# THE MISSING CLAIMANTS OF 2020: WHO WENT WITHOUT CLAIMS IN CANADA DURING THE FIRST YEAR OF THE COVID-19 PANDEMIC AND WHAT DOES IT MEAN FOR PUBLIC AND PRIVATE INSURERS?





Conseil d'examen Medicine Prices Review Board

du prix des médicaments

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#### **INTRODUCTION**

#### **CONTEXT**

The COVID-19 pandemic and the public health initiatives to contain it produced multiple shifts in insurance plan enrollment and claims made by enrollees in 2020. Both public insurance plans and private insurance plans were impacted by these shifts.

#### **OBJECTIVE**

This study aims to draw attention to the sharp decline in claimants observed in 2020 in Canada, and to examine whether the "missing claimants" of 2020 could impact drug claims and spending for years to

#### **APPROACH**

The analysis focuses on annual data from public and private drug plans between 2015 and 2020, investigating the changes in the number of claimants in 2020 relative to previous years by public/private plan, age group, and spending level.

It also documents the therapeutic classes that saw the greatest declines in the number of claims filed in 2020.

#### DATA

Public insurance plans: Annual aggregates from publicly financed drug benefit programs affiliated were compiled with the National Prescription Drug Utilization Information System (NPDUIS) database, which represent approximately 7 million publicly insured active beneficiaries. Public drug plans from British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland were included in the analysis

Private insurance plan data: Aggregated annual data from the IQVIA Private Drug Plan database were used for the analysis. This database houses adjudicated prescription claimlevel data collected from a large sample of Canadian pay-direct private drug plans representing all provinces and territories, and was estimated by IQVIA to represent 85.7% of the Canadian private pay direct insurance market.

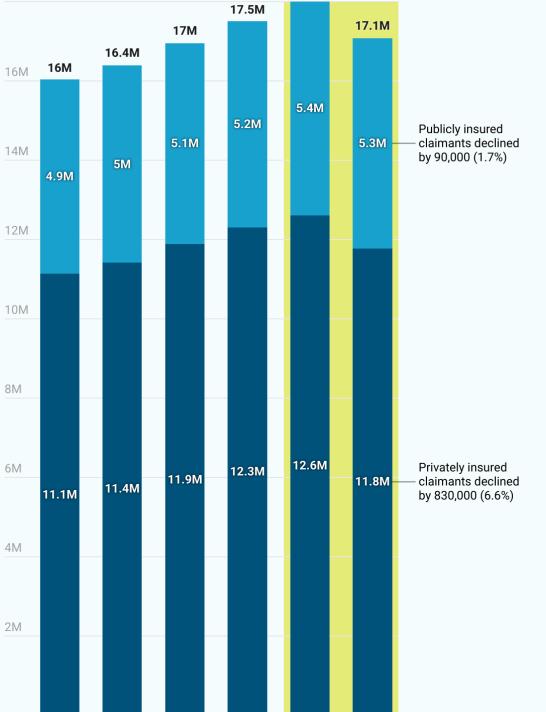
Definitions: Claimants are individuals with at least one prescription drug claim accepted for reimbursement during a given year. Public insurance plan annual data were aggregated at fiscal years (Apr. to Mar.), while private insurance plan data were available at calendar years (Jan. to Dec.). Therapeutic classes are defined based on the second level of the World Health Organization's Anatomical Therapeutic Chemical classification system

Exclusions: Because design changes impacted public plan eligibility of Ontario claimants under 25 during the study period, they were excluded from Figures 1 and 2. For the same reason, Ontario claimants by spending level and Ontario claims were excluded from Figures 3 and 4, respectively, since they were not disaggregated by age group for private insurance plans and were impacted by the eligibility changes. Claimants with an unknown age group were excluded from Figure 2. Claims for vaccines were excluded from public insurance plan data in all analyses because of differences in their reporting by jurisdiction

#### THE 2020 DECLINE IN CLAIMANTS WAS ATYPICAL

- A decline of nearly one million (920,000) claimants was observed in the first year of the COVID-19 pandemic
- Claimants of public and private insurance plans declined by 1.7% and 6.6%, respectively.
- The decline contrasted with the **steady growth** observed in the pre-pandemic period.

