Impact of COVID-19 on behavioral health and potential contributing factors



Psychological distress and substance use have increased

Economic hardships, elevated levels of stress and uncertainty, social isolation, and exacerbation of existing BH conditions may be contributing to this increase

increased



Utilization of BH services has decreased

Lack of access to telehealth care, loss of health insurance coverage, reduction in provider capacity, and stay-athome mandates may be contributing to this decrease



The COVID-19 pandemic, its economic impacts, and the associated mitigation measures may be contributing to a rise in BH needs

Psychological distress and substance use have

disproportionately impacting racial and ethnic

In addition, the increase in BH needs is



reporting symptoms of anxiety or depressive disorders¹ 2.5X

more individuals reporting suicidal ideation²

increase in annual drug overdose deaths

and June 20203 The utilization of BH services has decreased

between June 2019

Hispanic **Black** Black **Americans Americans Americans** were were were

1.2X

minorities

1.1X

more likely to report symptoms

of anxiety or depressive disorder compared to white Americans during the COVID-19 pandemic¹

Although BH needs are estimated to be increasing during the COVID-19

pandemic, there has been a decline in the utilization of BH services

1.9X

2.4X

Hispanic

Americans

were

more likely to report suicidal ideation compared to white Americans during the COVID-19 pandemic²



The number of individuals ... however, total



have increased by has decreased by

utilization of BH services with a BH need is expected to



10

15

10

5

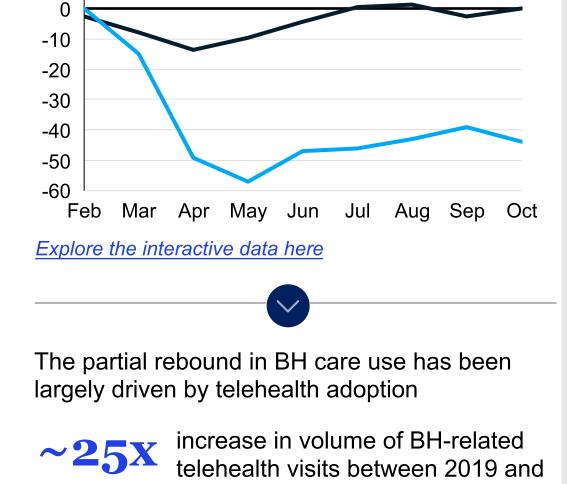
-15

~50% compared to pre-COVID-19 in 2020, compared to levels...4 **2019**⁵

Change in volume of BH-related visits Potential factors contributing to the relative to 2019 baseline,⁵ % shift in care-seeking patterns during the COVID-19 pandemic All visit modalitiesIn-person visits

The decrease in BH-related healthcare visits was most pronounced in the early stages

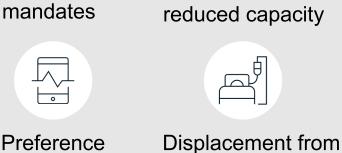
of the pandemic, but we have seen a persistent reduction in in-person visits



The decline in utilization was greatest for services that are not well suited for virtual care, and the decline has persisted over time Change in volume of BH-related visits relative to 2019 baseline,^{5,6} %

20204,5

Stay-at-home Provider closures/ mandates reduced capacity



Loss of health insurance due to unemployment However, when accounting for the large rise in BH needs, BH utilization is still

