This report was published prior to the consolidation of the Utah Department of Health and the Utah Department of Human Services on July 1, 2022 and the content may not necessarily reflect the current views and priorities of DHHS.

Preliminary COVID-19 Healthcare Trends: A Snapshot from Utah's All Payer Claims Database

May 2020

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About this Report

This report was produced in response to a request by the Utah Health Data Committee during the May 19, 2020 committee meeting. Please note that all figures in this report are preliminary and subject to revision as more data become available.

The intent of this report is to highlight emerging healthcare consumption trends. In most cases, only a subset of the Utah All Payer Claims Database (APCD) was used. This means the actual, *total* number of procedures and prescription fills are much higher than reflected in this report.

About the Data

Utah's All Payer Claims Database

The Utah Department of Health, Office of Health Care Statistics (OHCS) is responsible for managing the Utah All Payer Claims Database (APCD) under authority granted to the department and the Health Data Committee (HDC).[1] Licensed commercial health insurance carriers and pharmacy benefit managers covering 2,500 or more Utahns are required to submit member eligibility, medical claims, dental claims, and pharmacy claims as well as a health care provider file by administrative rule.[2] In addition to commercial insurance data, the APCD collects data from Medicaid. OHCS contracts with Milliman MedInsight for APCD data collection and processing. Milliman also enhances these data with risk adjusters, cost calculations, quality measures, and patient-provider attribution before delivering the APCD back to OHCS on a semi-annual basis.

About the Office of Health Care Statistics

The Office of Health Care Statistics implements the goals and directions of the Utah Health Data Committee. The office collects, analyzes, and disseminates health care data. These data help people understand cost, quality, access, and value in our health care system and allows users to identify opportunities for improvement.

The data sets under the purview of the office include:

- **CAHPS** – Annual customer satisfaction surveys relating to health plan performance
- **HEDIS** – Annual quality measures relating to health plan performance
- **Healthcare Facility Data** – A collection of information about all inpatient, emergency room, and outpatient surgery/diagnostic procedures performed in the state

[1] Utah Code 26-33a-104, https://le.utah.gov/xcode/Title26/Chapter33A/26-33a-S104.html.
[2] Utah Administrative Rule R428-15, https://rules.utah.gov/publicat/code/r428/r428-015.htm.

- **All Payer Claims Data** – A collection of data about health care that is paid for by third parties, including insurers, plan administrators, and dental and pharmacy benefits plans.

Utah Health Data Committee

The Utah Health Data Committee was created by the laws of the state of Utah. Members are appointed by the governor and confirmed by the senate, and represent various perspectives from industry and community – public health, purchasers, providers, payers, and patients. By law, members are required to have to have experience with health data.

HDC Mission Statement (Adopted 1994, Amended 2020)

The mission of the Utah Health Data Committee (HDC) is to support health improvement initiatives through the collection, analysis, and public release of health care information. Through public-private collaboration, the committee actively participates in the planning, development, implementation, and maintenance of a statewide health data reporting system, which provides accurate and independently validated information regarding health care in the state of Utah.

The committee implements policies to transform data into objective baseline, trend, and performance measurement information, which is made available while preserving patient privacy and confidentiality.

Contact Information

For more information, questions, or comments, please contact:

