

InfoByte: COVID-19 Impact on Healthcare Utilization

Courtesy of the Wisconsin Health Information Organization

December 2020



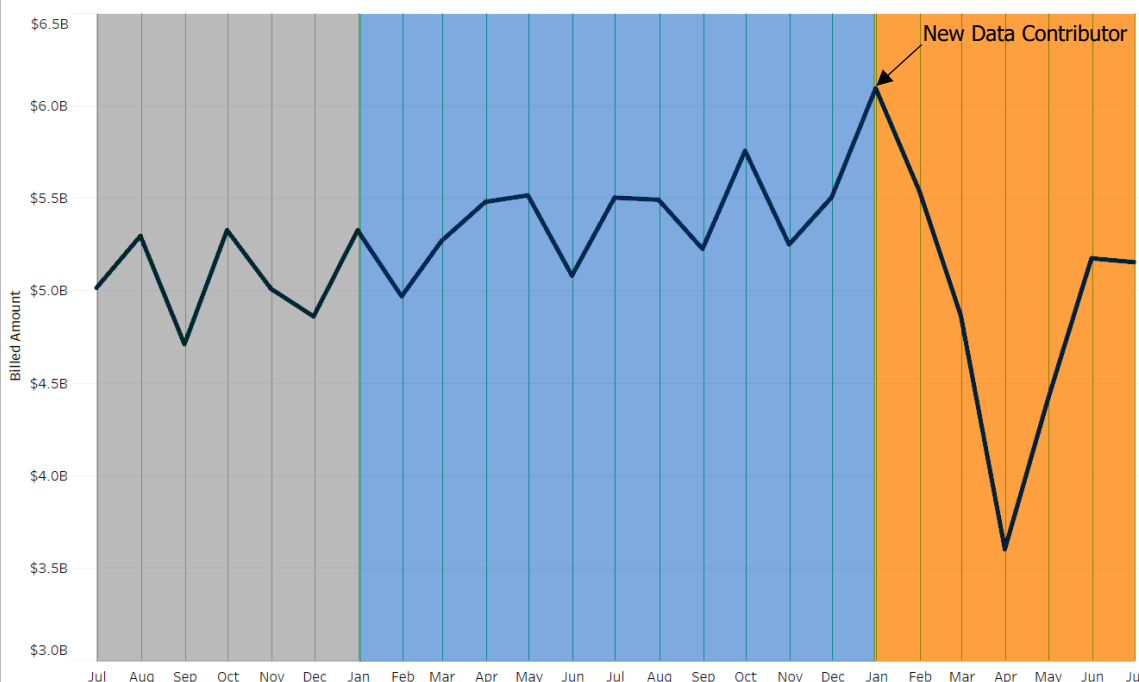
On December 1, 2020, the Kaiser Family Foundation published [How Have Health Spending and Utilization Changed During the Coronavirus Pandemic?](#), which concluded, in part, "that by the end of 2020 health spending may be somewhat lower than it was in 2019." The article goes on to say, "Any decrease in health spending would be historic, as health costs tend to rise faster than inflation and have even grown during past periods of economic downturn."

Since the onset of the pandemic there has been speculation by news media, providers, payors, government leaders, and others about the impact of COVID-19 on healthcare utilization. The WHIO set out to answer this question - using the WHIO health care claims data - so that Wisconsin has facts to guide future decisions.

The WHIO is Wisconsin's All-Payer Claims Database, containing information on the health and health care delivered to over 4.9 million insured people.

If you have an idea of how the WHIO information can be used to help Wisconsin reduce the impact of coronavirus, please let us know. info@whio.org

Total Health Care Services Utilization
July 1, 2018 - July 31, 2020



Health care utilization can be measured in a variety of ways. Care bundles and episode treatment groups are examples of population-based, utilization evaluations that measure the average number of services provided to a group of patients with a similar characteristic(s). It is common when measuring utilization to use a measure of "cost" so that services can be summed over all provided services. Billed charges (billed amount) are often used to determine "cost" because these data are more readily available. Billed charges do not represent what is actually paid by an insurance company or what is paid to a provider as they do not take into account contractual discounts. Also, billed charges do not represent what an individual would pay as these charges do not consider co-payments, deductibles or out of pocket expenses. However, because billed charges are based on a standard unit of measure (the dollar) they are useful when comparing and quantifying the number of resources used to provide a service(s).

