

# Trends

News and Strategies for Health Plan Sponsors

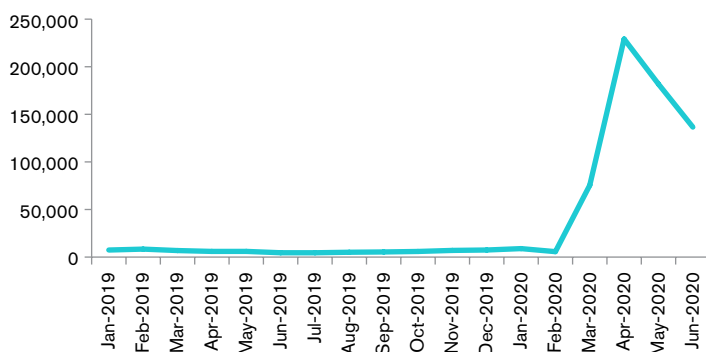
Fourth Quarter 2020

## Key statistics

### Telehealth utilization during the COVID-19 pandemic

Telehealth is appropriate for a majority of primary care visits, but it wasn't widely adopted until March 2020. The pandemic gave patients an opportunity to seek non-urgent care via telemedicine. In April 2020, telehealth visits spiked to more than 200,000 according to aggregated data from SHAPE, Segal's data warehouse. Segal expects telehealth use to continue well into the future. The number of visits will likely decline once people feel comfortable visiting doctors' offices again.

#### Telehealth Utilization



Source: SHAPE, Segal's data warehouse

## What plan sponsors are doing to manage plans: selected strategies

### Expand access to mental health care

In the U.S., approximately one in five adults experience a mental illness every year. The prevalence of mental health is higher and the barriers to mental health care are greater compared to other high-income countries. An estimated

50 percent of U.S. counties don't have a practicing psychiatrist. This shortage of providers and the costliness of care discourages patients from seeking mental health care. On average, 11 years pass between the onset of mental health symptoms and an individual getting treatment. The two most common mental health conditions in the U.S. are anxiety and depression.

The pandemic has magnified mental health conditions. Initial studies evaluating the impact of COVID-19 on the population's mental health are finding that approximately 50 percent of Americans are experiencing worsened states of mental health. In mid-July, the CDC estimated that more than 40 percent of the population was experiencing symptoms of anxiety and/or depression. The current social environment is also contributing to poor mental health. Health professionals are particularly concerned about an increase in suicides. Research has found higher suicide rates are strongly associated with times of economic and social uncertainty.

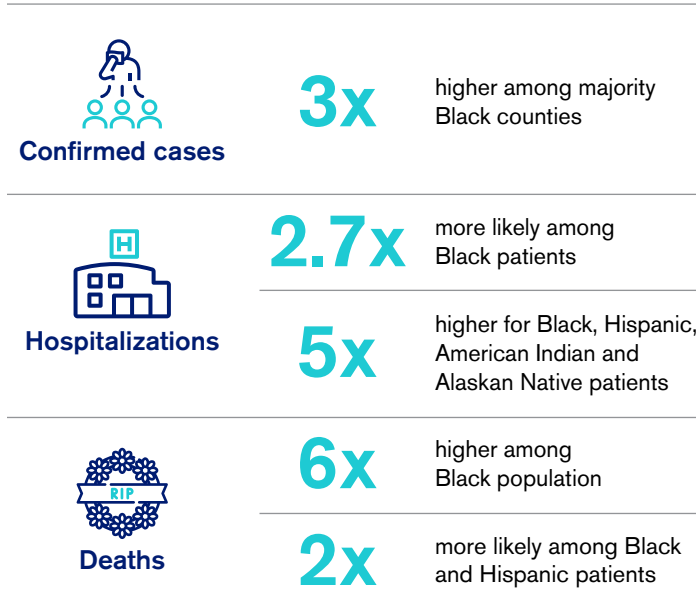
To address accessibility issues, plan sponsors should ensure that in-network mental health care providers are widely available, and implement a tele-behavioral program for participants to seek virtual mental health care. To reduce affordability concerns, plan sponsors should consider plan design with low participant cost-sharing for mental health and substance use disorder benefits. Our [May 27 article](#) about tele-behavioral health provides more information about how to implement and promote these strategies. Additionally, plan sponsors can reference our [July 23 webinar](#) for best practices in providing emotional support to plan participants during the pandemic.

### Assess impact of social determinants of health during the COVID-19 pandemic

Social, physical and economic inequalities greatly contribute to health care disparities. Housing stability, food security, access to transportation, employment status, income level, personal relationships, race, ethnicity and education level are examples of social determinants of health. These factors can be responsible for more than 50 percent of health outcomes.

COVID-19 has amplified these disparities, underscoring the association between health outcomes and racial and economic inequalities. Recent studies report large differences in COVID-19 case rates, hospitalizations and death rates among racial groups.

## Differences in COVID-Related Measures by Race (Blacks and Other People of Color Compared to Whites)



Sources: "COVID-19 and the impact of social determinants of health," *The Lancet*, [May 18, 2020]; "Disparities In Outcomes Among COVID-19 Patients In A Large Health Care System in California," *Health Affairs* [July 2020] and "Racial Disparities in COVID-19: Key Findings from Available Data and Analysis," Kaiser Family Foundation [August 17, 2020].

Income is also a strong determinant of health outcomes. *Health Affairs* noted that lower-income and/or Medicaid-insured patients were more likely to be admitted to the hospital for COVID-19, compared to higher-income and/or commercially-insured patients.

Plan sponsors can address the social factors that influence poor health outcomes among their workforce. Efforts can focus on reducing transportation, housing and food instabilities during the pandemic. Additionally, plan sponsors should carefully review access to care by neighborhood when making network and plan design decisions. Access to care within a geographic area can vary greatly and often aligns with the social factors discussed above.

## Compliance news

### COVID-19 testing coverage

In June 2020, the DOL and HHS clarified questions regarding requirements that group health plans must adhere to in relation to COVID-19 testing.

Learn more in our June 18 [webinar](#) and from our June 24 [insight](#).

### Prescription drug prices

Segal recently published an article summarizing four executive orders that focus on lowering prescription drug prices. Plan sponsors do not need to take any action related to these executive orders at the moment, but should monitor actions taken by HHS as a result of these orders.

For details, read our August 13 [insight](#).

To discuss the implications for your plan of anything covered here, contact your Segal consultant or [get in touch via our website, segalco.com](#).

This *Trends* was published in early October 2020. To see previous issues or other Segal publications, [visit the insights page of our website, segalco.com](#).

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