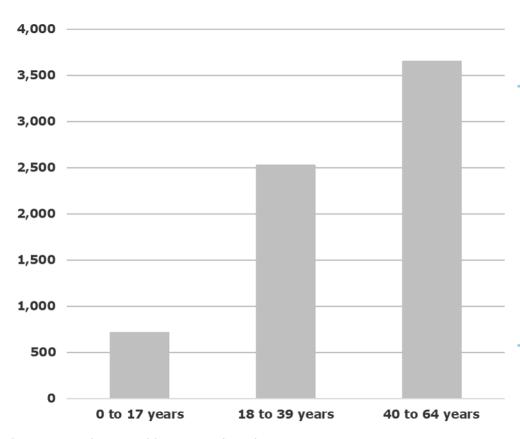
COVID-19 Tests per 1,000 Persons March 2020 - February 2021



- 62% of Missouri's commercially insured had received at least one COVID-19 test by April 2021.
- COVID-19 test per 1,000 persons were highest in November and December 2020.

# **COVID-19 Diagnoses**

COVID-19 Diagnoses by Age Group, per 100,000 Persons March 2020 - February 2021

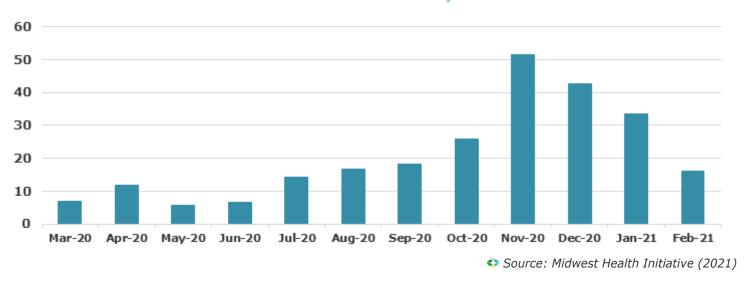


- COVID-19 diagnoses increased with age between the arrival of the pandemic in March 2020 and February 2021.
- Those aged 40 to 64 years were diagnosed with COVID-19 at a rate of 3.6 per 1,000 persons.
- Between March 2020 and April 2021, 6.9% of the population was diagnosed with COVID-19

Source: Midwest Health Initiative (2021)

# **Hospital Discharges**

Inpatient Hospital Discharges per 100,000 Persons
March 2020 - February 2021



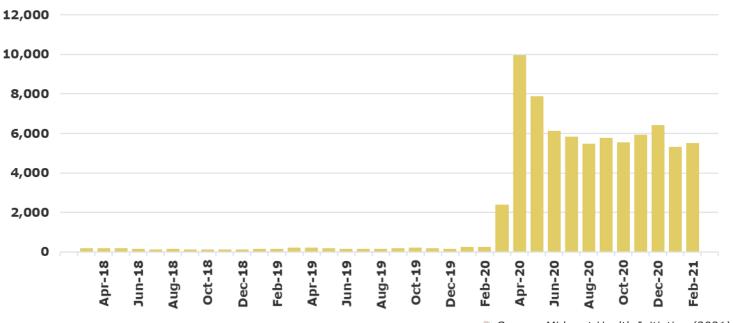
- Inpatient discharges per 100,000 for COVID-19 peaked in November 2020.
- While the average length of stay (LOS) for a COVID-19 over the 14-month period was 6.5 days, patients had a stay of approximately 10 days at the onset of the pandemic, and by April 2021 stayed an average of approximately 3 days.

**Average Length of Stay** 

**6.5 Days** 

## **All-Cause Telehealth Visits**

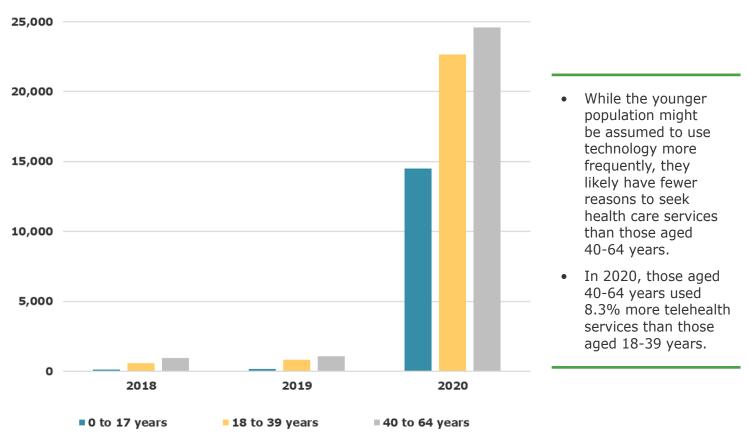
### All-Cause Telehealth Visits per 100,000 March 2018 - February 2021



- Source: Midwest Health Initiative (2021)
- Telehealth was not used widely until the COVID-19 pandemic prompted stay-at-home orders and social distancing.
- Telehealth visits in the first four months of 2020 were 530% greater than all of 2019.

