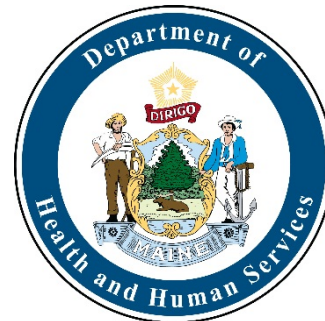


COVID-19 in Maine & Nationally: Implications for Healthcare & Health Reform

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September 2021



Objectives

- Describe impacts of COVID-19 pandemic on healthcare utilization
- Identify gaps in healthcare services and outcomes resulting from pandemic
- Outline at least three opportunities for strengthening US and/or Maine's health and healthcare system in response to COVID-19 pandemic

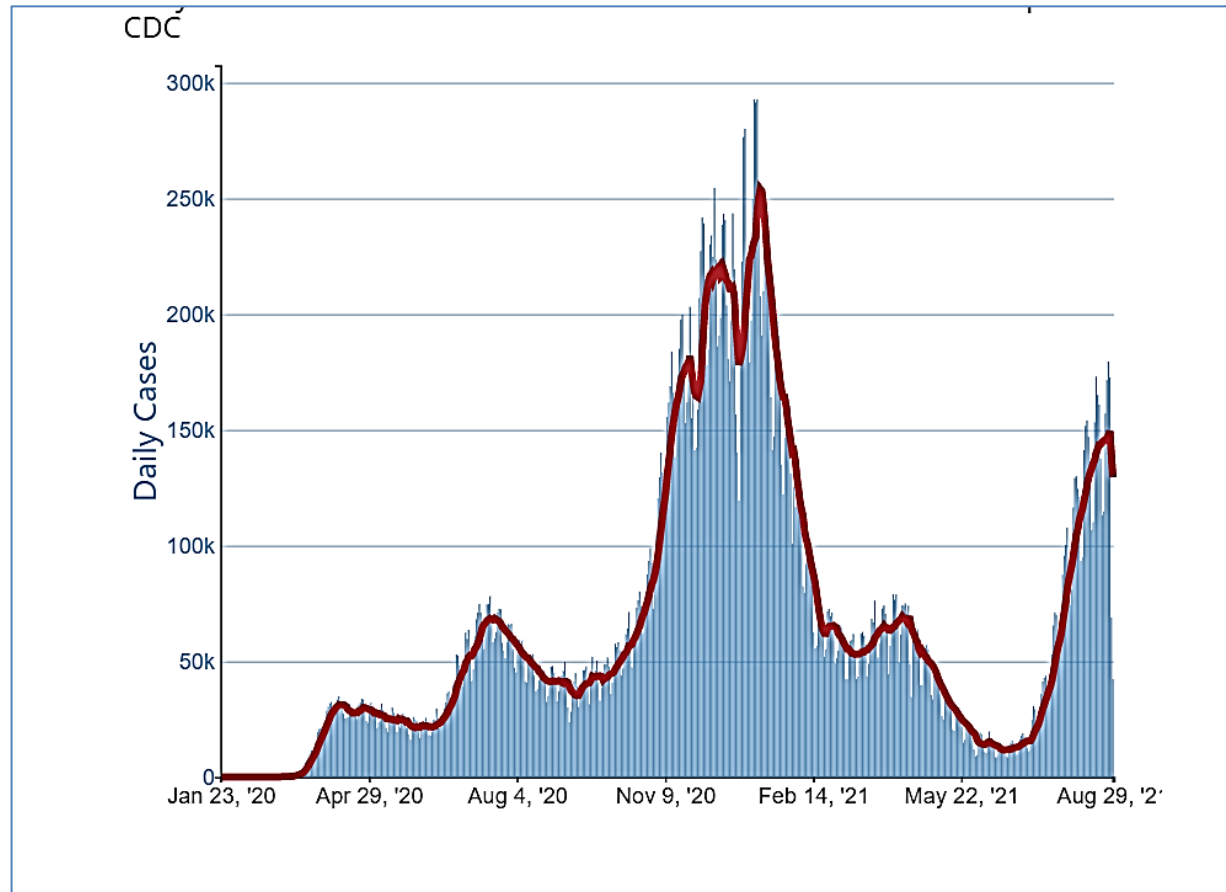
Disclosure Statement

I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity

My Clan



COVID-19 Pandemic (US)