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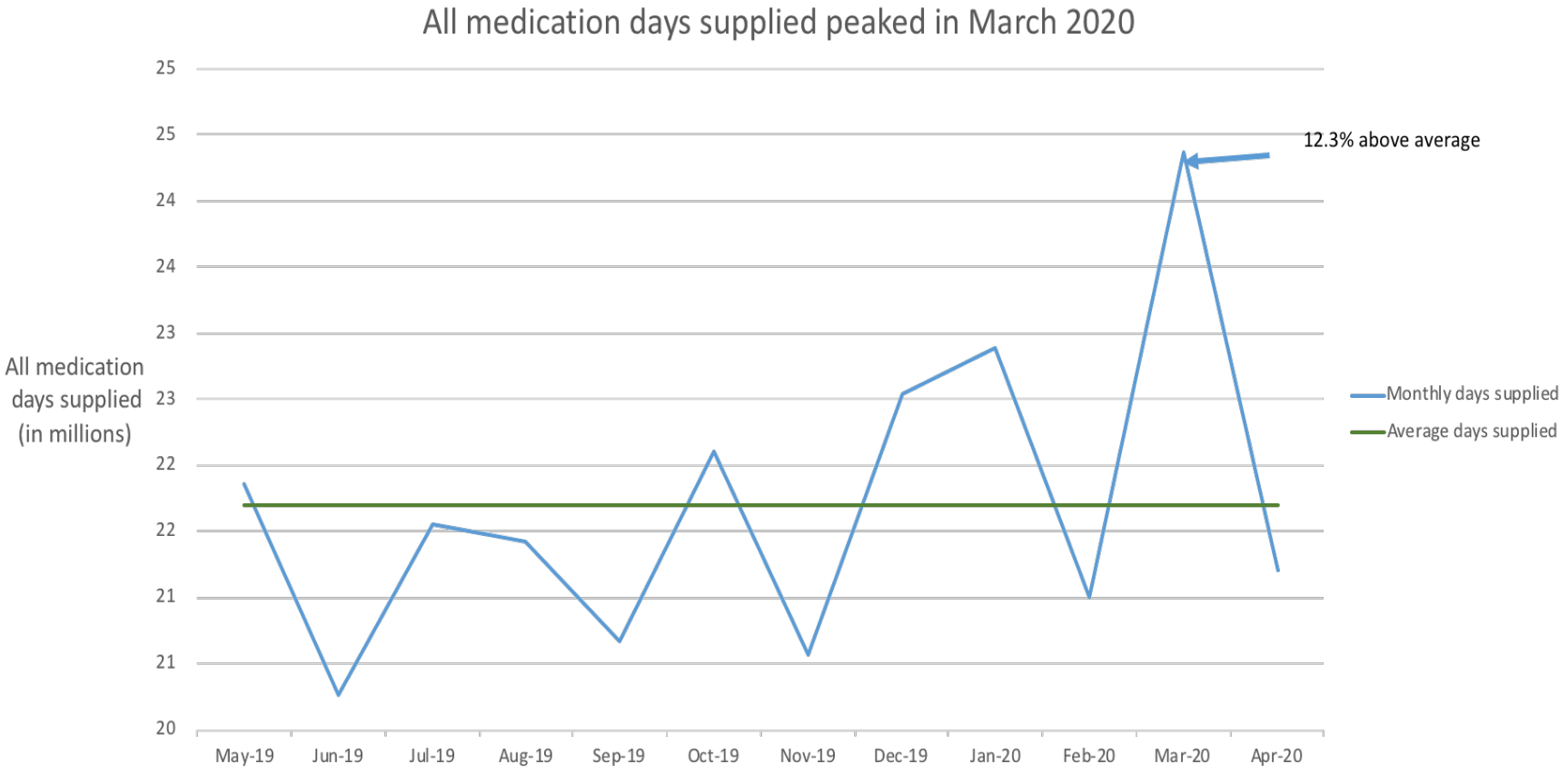
Healthcare Trend Charts