## **All-Cause Telehealth Visits**

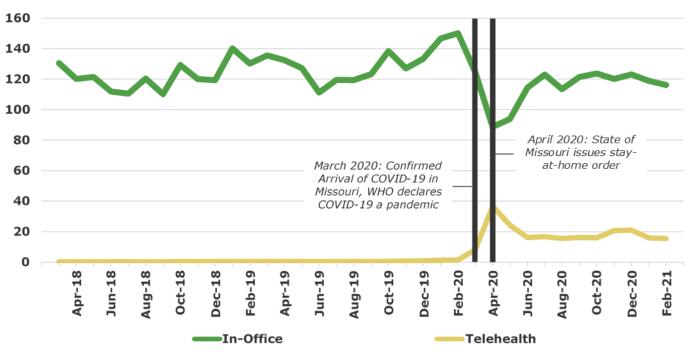
# All-Cause Telehealth Visits by Age Group, per 100,000 March 2018 - February 2021



Source: Midwest Health Initiative (2021)

# **Primary Care**

### Primary Care Visits per 1,000 Persons March 2018 - February 2021

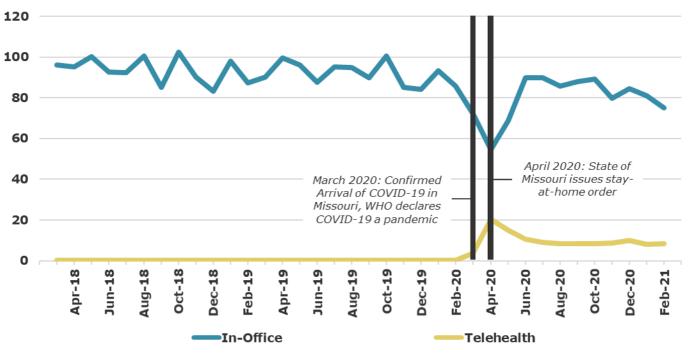


Source: Midwest Health Initiative (2021)

• Telehealth in the first year of COVID-19 involved calls or video visits with a patient's regular primary care provider, not a stand-alone service.

# **Specialty Visits**

# **Specialty Visits per 1,000 Persons March 2018 - February 2021**

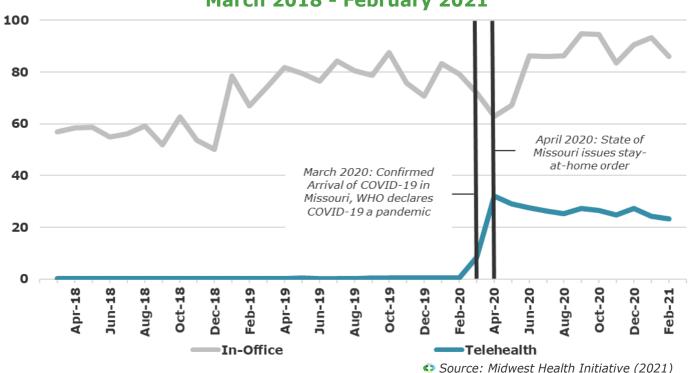


Source: Midwest Health Initiative (2021)

• Telehealth visits increased by nearly 10 times pre-pandemic rates between February 2020 and April 2020.

## **Mental Health**

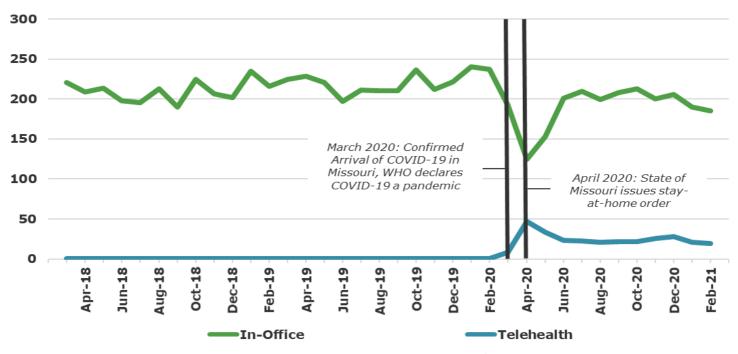




- Virtual mental health services increased dramatically in the first four months of 2020 and remained elevated throughout the first year of COVID-19.
- In the first four months of 2020, there were an average of 86 mental health visits per 1,000 persons, both in person and online.