(As of Aug 31, 2021)

https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

COVID-19 Impact

Total...	Maine	US	Worldwide
Cases	75,381	39.2M	217M
Deaths	930	639K	4.51M
% 1 st Vacc	71.3%	61.7%	39.8%
% Fully Vacc	65.6%	52.4%	27.1%

(As of Aug 31, 2021)

<https://www.washingtonpost.com/graphics/2020/health/covid-vaccine-states-distribution-doses/>

COVID-19 in Maine: Bright Spots

- 4th lowest number deaths & deaths/1M
- 4th lowest number of cases/1M
- In top 5 states for % population vaccinated
- >80% of all eligible individuals fully vaccinated
- ❖ High levels of collaboration, private-public partnerships

<https://www.kff.org/other/state-indicator/cumulative-covid-19-cases-and-deaths>

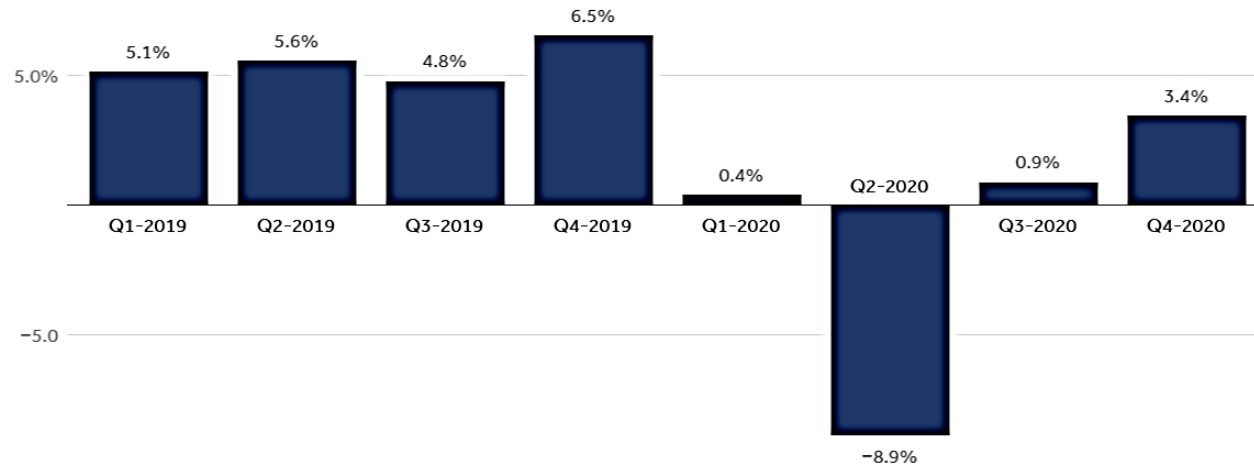
Impacts of COVID-19 Pandemic on Healthcare Utilization

- Overall decrease in healthcare utilization
- Dramatic decreases in hospitalizations, OP visits, procedures in March & April 2020
- Utilization in most areas recovered gradually over 2020
- Rapid increase in telehealth services filled some gaps