The information in this InfoByte is based on the sum of all billed charges for nearly all services provided to insured persons in the WHIO information system. This high-level information can be used to understand the relative size of the decrease in health care services utilization that occurred when the COVID-19 pandemic began in Wisconsin. And to begin to track when, and to what extent, the use of health care services has come back over time.

Total Amount of All Billed Charges
January 1, 2018 - July 31, 2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2018	5.2B	4.7B	5.1B	5.0B	5.2B	4.9B	5.0B	5.3B	4.7B	5.3B	5.0B	4.9B	\$60.3B
2019	5.3B	5.0B	5.3B	5.5B	5.5B	5.1B	5.5B	5.5B	5.2B	5.8B	5.3B	5.5B	\$64.4B
2020	6.1B	5.5B	4.9B	3.6B	4.4B	5.2B	5.2B						\$34.8B

Data includes individuals who received health care services and are insured by entities that participate in WHIO.

InfoByte: COVID-19 Impact on Healthcare Utilization

Courtesy of the Wisconsin Health Information Organization

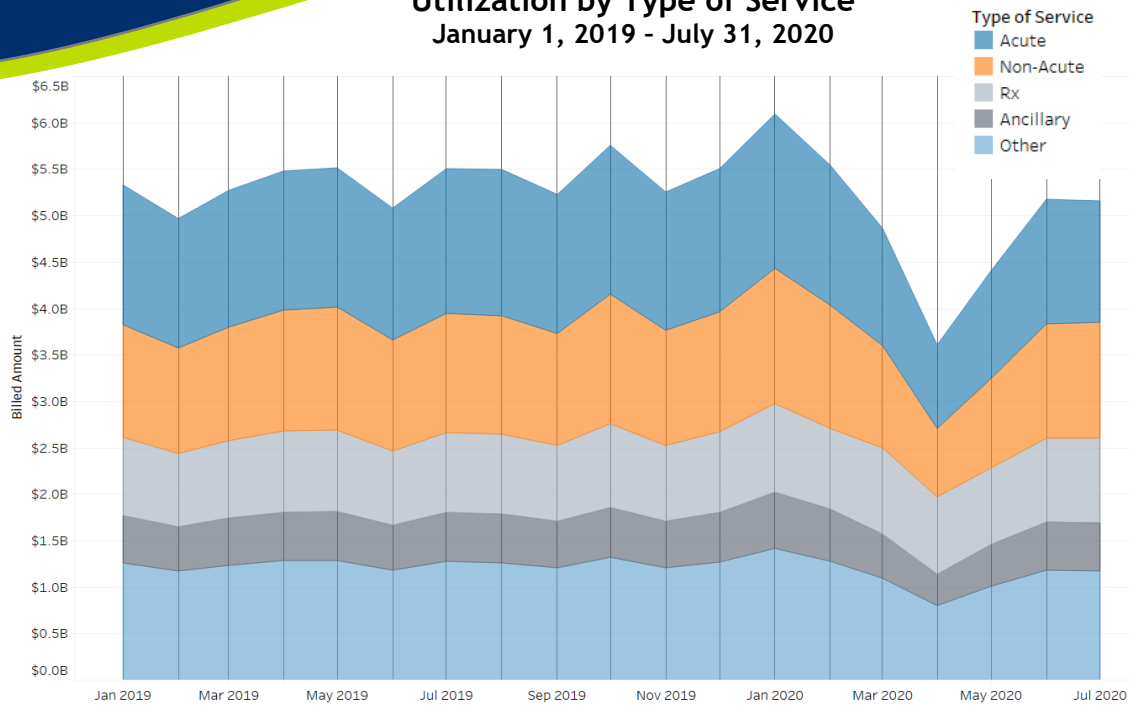
December 2020

The U.S. Department of Health & Human Services published their findings of [The Impact of COVID-19 on Medicare Health Services and Payments](#) in September 2020. Key findings from that brief are below:

- Medicare beneficiary utilization of services declined substantially beginning in mid-March 2020, bottomed out the week ending April 8, and have increased through June.
- By the week ending July 1, weekly payments had nearly returned to 2019 levels.
- At the end of June, cumulative year to date payment deficits relative to 2019 ranged from 12-16% for these service categories.
- Utilization of individual preventative screening and surgical services declined substantially during March and April and have increased through June.
- There is geographic variation in the magnitude of both the utilization declines and the rate of recovery.

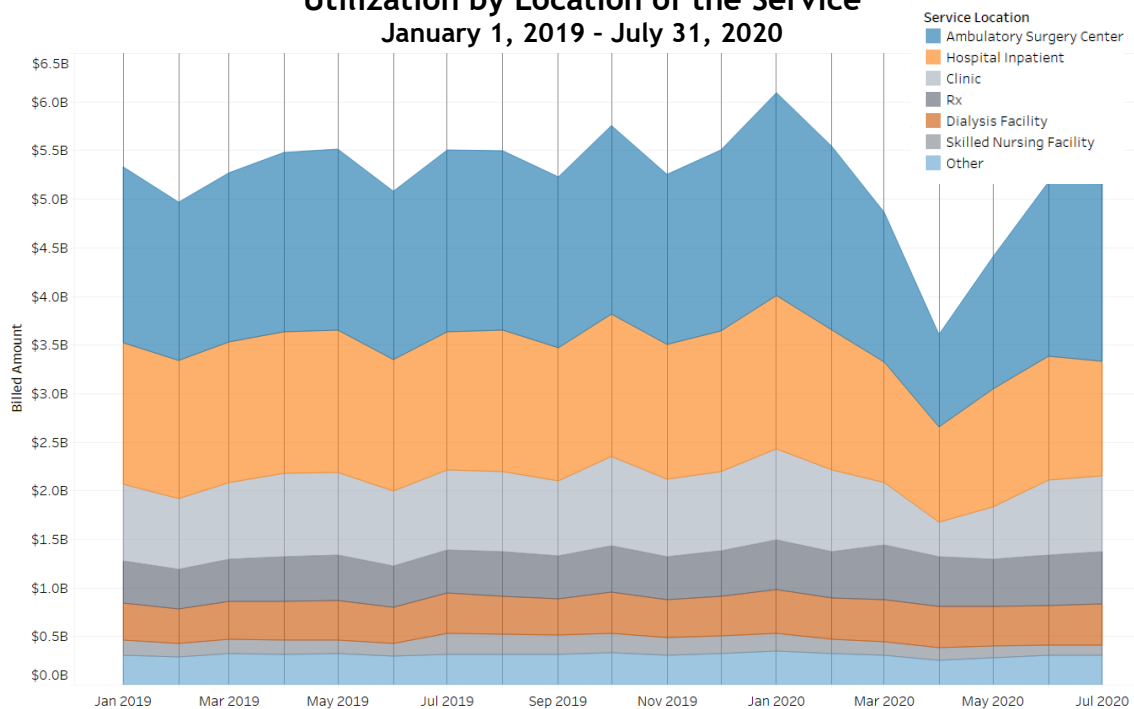
For additional information please contact the WHIO at 608.442.3876

Utilization by Type of Service January 1, 2019 - July 31, 2020



The graph above is organized by large groupings like "Acute" for high acuity services and "Non-acute" for clinic like services. The graph below represents the type of facility where these services occurred. This information helps us to know which services have been most/least affected by COVID-19 and where the pandemic has had the greatest/smallest impact on health care services utilization.

Utilization by Location of the Service January 1, 2019 - July 31, 2020



Data includes individuals who received health care services and are insured by entities that participate in WHIO.