for and/or

satisfaction with

telehealth

Avoidance of inperson care even when available

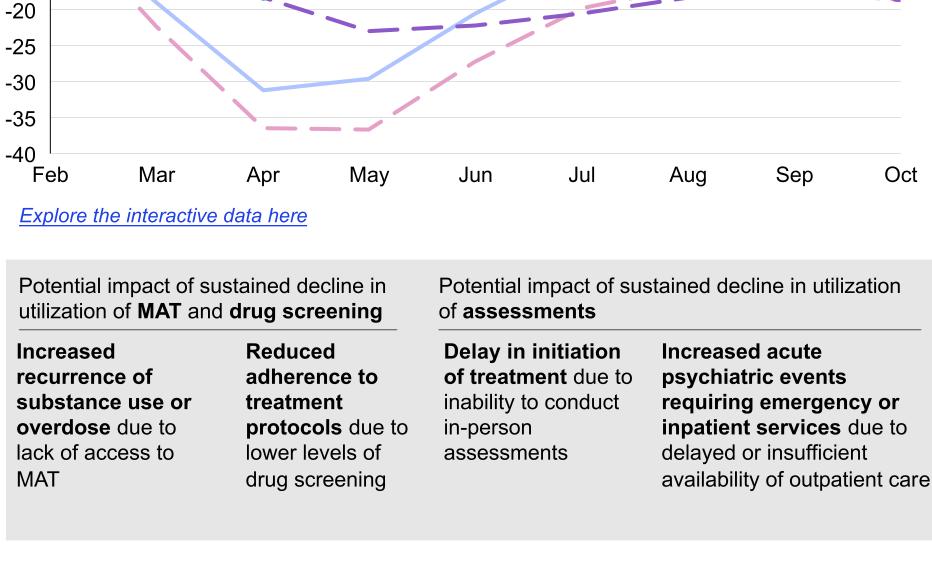
care settings

repurposed for COVID-19 response

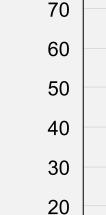
 Psychotherapy⁷ **Emergency department** Services well E&M and similar services Assessments suited for telehealth Psychosocial services Drug screening Medication-assisted treatment (MAT)

far below expected levels, even despite the sharp rise in telehealth adoption

0 -5 -10



The rise in the use of telehealth is helping preserve access to care



10

0

Jan

Feb

~13%

of population do

not have health

insurance

coverage¹

BH services and support

coverage of tele-BH at

parity, including audio

and other digital

offerings

Methodology for analyses with Compile data

Sources

Mar

Explore the interactive data here

Apr

May

Jun

Jul

Aug

Sep

80

of all BH visits⁵) Implementation of

policies to expand access to and ease adoption of telehealth Individual behaviors

Oct

The rapid adoption of telehealth for BH services is helping to offset the lower access

to in-person care during a time where patient needs are higher than ever before.

Furthermore, the use of telehealth has persisted over time

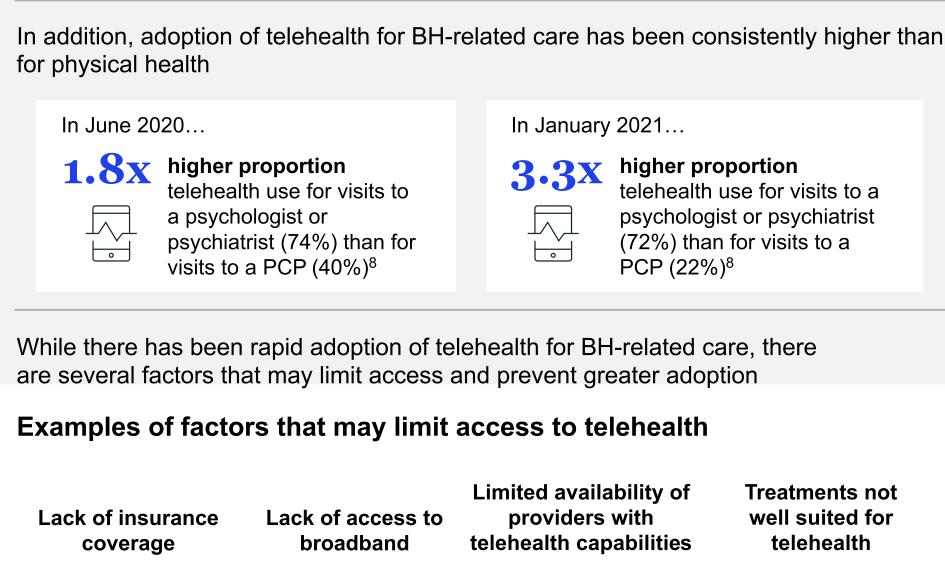
Psychosocial services

Telehealth visits as a proportion of total

visits in 2020,5,7 %

E&M and similar services

Psychotherapy⁶



Treatments not well suited for telehealth

~46%

of BH services may

be unable to shift to

telehealth¹¹

higher proportion

PCP (22%)8

~42%

of providers delivering

psychotherapy, E&M, or

psychosocial care do

not offer telehealth

services¹⁰

Stakeholders can consider a range of actions to mitigate the

Example actions that stakeholder can consider

services and home-

and community-based

crisis care

telehealth use for visits to a

psychologist or psychiatrist

(72%) than for visits to a

Factors contributing to the increase and persistence in

telehealth

High portion of care

(psychotherapy and

and preferences

High patient satisfaction

with telehealth services

E&M account for ~60%

that can be shifted to

telehealth use

negative impact of the COVID-19 pandemic on access to BH services and to care for the growing amount of BH needs

