COVID-19
Blue Cross Blue Shield of Michigan’s Response

For 81 years Blue Cross Blue Shield of Michigan has been committed to serving and offering value. We’re proud of our history and look forward to a bright future with our members, customers, and community. In this unprecedented time, we want to remain a trusted advisor by keeping you informed of health care trends and our ongoing efforts to conquer the challenges we currently face. Together, we intend to overcome the effects of the COVID-19 disease on our state, country and world.

Blue Cross is at the forefront of this crisis providing our members and customers with meaningful and impactful information to help guide their health care. We understand that you are facing uncertain times and have many questions related to COVID-19 and the impact to your employees’ lives, your businesses, and day to day activities. That is why we will be releasing a series of white papers to help you answer these questions, provide clarity around COVID-19, and provide you information about what Blue Cross Blue Shield of Michigan is doing to meet the needs of our customers, members, providers, and communities.

This first white paper takes an in-depth look at this response as well as provides high level statistics on the impact of the virus from a social, economic, and health perspective. We will publish additional papers which will focus on the financial impact of COVID-19, the impact to mental and behavioral health needs, and how our community is slowly re-engaging as the nation begins to reopen.

Through a time of great transition in our industry and our world, Blue Cross has kept our customers and members at the center of all we do. We are a company that chooses collaboration and innovation because it advances our mission, to stand up for the people who are counting on us when it comes to health care access, affordability and quality. Our mission is, and will always be, our members.

Daniel J. Loepp President and CEO
Background

Coronavirus disease 2019, also known as COVID-19, is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China, in December 2019.

COVID-19 is an infectious disease that the Centers for Disease Control and Prevention, state and local health departments, as well as health care organizations across the world, are actively monitoring. For the latest statistics and information, go to bcbsm.com/coronavirus.

On March 11, 2020, the World Health Organization classified the outbreak of COVID-19 as a pandemic. Since this time, Blue Cross Blue Shield of Michigan has mobilized to provide support for our members, group customers, community, and providers. The purpose of this white paper is to provide a glimpse into the Blue Cross Blue Shield of Michigan response to COVID-19.

How Are We Responding to our Members?

Blue Cross Blue Shield of Michigan joined other Blue Cross and Blue Shield plans around the nation in announcing several initiatives to help members get the care they need during the coronavirus outbreak.

COVID-19 coverage updates:
- Testing and associated services are covered at 100% through the duration of the public health emergency
- COVID-19 treatment member cost-share waived until June 30
- $0 telemedicine visits for the most common office visits and hospitalization follow-ups with network doctors and Blue Cross Online VisitsSM through June 30
- Medicare Advantage plans are covering out of network at $0 cost-share
- 24/7 Nurse Line for free help and guidance

For groups with behavioral health benefit:
- $0 telehealth visits for common behavioral health services through June 30
- Medicare Advantage plans are covering out of network at $0 cost-share
- 24/7 mental health hotline for those feeling anxious, depressed and stressed

Pharmacy:
- No refill limits on 30-day prescriptions for maintenance medications
- No-cost substitutions if drugs are out of stock • Free delivery through Meijer, SpartanNash, CVS* and Walgreens*

Well-being:
- A variety of options provide useful information to support overall well-being – financial, mental and physical. Resources include weekly COVID-19 related webinars
- Visit bluecrossvirtualwellbeing.com for more information
- Blue Cross Blue Shield of Michigan offers myStrength, a well-being tool, at no cost for members dealing with COVID-19. Effective May 6, through Dec 31, 2020, all of our Blue Cross Blue Shield and BCN members will have no cost access to the COVID-19 module.
  - Members need to:
    - Go to the myStrength website at https://bh.mystrength.com/bcbsmcvd19
    - Create a free account through myStrength
Choose from over a dozen activities designed to help manage stress

How Are We Responding to our Group Customers?
Blue Cross Blue Shield of Michigan is committed to helping employers navigate the changing landscape of COVID-19. We are diligently working with our group customers to help them understand the potential financial impacts of COVID-19 on their businesses and employees.