Overall Decrease in Healthcare Utilization

In 2020, health services revenue fell by 1% compared to 2019

Year-over-year growth in health services spending, Q1 2019 - Q4 2020



Note: Does not include spending on social assistance

Source: KFF analysis of Quarterly Services Survey (QSS) • Get the data • PNG

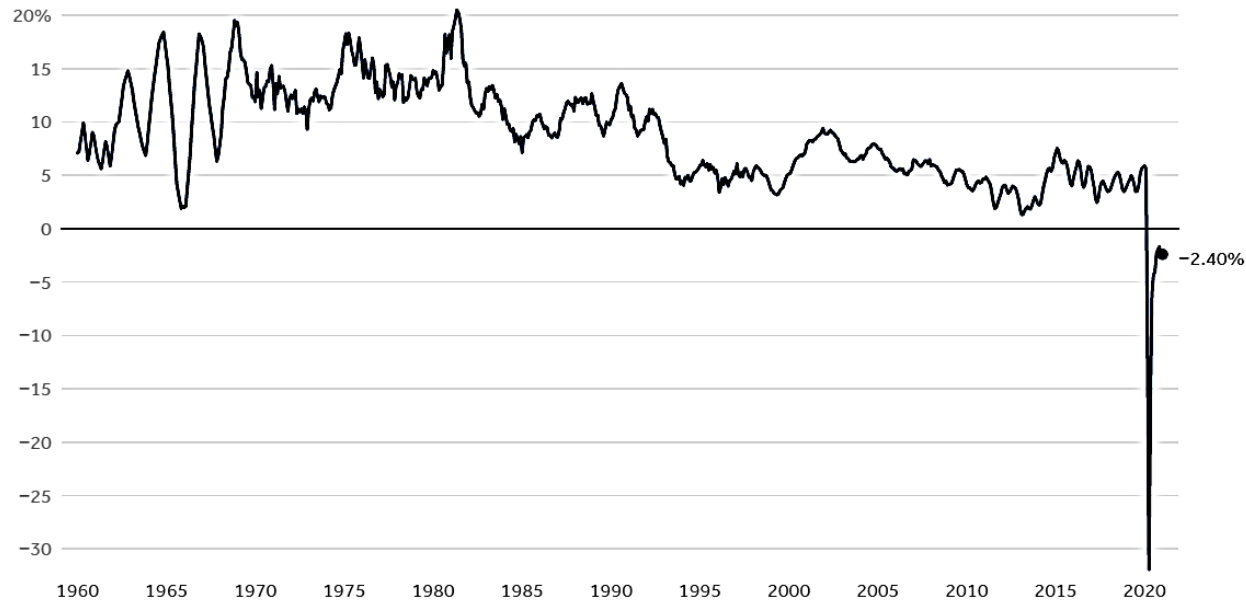
Peterson · KFF
Health System Tracker

<https://www.healthsystemtracker.org/chart-collection/how-have-healthcare-utilization-and-spending-changed-so-far-during-the-coronavirus-pandemic/#item-start>

Dramatic Decreases at Pandemic Outset

Spending on health services dropped sharply in March and April 2020, but has mostly recovered since

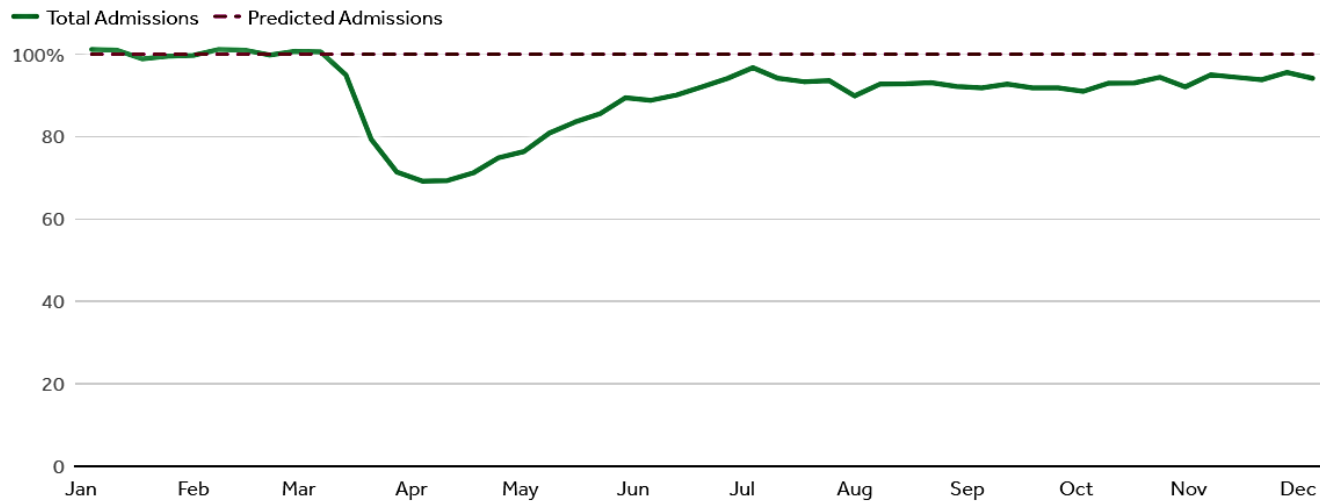
Year over year percent change in personal consumption expenditures on health care services, January 1960 - January 2021



