



# COA COVID Analysis Results

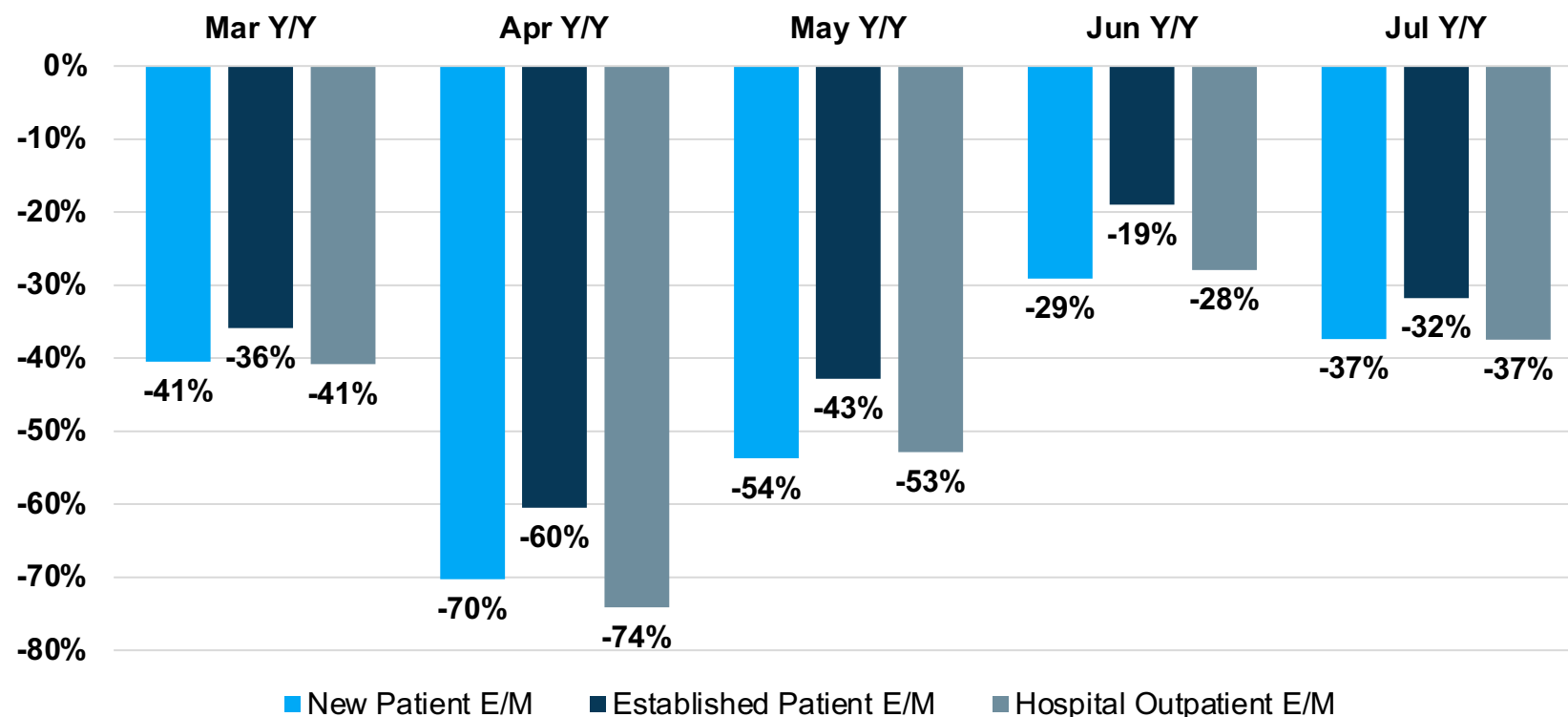
## *Key Findings*


**Avalere Health** | An Inovalon Company  
October 2020

# Barriers to Care Caused by COVID-19 Complications Have Resulted in Significant Reductions in Patient Visits

## Relative Change in Billing Frequencies for Cancer-Related E/M Services

(March-July 2019 vs. March-July 2020)



 The relative change in utilization was higher for new patient E/M than established patient E/M, which could reflect patient reluctance to visit providers due to COVID-19 concerns, as well as lowered rates of screening

