

COVID-19 Webinar #3

March 25, 2020

Speakers: President & Co-Founder - Jeff Wells, MD & Chief Medical Officer - Terry Layman, MD

What We're Seeing:

- The situation continues to evolve and be highly dynamic.
- Continued geographic variation (number of cases, mortality rates, transmission, etc.)
- There are limitations in the number of tests across the country – testing is increasing and will hopefully continue on this trend, but there still is a high likelihood that we're undercounting numbers for COVID-19.
- Until we have better insight into where activity and transmission really is, we expect the same public health measures to be prioritized.
- In almost all cases, our clinics are still open and seeing patients in different capacities. There are some situations where clinics may be closed, specifically those that are onsite at an employer's location, but staff are still available to see patients remotely.
- Individuals are continuing to have a wide spectrum of symptoms and variation in the seriousness of these symptoms; therefore, social distancing continues to be important.

Organizational Priorities:

1. Shift from in-person care to virtual care delivery

- a. 75%+ visit encounters have been shifted to telephonic or video/virtual tooling.
- b. We continue to be able to support the full scope of services just under different means, this includes:
 - i. Working through acute issues
 - ii. Chronic disease management (diabetes, depression, anxiety, etc.)
 - iii. Preventive care services
- c. Our providers have a bias to help and we will continue to push to have every opportunity for personal interactions with our patients.
- d. We are continuing to avoid bringing healthy individuals into the clinic for wellness visits – individuals with biometrics scheduled are receiving personal outreach to reschedule for a date after June 1.
- e. Pushing out virtual care to a large percentage of our providers to add this capability to their already existing telephonic abilities as soon as we can.
- f. There will still be cases where it is both safe and appropriate for patients to come to the clinic – excluding respiratory illnesses – we will communicate these situations to the patient and complete in-person care when needed and avoid emergency rooms and urgent care centers.

2. Push to be even more available

- a. Expanding the hours we are available for patients to reach our clinicians every single day of the week
- b. Any and all current eligible employees, spouses and dependents will have access to our expanded hours

3. Continue to be transparent and upfront

- a. Expect frequent communications from your account team – as information becomes available, we are sharing it with you.
- b. We will continue to have weekly webinar updates to address everyone together on any changes and answer questions you may have.
- c. Every day is bringing new challenges and changes and we will continue to be highly responsive and flexible.

Clinical Priorities:

1. Proactive patient outreach

- a. Continue to focus on the highest level of care for our patients
- b. We have identified a variety of groups that would benefit from proactive outreach:
 - i. Patients that receive medications from us and will need a refill in the coming weeks and any other needs they may need at that time
 - ii. High risk patients for those who are at a higher risk if they would contract COVID-19 to ensure there are no gaps in their care and make sure to answer any questions they may have

2. Continue to assess patients that reach out to us

- a. Our team has triaged 200+ patients for COVID-19.
- b. We continue to assess patient's risk of COVID-19 telephonically and further assess their need for further assessment or testing. This includes continued follow-up with patients who have voiced concern or shown symptoms to ensure they are improving or receiving the care they need.
- c. Testing supplies continue to be limited nationwide.
 - i. Patients who are moderate risk or moderate symptoms are encouraged to self-isolate and monitor symptoms instead of coming into clinics or visiting the ERs or Urgent Cares so as not to overburden the health system.

3. Maintaining high-quality, high-value care for our patients

- a. Our providers are focused on providing excellent care for our patients. This includes completing necessary labs, following up on results, ensuring no gaps in care exist and assisting triaging patients who may have contracted COVID-19.
- b. Our goal is to be available when a patient needs us, situation is dynamic and so is our response.

- c. Patients may not see the exact provider or care team they typically do, as shifts may occur based on need, but the quality of care will remain the same.

What Is to Come:

- Continuing to monitor our own teams and treat them appropriately for those who may have been exposed
- We will continue to equip our providers in a secure fashion to have access to records and the ability to communicate with patients both within our clinics and remotely
- We would like to be in a position to offer testing for patients in the future
 - o We need to ensure we are protecting our own clinical staff from contracting COVID-19 – this includes having ample PPE for these providers to be safe in this testing
 - o Adequate testing will need to be distributed and available for us to turn on this capability
- What we encourage employers to be mindful of:
 - o If you have employees in New York metro area, Seattle area, or other hotspots – continue to push out reminders or education that those individual, if they are leaving town even if they are asymptomatic may have been exposed. It's really important that we don't seed other parts of the country, so those individuals should self-quarantine if they've been in an area with high community activity and if they have symptoms please reach out to OurHealth or another healthcare provider.
 - o Follow federal guidance as it relates to return to work for your employees – if employees are required to have notes to leave work or return to work this eats up capacity on the healthcare delivery system and/or requires patients to be seen in person that could put them at additional risk
 - o Employers that have incentive programs that include wellness screenings, physicals, etc. during this period of time – we ask you to have different options available to meet these needs.

Questions & Answers:

- Q: When do expanded hours begin?
 - o A: Expanded hours to begin by this weekend. 6AM – 8PM EST, 7 days a week. Individuals can continue to call (866) 434-3255 to schedule or they may schedule online via our Patient Portal at member.ourhealth.org
- Q: Will any locations be closing at this time?
 - o A: At this time, we have not closed any health centers specific to COVID-19. In under a week, much of our care has been shifted to telephonic/virtual to continue to execute upon the needs of our patients

and we will continue to grow this. We have not seen a decrease in patient demand thus far.

- Q: Does OurHealth plan to have in-home testing?
 - o A: We want to be really thoughtful and be driven by science. We are evaluating options and will make a thoughtful decision on behalf of our patients and clients.

- Q: Explain the difference between virtual care and telehealth services?
 - o A. Traditional telemedicine, often provided through your health plan, is generally a great option for acute care. This is intended for things you would also go to a retail clinic for, example: simple rashes, urinary infections, etc. This is not traditional relationship-based care as it is not a provider you see on a regular basis. We're pushing out virtual primary care that allows our providers to continue to care for our patients in the way they would in the clinics. There is a significant amount of care that can be provided this way. This is an extremely stressful situation for individuals nationwide so continuing to have access to providers, health coaches and in some cases behavioral health specialists can be incredibly important.

- Q: If someone needs a routine lab, what do you recommend?
 - o A: A phone call first to complete a visit with the provider to evaluate what tests, if any, are needed for this patient. If needed, these individuals will then be scheduled strategically to avoid maximum exposure options, for example at the beginning of the day.

- Q. How are acute visit charges done virtually?
 - o A. Many regulatory issues have been relaxed under these circumstances. If we find that the IRS/HSA guidelines have relaxed, we would not charge for these. We do continue to track visits and we can go back and evaluate this – our bias continues to make sure the patient is receiving care first and collaborate with employers later on how this is reconciled, if necessary.

- Q. Are all locations capable to have televisits?
 - o A. Yes, all telephonically with a continued scale for virtual offering for our providers.