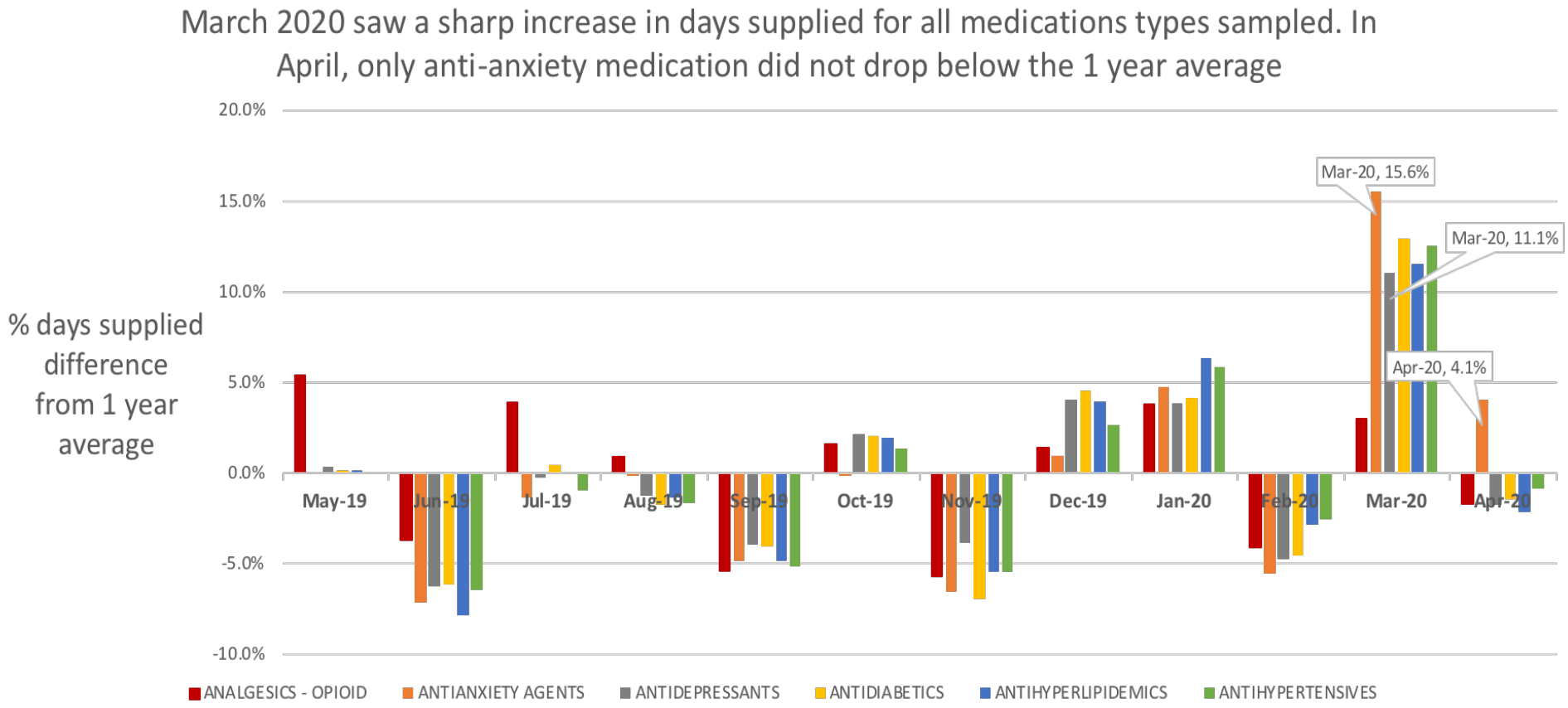
Pharmacy Days Supplied by Month

The total number of "days supplied" (the number of days a prescription fill will cover) reached a high point during the month of March. This is possibly due to a number of factors, including more people filling 90-day prescriptions instead of 30-days prescriptions, anticipation of possible loss of insurance, and stockpiling prescription drugs which are typically used on an "as needed" basis.