Overall financial impact – We recognize the need for financial information as to how COVID-19 could impact your health care costs. Our actuaries are working diligently to develop estimates of this impact. As you can imagine we want to provide you with the best possible estimate, but there continues to be a large number of unknowns with the spread of the virus both nationally and in the state of Michigan. We are working to gather more details and hope to provide you with some insight soon.

Impact of waiving member cost-sharing for COVID-19 diagnostic testing – Across our book of business, we expect this specific cost to be very small (less than 0.1% of total claims) in comparison to the total potential impact. Although the number is small, we do want to mention that this does not quantify antibody testing, it is still early, and we expect this to grow as members return to work. We will continue to provide relevant updates on this item in tandem with our deeper view.

Coverage impacts to our business customers due to temporary closures, temporary layoffs, reductions in hours and furloughs – Blue Cross Blue Shield and BCN has instituted the following changes through at least June 30, 2020:

- As long as premiums are paid, we will allow extension of coverage for all group sizes to employees or retirees who are temporarily laid off, affected by temporary closures, or have temporarily reduced hours. There is no need to submit additional paperwork for current members.
- Blue Cross Blue Shield of MI will waive waiting periods for employees who are rehired after a furlough. Groups can reinstate employees through the usual membership processes. Groups may conduct special open enrollments to allow employees to select lower-cost options (if available).
- When laid-off or furloughed employees return to work, their contribution toward deductible will continue where they left off unless the rehire takes place in a new calendar or plan year.

In addition to the financial impacts of COVID-19, we realize that employers are also challenged with supporting the overall well-being of their employees. We've created resources to help you answer your employees’ questions about the coronavirus while keeping them engaged in good health. Your employees count on you to be there for them. You can count on us to be here for you. It’s part of our commitment to delivering smarter, better health care in Michigan, and beyond.

Encourage employees to use telehealth options: Blue Cross Blue Shield hopes to continue to ease the strain on doctors’ offices and hospital emergency rooms due to the COVID19 pandemic by supporting the use of “virtual” visits for patients with milder symptoms while keeping the health and safety of members at the forefront.

1. **24-Hour Nurse Line** – a benefit for all Blue Cross Blue Shield members and provides them with a registered nurse who can help assess symptoms and provide guidance for the next steps.
   - Blue Cross Blue Shield members can call 1-800-775-2583
   - BCN members can call 1-855-624-5214
2. **Blue Cross Online Visits (BCOV)** – employees can use a smartphone, tablet or computer to visit with a board-certified doctor. Getting care online could help reduce potential infections that may occur at a doctor’s office. Members can download the Blue Cross Online Visits app or go to bcbsonlinevisits.com.

3. **Provider Online Visits** – Many providers offer their own telemedicine or online visit capabilities in lieu of an office visit. Employees can contact their provider to see if they offer this service.*

**Promote** the mental health resources to all your employees to ensure they know where to go for support.

If you have a Blue Cross behavioral health benefit:
- Blue Cross Blue Shield members can call 1-800-762-2382.
- BCN members can call 1-800-482-5982.
- Medicare Plus Blue™ can call 1-888-803-4960.
- Blue Care Network Advantage™ can call 1-800-431-1059.

If you don’t have a Blue Cross behavioral health benefit:
- Anyone can call the New Directions Crisis hotline at 1-833-848-1764

**Educate** employees on virtual well-being resources – Help your employees find mind, body, and financial balance during these difficult times with our weekly, virtual well-being webinars. Topics include employee resiliency, staying productive at home, and the importance of self-care. Live and on-demand sessions are available at bluecrossvirtualwellbeing.com

**Communicate** with employees on a regular basis – Download our COVID-19 toolkit for email templates, flyers and other materials – all designed to help your employees know their care options. It is available at bcbsm.com/engage.

**Stay informed** – Blue Cross Blue Shield is committed to keeping you informed. Please check out our employer-specific section of bcbsm.com/coronavirus, for the most up-to-date information on COVID-19, FAQs and employer resources.

