Utah Health Status Update

KEY FINDINGS

- **The cumulative percentage of enrollees using telehealth from January to June 2020 were highest for persons aged 50–64 (14%) (Figure 1).**
- **The cumulative percent of enrollees using telehealth from January to June 2020 were higher among females (10%) compared to males (7%) (Figure 2).**
- **The cumulative percent of enrollees using telehealth was highest among urban enrollees (9%) compared to frontier (6%) and rural (8%) areas (Figure 3).**
- **The cumulative percent of enrollees using telehealth was highest in the Summit County local health district (Figure 4).**

Telehealth in Utah

Throughout the COVID-19 pandemic, both patients and providers alike have embraced telehealth as an alternative to in-office visits. Telehealth refers to an entire spectrum of activities used to deliver care at a distance—without direct physical contact with the patient. Telehealth encompasses both provider-to-patient and provider-to-provider communications, and can take place synchronously (telephone and video), asynchronously (patient portal messages, e-consults), and through virtual agents (chatbots) and wearable devices.[1]

Utah health care claims were analyzed for the period between January and mid-June 2020. After approximately the second week of March, reported telehealth claims began a notable upward trend, while in-person office visits declined.[2] As we continue to monitor this trend of technology use for health care delivery, we learn more about the patterns in populations who use telehealth. In this article, we share the results of our findings as we explored the answers to the following questions:

1. Are there any age groups using telehealth more than others?
2. Has there been a difference in telehealth use between females and males?
3. Have rural, urban, or frontier populations used telehealth most?
4. Which of the 13 local health districts in the Utah show highest and lowest telehealth use?

Dataset Used

The data for this analysis came from the All Payer Claims Database, which contains data from health insurance carriers, Medicaid, and third-party administrators in Utah. Counts and cumulative figures were extracted, making observations across age groups, sex, local health district, and urban classification (urban, rural or frontier). To determine the denominators for each set of the observations, the total number of enrollees meeting each combination was used.

Telehealth Use by Age Group

Both percentages and cumulative percentages were analyzed to determine the degree to which 18 separate age groups used telehealth from January through June, 2020 (Figure 1). Cumulative percentages represent the percent of enrollees who had at least one telehealth visit, essentially the percent of people who

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"tried" telehealth. By the end of June, about 9% of the population captured in the All Payer Claims Database had tried telehealth at some point during 2020. At the end of March, only 2% had tried telehealth during 2020. The largest jumps occurred during April; most age groups doubled and some even tripled telehealth use. By June, the age groups with the largest number of enrollees using telehealth were 50–54, 55–59 and 60–64, with each of these groups reaching 14% of enrollees using telehealth at least once in the first half of 2020.

Cumulative Percent of Enrollees Using Telehealth From January–June 2020, by Age Group

Figure 1. The cumulative percent of enrollees using telehealth were highest among age groups between 50–64 (14%).

	Jan	Feb	Mar	Apr	May	Jun
<5	0%	0%	1%	2%	3%	3%
5-9	0%	0%	1%	2%	3%	3%
10-14	0%	0%	1%	3%	4%	4%
15-19	0%	0%	2%	5%	6%	7%
20-24	0%	0%	2%	6%	8%	9%
25-29	0%	1%	3%	7%	9%	10%
30-34	0%	1%	3%	8%	10%	12%
35-39	0%	1%	3%	8%	11%	12%
40-44	0%	0%	3%	8%	11%	12%
45-49	0%	0%	3%	9%	12%	13%
50-54	0%	0%	3%	9%	12%	**14%**
55-59	0%	0%	3%	9%	12%	**14%**
60-64	0%	0%	3%	9%	13%	**14%**
65-69	0%	0%	1%	6%	9%	10%
70-74	0%	0%	1%	6%	9%	10%
75-79	0%	0%	1%	7%	10%	11%
80-84	0%	0%	1%	6%	9%	10%
85+	0%	0%	1%	6%	9%	10%

Source: Utah Department of Health, Office of Health Care Statistics, All Payer Claims Database, 2020.

Telehealth Use by Sex

When observing telehealth visits between females and males, by June 2020, a larger proportion of female enrollees (10%) used telehealth compared with males (7%). For both groups, telehealth use peaked in April, where 5% of female enrollees and 4% of male enrollees had used telehealth at least once during the first half of the year.

Cumulative Percent of Enrollees Using Telehealth From January–June 2020, by Sex

Figure 2. The cumulative percent of enrollees using telehealth were higher among females (10%) compared to males (7%).