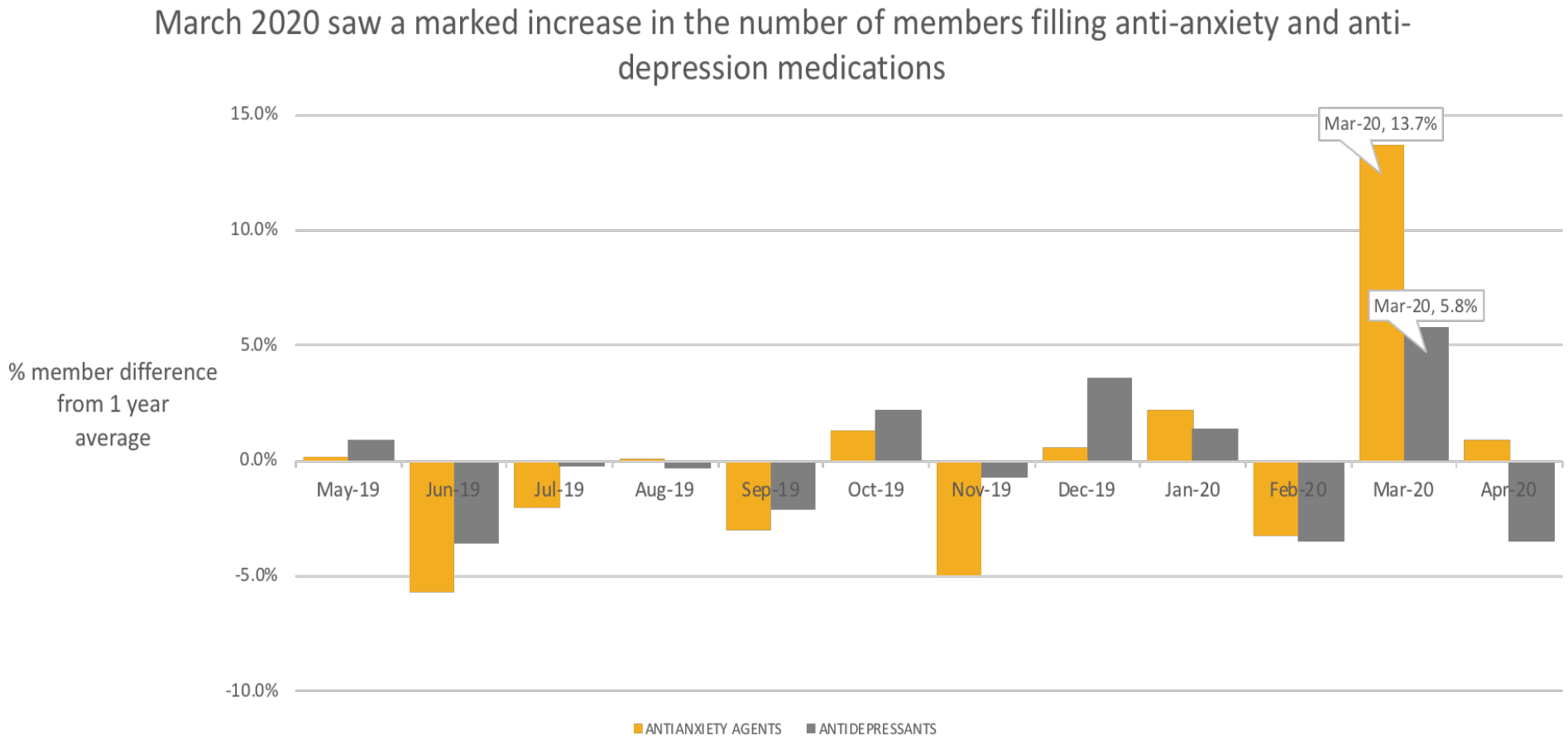
Differences in Days Supplied by Therapeutic Class and Month

While the total number of "days supplied" for most prescription categories fell in April, anti-anxiety prescription fills remained above the 1-year average. Identifying the drivers of these data were beyond the scope of this analysis, but the notable above-average filling of anti-anxiety drugs may be due to increased treatment for anxiety and comparable issues.