Source: Avalere Health and COA analysis of Inovalon Provider Clearinghouse data published [online](#) ahead of publication in the November issue of JCO Clinical Cancer Informatics

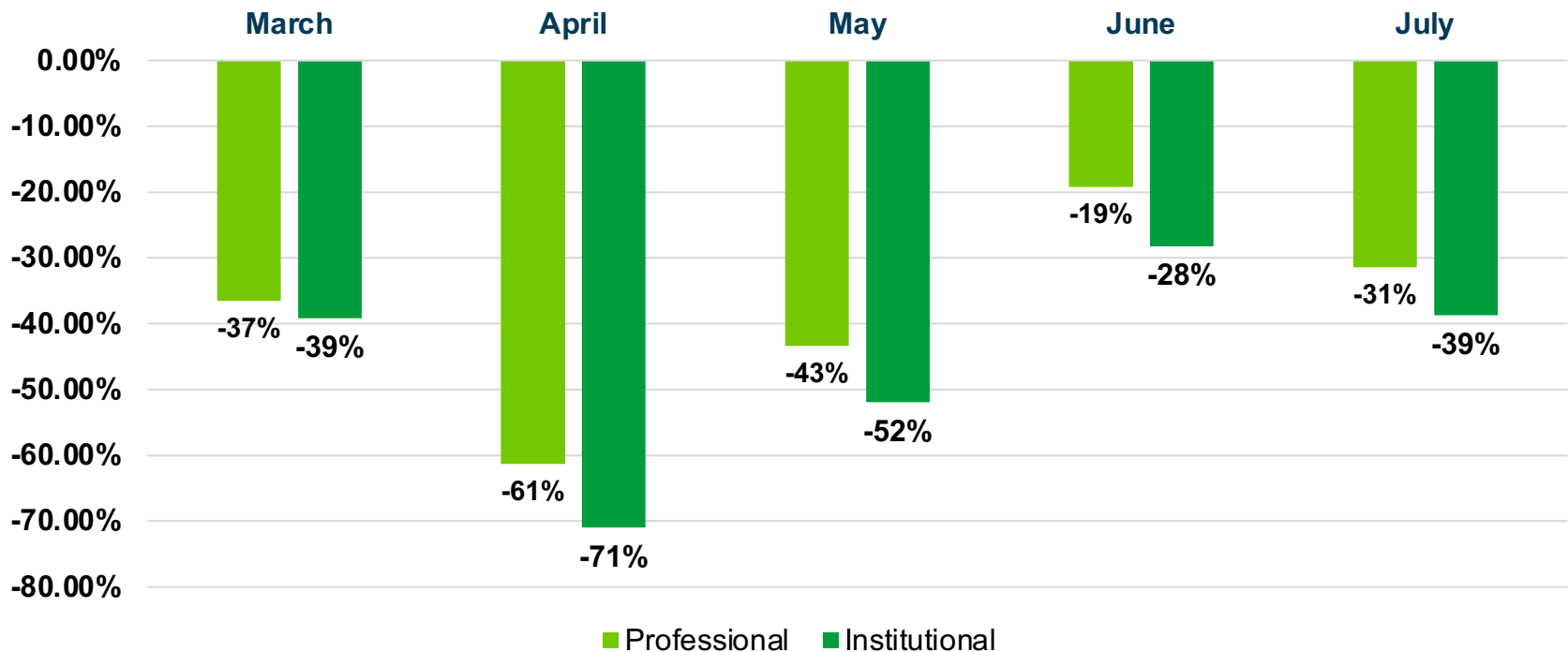
Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers



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# Providers in Institutional Settings Have Had Greater Reductions in Delivery of Cancer Care Due to Influx of COVID-19 Patients

## Relative Change in Billing Frequencies for Cancer-Related E/M Services by Setting of Care (March-July 2019 vs. March-July 2020)



