Estimating the Impact of COVID-19 on the Health Care System

Updated November 18, 2020
As part of its efforts to support the Commonwealth with insights about the impact of the COVID-19 pandemic on the Massachusetts health care system, the Health Policy Commission (HPC) has compiled the most recent national and state information available to understand the range of potential impacts.

In the following slides, the HPC:

- Summarizes select industry reports and other economic and survey data on health care utilization and spending and provider and payer impacts, and
- Using Massachusetts utilization and spending data, models differential impacts of the pandemic on use of care by service category, provider organization and sector.

The HPC will continue to analyze the impact of COVID-19 on spending and utilization in Massachusetts as data becomes available and monitor health system changes to inform policy efforts during and after the crisis.
Summary of new industry reports and studies of the impact of the COVID-19 pandemic on spending and utilization through mid-May, after most states have reopened to varied extents

Continued discussion of the implications of the pandemic on and opportunities for the HPC’s work including preliminary results of impact modeling on provider organizations
The reduction in health care utilization and spending in April was dramatic, with declines of greater than 50% in many categories.

**Change in quantity for April 2020 relative to April 2019**

### Hospital Services
- Emergency department visits: -50%
- Inpatient discharges: -33%
  - Smallest hospitals: -38%
  - Largest hospitals: -28%
- Outpatient revenue: -50%
- Operating room minutes: -80%

### Physician Office Visits and Services
- Variation by type of care (see next slide)
  - Overall: -60% to -70%

### Prescriptions
- Reductions tied to fewer office visits that would initiate new prescriptions
  - Overall: -10%

---

The reduction in physician care and use of telehealth varied by specialty.

Visit volume (blue = in-person; green = telehealth) for week ending 5/1/20 relative to Jan-Feb 2020


Notes: “F2F” refers to in-person care that is delivered face to face.
Data through mid-May shows an increase in visit volume after steep declines in March and April, with New England rebounding more slowly.

Visit volume (all types) relative to week of March 1, 2020

Sources: Ateev Mehrotra, Michael Chernew, David Linetsky, Hilary Hatch, and David Cutler, "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," The Commonwealth Fund and Phreesia. Data from Phreesia’s clients, which include more than 1,600 provider organizations representing more than 50,000 providers across all 50 states.
Through mid-May, total telehealth claims have held steady even as some office-based care resumed.

Visit volume (all types) relative to January – February, 2020

In the Northeast, telehealth increased from 0.07% of all claims to 11.1% from March 2019 to March 2020, compared to 7.5% in the U.S. overall.
Overall health care employment has dropped 6% nationally since February 2020, with some variation among sectors, but all declining.

Percent change in health care industry employment, by sector, February – May, 2020

Massachusetts reductions from February to April
- Offices of physicians: -17k (-30%)
- Outpatient care centers: -6k (-22%)
- Nursing and home health: -18k (-12%)
- Hospitals: ~0

Sources: BLS: Table B-1. Employees on nonfarm payrolls by industry sector and selected industry detail released on June 5, 2020 and May 8, 2020.
Notes: Overall and figure excludes office of dentists and other health practitioners. “Nursing and home health” includes employment numbers for nursing and residential care facilities and home health care services.
Results of a new survey of Massachusetts providers suggest primary care practices are struggling financially.

A research collaboration across faculty from the state’s medical schools in conjunction with HPC, the Massachusetts Chapter of the American College of Physicians, and other academic partners produced a targeted survey of provider practices from late May to early June 2020 on the impacts of COVID-19.

- Responses from more than 400 practices across all provider types
- Practice-level results are weighted, where appropriate, by provider FTE
- Convenience sample – not necessarily representative

*NOTE: Results are preliminary*
Primary care practices are considering a range of potential responses, including furloughs, salary or service cuts, and increased consolidation.