Initial Decrease in Hospitalizations Gradually Recovered

Hospital admissions fell in the spring of 2020, but were back to about 94% by December

Observed total hospital admissions as a percent of predicted admissions, 2020



Source: Epic and KFF analysis of Epic Health Record System COVID-19 related data as of January 2021

• Get the data • PNG

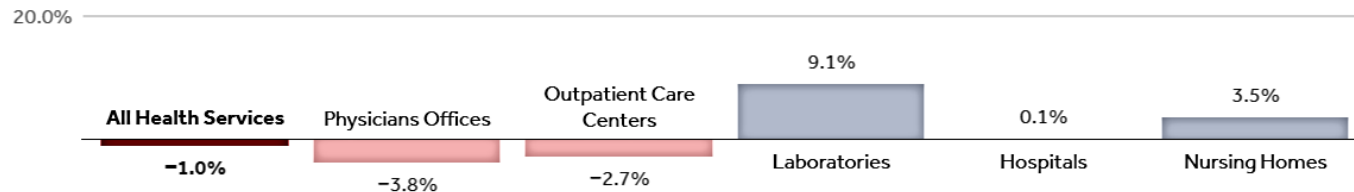
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Decreased Physician Office Visits, OP Care

By the end of 2020, physician's office spending was still down from 2019

Percent change from previous year in health services spending

YTD 2020 from 2019 4Q 2020 3Q 2020 2Q 2020 1Q 2020



Note: "All Health Services" does not include social assistance.

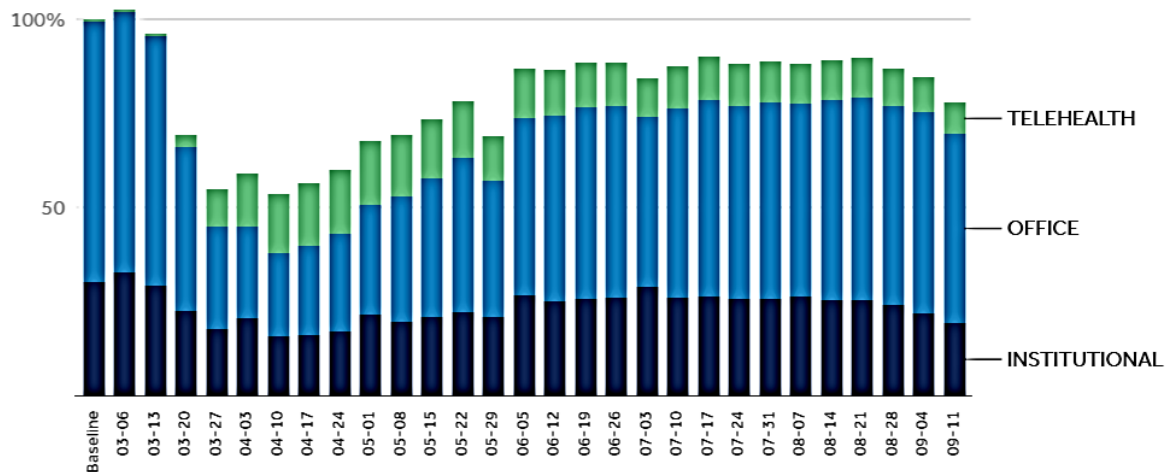
Chart: KFF analysis of Quarterly Services Survey • [Get the data](#) • PNG

Peterson-KFF
Health System Tracker

Significant Increase in Telehealth Visits

Telemedicine use grew rapidly during the pandemic, but not enough to offset drops in in-person office visits