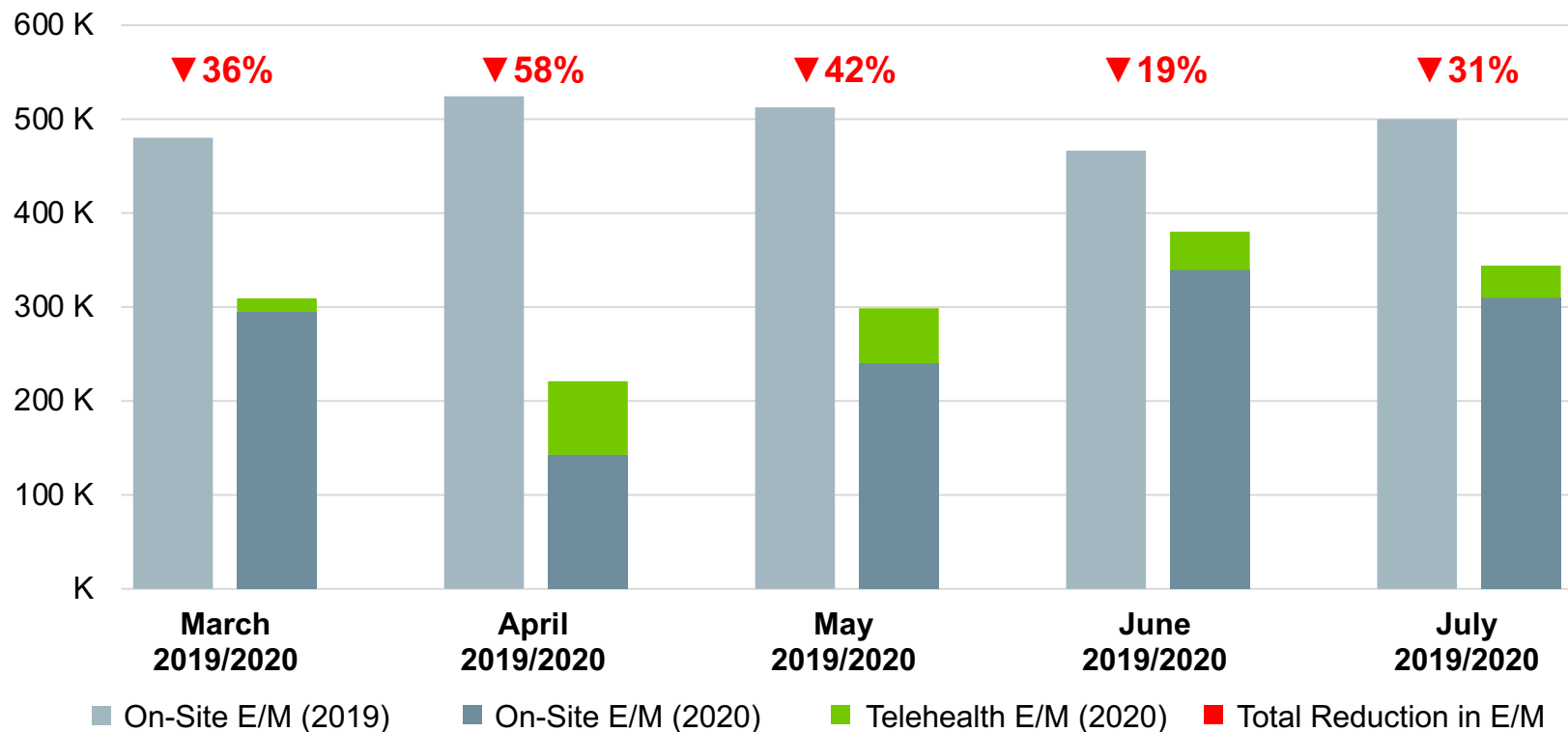
 The greater reduction in hospital visits may be related to resource and supply chain constraints imposed by the influx of COVID-19 cases, as well as patient reluctance to utilize outpatient cancer services in the face of potential COVID-19 transmission


Source: Avalere Health and COA analysis of Inovalon Provider Clearinghouse data published [online](#) ahead of publication in the November issue of JCO Clinical Cancer Informatics

Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

# Although Telemedicine Has Facilitated Greater Access to Care for Patients, There Is Still a Significant Gap in Care

## Total number of claims for Cancer-Related In-Office E/M vs. Telehealth E/M services (March-July 2019 vs. March-July 2020)