**How Are We Responding to our Community?**

In response to the COVID-19 epidemic, Blue Cross Blue Shield of Michigan has focused on both community and member outreach to educate, inform, and address the issues of disparity, social determinants of health and social isolation that are resulting from the crisis. As seniors, African Americans, Hispanic/Latino, and other vulnerable populations are more than two-three times more likely to contract the virus and succumb to it, a specific focus has been placed on distributing information focused on prevention and helping to decrease morbidity and mortality. A digital, culturally competent one-page information sheet on how to stay safe and protect yourself and others has been distributed to community residents through community partners and social media. A comprehensive tool kit with available resources is also being distributed to community partners and grassroots organizations. Care kits and tips to help with social isolation are being distributed to members. More than $1 million in corporate giving and grants have been contributed to help increase access to telehealth services, expand mobile testing and address food insecurity in Michigan communities.

After putting a call out for employee volunteers to help fight the COVID-19 crisis- Blue Cross Blue Shield received more than 25 applicants in less than 24 hours. Blue Cross Blue Shield of Michigan employees volunteered their time and expertise to help fight COVID-19. Volunteers include nurses and physicians’ assistants.
Blue Cross Blue Shield of Michigan has also contributed $500K to support people in need during COVID-19 pandemic. Building Healthy Communities provides grants to Michigan schools to create sustainable programs to combat childhood obesity through school-based exercise and nutrition. Blue Cross Blue Shield of Michigan provided financial support to several organizations, including West Michigan Kids Food Basket (KFB) who serves Kent, Allegan, and Ottawa counties. KFB sent out a direct mailed letter to 20,000 individuals through their donor database as a match fund campaign.

How Are We Responding to our Providers?

As a part of Blue Cross Blue Shield of Michigan’s ongoing efforts to help the health care community respond to the coronavirus pandemic, Blue Cross Blue Shield is accelerating payments to Michigan-based physician organizations and practices in our Physician Group Incentive Program (PGIP) to support their efforts to treat patients with COVID-19. Additionally, Blue Cross is relaxing some of its administrative requirements to allow Michigan’s physician organizations and health systems to spend more time responding to the increased demand for diagnosis and treatment of this disease.

Pharmacy Services is taking several measures to make sure that members can get the prescription drugs they need, such as waiving early refill limits on 30-day maintenance medications and carefully monitoring for potential drug shortages. In addition to monitoring drug supplies for consumers, we’re also helping behind the scenes to identify and lend a hand to ensure drug supplies flow to hospitals.

Earlier in April Blue Cross Blue Shield received a request from Gov. Gretchen Whitmer’s office to help identify a supply of critical medications for local health systems. The drugs of interest — anesthetics, neuromuscular blockers, sedatives, pain medications and antibiotics — were being used in large quantities by hospitals to support COVID-19 patients, including those on ventilators. Some drugs were generics, which are typically not prioritized for production and distribution by manufacturers.

Pharmacy Services contacted companies that do business with Blue Cross Blue Shield of Michigan, and after many discussions, we were able to confirm with state officials that our partners were ready to meet drug supply needs for these Michigan health systems during the stressful time.

Blue Cross Blue Shield of Michigan has also been hard at work to procure and donate personal protective equipment to facilities that have been in short supply. To date Blue Cross Blue Shield has made the following donations:

- 9,000 booties- Oakland County
- 9,000 bouffant caps- Wayne County
- 1,900 coveralls- Wayne County
- 10,000 KN95 Masks- Wayne County
- 15,000 KN95 Masks- Oakland County

Wear a cloth face-covering in public settings to avoid spreading COVID-19 to others in case you are infected but do not have symptoms.

The cloth face-covering is meant to protect other people in case you are infected.

The cloth face-coverings recommended are not surgical masks or N-95 respirators. Those are considered critical supplies that should be reserved for healthcare workers and other first responders, as recommended by the CDC.