	Jan	Feb	Mar	Apr	May	Jun
Female	0%	0%	2%	7%	9%	**10%**
Male	0%	0%	2%	5%	7%	7%

Source: Utah Department of Health, Office of Health Care Statistics, All Payer Claims Database, 2020.

Urban, Rural, and Frontier Enrollees

In January and February, a similar proportion of telehealth visits is observed across frontier, rural, and urban populations in Utah. From March through June, urban enrollees were found using telehealth more and still have the highest proportion of usage to date. By June, 9% of urban, 8% of rural, and 6% of frontier enrollees used telehealth at least once during 2020.

Cumulative Percent of Enrollees Using Telehealth From January–June 2020, by Urban Classification

Figure 3. The cumulative percent of enrollees using telehealth was highest among urban enrollees (9%) compared to frontier (6%) and rural (8%).

	Jan	Feb	Mar	Apr	May	Jun
Frontier	0%	0%	1%	4%	6%	6%
Rural	0%	0%	2%	5%	7%	8%
Urban	0%	0%	2%	6%	8%	**9%**

Source: Utah Department of Health, Office of Health Care Statistics, All Payer Claims Database, 2020.

Telehealth Use Across Utah's 13 Local Health Districts

In this final observation, we analyzed telehealth use across Utah local health districts (LHDs). As of the time of this publication, April represents the month with the highest utilization of telehealth. The Summit County local health district represents the highest proportion of telehealth users compared to other LHDs across the state.

By June, 12% of enrollees within the Summit County local health district had used telehealth followed by San Juan's local health district (11%). Behind Summit County and San Juan's health districts are Salt Lake County and Tooele County health districts (10% each); Davis County and Wasatch County (9% each); Utah County and Weber-Morgan (8% each); Southwest Utah and TriCounty (7% each); and Southeast Utah and

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Bear River (6% each). The local health district whose enrollees represent the lowest proportion of telehealth use is Central Utah (5%).

Cumulative Percent of Enrollees Using Telehealth From January–June 2020, by local health district

Figure 3. The cumulative percent of enrollees using telehealth was highest in the Summit County local health district.

	Jan	Feb	Mar	Apr	May	Jun
Bear River	0%	0%	1%	4%	6%	6%
Central Utah	0%	0%	1%	4%	5%	5%
Davis County	0%	0%	2%	6%	8%	9%
Salt Lake County	0%	0%	2%	6%	9%	10%
San Juan	0%	0%	2%	7%	10%	11%
Southeast Utah	0%	0%	1%	4%	5%	6%
Southwest Utah	0%	0%	1%	5%	6%	7%
Summit County	0%	0%	3%	8%	11%	12%
Tooele County	0%	0%	2%	6%	9%	10%
TriCounty	0%	0%	1%	5%	6%	7%
Utah County	0%	0%	2%	6%	8%	8%
Wasatch County	0%	0%	2%	6%	8%	9%
Weber-Morgan	0%	0%	1%	5%	7%	8%

Source: Utah Department of Health, Office of Health Care Statistics, All Payer Claims Database, 2020.

Conclusion

Through this analysis, we described some of the differences in telehealth use when comparing characteristics of telehealth users in the state during the first half of 2020. We compared telehealth use across different age groups, sex, urban classifications, and local health districts.

While the progression of the COVID-19 pandemic remains unclear, telehealth may continue to be an alternative for in-person office visits for certain health concerns. The Office of Health Care Statistics will continue to monitor claims for the remainder of 2020, to shed light on the degree to which telehealth is turned to in the state when patients' concerns over infection increase. This may help the health care system better assess and evaluate capacity during the current public health crisis, and any others in the foreseeable future.

1. Office of Health Care Statistics. (2020, August). Preliminary COVID-19 Healthcare Trends: A Snapshot from Utah's All Payer Claims Database & Healthcare Facility Database. Utah Department of Health, Center for Health Data and Informatics, Office of Health Care Statistics. http://stats.health.utah.gov/wp-content/uploads/2020/08/COVID-19-Trends-Report-August-2020-Update-FINAL.pdf

2. Wosik, J., Fudim, M., Cameron, B., Gellad, Z., Cho, A., Phinney, D., Curtis, S., Roman, M., Poon, E., Ferranti, J., Katz, J., & Tcheng, J. (2020). Telehealth Transformation: COVID-19 and the rise of Virtual Care. Journal of the American Medical Informatics Association: JAMIA, 27(6), 957–962. https://doi.org/10.1093/jamia/ocaa067