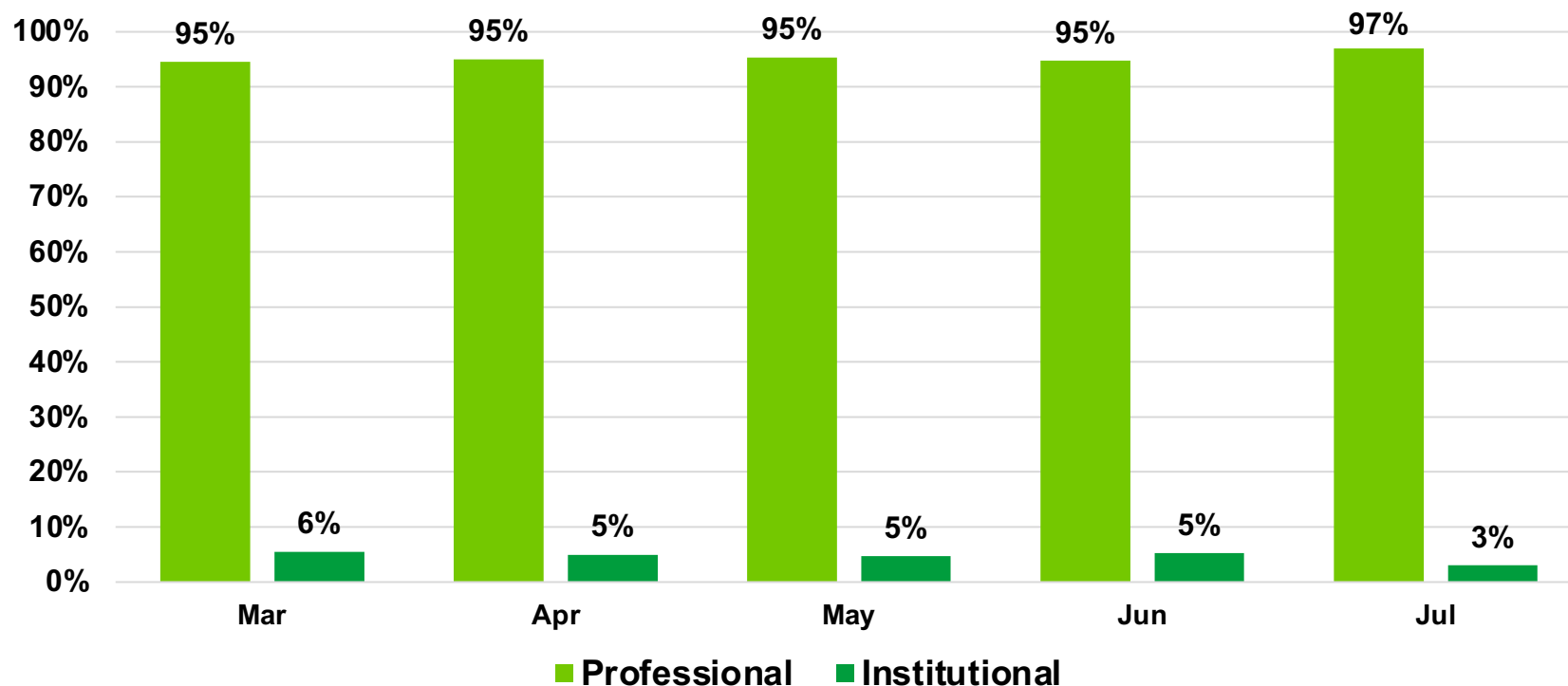
 **Increased regulatory flexibilities have led to a significant rise in utilization of telehealth services, although access remains an obstacle for many patients, especially when services cannot be feasibly rendered at a distance**


Source: Avalere Health and COA analysis of Inovalon Provider Clearinghouse data published [online](#) ahead of publication in the November issue of JCO Clinical Cancer Informatics

Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

# Providers in Professional Setting Have Had Significantly Greater Adoption of Telehealth in Response to COVID-19

## Percent of Claims for Cancer-Related Telehealth E&M services Billed by Setting of Care (March-July 2020)



 **Limited utilization of telehealth in the hospital setting could be attributed to more limited supply of hospital resources due to additional strain of COVID-19 cases**

Source: Avalere Health and COA analysis of Inovalon Provider Clearinghouse data published [online](#) ahead of publication in the November issue of JCO Clinical Cancer Informatics

Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

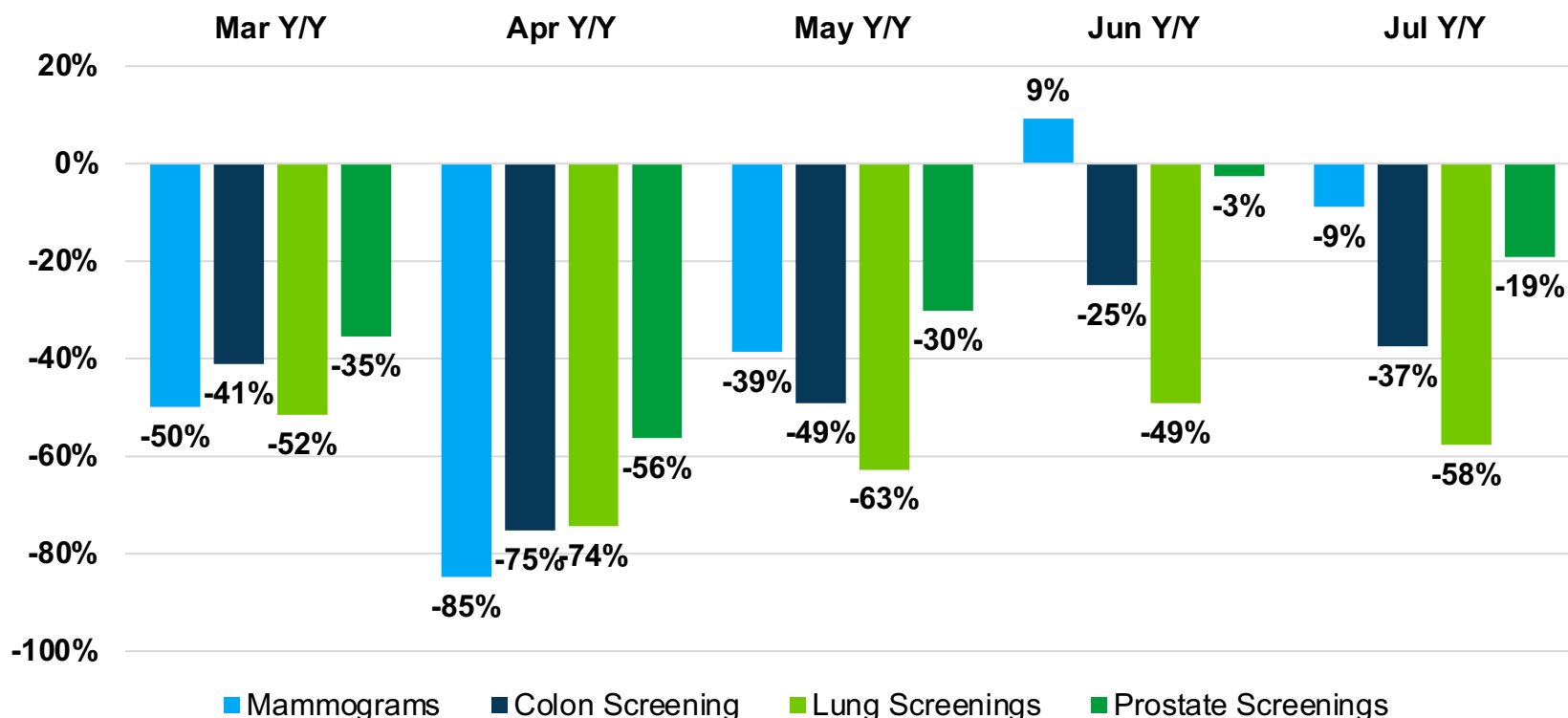


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# Limitations on Delivery of Care Due to COVID-19 Have Resulted in Significant Reductions in Cancer Screenings

## Relative Change in Billing Frequencies for Select Cancer Screening Services (March-July 2019 vs. March-July 2020)



 **Reduced cancer screenings due to COVID-19 could have long-term impacts on patient outcomes, as delays in diagnosis and care delivery could negatively influence disease progression and overall survival**

Source: Avalere Health and COA analysis of Inovalon Provider Clearinghouse data published [online](#) ahead of publication in the November issue of JCO Clinical Cancer Informatics

Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

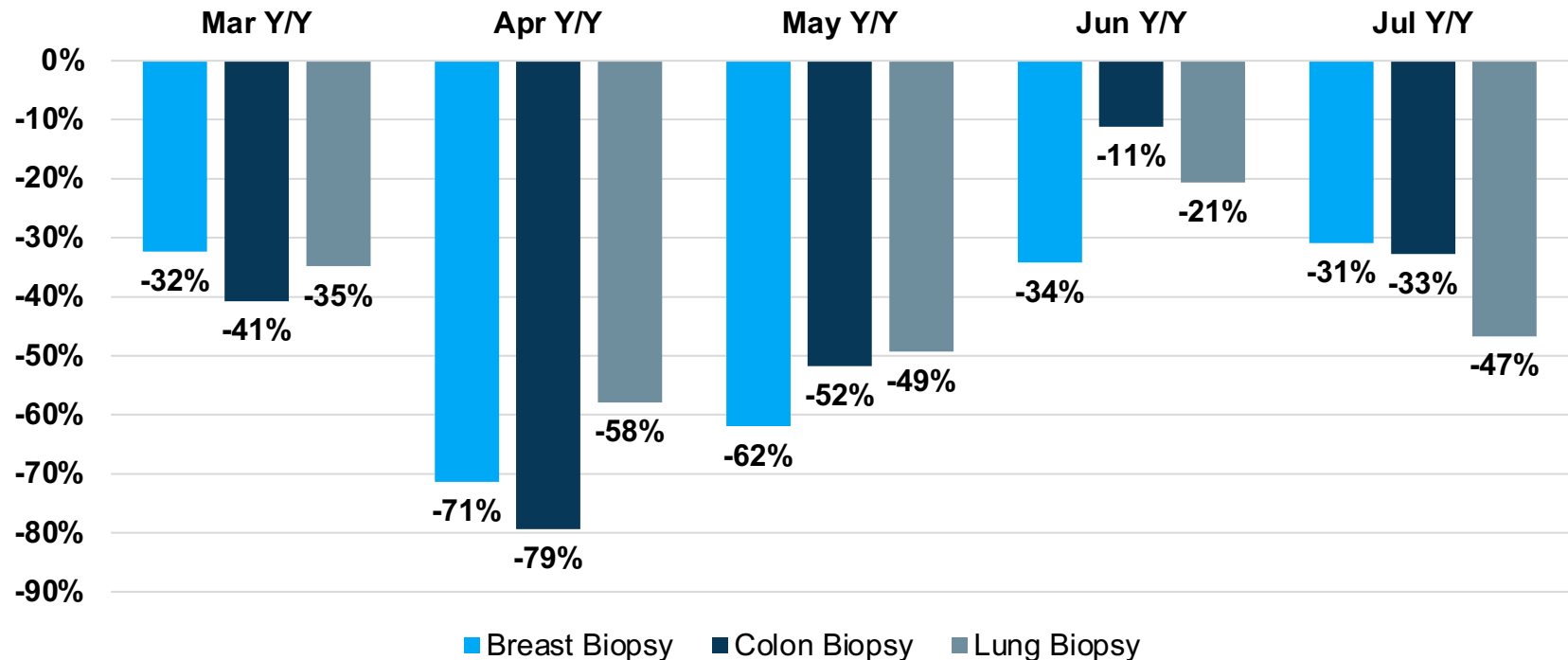



# Reductions in Cancer Screenings Due to COVID-19

## Disruptions to Care Delivery May Have Long-Term Impact

### Relative Change in Billing Frequencies for Cancer-Related Biopsies

(March-July 2019 vs. March-July 2020)



 **Reductions in screenings have long-term implications for the number of biopsies in subsequent months, as these patients could now have delayed diagnoses until their next scheduled cancer screening or until their disease becomes symptomatic**

Source: Avalere Health and COA analysis of Inovalon Provider Clearinghouse data published [online](#) ahead of publication in the November issue of JCO Clinical Cancer Informatics

Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers



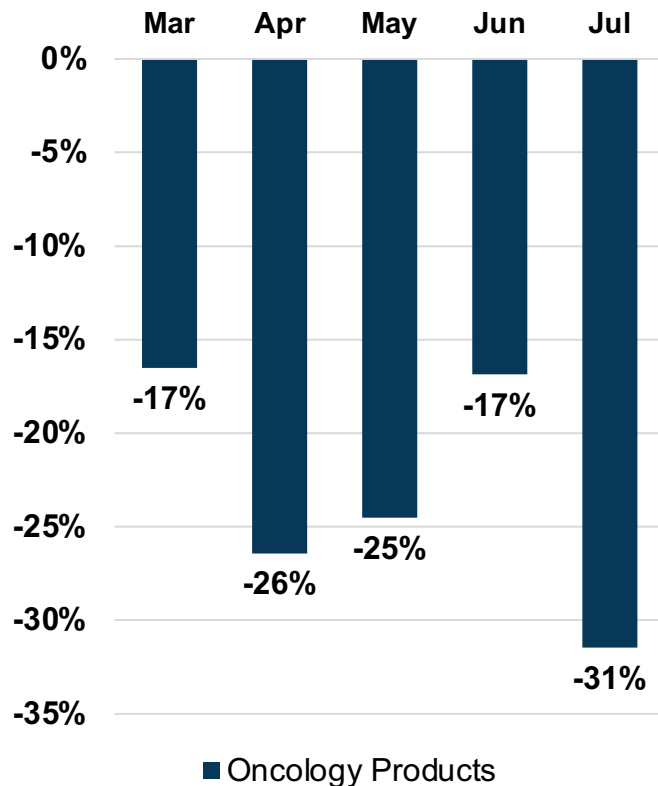
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# Reductions in Infusion Services in July and Later Months May Be Attributable to Delayed and Postponed Screenings

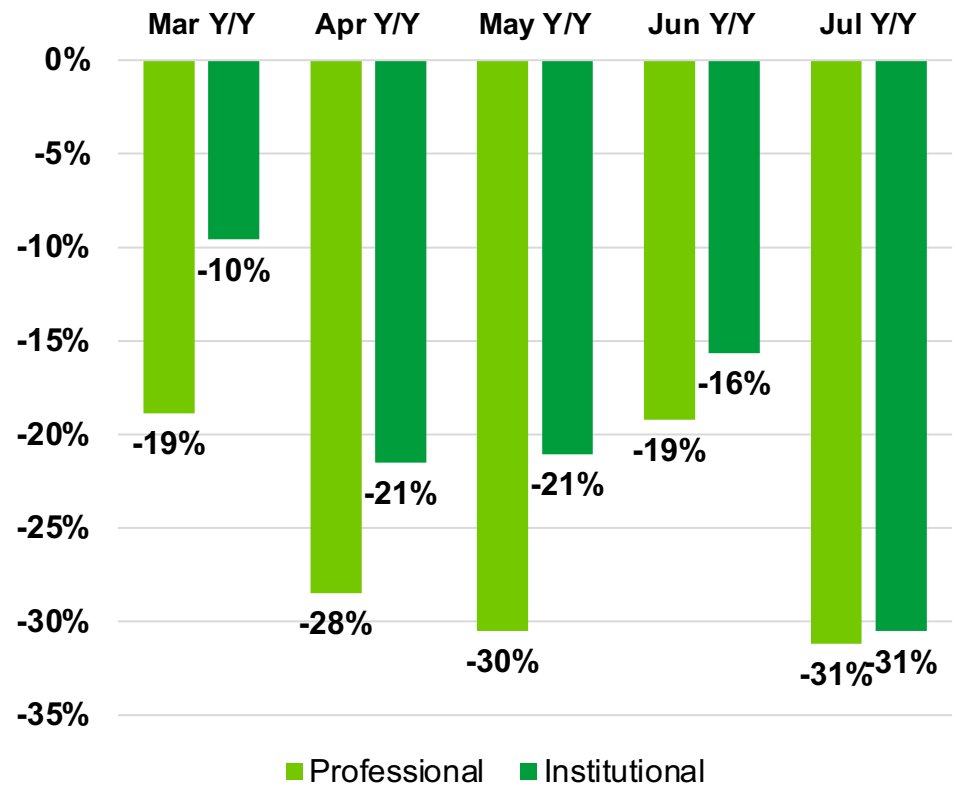
## Relative Change in Billing Frequencies for the Top 23 Physician-Administered Oncology Products

(March-July 2019 vs. March-July 2020)



## Relative Change in Billing Frequencies for Chemotherapy Administration

(March-July 2019 vs. March-July 2020)



