

Summary of Webinar Information:

Date: March 18, 2020

Speakers: Jeff Wells, MD & Terry Layman, MD

- We continue to anticipate that the number of COVID-19 cases is very likely under reported – because of limitations and lack of access to testing – it's very difficult to really know how much activity in different regions and geographies.
- We've seen a very aggressive public health response at both the local, state and national level – increasing over the last week.
- Social distancing – because we don't know how much activity and where it is, the single most important thing that we can all collectively do at this point is to try everything feasible or reasonable to minimize the rate of spread from those who may have been infected to those who are not.
- Flattening the curve – what we want to do from a public health point of view is to try lower the peak of people who get infected and shift it to the right or over time which will allow our healthcare system time and capacity to manage the need.
 - What has happened in other parts of the world (5, 7, 14 days ago) has given us a window to see what could happen in parts of the US absent of action or intervention.
- **OurHealth Actions:**
 - **As an employer –**
 - Beginning Monday of this week, all non-clinical staff have moved to a WFH position. We've done everything we can to equip our teams with virtual tooling including our member relations teams (call center). Everything continues to be operational and up and running.
 - From a planning perspective, we acknowledge and anticipate things are going to change daily so we have an internal task force that meets twice daily to understand what's happening among our clinics, clients, public health guidelines are changing. This task force is empowered to make decisions in real time. For example, we have 330 physicals scheduled in our clinics this week alone, many of which are preventive in nature. We made the decision allocate corporate resources to reach out to our patients and reschedule after June 1. Doing so will increase provider capacity for more urgent needs and reduce the risk of COVID-19 transmission.
 - On a joint basis with Marathon Health, we have a joint task force working collaboratively together to align best practices and learn from each other and continue to do what is best for our patients and clients.
 - We acknowledge there will be a variable impact regionally – we may respond to differently based on geography.
 - We have a bias to maintain our clinic operations and our ability to support our organizations (your employees and their family members). We are in a position as an organization to provide care,

at this time when individuals may be at their most vulnerable and have conditions beyond respiratory illness – diabetes, depression, heart disease, anxiety etc. – still have an important need for treatment and/or medications.

- We do not want our patients to no longer have a place to turn to receive the regular, non-COVID-19 related, care they need – especially focusing on keeping them out of the emergency rooms or urgent cares that could potentially put them at risk.
- If we're unable to keep a clinic location open for some reason, we will pivot and transition to remote care (telephonic or virtual visits).
- **As a healthcare provider –**
 - Our goal is to flatten the curve as it relates to transmission of COVID-19.
 - Currently we are triaging all respiratory illnesses telephonically and answer questions as it relates to COVID-19.
 - We're trying to prioritize all non-essential appointments to be handled via phone (virtual care) or being pushed out to a later date as it is important, we don't become vectors of transmission.
 - Essential appointment examples: someone with belly pain, someone with acute orthopedic injury, someone who needs hands laid on them to make a diagnosis or a treatment
 - Non-essential appointment examples: physicals, wellness screenings
 - We are actively working to reschedule physicals and wellness screens by telephonically outreaching to each patient.
 - Converting chronic disease management appointments to virtual care options.
 - Testing for COVID-19 – appropriate Personal Protection Equipment (PPE) is in very short supply. Even if appropriate PPE is available, obtaining testing is very, very difficult at this point. We're working with local and state health departments and vendors to obtain PPE. If anyone through their organization or knows anyone who has access to PPE, we would appreciate the opportunity to be connected to these individuals.
 - If one of our staff members has been exposed or if someone is ill, we will remove them from their clinic and get them tested and/or have them enter quarantine for the typical 7-14 days.
 - If we have someone who has had exposure with a COVID-19 positive patient, we will follow CDC guidelines on interactions and notifications.
 - During a situation like this, we will have a strong bias of transparency.
 - If we have a positive or highly suspected patient seen, our bias will be to overcommunicate with our clients. We will be sensitive to personal and private information but communicate to you as

employers as quickly as possible so we can collaborate on how best to proceed together.

- The common symptoms (fever, cough, shortness of breath, etc.) are not necessary to test positive for COVID-19. We have seen in the past that individuals may be asymptomatic and spreading this which is why social distancing is so important.

Q/A Information:

Q. Incentive programs tied to preventive and wellness care?

- The higher priority is trying to minimize potential spread until we have more information.
- We are trying to push out physicals and biometric screens as we do not want to bring healthy individuals into a clinic where they could potentially be exposed.
- We will work in collaboration with our clients to address appropriately.

Q. Is OurHealth testing for the influenza?

- It is very important we don't become vectors of transmission.
- Symptoms of influenza and COVID-19 are very similar.
- Personal protective equipment (PPE) is in very short supply right now.
- We are not currently doing flu swabs in our clinics unless those clinics have the appropriate PPE.

Q. Can someone test positive for Influenza A or B and still have COVID-19?

- Yes, absolutely.
- There is nothing protective about having influenza (or having that vaccine) that protects against COVID-19.

Q. Patients do not have the ability to schedule virtual appointments, should we encourage them to call the member relations team to schedule those appointments?

- Currently we have not turned on virtual scheduling through the portal and are reevaluating that hour by hour, day by day.
- Please contact the member relations team to get schedule for these.
- The member relations team is equipped to collaborate with the clinical staff to best triage the need of the patient and get the appropriate course of action set

Q. If a patient has a routine appointment, should we reschedule, or will someone contact us?

- We encourage individuals if they go on and reschedule (or contact member relations to go telephonic) that would be great.
- We do have a team that is outreaching to patients as well.
- To be clear, the visit types that make the most sense to schedule out are a simple wellness screen or an annual physical.
- People with diabetes, depression, high cholesterol, high blood pressure, asthma, we want to keep this appointment and simply shift to telephonic for follow-ups so we can communicate with these patients and give advice.
- The most at-risk individuals are those with underlying health conditions, this is where we've seen the highest severity and mortality. If you are life tenured with not as well controlled diabetes, it is even more important to social distance so we absolutely want to protect you and do this telephonically.
- We are going to work to identify the higher risk patients to complete proactive outreach to these patients to give them that information and check in.

- Q. Will you communicate with employers if there is a positive COVID-19 test?
- Yes, if we have a positive COVID-19 test it will be communicated.
 - At a minimum, there will be notification of the positive. From there, we will collaborate on the best next steps in consultation with the local health department.
- Q. To be clear, employees with flu/covid-19 symptoms should not come into the clinic? Clinic visits will be for other illnesses (diabetes, etc.) and no regular physicals right now?
- Correct.
 - Definitely call if you have questions
- Q. If a member is experiencing symptoms consistent with the virus, what are you advising the member to do?
- If someone feels otherwise well but feels flu-ish, they should stay home, isolate themselves, plenty of fluids, tellenol, and self-quarantine. Feel free to call and reach out to providers to discuss the best path.
 - Acutely ill, shortness of breath and chest pain – call emergency room and let them know so they are prepared for this patient.
- Q. Will you close the clinic if an OurHealth staff member is identified as at risk or tests positive? How will the employer and/or patients be notified?
- Onsite Health Centers & MyClinic may react slightly differently.
 - Someone who has been exposed or highly suspected – removed to outside of clinic and quarantine at home to evaluate and test for next steps. Depending on severity, they may
 - Testing positive or highly suspected of positive – home quarantine and appropriate treatment until they are in a position to return.
 - We complete appropriate cleaning measures to ensure the clinic is not a place of transmission.
 - Enable and equip staff to continue to see and treat patients.
 - We will do everything we can to even shift capacity for virtual and telephonic measures to different geographies where available and appropriate.
- Q. Please provide the full member relations phone number
- (866) 434-3255
- Q. Will members be able to pick up Rx or schedule Rx appointments?
- Yes, if a patient needs medication, they can come to the clinic to pick it up or we can leverage HomeMed (home delivery) when appropriate for chronic medications.
 - Or we can send to a local pharmacy if they prefer as they have drive-up options for more distancing.
- Q. How are you handling people who have said they have been in contact with someone who may test positive for COVID-19? We (the employer) need to try and track who has contacted OurHealth and told to stay home for 2 weeks
- We're following CDC guidance on close contact vs. distance contact.
 - If they conclusion for one of our patients from a clinician that they are recommending a self-quarantine at home – if we can get testing or recommend this happens and then as a result, if it's negative and they can return to work.
 - May vary on a case by case scenario and we will encourage the patient to follow their HR guidelines.
- Q. If a low risk individual is diagnosed with COVID-19, do any of the traditional over the counter meds (i.e. mucinex D, tamiflu etc) help relieve symptoms?

- Yes, we can still pursue symptom control management and they are all viable options to help as individuals have these symptoms.

Q. Close contact vs. distant contact?

- Close contact in a healthcare setting is defined as being face to face within 3-6 feet of someone for more than a few minutes that is symptomatic.
- From a social setting, according to CDC we're not sure if there are definitions here.