Total visit claims by service type



Note: Baseline = Average of claims for period W/E 1/10/2020-2/28/2020

Source: IQVIA Medical Claims Data Analysis, 2020 • [Get the data](#) • PNG

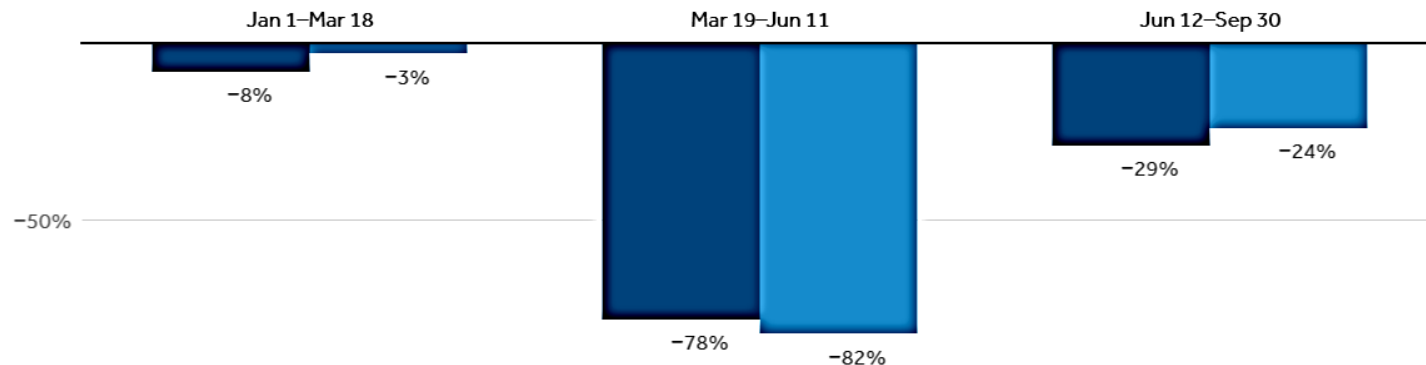
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Pandemic-Related Gaps in Healthcare Services: Preventive Care

There was a drop in preventive services utilization through the third quarter of 2020

Comparison of age-appropriate cervical cancer screening rates in Southern California, Jan. 1-Sept. 30, 2020 vs. Jan. 1-Sept. 30, 2019

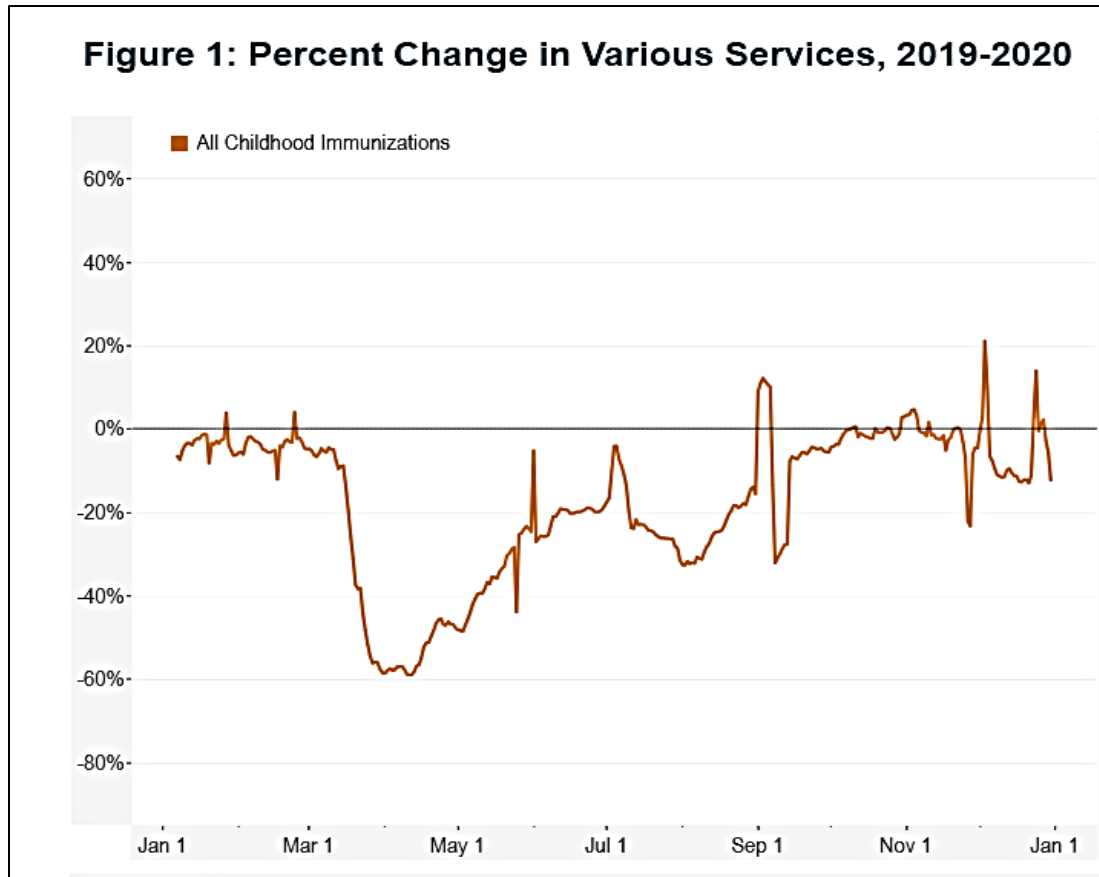
■ Pap tests rate (women aged 21–29 yrs) ■ HPV tests rate (women aged 30–65 yrs)