Source: Avalere Health and COA analysis of Inovalon Provider Clearinghouse data published [online](#) ahead of publication in the November issue of JCO Clinical Cancer Informatics

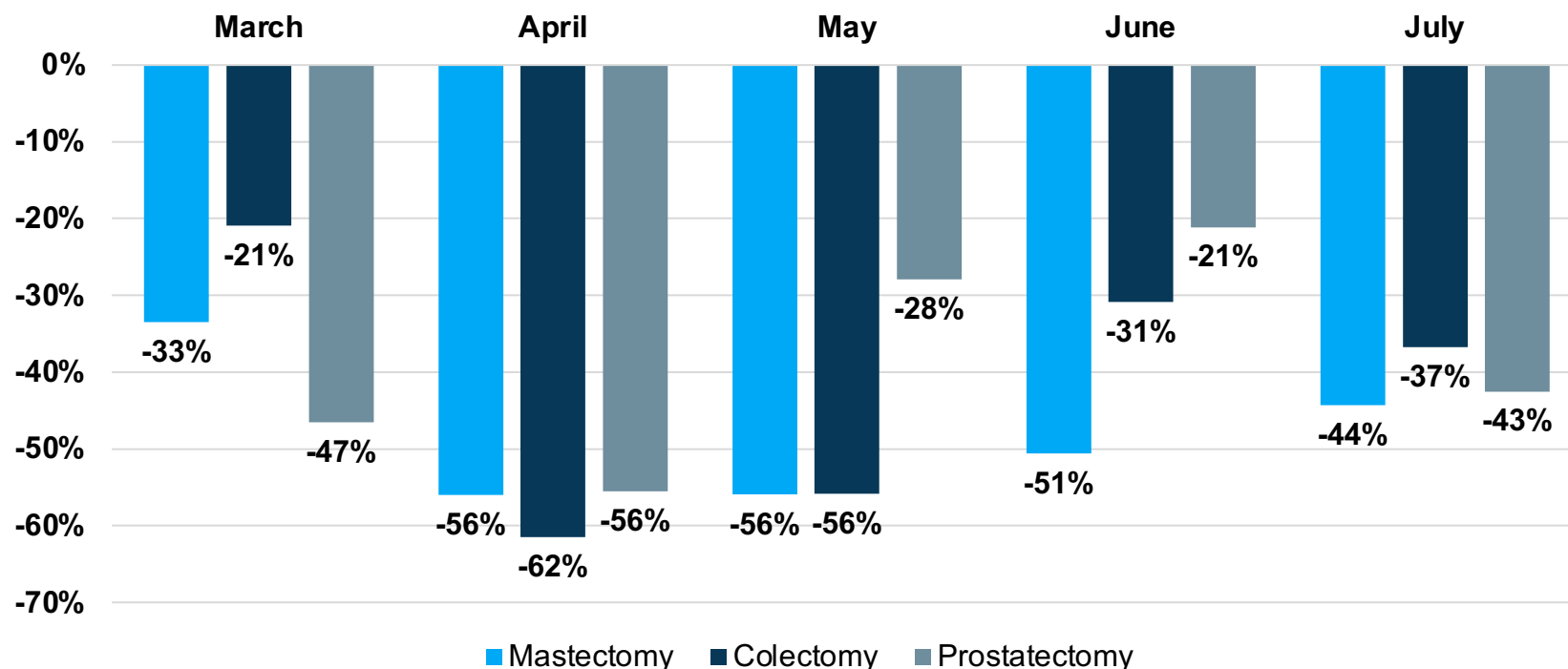
Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers



# Changes in Cancer-Related Surgeries Reflect the Impact of COVID-19 on Cancer Treatment Pathways

## Relative Change in Billing Frequencies for Cancer-Related Surgeries

(March-July 2019 vs. March-July 2020)



 **Decreases in cancer-related surgeries during the COVID-19 pandemic reflect adapted treatment guidelines allowing surgeries to be delayed, however, decreases in later months may also reflect the downstream impact of delayed or missed screenings**

Source: Avalere Health and COA analysis of Inovalon Provider Clearinghouse data published [online](#) ahead of publication in the November issue of JCO Clinical Cancer Informatics

Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers



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