Spotlights

UTAH DEPARTMENT OF HEALTH

OCTOBER 2020

Attention Deficit Hyperactivity Disorder (ADHD) Prevalence Estimates in Utah

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood. Children with ADHD may have trouble paying attention, controlling impulsive behaviors, or be overly active.[1]

Nationally, the prevalence of ADHD relies on the parent-reported National Survey of Children's Health. In 2016, an estimated 8.9% of children 3–17 years of age had a current diagnosis of ADHD, and 5.5% of children with ADHD were currently taking medication for ADHD. In Utah, an estimated 9.8% of children 3–17 years of age had a current diagnosis of ADHD, and 5.4% of children with ADHD were currently taking medication for ADHD.[2]

For the first time, the Utah Registry of Autism and Developmental Disabilities (URADD) has developed a prevalence estimate of ADHD based on a community medical diagnosis (ICD-9: 314.00, 314.01 and ICD-10: F90.0, F90.1, F90.2, F90.8, F90.9) (Figure 1). These data offer another resource for estimating the prevalence of ADHD in Utah, with the added benefit of estimating ADHD prevalence by age. These more targeted prevalence estimates will aid the state of Utah and other agencies in planning for and developing resources, therapies, methods of diagnoses, and providing other services for children with ADHD.

Percent of Children Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) in Utah, 2018

Figure 1. In Utah, prevalence estimates of ADHD based on a community medical diagnosis were highest among 13-year-olds (3.7%) and lowest among 6-year-olds (1.5%) in 2018.

Birth Year	Age	Percentage
2012	6	1.5%
2011	7	2.2%
2010	8	2.8%
2007	11	2.0%
2006	12	3.2%
2005	13	3.7%

Sources: The Utah Department of Health: Public Health Indicator Based Information System (IBIS), 2018. The Utah Registry of Autism and Developmental Disabilities.

1. Centers for Disease Control and Prevention. Attention-Deficit / Hyperactivity Disorder (ADHD). https://www.cdc.gov/ncbddd/adhd/facts.html. Updated April 8, 2020. Accessed August 26, 2020.
2. Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 09/23/20 from www.childhealthdata.org.

Spotlights

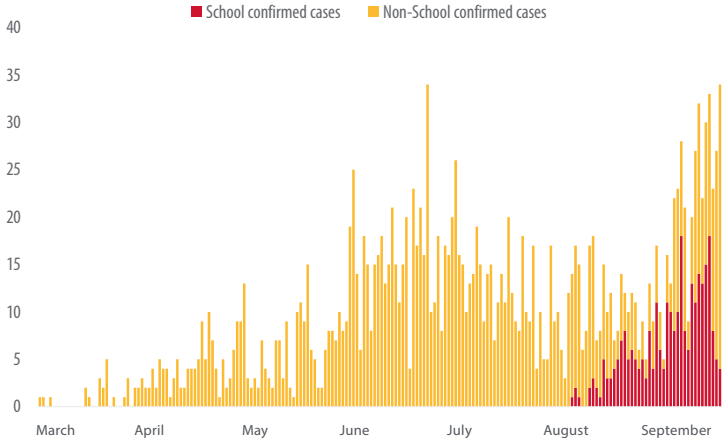
COVID-19 and the Return to Schools

With schools reopening this fall there is anxiety related to a potential increase in COVID-19 spread. Balancing the educational, social, and health needs of students and families can be difficult and may need a unique approach for each family. The Utah Department of Health has been working with multiple partners to provide guidance related to school reopening. A COVID-19 School Manual has been created and is available on the https://coronavirus.utah.gov/ website. Additional information is also available on the Educational News and Resources page.

On September 28th, 2020, the Utah Department of Health launched a data page with the latest COVID-19 case counts related to school age children on https://coronavirus-dashboard.utah.gov/#schools. Currently, the trends for school-associated cases[1] for school age children as of September 30th, 2020 are shown below:

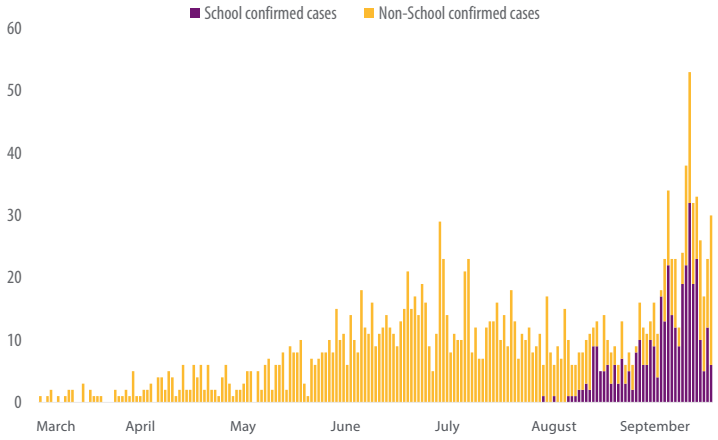
Elementary School-aged Epicurve (5–10 years old) of Confirmed School Associated COVID-19 Cases

Figure 1. On August 19th, 2020 elementary school-aged students in Utah had a first case of school associated COVID-19 illness. School associated cases peaked to 18 on September 19th and 27th, 2020 before dropping down to 4 cases on September 30th, 2020.



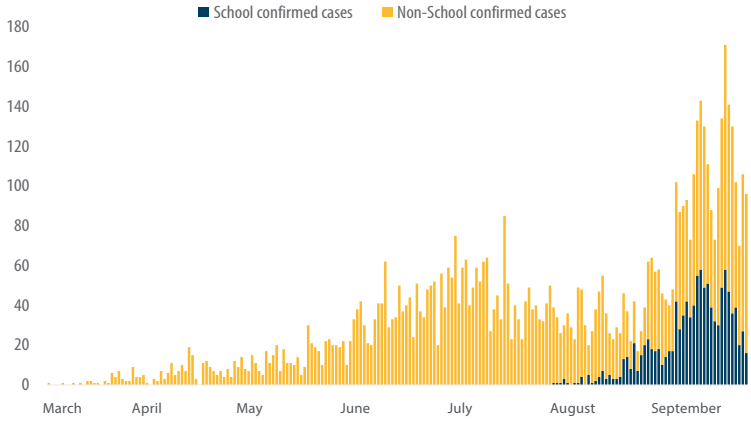
Middle School-aged Epicurve (11–13 years old) of Confirmed School Associated COVID-19 Cases

Figure 2. On August 14th, 2020 middle school-aged students in Utah had a first case of school associated COVID-19 illness. School associated cases peaked to 32 on September 23rd, 2020 before dropping down to 6 cases on September 30th, 2020.



High School-aged Epicurve (14–18 years old) of Confirmed School Associated COVID-19 Cases

Figure 3. On August 6th, 2020 high school-aged students in Utah had a first case of school associated COVID-19 illness. School associated cases peaked to 58 on September 17th and 24th, 2020 before dropping down to 16 cases on September 30th, 2020.



[1]School-associated case: A person with a lab-confirmed positive test for the SARS-CoV-2 virus which causes COVID-19 and who has attended, worked in, or visited a school in-person for more than 15 minutes while symptomatic or within 14 days of their symptom onset date (or sample collection date if the person was asymptomatic). School associations are identified through contact tracing by case interviews with the local health department.

UTAH DEPARTMENT OF HEALTH

DATA THROUGH AUGUST 2020

Monthly Health Indicators

Monthly Report of Notifiable Diseases, August 2020	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis *(Campylobacter)*	38	59	272	380	0.7
COVID-19 (SARS-CoV-2)‖	Cases updated at https://coronavirus.utah.gov/case-counts/.				
Shiga toxin-producing *Escherichia coli (E. coli)*	11	22	112	94	1.2
Hepatitis A (infectious hepatitis)	1	4	9	4	2.1
Hepatitis B, acute infections (serum hepatitis)	0	2	8	2	3.6
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza.				
Meningococcal Disease	0	0	1	0	2.5
Pertussis (Whooping Cough)	3	38	100	268	0.4
Salmonellosis *(Salmonella)*	23	51	271	265	1.0
Shigellosis *(Shigella)*	4	6	31	36	0.9
Varicella (Chickenpox)	2	12	57	132	0.4
West Nile *(*Human cases*)*	1	7	1	11	0.1
Quarterly Report of Notifiable Diseases, 2nd Qtr 2020	**Current Quarter # Cases**	**Current Quarter # Expected Cases (5-yr average)**	**# Cases YTD**	**# Expected YTD (5-yr average)**	**YTD Standard Morbidity Ratio (obs/exp)**
HIV/AIDS†	17	33	52	61	0.8
Chlamydia	2,171	2,400	4,851	4,943	1.0
Gonorrhea	634	558	1,298	1,113	1.2
Syphilis	18	28	46	54	0.8
Tuberculosis	5	6	14	13	1.1
Medicaid Expenditures (in Millions) for the Month of August 2020	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance over (under) Budget**
Mental Health Services	$ 29.1	$ 30.4	$ 43.5	$ 44.9	$ (1.4)
Inpatient Hospital Services	14.1	13.2	18.2	18.8	(0.6)
Outpatient Hospital Services	2.4	3.1	3.4	4.1	(0.7)
Nursing Home Services	19.1	20.0	29.3	30.7	(1.4)
Pharmacy Services	10.6	10.8	18.5	19.5	(1.0)
Physician/Osteo Services‡	3.8	4.2	5.3	5.8	(0.5)
Medicaid Expansion Services	79.1	79.3	117.9	119.0	(1.1)
TOTAL MEDICAID	**330.4**	**330.3**	**515.8**	**516.9**	**(1.1)**