~20%

of households do

not have internet

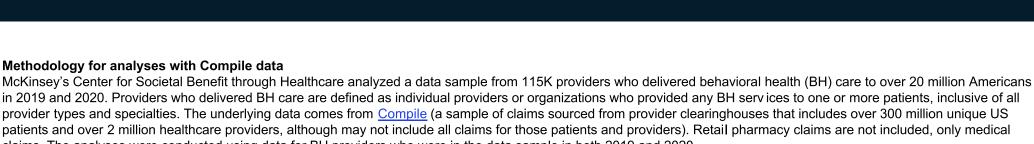
subscription⁹

Strengthen the policy Expand use of Enable providers to deliver evidence-based and technology innovative models infrastructure for telesuch as peer-led BH care in primary care



and specialty settings

through integrated care and the use of hub-and-



The change in the proportion of BH-related emergency department (ED) visits of total ED visits in 2020 relative to 2019 baseline for January–October. Based on analysis of data from Erica Hutchins Coe, Kana Enomoto, Patrick Finn, John Stenson, and Kyle Weber, "Understanding the hidden costs of COV ID-19's potential impact on US healthcare," September 4, 2020, McKinsey.com. Based on analysis of a data sample from 115K BH providers providing BH services to 20M+ individuals in the United States with Commercial, Medicaid, or Medicare insurance (underlying data from Compile).

Compile analyses "visits" are defined by distinct count of medical claims. Demographic data is weighted to be nationally representative. 1. "Census household pulse survey, week 21 (December 9–December 21)," U.S. Census Bureau, 2020. Mark Czeisler et al., "Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020," Morbidity and Mortality Weekly Report, 2020, Volume 69, pp.1049-57, cdc.gov. FB Ahmad, LM Rossen, and P Sutton, "Provisional drug overdose death counts," National Center for Health Statistics, 2020, cdc.gov.

Psychotherapy includes individual, group, or family psychotherapy treatment in an outpatient setting. E&M and similar services are BH-related evaluation and management ("E&M") services provided in an outpatient setting. Psychosocial services are BH-related community psychiatric supportive treatment (CPST), psychosocial rehabilitative services, and other skills-building therapies provided in an outpatient setting. Assessments include psychiatric diagnostic evaluations, brief emotional/behavioral assessments, annual mental health screenings, etc. provided in an outpatient setting, but does not include drug testing. Medication-assisted treatment (MAT) are medications for treatment of substance use disorders (for both opioid and alcohol use disorders). Drug screening is defined as all quantitative and qualitative drug testing for substance use disorder treatment.

10. Providers who did not bill at least one claim with a telehealth place of service code or procedure modifier code in 2020. B ased on analysis of a data sample from 115k BH providers providing BH services to 20M+ individuals in the United States with Commercial, Medicaid, or Medicare insurance (underlying data from Compile). Note that the

McKinsey

McKinsey's Consumer Surveys from June 4–8, 2020 and January 4–11, 2021.

Telehealth visits are remote visits provided via telecommunications technologies for BH care.

9. American Community Survey, 2018 American Community Survey 5-Year Estimates, Table S2801, U.S. Census Bureau.

Leverage data and analytics to identify highneeds members, incentivize high-quality

claims. The analyses were conducted using data for BH providers who were in the data sample in both 2019 and 2020. Trends displayed as moving average across 2 months and includes an adjustment for volume increase between January 2019 and January 2020. Note that claims completeness is ~90% as of 60 days prior to date the analysis was run, therefore data may not reflect full post-adjudication picture after September. In addition, throughout the

and novel access points

Innovate in member

engagement through

targeted outreach, multi-

platform communication,

providers, and support

patient journeys

adoption of telehealth may be underrepresented due to inconsistent billing practices by providers. 11. Jesse Bradford, Erica Coe, Kana Enomoto, and Christa Moss, "The implications of COVID-19 for vulnerable populations," May 20, 2020, McKinsey.com.

& Company