Of all practices, % that checked each response (multiple responses allowed). PRELIMINARY RESULTS

- **Primary Care**
  - Furlough or lay off employees: 58%
  - Cut services or other operating expenses: 62%
  - Generate revenue by improved diagnostic coding: 33%
  - Consolidate with other practices: 18%
  - Sell the practice: 17%
  - Other: 15%

- **Behavioral Health**
  - Furlough or lay off employees: 32%
  - Cut services or other operating expenses: 40%
  - Generate revenue by improved diagnostic coding: 18%
  - Consolidate with other practices: 18%
  - Sell the practice: 13%

- **Medical/Procedural Sp.**
  - Furlough or lay off employees: 62%
  - Generate revenue by providing more services: 66%
  - Generate revenue by improved diagnostic coding: 36%
  - Evolve toward membership-based practice: 10%
  - Consolidate with hospital or health system: 23%

- **Other Practices**
  - Furlough or lay off employees: 58%
  - Generate revenue by providing more services: 57%
  - Generate revenue by improved diagnostic coding: 49%
  - Evolve toward membership-based practice: 18%
  - Consolidate with hospital or health system: 18%

Source: Preliminary results from survey of Massachusetts provider practices conducted May 20 to June 10; results weighted by practice FTE
Many primary care practices report an interest and preference for a partial capitation payment system going forward.

Of all practices, subjective favorability of each payment method. DATA ARE PRELIMINARY

Source: Preliminary results from survey of Massachusetts provider practices conducted May 20 to June 10; results weighted by practice FTE
Several estimates suggest a significant dampening of spending for calendar year 2020 (relative to 2019).

**Decrease in spending from reduction in non-COVID-19 care**
- **-4 to -22%** (Milliman Actuarial Consulting)
  - Largest magnitude for Commercial
  - Smallest magnitude for Medicaid
- **-12%** (implied) (Kronick, May 2020 Health Affairs blog)

**Increase in spending due to COVID-19 Care**
- **1.6 to 2.7%** (Milliman)
- **1.0 to 1.6%** (Kronick)

The HPC applied estimates in the midpoint of this range to industry reports of spending impacts by category of care to estimate annualized impacts by provider organization type.

Relatively larger impacts expected for:

- **Community Hospitals**
  - Generally rely on a greater share of revenue is from outpatient care, which has a larger reduction
  - On average, community hospitals were in a more difficult financial position pre-COVID

- **Physician-led Organizations and Community Health Centers**
  - Less inpatient revenue to offset reductions in non-COVID care elsewhere
The HPC can support the Commonwealth with insights about the impact of the COVID-19 pandemic and inform policy efforts during and after the crisis.

Potential HPC work:

- Examine **differential impacts** on different types of provider organizations, for example:
  - Community hospitals and Academic Medical Centers (AMCs)
  - Physician practices, including primary care practices
  - Community Health Centers

- Model impact of potential **market structure changes**, including consolidation pressures resulting from COVID-19

- Evaluate the impact of **temporary** changes in practice and policy (e.g., expansion of telehealth, expanded scope of practice, setting of out-of-network benchmarks, reduction in unnecessary or low-value care, reduction in administrative complexity) and make policy recommendations to **sustain positive changes**

- Explore, with other public and private partners, new/revised payment models for **primary care, behavioral health care, and hospitals** that can provide necessary revenue, while still incentivizing efficient and innovative care delivery

- Evaluate **health system and workforce capacity** to support health planning for potential future infection waves or pandemics

- Target **innovative investments** to foster resiliency within the health care system and communities most impacted by the COVID-19 pandemic and resulting health, social, and economic disruptions (e.g., MassUP)
Summary: Updated Findings of the Impact of COVID-19 on Health Care

As the COVID-19 pandemic produces unique challenges to the Massachusetts health care system, the HPC is leveraging its data assets, research expertise, investment experience, and market knowledge to support policy efforts during and after the crisis. A compendium of industry reports on utilization trends and other COVID-related findings may be found on the HPC’s website.