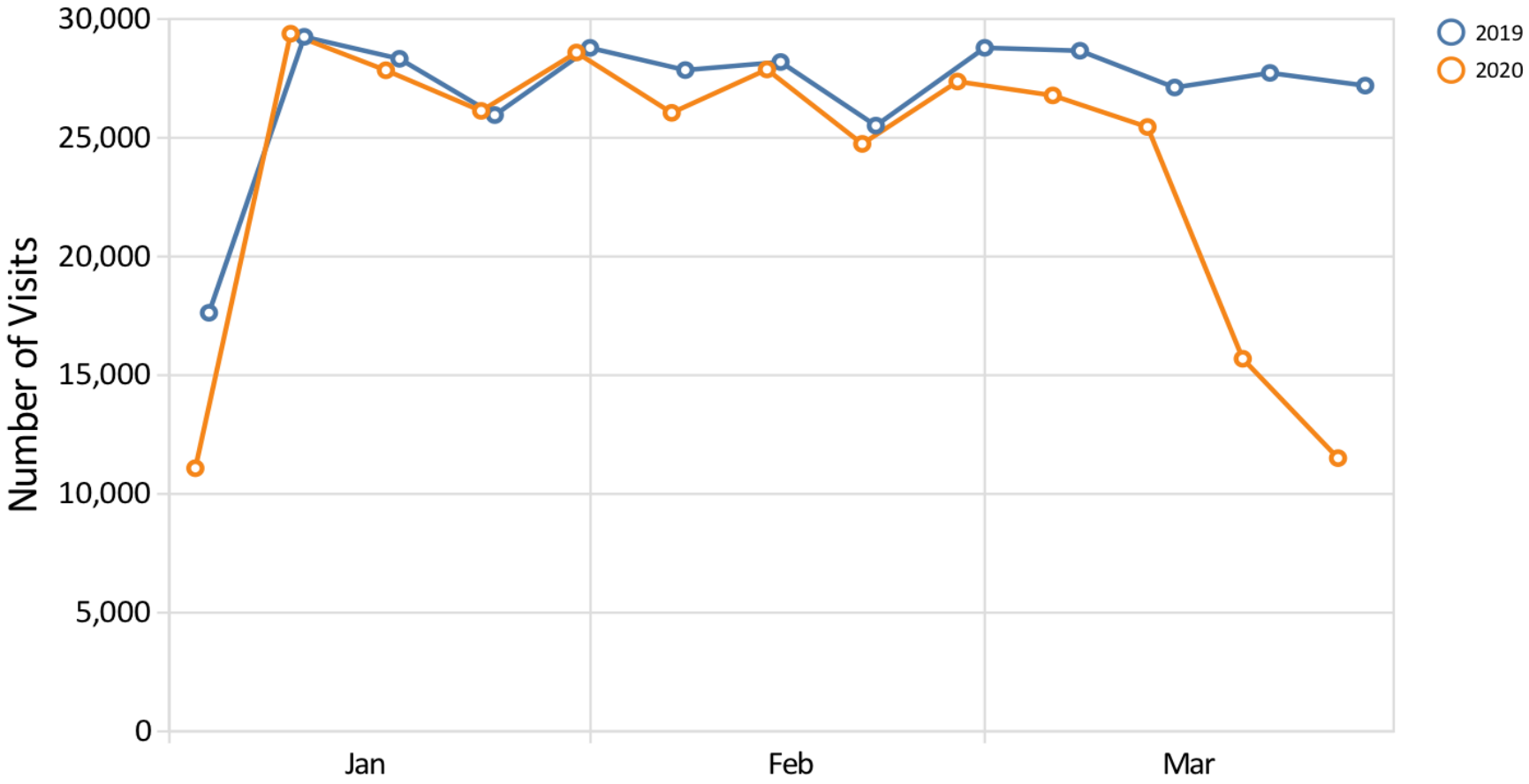
Differences in Number of Members for Anti-Anxiety and Anti-Depression Medication

The number of people filling prescriptions for anti-depression and anti-anxiety medications increased substantially during the month of March, when compared to other months observed and the difference in the 1-year average. This increase coincides with the the time period which marks the closing of non-essential services, increased social distancing and isolation, and layoffs across the state and the country.