FIGURE 1: Number of Canadian public and private drug plan claimants, 2015 to 2020



2017 2018 2019

#### WHO WERE THE MISSING CLAIMANTS?

- Only specific groups of claimants declined in 2020.
- By age group, the greatest declines were among claimants under 25 for both private and public insurers, decreasing by 15% and 21%, respectively (Fig. 2).

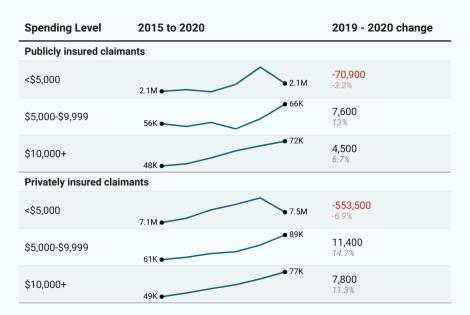
**RESULTS** 

- In contrast, claimants aged 65+ in public and private drug plans increased by 1.4% and 2.5% respectively. As this age group made up a much larger portion of public plan claimants, the overall decline in claimants for public plans compared to private was smaller (Fig. 1).
- By spending group, only claimants with less than \$5,000 in annual spending declined in 2020 while those with spending over \$5,000 increased (Fig. 3). The majority of claimants from both types of plans were in the lowest spending group.

#### FIGURE 2: Claimants by age group, 2015 to 2020



#### FIGURE 3: Claimants by spending level, 2015 to 2020

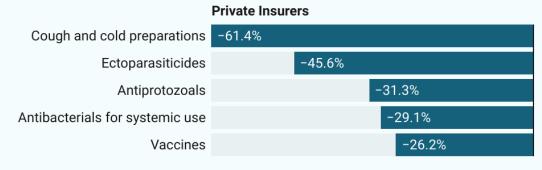


### SOME THERAPEUTIC CLASSES SAW IMPORTANT DECLINES IN CLAIMS

- Despite a decline in claimants, the total number of claims filed to public and private plans continued to grow in 2020. Specific therapeutic classes, however, saw important declines in claims.
- The therapeutic classes that saw the greatest declines in claims suggest reduced prescriptions for acute non-COVID infections and infestations rather than avoided care (Fig. 4).
- Claims for classes associated with chronic diseases did not

### FIGURE 4: Top five therapeutic classes with the greatest decline in claims for public and private insurers, 2019 to 2020





Note: Only classes with 10,000+ annual claims on average during the pre-pandemic (2015–2019) period were considered for the figure. All declines shown were greater than 1.96 times the standard deviation observed during the pre-pandemic period.

#### CONCLUSIONS

With the onset of the COVID-19 pandemic, nearly one million fewer Canadians filed drug insurance claims in 2020 compared to 2019. A decline in claimants was found in both public and private insurance plans.

Groups of claimants showing declines were below retirement age and with lower spending levels. The therapeutic classes which saw the greatest declines in claims were associated with acute rather than chronic diseases.

Claimants are expected to increase as public health restrictions are gradually lifted and non-COVID acute needs return to pre-pandemic levels.

1. Government of Ontario. (2017, April 27) Ontario to Provide Free Prescription Drugs for Children and Youth [Press release]. Retrieved from https://news.ontario.ca/en/release/44530/ontario-to-provide-free-prescription-drugs-for-children-and-youth.

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All analyses performed were observational and cannot inform about the causal effect of the COVID-19 pandemic. Two public insurance plans were not included in the analysis: the Régie de l'Assurance Maladie du Québec is not included in the NPDUIS data and data for the Non-Insured Health Benefits program were not available for fiscal year 2020-21.

No data was available to study public and private insurance plan enrollees during the period. For that reason, the analyses could not distinguish between changes in claimants and claims due to eligibility/enrollment (e.g., because of job loss) and those attributable to utilization.