- Health care spending dropped 30% in April. Overall health care spending in 2020 is still on track to be approximately 10% lower than in 2019.
- Health care spending dropped faster than the overall economy in April (30% vs. 14%), but health care employment dropped slower than overall employment (6% vs. 12%).
- Most Massachusetts hospitals had negative margins in the first quarter of 2020.
- One national for-profit health plan that operates in Massachusetts reported a doubling of net income in April-June of 2020, driven by a 70% medical loss ratio (vs. 83% MLR in Q2, 2019)
- Independent primary care practices in Massachusetts are much more likely to say they will close versus hospital or health system-owned practices.
- Pediatric visits remain far below pre-pandemic levels while adult visits have returned to baseline levels as of mid-June when including telehealth.
- Telehealth visits have declined by about a third from their April peak as adult in-person visits have increased.
Total health care spending in April 2020 was 30% less than the previous year, with substantial variation by category.

Change in spending between April 2019 and April 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP</td>
<td>-13.7%</td>
</tr>
<tr>
<td>Personal health care</td>
<td>-30.1%</td>
</tr>
<tr>
<td>Hospital care</td>
<td>-40.7%</td>
</tr>
<tr>
<td>Physician and clinical services</td>
<td>-40.9%</td>
</tr>
<tr>
<td>Other professional services</td>
<td>-50.1%</td>
</tr>
<tr>
<td>Dental services</td>
<td>-60.8%</td>
</tr>
<tr>
<td>Home health care</td>
<td>-33.2%</td>
</tr>
<tr>
<td>Nursing home care</td>
<td>6.3%</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>5.1%</td>
</tr>
<tr>
<td>DME</td>
<td>-20.6%</td>
</tr>
</tbody>
</table>

By mid-June, outpatient visits in the Northeast had returned to 80% of baseline levels when telehealth is included.

Data are presented as a percentage change in the number of visits in a given week from the baseline week (March 1–7). Distribution of states across U.S. census divisions is available at the census website.

Pediatric visits remain far below baseline levels while adult visits are approaching typical rates.

Percent Change in Visits from Baseline, Including In-Person and Telehealth

Data are presented as a percentage change in the number of visits of any type (in-person and telemedicine) in a given week from the baseline week (March 1–7).

Changes in visit volume vary by specialty.

Data are only for select specialties shown. The decline shown is reflective of all visit types (in-person and telemedicine). Visits from nurse practitioners and physician assistants are not included.

Source: Ateev Mehrotra et al. *The Impact of the COVID-19 Pandemic on Outpatient Visits: Practices Are Adapting to the New Normal* (Commonwealth Fund, June 2020). [https://doi.org/10.26099/2v5t-9y63](https://doi.org/10.26099/2v5t-9y63)
As of mid-June, visits have returned to baseline levels for many conditions when telehealth is included.

Telehealth visits have declined from their peak in April, but remain far above the pre-pandemic baseline.

Massachusetts Practice Survey: Independent practices are more likely to say that they would close.

Overall likelihood that practice would take each action

- Furlough or lay off employees
- Cut salaries of providers or employees
- Cut services or other operating expenses
- Close the practice
- Generate revenue by providing more services
- Generate revenue by improved diagnostic coding
- Consolidate with other practices
- Sell the practice
- Evolve toward membership-based practice
- Consolidate with hospital or health system

Notes: "Independent" in the survey meant owned by a hospital or health system.
National health care employment remains 5% below February levels. Massachusetts saw a larger drop in physician office and nursing home/home health employment.