Source: KFF analysis of CDC data • [Get the data](#) • PNG

Peterson-KFF
Health System Tracker

Pandemic-Related Gaps in Healthcare Services: Pediatric Immunizations



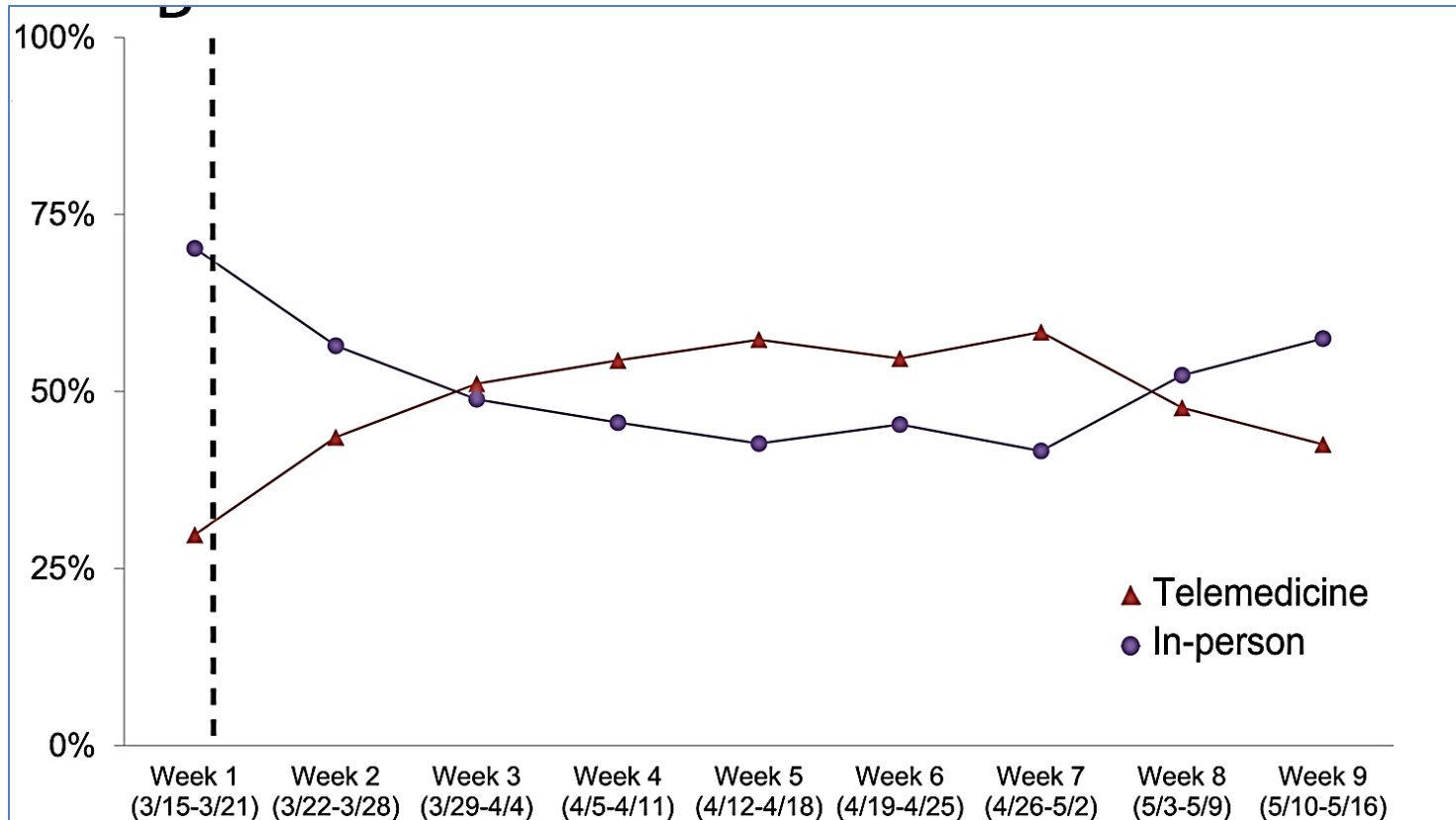
<https://healthcostinstitute.org/hcci-research/the-impact-of-covid-19-on-the-use-of-preventive-health-care>

