

OurHealth COVID-19 Update

April 29, 2020

Presenters: President and Co-Founder, Jeff Wells, MD, and Chief Medical Officer, Terry Layman, MD

- There continues to be variety across the country based on variations in community response and adjustment to guidelines
- Employers will continue to be on different ends of the spectrum for a variety of reasons – essential business, locations, industry, etc.
- There have certainly been many moving targets and we appreciate the partnership each time something has changed, from regulations to guidance and everything in between
- Yesterday, we hit the grim milestone of 1 million cases in the US
- Reminder, right now there is no vaccine and there is no medication that can be used to treat COVID-19 at this point in time

Organizational Priorities:

- Media hype vs. reality
 - There is a big disconnect between availability for testing and what the reality on the ground is
- Physical distancing is the #1 safeguard now
 - As we responsibly and safely begin to resume things across the country, the number one key will continue to be physical distancing for the foreseeable future
 - There is no silver bullet so each circumstance will need to be approached in the most thoughtful and specific way
 - The demand for testing right now is almost insatiable – between individuals wanting to be tested for active infections or antibodies from previous infections
 - Testing availability, like all other aspects of this situation, has high variability based on location
- Right-sizing the return to work framework
 - OurHealth as an organization has been working to really try and bring both education and awareness as well as some level of service delivery
 - We've talked a lot about a multi-pronged framework to help organizations build their plan to get back to work
 - We're operating in an agile fashion to try and work with customers in real time to find a thoughtful and responsible way to act and deliver faster than we typically would
 - We're going to be very intentional to make sure that we're not exposing patients to safety risks or quality of care issues along the way

Clinical Priorities:

- Returning patients safely to in clinic care
 - We shifted from 99% in clinic to 85% virtual in a matter of a week
 - We recognize that putting off certain in person visits will create risk, so we are working through a process of bringing patients back into the clinic for in-person care
 - In May, we will work on bringing in a larger portion of blood draws for those with chronic conditions
 - These will follow with subsequent virtual visits to talk through results and care plan development
 - As needed, we are still providing in-person provider visits for those who must be seen in clinic
 - Into June, we're expecting closer to a 50/50 in-clinic vs. virtual but will still have triage prior to see patients in clinic with upper respiratory symptoms
 - All decisions are weighed against risk to patient and risk to staff
 - We are continuing extended hours through the month of May as part of our crisis management
- Return to work deliverables
 - We are trying to work with everyone on an individual basis as things do evolve in each situation
 - General guidance/things to consider:
 - Need to keep in mind the volume of individuals entering the workplace (including visitors, vendors, employees, etc.)
 - Three things to keep in mind:
 - **Source control** – do not incentivize those who are ill to come in to work, consider screening prior to arrival or upon arrival, assume everyone could be a carrier, continue to encourage distancing and good hygiene, consider the use of masks if individuals have to be in relatively close contact
 - **Environmental control** – cleaning of heavily used areas, and increased ventilation
 - **Self-control** – discouraging hands to face and making hand hygiene very accessible
 - Examples of types of screening:
 - Temperature screening – this has not been mandated by OSHA or the government.
 - Questionnaires & Self-Attestations
 - The role of testing:
 - Testing is important from a public health standpoint to know how prevalent the disease
 - Useful in identifying hotspots and areas of concern

- Testing as a return to work policy is incredibly difficult
 - It's not practical to test everyone as they come in every day or even every week or month
 - Antibody tests continue to be a hot topic on the news – the data still does not give us great reliance on these tests and the results can be very misleading and backfire if used as a “passport to immunity”
- New CDC symptoms guidance
 - <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
 - Chills, repeated shaking with chills, headache, muscle aches, sore throat, new loss of taste or smell
 - If you're doing questionnaires these are now applicable to ask in a symptom check

Questions:

Are you bringing in higher-risk patients if warranted?

- *Now*: currently we're bringing in the very high-risk patients that should be monitored on a monthly basis
- *Evolving in the next month*: as we move into the month of May, we will bring in those who are considered high-risk that need to have blood draws and checks
- Many members of our team continue to evaluate all of the aspects that determine bringing patients in the physical clinic

Current virtual vs. in-person:

- Approximately 85% of visits right now are conducted either via telephone or via video
- 50/50 is the expectation (as of right now) around the June timeframe

Client onsite biometric screenings:

- We will likely be a bit more hesitant or reluctant to conduct mass biometric screenings
- As long as there is a high prevalence of the virus out there, we want to limit being a vector of spread
- The goal of these events is to identify those at-risk and we do not want to put people at risk as a result
- Continue to discuss with your account team a 6-month strategy as the more we can think further into the future and prioritize objectives the better we can partner to evaluate strategic options

Employer doesn't have A/C or ability to open windows:

- Could be a hazard as opposed to a well-ventilated area

- Encourage source control masks
- High levels of sanitization and cleaning methods

Top 5 things to keep in mind when coming back to work:

- We've shared a four-pronged framework as opposed to one specific plan because based on the type of organization returns will have a high variability
 - o Workforce Planning – be thoughtful of HR policies, risk management, level of communication, etc.
 - o Physical Environment – access control, limiting number of people, focusing on physical distance, shift design, etc.
 - o Active Monitoring – screenings, testing, contact tracing, etc.
 - o Prevention & Sustainability – long-term plan as more things become availability, vaccinations, etc.

Diabetes, depression, acute injuries, and more do not care about COVID-19. People are more vulnerable and under more stress and anxiety than typical. We're focused on how we can support the resiliency of your employees and their families.

If there's one thing we do know right now, we're not going back to "normal" anytime in the near future, so we will continue to adapt and be creative to support our customers moving forward!