Percent change in national health care industry employment, by sector, February 2019 – June 2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of physicians</td>
<td>-16%</td>
<td>-14%</td>
<td>-12%</td>
<td>-10%</td>
<td>-8%</td>
<td>-6%</td>
</tr>
<tr>
<td>Outpatient care centers</td>
<td>-14%</td>
<td>-8%</td>
<td>-6%</td>
<td>-4%</td>
<td>-2%</td>
<td>0%</td>
</tr>
<tr>
<td>Nursing and home health</td>
<td>-14%</td>
<td>-8%</td>
<td>-6%</td>
<td>-4%</td>
<td>-2%</td>
<td>0%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>-2%</td>
<td>-1%</td>
<td>0%</td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Overall health care</td>
<td>-10%</td>
<td>-5%</td>
<td>-3%</td>
<td>-1%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Overall (total nonfarm)</td>
<td>-14%</td>
<td>-9%</td>
<td>-5%</td>
<td>-3%</td>
<td>-1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Sources: BLS: Table B-1. Employees on nonfarm payrolls by industry sector and selected industry detail released on July 2, 2020, June 5, 2020, May 8, 2020, and March 6, 2020.

Notes: “Overall and figure excludes office of dentists and other health practitioners. "Nursing and home health” includes employment numbers for nursing and residential care facilities and home health care services.
Massachusetts hospital margins were negative in Q1 of 2020 for all cohorts.
By the end of July, outpatient visits in the Northeast had stabilized at 10% below baseline. Regional spikes in COVID-19 cases depressed visits in those areas.

(Data are presented as a percentage change in the number of visits in a given week from the baseline week (March 1–7). Hot spot states were the top 10 states in terms of new cases per capita in the weeks of June 28th and July 4th, according to data from the New York Times. These hot spots were divided into two groups: 1) Arizona, Florida, and Texas, which clearly had a different trajectory of visits, and 2) Alabama, Georgia, Idaho, Louisiana, Nevada, and South Carolina. The Northeast includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

Pediatric visits remain 25% below baseline. Behavioral health visits did not drop as dramatically, but remain 15% below baseline levels.

Percent change in visits from baseline: visit counts include telehealth

Data for only four specialty areas shown to illustrate the range of trajectories. The decline shown is reflective of all visit types (in-person and telemedicine). Visits from nurse practitioners and physician assistants are not included. Behavioral health includes psychiatrists, psychologists, and social workers. Urgent care center visits are not included in adult primary care or pediatrics.

Telehealth visits declined by about a third from their peak in April, and accounted for roughly 10% of visits by the end of July.

Changes in visits by telehealth/office/institutional relative to February baseline

Data for latest week date controlled against prior periods: estimates have been applied to reflect anticipated late-adjudicated claims based on historical rates.

Estimated amounts for latest weeks applied based on likely claims still to be received due to data latency or claim processing delays; See Appendix for further details.

COVID-19 Market Impact - w/c July 31, 2020

September 15, 2020

National health care employment remained 4% below February levels, with variation by sector. Physician office employment dropped more in Massachusetts than nationally; hospital employment dropped less.

Percent change in national health care industry employment, by sector, February 2019 – July 2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

MA vs US employment changes from February 2020 to July 2020

<table>
<thead>
<tr>
<th></th>
<th>MA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offices of physicians</td>
<td>-7%</td>
<td>-5%</td>
</tr>
<tr>
<td>Outpatient care centers</td>
<td>-8%</td>
<td>-4%</td>
</tr>
<tr>
<td>Nursing and home health</td>
<td>-15%</td>
<td>-5%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>-1%</td>
<td>-2%</td>
</tr>
<tr>
<td>Overall health care</td>
<td>-7%</td>
<td>-4%</td>
</tr>
<tr>
<td>Overall (total nonfarm)</td>
<td>-11%</td>
<td>-9%</td>
</tr>
</tbody>
</table>

Sources: BLS: Table B-1. Employees on nonfarm payrolls by industry sector and selected industry detail released on July 2, 2020, June 5, 2020, May 8, 2020, and March 6, 2020.

Notes: *Overall and figure excludes office of dentists and other health practitioners. "Nursing and home health" includes employment numbers for nursing and residential care facilities and home health care services.
The COVID-19 pandemic led to dramatic drops in health care use nationwide. By October, total outpatient visits returned to baseline levels.