The cloth face-covering is not a substitute for social distancing. Continue to keep about 6 feet between yourself and others.
Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is in the acceleration phase of the pandemic. The duration and severity of each pandemic phase can vary depending on the characteristics of the virus and the public health response.

More than 1,057,800 people in the United States have been infected with the coronavirus and at least 61,700 have died as of May 8, 2020 (Figure 1.). More than 1,000 additional deaths have been announced every day since April 2. The map below shows the geographic distribution of confirmed cases in the United States.

**Figure 1. Prevalence and Hot Spots of COVID-19 Nationwide**

*Data updated as of 5/8/2020*

**Hot Spots**

Hot spots have been identified across the country. Currently, Southeast Michigan has been identified as one of the major epicenters of the Coronavirus with over 1500 deaths and New York, New Jersey, and Massachusetts rank with the highest number of cases and deaths (respectively). Michigan ranks 4th in the number of identified cases and deaths with over 1500 deaths and 25,000 cases. Southeast Michigan has been severely impacted by the coronavirus with most of these cases residing in Wayne County. Figure 3 provides a visual representation of the prevalence and density of confirmed cases across the state of Michigan. From a National Perspective, the counties with the highest number of cases per resident (Table 1) include Lincoln (Arkansas), Bledsoe (Tennessee), Rockland, (N.Y.), Nobles (Minn), and Marion (Ohio).
The outbreak of COVID-19 is impacting almost all industries and sectors worldwide. Two of the most impacted sectors are manufacturing and travel & transportation followed by energy & resources, telecommunications, and healthcare. Many other major sectors are set to be severely impacted by coronavirus pandemic. Figure 4 shows the projected impact index by industry and dimension from minor to severe in 2020.

![Figure 3. Prevalence of COVID-19 Cases in Michigan by County](image)

### Table 1. Counties with the Highest Number of Cases per Resident

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>CASES PER 100K</th>
<th>CASES PER 1000</th>
<th>SUBURBAN GROWTH RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln, Ark.</td>
<td>814</td>
<td>9,944</td>
<td>2.5%</td>
</tr>
<tr>
<td>Blalock, Tenn.</td>
<td>433</td>
<td>6,902</td>
<td>2.6%</td>
</tr>
<tr>
<td>Rockland, N.Y.</td>
<td>11,700</td>
<td>3,617</td>
<td>2.6%</td>
</tr>
<tr>
<td>Nobles, Munic.</td>
<td>742</td>
<td>3,398</td>
<td>2.6%</td>
</tr>
<tr>
<td>Marion, Ohio</td>
<td>2,196</td>
<td>3,361</td>
<td>2.6%</td>
</tr>
<tr>
<td>Dakota, Neb.</td>
<td>629</td>
<td>3,096</td>
<td>2.6%</td>
</tr>
<tr>
<td>Cass, Ind.</td>
<td>1,116</td>
<td>3,062</td>
<td>2.6%</td>
</tr>
<tr>
<td>Pickaway, Ohio</td>
<td>1,722</td>
<td>2,999</td>
<td>2.6%</td>
</tr>
<tr>
<td>Westchester, N.Y.</td>
<td>28,909</td>
<td>2,790</td>
<td>2.6%</td>
</tr>
<tr>
<td>Nassau, N.Y.</td>
<td>35,854</td>
<td>2,643</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

### Industry Impacts

The Socioeconomic Impact of COVID-19

The Blue Cross Blue Shield Institute leverages the CHM Hub® tool to investigate geographies with elevated COVID-19 cases and related growth trends, categorized as high growth, flat growth, or tapering growth. The tool highlights communities that are experiencing growth rates of COVID-19 cases, elevated disease prevalence associated with severe COVID-19 outcomes, local resource scarcity issues such as access to primary care physicians (PCP) and nutrition resources, and the presence of group living conditions.
structures, such as nursing homes and prisons. Analysis using this tool has been useful to identify themes related to the socioeconomic impact of COVID-19 on our communities.