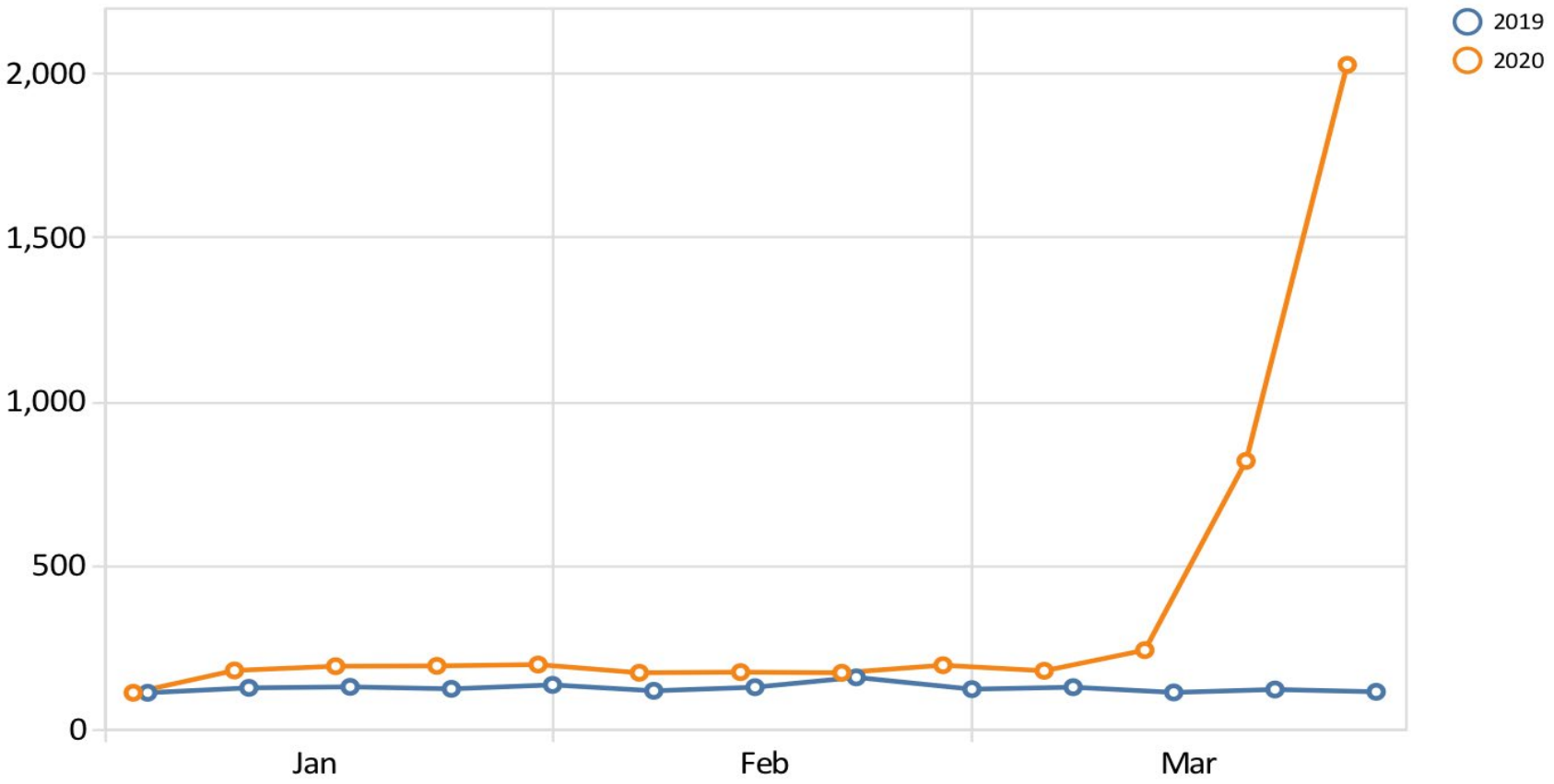
In-office Visits by Week

The number of in-office visits with healthcare providers in 2020 largely mirrored the pattern from the previous year for January and February. In March, we observed a notable gap widening. The decrease in in-office visits marks the period where Utahns began higher levels of social distancing, the state closed non-essential services, and when the number of people working from home grew. (*Codes: CPT 99201–99215, not indicated as administered via telehealth)*