Note: Data are presented as a percentage change in the number of visits in a given week from the baseline week (March 1–7).

Source: Ateev Mehrotra et al., The Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Pre-pandemic Levels, but Not for All Providers and Patients (Commonwealth Fund, Oct. 2020). https://doi.org/10.26099/41xy-9m57
The rebound in visits has been stronger for larger physician practices, due in part to their ability to make greater use of telehealth.

Percent change in visits from baseline: visit counts include telehealth

Data are presented as a percentage change in the number of visits in a given week from the baseline week (March 1–7). The size of the provider organization is based on the total number of providers of any specialty. We show data only for adult primary care providers to demonstrate that there is variation even within a given specialty.

Source: Ateev Mehrotra et al., The Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Prepandemic Levels, but Not for All Providers and Patients (Commonwealth Fund, Oct. 2020). https://doi.org/10.26099/41xy-9m57
ED and inpatient visits in Massachusetts also dropped dramatically due to COVID-19, with both remaining below 2019 levels through September 2020.

The data for this analysis was supplied by Collective Medical, a care coordination software company based in Utah. Collective Medical offers a data-aggregation, analytics, and care collaboration platform that links hospitals, health plans, outpatient providers for real-time identification and support of high-risk individuals as they move across the care continuum. The platform links to hospital operations and electronic medical records systems as well as other provider and health plan systems.
The drop in health care employment in Massachusetts has been larger than in the U.S., except for hospital employment.

Employment by sector in August 2020 relative to February 2020; Massachusetts and the U.S. overall.

- Overall (total nonfarm): -7.5% (Massachusetts), -3.6% (U.S.)
- Overall health care: -5.1% (Massachusetts), -3.8% (U.S.)
- Hospitals: -9.9% (Massachusetts), -5.5% (U.S.)
- Offices of physicians: -2.1% (Massachusetts), -5.2% (U.S.)
- Outpatient care centers: -3.7% (Massachusetts), -5.8% (U.S.)
- Nursing and residential care facilities + home health care: -9.4% (Massachusetts), -5.5% (U.S.)

Source: HPC analysis of Data from the US Bureau of Labor Statistics
Since March 2020, MassHealth enrollment has increased 7.8% while commercial enrollment has declined 1.6%.

Hospital discharges in Massachusetts dropped by nearly one third in April 2020, except for OB-related discharges.

Inpatient discharges, by category, in a sample of Massachusetts acute care hospitals*

Source: Massachusetts Center for Health Information and Analysis (CHIA) based on 15 voluntary reporting hospitals: Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Plymouth; Boston Children’s Hospital; Boston Medical Center; Emerson Hospital; Harrington Memorial Hospital; Health Alliance-Clinton Hospital; Holyoke Medical Center; Lowell General Hospital; Marlborough Hospital; Signature Healthcare Brockton Hospital; Southcoast Hospitals Group; Steward Good Samaritan Medical Center; Tufts Medical Center; UMass Memorial Medical Center
The drop in discharges in April 2020 (by primary diagnosis) was dramatic even for chronic and severe diagnoses.

Percent change in discharges for month shown relative to baseline (Oct ‘19 to Feb ‘20 average)

Source: Massachusetts Center for Health Information and Analysis (CHIA) based on 15 voluntary reporting hospitals: Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Plymouth; Boston Children’s Hospital; Boston Medical Center; Emerson Hospital; Harrington Memorial Hospital; Health Alliance-Clinton Hospital; Holyoke Medical Center; Lowell General Hospital; Marlborough Hospital; Signature Healthcare Brockton Hospital; Southcoast Hospitals Group; Steward Good Samaritan Medical Center; Tufts Medical Center; UMass Memorial Medical Center
Many top discretionary inpatient procedures returned significantly by June 2020.

