

From: DMHC Licensing eFiling
Subject: APL 20-014 - Mitigating Negative Health Outcomes due to COVID-19
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Attachments: APL 20-14 - Mitigating Negative Outcomes (4.7.2020).pdf

Dear Health Plan Representative:

Please find the attached APL 20-014 in regards to mitigating negative outcomes due to COVID-19.

Thank you.

ALL PLAN LETTER

DATE: April 7, 2020

TO: All Health Care Service Plans

FROM: Shelley Rouillard, Director, Department of Managed Health Care
Dr. Nadine Burke Harris, California Surgeon General

SUBJECT: APL 20-014 - Mitigating Negative Health Outcomes due to COVID-19

The purpose of this All Plan Letter (APL) is to offer reminders and resources to help health care service plans serve enrollees and mitigate negative health outcomes to members due to the COVID-19 emergency.

BACKGROUND:

The State of California, including the Department of Managed Health Care (DMHC), is actively monitoring the evolving COVID-19 emergency and is taking proactive steps to lessen the immediate impacts of COVID-19 on its health care systems and communities. While Californians have come together to practice physical distancing to slow the spread of COVID-19, public anxiety regarding COVID-19, compounded by the economic distress due to lost wages, employment, and financial assets; mass school closures; and necessary physical distancing measures can result in an increase in stress-related morbidity and mortality. Widespread communicable disease outbreaks, such as COVID-19, natural disasters, economic downturns, and other crises result in well documented, short- and long-term physical and mental health impacts, including increased cardiovascular, metabolic, immunologic, and neuropsychiatric risk. These impacts result from:

- Disruption of access to care, including preventive care and medications;
- Disruption of access to resources needed for health maintenance such as nutritious foods and safe places to exercise; and
- Over-activity of the biological stress response, resulting in neurologic, endocrine, and immunologic dysregulation, also known as the toxic stress response.¹

¹ More information on toxic stress response is located at the Adverse Childhood Experiences (ACEs) website: <https://www.acesaware.org/treat/the-science-of-aces-toxic-stress/>.

Specifically, the negative health outcomes can include:²

- Increased rates of heart attack and stroke.
- Increased blood pressure.
- Exacerbations of chronic obstructive pulmonary disease and asthma.
- Increased hemoglobin 1c levels among diabetic patients.
- Immune dysregulation – with increased risk for infection, autoimmune disorders, and poorer oral health.
- Poorer perinatal and birth outcomes, including preterm birth and low birth weight.
- Increased intimate partner violence.
- New or recurring mental and behavioral health conditions including: depression, anxiety, suicidality, post-traumatic stress disorder, obsessive-compulsive disorder, and substance use disorder (inclusive of alcohol and drugs).

Health care service plans and their providers play an essential role in helping to address and, where possible, mitigate some of the negative health outcomes identified above with appropriate adaptations to provide disaster-responsive, trauma-informed care, and ensuring providers supplement their usual care with measures aimed at regulating the stress response system.

REMINDERS AND RESOURCES:

To mitigate negative secondary health outcomes, it is crucial that health care service plans and their providers continue to provide high-quality care to enrollees. The following resources may be helpful to health care service plans and their providers:

- Health care service plans should educate their providers on disaster-responsive, trauma-informed care.³ This education or training should include the crucial roles of:⁴
 - Ensuring physical and emotional safety of patients.
 - Building trust between providers and patients.
 - Recognizing and responding to the signs and symptoms of stress on physical and mental health.
 - Promoting patient-centered, evidence-based care.
 - Ensuring provider and patient collaboration in treatment planning.
 - Sensitivity to the racial, ethnic, cultural, and gender identity of patients.
 - Supporting provider resilience.

³ The Principles of Trauma Informed Care can be found at:
<https://www.acesaware.org/treat/principles-of-trauma-informed-care/>.

⁴ See the Substance Abuse and Mental Health Services Administration Concept of Trauma and Guidance for a Trauma-Informed Approach at:
<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html>.

- Health care service plans may wish to ensure providers learn the signs of and assess for stress-related morbidity, and create responsive treatment plans, including supplementing usual care with measures that help regulate the stress response system, such as:⁵
 - Supportive relationships.
 - Age-appropriate, healthy nutrition.
 - Sufficient, high-quality sleep.
 - Mindfulness and meditation.
 - Adequate physical activity.
 - Mental health care.

The DMHC also reminds health care service plans of the following:

- Health care service plans and their providers should support continuity and integration of medical and behavioral health services.
- Health care service plans must continue to support telehealth for all services for which it is medically appropriate. The DMHC recently issued guidance on telehealth.⁶

For general information on COVID-19, please visit the [California COVID-19 Response webpage](#) and the [California Department of Public Health's COVID-19 webpage](#).

If you have questions regarding this APL, please contact your health plan's licensing reviewer with the DMHC.

⁵Additional resources on how to mitigate the stress-related health outcomes anticipated with the COVID-19 emergency can be found on www.ACEsAware.org.

⁶ [All Plan Letter 20-009 – Reimbursement for Telehealth Services](#)