Many of the areas with the greatest initial COVID-19 impact appear to face resource desert conditions. The rural regions with the largest volume and rates of increase in observed COVID-19 cases often include a small number of, if not single, hospital(s) to manage the cases that cascade into more severe outcomes. This may lead to challenges on quickly flexing-up health care capacity in the rural areas since there may be a lack of providers, beds, and limited opportunities to move patients between other regional hubs.

- Observed cases in Bedford County, TN, for example, grew from 1 to over 150 during the month of April. The county’s only hospital has 49 hospital beds and 8 ICU beds.
- In Nobles County, MN, the cases grew exponentially in the month of April, however there are only 48 hospital Beds and 7 ICU Beds in the regional medical center.
- Urban regions with the greatest initial COVID-19 impact include large shares of the population facing existing resource scarcity and crowding conditions exacerbating challenges related to social distancing. The populations in these regions are generally more reliant on public transportation, include a large share employed among industries and occupations that do not support telecommuting, and include multiple communities facing resource scarcity (PCP, Pharmacy, and Nutrition Deserts) that can further intensify the locally elevated rates of chronic diseases. These barriers generally coincide with minority and low-income communities and affect the ability for the local population to shelter in place and practice social distancing.
- In New York City and the surrounding boroughs, the reliance on public transportation in conjunction with population density contributed to the COVID-19 related transmission process. Subsequent reduction in public transportation services will further exacerbate the Pharmacy, PCP, and Nutrition Desert conditions which coincide with neighborhoods facing greater impact by COVID-19, particularly in boroughs outside of Manhattan.
- In Wayne County, MI, home of Detroit, the population faces a larger proportion with underlying chronic diseases in conjunction with living in Pharmacy and Nutrition Deserts.
- In Cook County, IL, home of Chicago, the regions with the greatest cumulative incidence of COVID-19 are concentrated among communities facing elevated rates of chronic diseases, lower income, and a greater share of minority populations.
- In the City of Boston, 40% of the observed positive COVID-19 cases have been observed among the African-American population that makes up 25% of the population.
- In Los Angeles County, CA, home of Los Angeles, predominantly Hispanic communities face PCP, Pharmacy, and Nutritional Deserts conditions in tandem with high population density of the CDC age-banded COVID-19 at-risk population.

Impact on the African American Population

Across much of the country, African-Americans have been infected with the coronavirus at disproportionate rates. In Louisiana, where about one-third of residents are black, 58 percent of coronavirus patients who died have been African-American. In Michigan, where less than 15 percent of residents are black, they make up about 40 percent of deaths from the virus. And in Illinois, where white people outnumber African-American residents by a rate of four to one, 796 black people and 912 white people with the virus had died as of May 5, 2020. In California, where early reports suggested that the
impact of the virus was spread at roughly proportional rates across racial groups, state officials issued a statement recently saying that black people were being hit harder there, too.

At this time, a full national picture of the racial impact may be clouded by uneven reporting across states and counties. In many places, racial data for a large percentage of patients is unavailable, potentially skewing results. Other states provided no racial data.

**Blue Cross Blue Shield and BCN Perspective**

The total case count across the Blue Cross Book of Business is 4,069 with another 36,491 suspected cases (Figure 6). To date, 9,078 lab tests have been completed. By and large, the majority of these cases live in Wayne County (1,523), followed by Oakland County (781), Macomb (539), and Washtenaw (170) (Figure 6). To date, 148 Blue Cross and BCN members have died from COVID-19 with nearly half of those members residing in Wayne County (Figure 5).

From a demographic perspective, slightly more Blue Cross female members have been infected with COVID-19 than males (Figure 7). Roughly 45% of infected Blue Cross members do not have access to a vehicle and roughly 10% live in a food desert. The majority of cases live in a 2 or 3-person household. Most of the cases fall in the age range of 40-64 years old.

*Note that all prevalence data is national however, out of state data may be underrepresented due to incomplete data.*
What do we know about the medical costs associated with COVID-19?