Percent change in procedures for month shown relative to baseline (Oct ‘19 to Feb ‘20 average)

Source: Massachusetts Center for Health Information and Analysis (CHIA) based on 15 voluntary reporting hospitals: Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Plymouth; Boston Children’s Hospital; Boston Medical Center; Emerson Hospital; Harrington Memorial Hospital; Health Alliance-Clinton Hospital; Holyoke Medical Center; Lowell General Hospital; Marlborough Hospital; Signature Healthcare Brockton Hospital; Southcoast Hospitals Group; Steward Good Samaritan Medical Center; Tufts Medical Center; UMass Memorial Medical Center

- Arthroplasty knee
- Hip replacement; total and partial
- Spinal fusion
- Diagnostic cardiac catheterization; coronary arteriography
- Blood transfusion
- Fracture treatment; hip or femur fracture or dislocation
- CT scan head and neck
- Respiratory intubation and mechanical ventilation

-100.0% -99.7% -84.1% -82.0% -58.9% -37.5% -32.3% -21.3% -19.8% -12.6% -9.3% 3.3% 9.3% 12.6%
Black and Hispanic patients accounted for 38.3% of COVID-related inpatient discharges from April to June compared to 20.5% of non-COVID discharges.

COVID-related and non-COVID-related discharges between April and June 2020

- **Non-Hispanic White**: 66.5%\(\text{non-COVID} \), 52.8%\(\text{COVID} \)
- **Non-Hispanic Black**: 10.5%\(\text{non-COVID} \), 20.7%\(\text{COVID} \)
- **Non-Hispanic Asian**: 3.0%\(\text{non-COVID} \), 4.3%\(\text{COVID} \)
- **Hispanic**: 10.0%\(\text{non-COVID} \), 17.6%\(\text{COVID} \)
- **Other**: 10.0%\(\text{non-COVID} \), 4.6%\(\text{COVID} \)

Source: Massachusetts Center for Health Information and Analysis (CHIA) based on selected voluntary reporting hospitals: Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Plymouth; Boston Children's Hospital; Boston Medical Center; Emerson Hospital; Harrington Memorial Hospital; Health Alliance-Clinton Hospital; Holyoke Medical Center; Lowell General Hospital; Marlborough Hospital; Signature Healthcare Brockton Hospital; Southcoast Hospitals Group; Steward Good Samaritan Medical Center; Tufts Medical Center; UMass Memorial Medical Center

November 18, 2020
Hospitals sustained losses in March and April, but COVID-19 relief funds (light blue) led to large positive margins in June (12%) and July (22%).

Aggregate hospital expenses and revenues, by source

Massachusetts Center for Health Information and Analysis (CHIA) based on selected voluntary reporting from 37 of 61 Acute care hospitals. Base period represents monthly average for all of CY 2019.
Community hospitals experienced greater losses in April and May but saw larger positive margins than other acute care hospitals by July 2020.

Median total hospital margins with and without COVID-19 Relief Funds, by cohort

Massachusetts Center for Health Information and Analysis (CHIA) based on selected voluntary reporting from 37 of 61 Acute care hospitals. Base period represents monthly average for all of CY 2019.
A research collaboration across faculty from the state’s medical schools in conjunction with HPC, the Massachusetts Chapter of the American College of Physicians, and other academic partners produced a targeted survey of provider practices (mainly primary care, specialist physician, behavior health)* from late May to early June 2020 on the impacts of COVID-19.

Practices were re-surveyed September – October 2020.

Survey responses (including partially-completed surveys)

- **Round 1**: 953
- **Round 2**: 325
- **Both rounds**: 127

Practice-level results are weighted, where appropriate, by clinician FTE

Convenience sample – not necessarily representative

**NOTE**: Results are preliminary

Several thousand practices were surveyed in each wave. Practices surveyed also included some specialty providers such as chiropractors.
### Broad Themes of Open-Text Responses

<table>
<thead>
<tr>
<th>Practices Struggling</th>
<th>Practices Thriving</th>
<th>Additional Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers find telehealth difficult to provide and/or clinically inadequate</td>
<td>Increased patient volume related to increased need for mental/behavioral health care</td>
<td>Staffing challenges, including difficulties related to lack of childcare</td>
</tr>
<tr>
<td>Reduced patient volume, including related to patients’ lack of access to telehealth</td>
<td>Increased patient volume/contact related to increased access via telehealth</td>
<td>Stress for patients and providers alike</td>
</tr>
<tr>
<td>Providers are burned out and feel that the future of their practice is uncertain/are considering early retirement</td>
<td></td>
<td>Disrupted access to care</td>
</tr>
</tbody>
</table>
Some practices rebounded, while others continue to struggle.