# **Dermatology**

### Dermatology Visits per 1,000 Persons March 2018 - February 2021

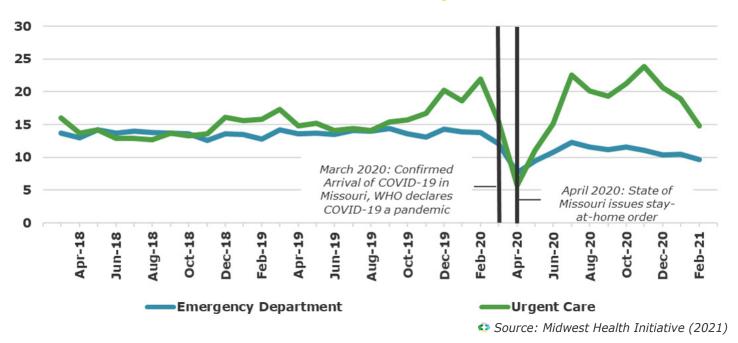


Source: Midwest Health Initiative (2021)

• Dermatology telehealth utilization has stabilized at levels over 10 times higher than pre-pandemic rates.

# **Emergency Department and Urgent Care**

Emergency Department and Urgent Care Visits per 1,000 Persons March 2018 - February 2021

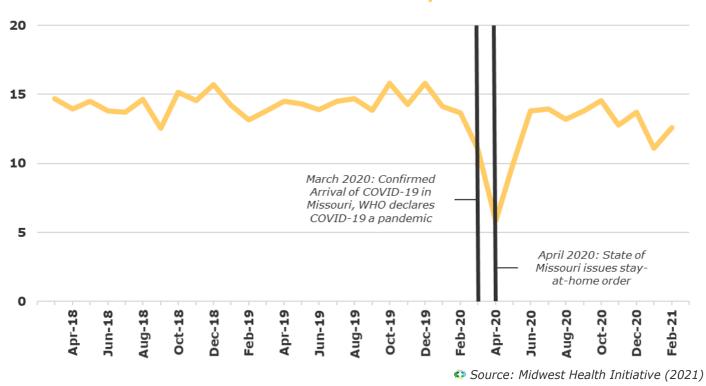


- Emergency department and urgent care visits both declined considerably at the onset of the pandemic in Missouri.
- Emergency department utilization recovered, but not to its baseline level.
- Missourians averaged 8 times more urgent care center visits than ED visits in the months following the state's stay-at-home order.

#### THE IMPACT OF COVID-19 IN THE FIRST YEAR: ACUTE CARE

# **Surgeries**

Surgeries per 1,000 Persons March 2018 - February 2021

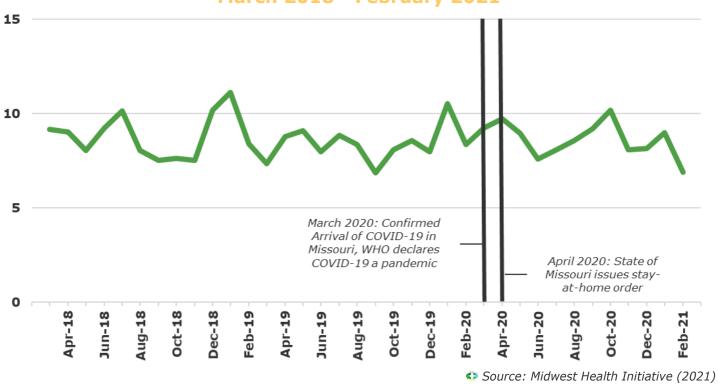


- Surgeries declined sharply with the arrival of COVID-19 in Missouri.
- There were an average of 40% fewer surgeries in April 2020 than pre-pandemic rates.

#### THE IMPACT OF COVID-19 IN THE FIRST YEAR: ACUTE CARE

## **Heart Attacks**

Heart Attacks per 100,000 Persons March 2018 - February 2021

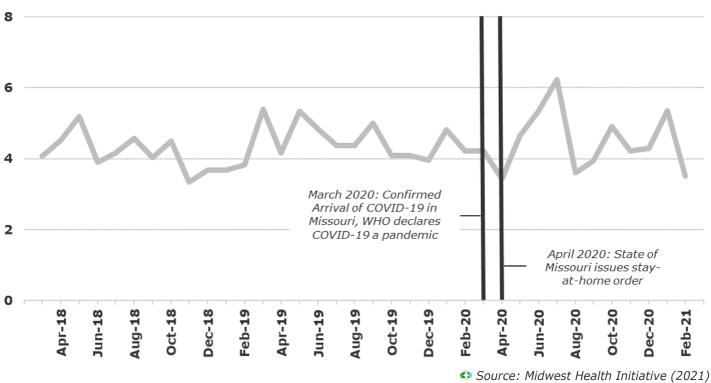


- Heart attacks declined gradually during the first four months of 2020.
- The rate of heart attacks per 100,000 persons in January of 2020 was 9.0, and by April of 2020 had declined to 6.4.