‖ Updates for COVID-19 can be found at https://coronavirus.utah.gov. This includes case counts, deaths, number of Utahns tested for disease, and latest information about statewide public health measures to limit the spread of COVID-19 in Utah.

* More information and weekly reports for Influenza can be found at http://health.utah.gov/epi/diseases/influenza.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2020 season.

UTAH DEPARTMENT OF HEALTH

DATA THROUGH **AUGUST 2020**

Monthly Health Indicators

Program Enrollment for the Month of August	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	345,865	336,104	+2.9%	289,287	+19.6%
CHIP (Children's Health Ins. Plan)	16,348	16,354	-1.0%	17,490	-6.5%
Commercial Insurance Payments#	**Current Data Year**	**Number of Members**	**Total Payments**	**Payments per Member per Month (PMPM)**	**% Change§ From Previous Year**
Medical	2018	10,355,207	$ 3,146,492,372	$ 303.86	-0.9%
Pharmacy	2018	8,195,234	543,507,290	66.32	+3.6%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent \ Rate**	**% Change§ From Previous Year**	**State Rank** (1 is Best)**
Obesity (Adults 18+)	2018	618,400	27.8%	+10.1%	13 (2018)
Child Obesity (Grade School Children)	2018	38,100	10.6%	+11.6%	n/a
Cigarette Smoking (Adults 18+)	2018	200,100	9.0%	+0.9%	1 (2018)
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.4%	+11.3%	n/a
Binge Drinking (Adults 18+)	2018	236,700	10.6%	-7.7%	1 (2018)
Influenza Immunization (Adults 65+)	2018	182,300	52.0%	-7.1%	16 (2018)
Health Insurance Coverage (Uninsured)	2018	300,300	9.5%	-3.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2018	239	7.6 / 100,000	-16.2%	8 (2018)
Drug Overdose Deaths Involving Opioids	2018	404	12.8 / 100,000	-0.9%	24 (2018)
Suicide Deaths	2018	665	21.0 / 100,000	-1.5%	46 (2018)
Unintentional Fall Deaths	2018	262	8.3 / 100,000	+14.8%	31 (2018)
Traumatic Brain Injury Deaths	2018	604	19.1 / 100,000	-6.5%	28 (2018)
Asthma Prevalence (Adults 18+)	2018	205,500	9.2%	+3.6%	21 (2018)
Diabetes Prevalence (Adults 18+)	2018	185,900	8.3%	+17.5%	12 (2018)
High Blood Pressure (Adults 18+)	2017	532,900	24.5%	+3.8%	3 (2017)
Poor Mental Health (Adults 18+)	2018	418,300	18.8%	+3.1%	20 (2018)
Coronary Heart Disease Deaths	2018	1,624	51.4 / 100,000	-5.8%	4 (2018)
All Cancer Deaths	2018	3,262	103.2 / 100,000	+1.3%	1 (2018)
Stroke Deaths	2018	919	29.1 / 100,000	+1.6%	24 (2018)
Births to Adolescents (Ages 15–17)	2018	363	4.9 / 1,000	-15.3%	10 (2018)
Early Prenatal Care	2018	35,975	76.2%	-1.0%	n/a
Infant Mortality	2018	255	5.4 / 1,000	-7.0%	24 (2017)
Childhood Immunization (4:3:1:3:3:1:4)††	2018	36,400	72.0%	+5.9%	22 (2018)

‡ Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.
§ Relative percent change. Percent change could be due to random variation.
# Figures subject to revision as new data is processed.
** State rank based on age-adjusted rates where applicable.
†† Data from 2018 NIS for children aged 24 months (birth year 2016).