COVID-Related Challenge to Eye Care

- Missed & delayed care for chronic eye conditions – e.g.
 - Macular degeneration
 - Retinal eye exams
- Missed & delayed identification of child eye conditions (e.g., amblyopia)
- Issues related to huge increases in screen time (e.g. myopia, eye strain, strabismus)
- Prone to acutely ill COVID patients related to risk of vision loss

<https://www.aao.org/eye-health/coronavirus>

Pandemic-Related Gaps in Healthcare Services: Trends in Retinal Eye Exams



Modeling Impact of COVID-19 on Retinal Clinic Performance

COVID-19 Healthcare System Challenges

- Financial impact
 - Care delays & cancellations → disrupted revenue streams
 - New pandemic-related costs (PPE, supplies, workflows)
- Supply chain issues
 - PPE, essential medicines, devices
- Workforce issues
 - Worsening of pre-pandemic staffing shortages
 - Exacerbation of existing burnout issues
- System & community-wide coordination
 - Coordination complicated by decentralized gov't models

Key Healthcare System Adaptations

Addressing Acute Care Needs



- Leveraged data to forecast demand for critical care
- Developed “crisis standards of care” to optimize resource allocation
- Augmented delivery capacity through temporary facilities and sites

Adapting Care Delivery



- Expanded the use of virtual care platforms
- Utilized site-of-care flexibilities to provide outpatient services

Redeploying the Workforce



- Procured PPE and developed protocols to minimize infection risk
- Developed programs for mental health and burnout
- Adjusted staffing models to meet critical care needs

Addressing Health Inequities



- Developed initiatives to reach out to marginalized populations for COVID-19 (e.g., vaccinations) and non-medical services (SDOH)
- Affirmed a commitment to anti-racism and social justice

Post-Pandemic Opportunities for Strengthening Health & Healthcare System

Identifying opportunities across multiple domains:

- Build on clinical advances
- Strengthen health care systems
- Strengthen public health systems
- Build trust in science & support for common good
- Advance national health policy
- Improve health equity

Improving Outcomes: Build on Clinical Advances

- Sustain impact of infection control basics:
 - Masking, physical distancing, hand hygiene, ventilation
- Recognize importance of innovative therapeutics
 - e.g. monoclonal antibody therapies
- Expand on unprecedented vaccine innovations
 - e.g mRNA vaccines
- Address limitations of “science” as driver of change
 - Role of clinicians as social influencers
 - Key importance of relationships

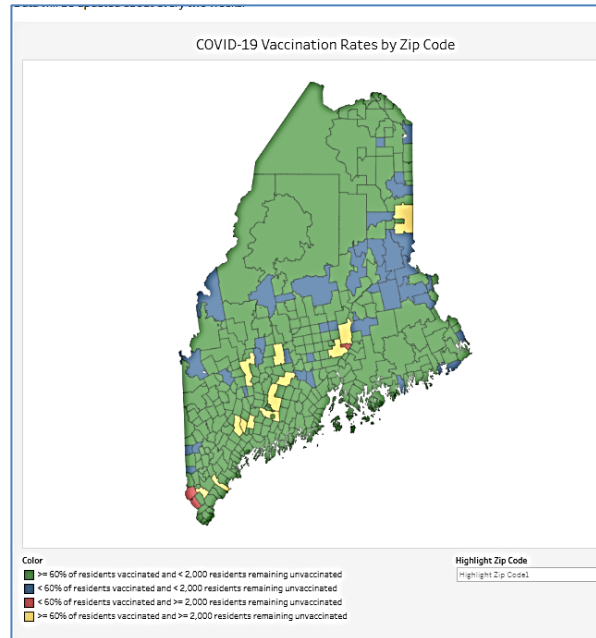
Strengthen Health Care Systems

- Invest in new workforce development & support models (workforce, workforce, workforce!)
- Identify ways to enhance financial resiliency
 - Diversify revenue sources
 - Accelerate move to population-based payments
- Plan for surge capacity for inpatient care, strengthen reliability of supply chain
- Foster linkages between health care & public health systems

