Return to Work Services Webinar  
April 22, 2020  
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Companies across the country are asking, “how do we return safely and responsibly while being as expeditious as possible?”

- If we look back to early/mid-March – nationwide organizations and individuals set out to “flatten the curve” through physical distancing, shelter in place, etc.
  - It does appear to an extent this flattening has happened
  - There still isn’t a vaccination for COVID-19
  - There isn’t a proven treatment or medication for patients with severe symptoms.
- A large percentage of our population may or may not have been infected, so if we just return back to normal, we may put ourselves back in a place where we were a month ago.
- We can’t shelter in place forever, so how can we move forward in a thoughtful, prudent, safe, and responsible way and begin to do that in the coming weeks and months.
- Physical distancing will continue to be the most vital in reducing the spread and a key to any strategy in the weeks and months to come.

How will OurHealth help support this transition?

- There is no silver bullet, there are a number of strategies/tactics to deploy that could assist – and OurHealth and Marathon Health are committed to being a part of the solution moving forward and assisting the employers we work with.
- We believe it’s important to have a comprehensive plan that begins now – do not wait until shelter in place orders are lifted.
- The re-emergence framework has four key pillars:
  - **Workforce Planning** – The strategic approach to bringing individuals back to work in different capacities and how you support them and your customers/constituents to the best of your abilities. For example:
    - Continuing to work from home, when possible
    - Communication and psychology management of your workforce
  - **Physical Environment** – This will vary by industry and employer type, with the goal to minimize the physical interaction of individuals. For example:
    - Shift planning and team design
    - Work-flow design
    - Allowing patrons, vendors or guests access
• **Active Monitoring** – The role of testing, the types of testing available, role of symptom screening, details of contact tracing, etc. are all important aspects of this pillar.

• **Prevention and Sustainability** – At this time, there is no vaccine, and this will take time, but it is important to begin preparing for how vaccines may be integrated.

• Going forward, operations will look different than your organization has operated historically – we should expect and prepare for these changes.

• It is important to remember that COVID-19 is not the only thing affecting people. Diabetes, depression, cancer, etc. do not care about COVID-19. These conditions do not get easier, and arguably are harder, in the current environment.

• Individuals are living under more uncertainty, anxiety and stress than ever before.

• As a provider of primary care services, this is a strategic focus of ours to continue to support the overall population health approach.

• We need to continue to be focused on taking care of our patients ongoing needs and provide access in a time when it is difficult to receive care.

**Workforce Planning**

• Much of which revolves around HR Policies, Returning to Work, Communications, etc.

• This goes beyond just employees and includes customers, clients, vendors and any additional individuals who interact (especially face to face) with your workforce.

**Physical Environment (& Behaviors)**

• If you can and have been successful in virtualizing your workforce, this continues to be the safest approach.

• Audit of the onsite location to identify opportunities for spatial separation, time separation, sanitizing, hygiene efforts, entry/exit, traffic flows, etc.

• Personal behaviors are important. Should workforces be wearing masks? How do we handle meetings? How do we handle any work-related gatherings?

**Active Monitoring & Screening**

• Temperature checks and current screening mechanisms will continue to have their limitations.

• It is important to create an environment that keeps individuals who are not feeling well from feeling pressured to come into work. In these economic times, it would not be unexpected that someone who needs a paycheck to be coming into work even if they should not be. This is why
active monitoring can be important aspects of an employer’s strategy, these may include:
  o Temperature checks – this does have limitations. Fever is not always a super reliable indicator but can be important to identify. It is important to remember that 25-50% of individuals who have COVID-19 do not have symptoms.
  o Questionnaires or self-attestation stations – in either a paper form or digital form.

• Testing and Contact Tracing:
  o Testing continues to be limited but will be important to identify individuals who are positive.
  o It is important to know the level of specificity for the tests that are available.
  o Testing continues to evolve and develop at a rapid rate and we will continue to keep you updated.