**Spring 2020**
- **Rebounding practice**
  “I continue to pay for office space that I can’t use. Now I have to pay for a telemedicine service also…because I’m simultaneously homeschooling my daughter, I can’t work as many hours. My husband was furloughed so we’re desperate financially.”
  – Independent BH practice 1

- **Struggling practice**
  “Many adolescents do not want to meet using telehealth. They do not feel the privacy is the same as in person. As such, I have had a drastic decrease in my client caseload. I am using my personal funds to keep my practice open.”
  – Independent BH practice 2

**Fall 2020**
- **Rebounding practice**
  “Initially, I lost work and was very low in income, thought I would have to close the practice. As the quarantine went longer, clients’ mental health worsened, and they made more efforts to connect via telehealth…Now I can’t keep up with the demand.”
  – Independent BH practice 1

- **Struggling practice**
  “The inability to meet clients in person has affected the clients’ sense of confidentiality.”
  – Independent BH practice 2

  “Consideration for early retirement & dramatic consolidation.”
  – Independent specialist practice

Data based on Rounds 1 and 2 of survey of Massachusetts provider practices, “Impact of COVID-19 on provider practices”
Additional Positive and Negative Perspectives

**Challenges**

“Many patients are still afraid to be seen. It is difficult to know when to follow up with patients when you do not have any idea when they are going to be seen.”

- Primary care practice

“Put on hold a tremendous amount of chronic disease management and patient contact.”

- Primary care practice

“There is a general impression that in-person care is not available.”

- Independent BH practice 3

**Opportunities**

“We have learned that telehealth is a viable option for many cognitive services…and we will continue doing this going forward. I’m hoping the options for primary care will diversify so people use ED less.”

- Independent BH practice 4

“I’m happy telehealth is here to stay as it is a good answer for a lot of frail patients. We also started drive through flu clinics for our patients to keep them safe. It was very popular.”

– Primary care practice

Quotations based on Round 2 of survey of Massachusetts provider practices, “Impact of COVID-19 on provider practices, Round 2” fielded Sept-Oct, 2020
Behavioral health practices were back to pre-COVID visit levels by summer 2020 due to telehealth while visits at all other practices were roughly 20% below baseline.

Visit volume for BH and all other practice types relative to pre-COVID levels (defined as 100%), split by in-person and telehealth.
Many of the staff who were furloughed in all settings were eventually rehired, though this was not the case in BH practices for both clinical and non-clinical staff.

Some independent primary care practices have undergone, or are considering, major changes.

Providers expressed the most concern about the socioeconomic impacts of COVID-19 on patients and staff through stress and burnout.

Averaged responses for all practices that responded to the question (n=113)

How concerned is your practice about the impact of the COVID-19 pandemic on the following (1-100)?

- Socioeconomic effects of COVID-19 on patients (e.g. job loss, evictions, food insecurity): 94.8
- Impact on clinical or non-clinical staff (e.g. stress or burnout): 92.8
- Mental Health effects of COVID-19 on patients: 89.2
- Physical Health effects of COVID-19 on patients: 83.2
- Access to in-person care (e.g. reduced hours or closures): 71.2
- Access to telehealth (e.g. technologic or language barriers): 60.2

Data based on Round 2 of survey of Massachusetts provider practices, “Impact of COVID-19 on provider practices, Round 2” fielded Sept-Oct, 2020