**Patient-level costs**

The potential costs associated with COVID-19 patient treatment have wide ranges that depend on the severity of symptoms experienced and the care provided. Below are some high-level cost ranges for different types of cases.

- **Mild case**: $200 to $2,500. Example: Patient receives care via an office visit or trip to the emergency room, including COVID-19 testing.

- **Severe case**: $10,000 to $25,000. Example: Patient requires inpatient hospitalization, which may also include ICU services.

- **Critical case**: $35,000 to $65,000 (or more in extreme cases). Example: Patient requires hospitalization within the ICU and may require a ventilator.

*Note that all prevalence data is national however, out of state data may be underrepresented due to incomplete data.*
**Short-term costs**
In the short term we are estimating a net reduction in overall medical claims costs across our book due to cancellation of elective services, closures of clinics, and care avoidance during social isolation in response to COVID-19. Specific numbers are not yet available, but we expect this short-term reduction in medical claims to be worth several percentage points. Note that this medical claim reduction is also net of the expected impact from member cost-sharing waivers, which we’ve previously estimated as an increase to claims costs of less than 0.7%.

**Long-term costs**
The long-term impact on medical claims costs from COVID-19 is still a large unknown and will depend on many factors including:

- How many people contract COVID-19 and how many of them have severe symptoms requiring hospitalization
- Whether new treatments or preventive vaccines are found and made available to the population at-large
- Whether health system supply constraints (the number of available hospital beds, availability of personal protective equipment, etc.) limit the access to treatment
- The extent to which elective visits, treatments, and procedures are deferred or cancelled
- The amount of deferred services that are subject to alternative timing

To date, Blue Cross Blue Shield has modeled many different scenarios based on how the above factors may emerge with a wide range of financial results. We plan to provide subsequent updates on claims impacts as additional information emerges.

**Table 1. COVID19 Lab Testing Procedure Codes (testing for COVID19, not antibody testing)**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Avg. Total Cost per Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>87635</td>
<td>$86</td>
</tr>
<tr>
<td>U0001</td>
<td>$74</td>
</tr>
<tr>
<td>U0002</td>
<td>$84</td>
</tr>
<tr>
<td>U0003</td>
<td>$79</td>
</tr>
<tr>
<td>U0004</td>
<td>$88</td>
</tr>
</tbody>
</table>

*Includes Blue Cross & BCN commercial book of business, minus ITS host claims
**Data paid and incurred through 5/1/2020

**Risk of Hospitalization Model**
The Advanced Analytics Center of Excellence at [Blue Cross Blue Shield of Michigan](https://www.bluecross blueshield.com) is developing a risk of hospitalization model based on currently available Blue Cross Blue Shield and BCN data. This model aims to predict the likelihood of a member requiring hospitalization due to COVID-19 based on recent historic data, utilizing member’s geolocation data as well as comorbidity and demographic data to consider both the infection risk and hospitalization risk following infection, respectively. This model can be leveraged to provide a snapshot of each member’s risk of hospitalization given today’s infection rate in their county, but can also be used to predict a member’s future risk given estimated future infection rates as COVID-19 spreads outwardly away from metro-Detroit or during a potential second peak.
**Member Risk Assessment**

The Advanced Analytics Center of Excellence has also developed a member risk assessment, assessing a given member’s risk for a severe infection leading to death due to COVID-19. This assessment leverages published comorbidity factors based on epidemiological data from Wuhan, China, and the risk factors are estimated based on the proportional increase in risk of death due to COVID-19 for each published comorbidity. These factors are then multiplied to provide a composite member-level risk score of death due to COVID-19, with a range of approximately 1-20, with 20 indicating a member most at risk of death due to COVID-19.

These risk models will be a central component of the advanced analytic work that is occurring in order to help support prediction of future risk and cost and develop targeted outreach efforts to our members.