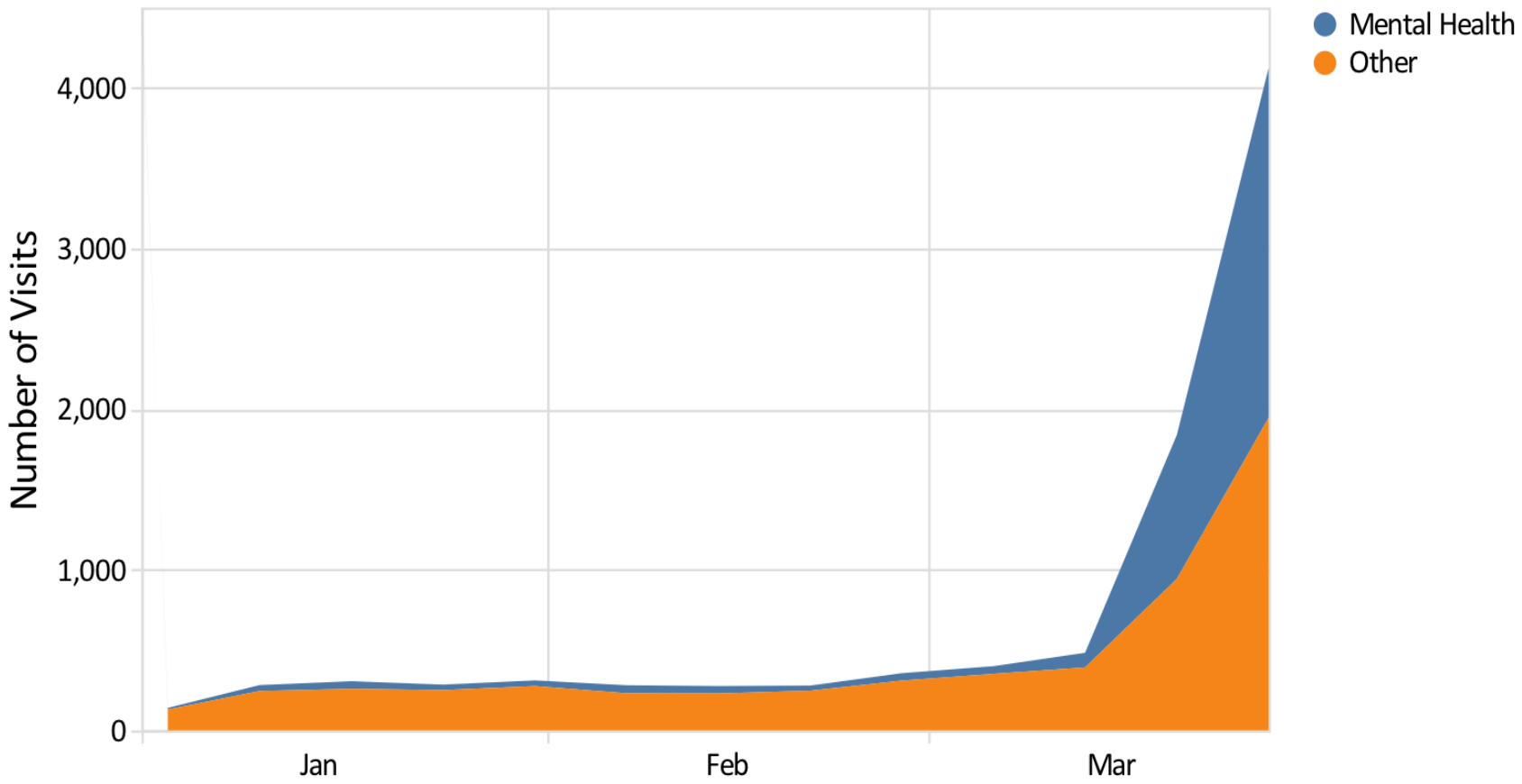
Telehealth Office Visits by Week

The number of telehealth visits among healthcare providers grew significantly during March 2020. This coincides with the shutdown of non-essential services and increased teleworking initiatives. *(Codes: CPT 99201–99215, indicated as administered via telehealth)*



All Telehealth Visits by Type, January–March 2020

Each week in March, the portion of telehealth visits for mental health treatment increased. By the end of March, approximately half of all telehealth visits were mental health related. *(Codes: CPT G2010, G2012, 99421, 99422, 99423, 98966, 98967, 98968, 99441, 99442, 99443, 98970, 98971, 98972, 98968, 99443, and other codes indicated as administered via telehealth)*



Child and Adolescent Vaccines by Week

The number of vaccines administered to children and adolescents in 2020 largely mirrored the trend from 2019 for the months of January and February. In March, we observed a notable gap widening. Unlike some medical services which can be provided via telehealth, immunizations must be administered in person. The Utah trend reflects similar patterns found in other national studies.

(Includes DTaP, Haemophilus Influenzae Type B (HiB), Hepatitis B, HPV, Inactivated Polio Vaccine (IPV), Measles/Rubella, Measles, Measles/Mumps/Rubella (MMR), Meningococcal, Mumps, Pneumococcal Conjugate, Rubella, Tdap, and Varicella Zoster (VZV)).