Strengthen Public Health Systems

- Strengthen, improve data systems – e.g. create national public health information system
- Rethink highly decentralized public health decision-making
- Improve public communication / social media messaging
- Foster linkages between health care & public health systems

Build Trust in Science, Support for Common Good



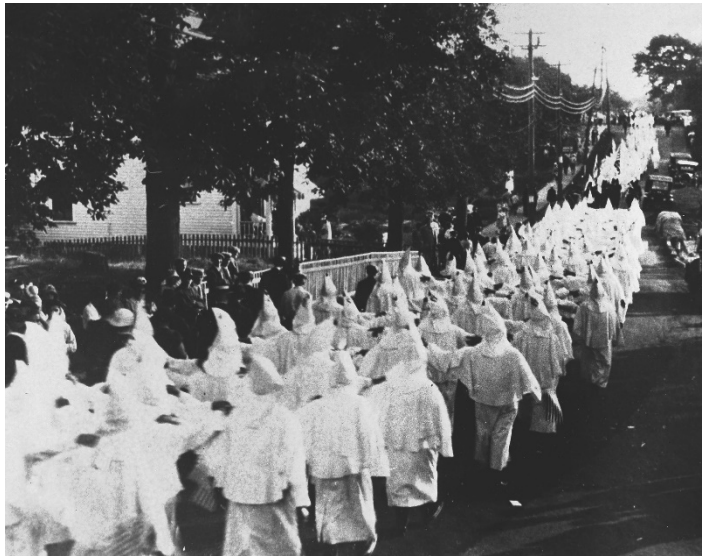
Advance Supportive Policy Change

- Continue efforts to expand access to care through health insurance coverage
- Expand first-dollar coverage to improve access to affordable
- Accelerate movement from fee-for-service to capitated payments
- Strengthen social benefits – e.g. paid sick leave
- Better identify & strengthen support for social services – e.g. food security, housing, transportation

Improve Health Equity: Understanding Racial-Ethnicity Disparities

- COVID-19 revealed disparities that manifested long-standing structural racism & racial/ethnic discrimination, including chronic disparities in...
 - Financial status & income gaps
 - Housing
 - Education
 - Criminal justice
- Access to health care services
- Mistrust of medical system
 - AKA: “Phenomenon created, sustained & reinforced by system generating social inequality”

The Whitest State in the Union...



Maine Department of Health and Human Services

Improving Health Equity

- Address fundamental underlying issues of structural racism – e.g. inequities in income, housing, education
- Increase diversity of health care leadership – e.g. Boards, senior management
- Increase diversity of health care workforce – esp. physicians (13% US pop is Black, but only 5% physn's)
- Promote and/or require anti-bias training for clinicians
- Require health care org's to report, compare quality of care stratified by race & ethnicity

Improving Health Equity: Roles for Providers?

- Are you serving people of color? If not, why not?
- Get out into the community & listen
- Be aware of our implicit biases
- Take action to promote COVID testing for racially and ethnically diverse individuals
- When testing, provide culturally and language-appropriate on specifics of quarantine, isolation, and contact tracing
- For high-needs patients, be aware that social services are available to support them during COVID-19 isolation (DHHS.Covidsocialsupport@maine.gov)

In Summary...



Never waste a good crisis!

References

- Kaiser Family Foundation [State Indicators on Cumulative COVID-19 Case Data](#)
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- HCCI: [Impact of COVID-19 on Preventive Health](#)
- [Modeling Impact of COVID-19 on Retinal Clinic Performance](#), BMC Ophthalmology, May 2021
- Natl Acad Med: [Care Systems COVID-19 Impact Assessment: Lessons Learned & Compelling Needs](#)
- Dr Richard Baron, ABIM: [Five things we need to do to improve US health care](#)
- [COVID-19: Implications for the Health Care System](#), NEJM, July 2020

Questions?

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