#### THE IMPACT OF COVID-19 IN THE FIRST YEAR: ACUTE CARE

## **Strokes**

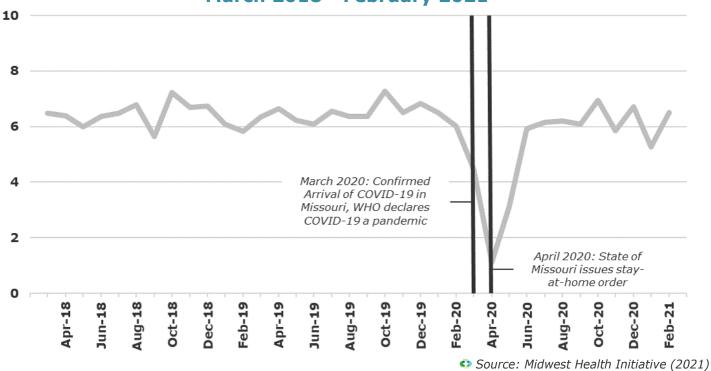
**Strokes per 100,000 Persons March 2018 - February 2021** 



- Strokes declined during the first year of the COVID-19 pandemic.
- The rate of strokes per 100,000 persons declined from 10.4 in January 2020 to 8.2 in April of 2020.

# **Colon Cancer Screenings**

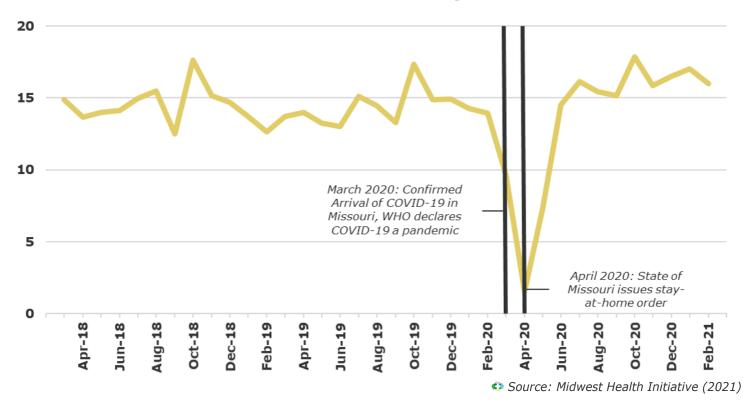
Colon Cancer Screenings per 1,000 Persons March 2018 - February 2021



- There was a decline and rebound in routine screening rates during the first year of COVID-19.
- Only 1.1 per 1,000 persons had a routine colon cancer screening in April 2020, down from a monthly average of 6.4 screenings per 1,000 persons. Rates rebounded between June 2020 and February 2021, averaging 6.0 colon cancer screenings per 1,000 persons each month.

# **Mammography**

Mammograms per 1,000 Persons March 2018 - February 2021



• In April 2020, mammography rates dropped to just 1.6 per 1,000 persons. By June 2020, mammograms returned to the prior monthly average of 14.5 per 1,000 persons.

# **ACKNOWLEDGEMENTS**



The strength of MHI sits with the collective power of its partners, when each works within their own spheres of influence to achieve change. MHI is grateful for the support of its vision and work, made possible by its Champions for Health Care Value and Friends.

## **Champions of Health Care Value**

- Aetna
- Amgen
- Anthem Blue Cross and Blue Shield of Missouri
- BJC HealthCare
- Blue Cross and Blue Shield of Kansas City
- The Boeing Company

- Cigna
- Graybar Electric Company, Inc.
- Novo Nordisk
- St. Louis Area Business Health Coalition
- UnitedHealthcare

## **About the Midwest Health Initiative**

MHI is a regional health improvement collaborative that brings together those that provide, pay for, and use health care to solve some of our region's most pressing health care challenges. Created as a nonprofit organization to advance transparency and multi-stakeholder collaboration toward better health care value, MHI stewards the largest multi-payer commercial claims dataset for Missouri and its bordering communities.

8888 Ladue Road, Suite 250 St. Louis, MO 63124 314-721-7800 www.midwesthealthinitiative.org