**Care Management Approach to Blue Cross Blue Shield and BCN Members**

Care Management programs are uniquely positioned to support members who are at increased risk of developing COVID-19. The Blue Cross Coordinated Care and Your Dedicated Nurse programs continue to deliver care management services to our members with complex, chronic conditions. These conditions can place members at risk of developing complications from the COVID-19 virus. Our team of nurses, medical directors, ancillary specialists and other professionals provide much-needed support to this very vulnerable population.

To further support the Blue Cross Blue Shield COVID-19 response, care management programs and initiatives include the following:

- **Nurse Call Line**: the nurse call line is available to members 24/7. Support provided to members includes answering questions about the virus or symptoms and triaging members and directing them to the appropriate sources of care.
- **Emergency Department follow-up for high-risk members**: We are expanding our target criteria for our program to include those members with a recent trip to the emergency room. Outreach includes clinical support, addressing member concerns about the virus, and increasing awareness about resources that may be available in the member’s community. These members may not have had the opportunity to attend a follow-up visit with their provider. This initiative allows members to receive much-needed support at a very crucial time.
- **Emergency Department follow-up for lower-risk members**: A collaboration with Utilization Management has permitted additional outreach to members who are lower risk, but who have recently visited the Emergency Department. Outreach includes clinical support, addressing member concerns about the virus, and increasing awareness about resources that may be available in the member’s community. Although these members are considered lower risk, they may also need additional care team support during this challenging time.
- **Digital engagement for high-risk members**: We are developing new campaigns that will further provide support to high-risk members, which includes encouraging members to download our Care Coordination app (powered by Wellframe). Members on the app may access virus-related content, and they can text a nurse for clinical support. This initiative allows us to provide real-time support to members according to their preferred communication channel. Care Management programs are working with Marketing and Communications to create a communication plan to push relevant and much needed information to members.
Returning to Work

As US employers begin planning for the return of their non-essential workforces to worksites in the midst of the COVID-19 crisis, a recent survey found some significant challenges they may face. These organizations can learn a great deal from the experiences of employers of essential workers who have remained at their worksites throughout the pandemic. Most notably, nearly half (45%) of responding employers with essential workers have had issues with employees not coming to work because they are afraid of getting sick. Not surprisingly, this problem is more widespread in industries like retail/wholesale (84%), manufacturing (64%), and healthcare (57%), where the risk of exposure is higher.

Overcoming the physical distancing challenge may also mean fewer employees in a worksite at a given time. Furthermore, many companies will have to increase sanitation efforts to ensure the safety of their workforce. Table 2 outlines policies and strategies being enacted by employers across the nation and the extent to which they are enacting a variety of policies and procedures.

By and large, the most frequently implemented strategy is enhanced cleaning and sanitation (87%), followed by the cancellation of international travel (81%), supplying employees with a ‘work from home playbook’ (67%), and cancelling all domestic travel (66%). With some companies expanding work from home policies, many have had to expand VPN capabilities (55%), address psychological stress ((55%), and arranging flexible work hours for their employees (54%).