• Different types of testing:
  o PCR testing - testing for actual active virus through nasal swabs with at-home nasal swabs are currently coming to market.
  o Serology tests through blood tests have been active in the news and continue to have a high amount of variability and many limitations.
  o Sputum swabs, point of care tests, and many (hundreds) more are currently being tested.

• Contract Tracing process when someone who has tested positive has their contacts traced and those people are tracked down to reduce spread.
  o This has gotten incredibly delayed from a state level once the pandemic spread.
  o There may be a role for independent organization to be involved.

Prevention & Sustainability
  • No medications have been approved for any treatment of COVID-19.
  • At this time there are no vaccinations, these will take a significant amount of time.
  • Includes ongoing monitoring and follow-up.

Where do we go from here?
  • We’ve formed a cross-functional leadership team that is tasked with evaluating if we, as an organization, can support our clients in navigating these times.

Questions?
  • Is OurHealth able to provide a checklist or template for employees to be able to fill out on their way into work?
We have developed a structure and are exploring both paper-based forms and online screening tools.

Employers must decide if a self-attestation form/checklist is sufficient or does an employer think a third party or staff member actively screen individuals, including a temperature check.

- Will OurHealth be able to assist with testing as we bring employees back to the physical office workspace?
  - This is something we continue to work through.
  - We’ve had calls with both large national labs and local health systems to navigate this. The near-term challenge regardless of desire or intent is capacity challenges.
    - They are all trying to ramp up capacity, but this may take months.
    - We’d like to be able to either, at a minimum partner with someone to provide this, or do this at our own locations but capacity is a large constraint with the PCR test.
  - There are a large numbers (90+) of organizations offering antibody-serology tests, yet there are four that have emergency use authorization from the FDA.
    - We will be guided by objective data and science for what the long-term best options are.
    - Telling someone they are immune when they are not has real consequences.
  - We also will need to be certain that we’re continuing to protect our team members and patients we take care of and sourcing of PPE continues to have major supply chain issues.

- If we wanted to have thermometers, masks or PPE available are we able to purchase from OH?
  - On a short-term basis, we may be able to assist and do everything we can to get those supplies.
  - On a long-term basis, there are likely better resources for sourcing.

- What is OurHealth doing for phase 2? Will we continue with telephonic/virtual in the future?
  - Phase 2 will be largely guided by this framework.
  - This will continue to be dynamic – no one has been through this specific situation and know exactly what it holds. Continuing to be adaptable will be important and we’re committed to that.
  - This situation has shifted the care delivery and shifted the learning curve for these resources for both patients and providers, but this does not remove the need for in-person care.
  - We will continue to prioritize and resource as needed.
• Any insight on wearing masks? Mandates you believe may be coming?
  o Masks are there for “source control.” An individual would wear a
    mask to stop their respiratory droplets from potentially infecting
    other individuals.
    ▪ Source control masks can take many different forms and still
      do this job – surgical masks, cloths masks, etc.
  o N-95 and KN-95 masks should continue to be reserved for health
    care workers and first responders.
  o We’re not necessarily in a position more than anyone else to know
    what mandates will be coming from the government.

• What can OurHealth do at this point?
  o Everything is on the list we are exploring or considering. Not
    everything here is something we can or should be providing.
  o Work with your account team and expand the dialogue on how
    different things our deployed in a variety of ways.

• Who should employers look to?
  o We believe we can be a good partner and believe a lot of this
    relates to the clinical implications.
  o Partner with an rely on your benefits consultant and adviser to think
    through many of the additional items to consider – such as benefit
    design, legal, etc.

• Records for testing subject to HIPAA?
  o EEOC has given employers the ability to screen, with someone
    acting as an agent, and are not subject to HIPAA. Be sure to seek
    legal counsel.

• Details around contract tracing?
  o Contract tracing will play a vital role when there isn’t widespread
    community activity, the value is as quickly as possible once
    someone is identified as positive to go and trace their activity and
    start contacting the individuals that are on a contact list.