Table 2. Employer Approach’s to Return to Work Policies and Strategies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced cleaning and sanitizing efforts across facilities</td>
<td>86.9%</td>
</tr>
<tr>
<td>Cancelled all international travel</td>
<td>81.3%</td>
</tr>
<tr>
<td>Providing employees with a “work from home” playbook of best practices we know to be effective</td>
<td>66.7%</td>
</tr>
<tr>
<td>Cancelled all domestic travel</td>
<td>66.4%</td>
</tr>
<tr>
<td>Required self-quarantine for employees who have traveled within the last 14 days</td>
<td>58.4%</td>
</tr>
<tr>
<td>Allowing employees to use their paid time off in whatever manner is most convenient to them</td>
<td>55.4%</td>
</tr>
<tr>
<td>Adjusted our VPN capacity in anticipation of slowdowns and have communicated out new approaches to employees</td>
<td>55.0%</td>
</tr>
<tr>
<td>Addressed employee’s psychological stress</td>
<td>54.7%</td>
</tr>
<tr>
<td>Arranged special flexible working hours (i.e., reduced operating hours)</td>
<td>54.2%</td>
</tr>
<tr>
<td>Requested self-quarantine for employees who have traveled within the last 14 days</td>
<td>54.1%</td>
</tr>
<tr>
<td>Disseminated protective gear (i.e., hand sanitizer, masks, gloves) for employees to use at their discretion</td>
<td>51.8%</td>
</tr>
<tr>
<td>Distributed a series of checklists and FAQ’s regarding our company’s approach to health and wealth</td>
<td>49.7%</td>
</tr>
<tr>
<td>Coordinating our well-being programs with our coronavirus response team to ensure employees can access programs and resources remotely and at their convenience</td>
<td>40.7%</td>
</tr>
<tr>
<td>Implemented a shift schedule to rotate staff and minimize the number of people at the worksite</td>
<td>39.2%</td>
</tr>
<tr>
<td>Cancelled only non-essential travel to countries where there are confirmed cases of the coronavirus</td>
<td>32.3%</td>
</tr>
<tr>
<td>Establishing virtual wellness moments for remote workers, supporting “tea breaks,” “yoga moments,” and more, based on employee needs</td>
<td>25.3%</td>
</tr>
<tr>
<td>Captured informal information to better understand employee’s state of mind</td>
<td>24.3%</td>
</tr>
<tr>
<td>Established a private hotline for employees to alert the company to their potential infection in order to encourage self-disclosure</td>
<td>21.4%</td>
</tr>
<tr>
<td>Arranged for temperatures to be checked in the workplace</td>
<td>20.8%</td>
</tr>
<tr>
<td>Provided subsidies to cover internet expenses for employees who do not typically work remotely</td>
<td>11.9%</td>
</tr>
<tr>
<td>Conducted internal survey, interview or focus groups to understand what employees are thinking and feeling</td>
<td>10.8%</td>
</tr>
</tbody>
</table>
Mental Health Impact

The COVID-19 pandemic and resulting economic downturn have negatively affected many people’s mental health and created new barriers for people already suffering from mental illness and substance use disorders.

As the pandemic wears on, it is likely the mental health burden will increase as measures taken to slow the spread of the virus, such as social distancing, business and school closures, and shelter-in-place orders, lead to greater isolation and potential financial distress. Though necessary to prevent loss of life due to COVID-19, these public health measures expose many people to experiencing situations that are linked to poor mental health outcomes, such as isolation and job loss. Additionally, feelings of anxiety are increasingly common, as people are fearful of themselves or loved ones falling ill and are uncertain of the repercussions of the pandemic.

According to research by Qualtrics, 2 out of 3 Americans report higher levels of stress and anxiety since the COVID-19 outbreak (Figure 8).

In addition,
- 54% say they are more emotionally exhausted.
- 53% say they feel sadness day-to-day.
- 50% feel they are more irritable.
- 42% report their overall mental health has declined.

Substance abuse treatment and services continue to be important during the COVID-19 pandemic as patients seek care and support. To help address the need, Blue Cross Blue Shield of Michigan is developing telehealth programs with behavioral health providers so certain patients with substance use disorder can undergo detoxification and treatment at home.

In collaboration with providers, Blue Cross Blue Shield of Michigan is using evidence-based research to repackage existing services into a virtual format to minimize the risk of exposure to COVID-19 for low- to moderate-risk patients with substance use disorders. These patients would traditionally be in treatment programs that require frequent office visits and potential hospitalization. Many people with substance use disorder have underlying health conditions, including heart disease and liver diseases, that put them at higher risk of problems in the detoxification process and these factors need to be weighed against the risk of severe illness from potential exposure to COVID-19.
Summary

Blue Cross Blue Shield of Michigan is committed to helping employers navigate the changing landscape of COVID-19 and has dedicated numerous resources to support group customers, members, and the provider community. Facts and details around the impact of the virus including testing protocols continue to evolve as well as information about the availability of resources across the care continuum. This document will be updated regularly to bring the best available information. For the latest news and statistics as well as toolkits and resources, visit bcbsm.com/coronavirus.
References:


