

COVID-19 – Client Webinar #5

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From a macro perspective:

- It appears most of the models suggest that sometime in the next one or two weeks, we are likely to reach the peak (at a national level) for resource utilization. This means:
 - We are continuing to see an increase in infections
 - Some of these infections are requiring hospitalization
 - Some of the hospitalizations are requiring ICU/critical support and potentially ventilators
- There is a wide variation geographically. Certain markets, specifically New York City, Washington state, northern California, etc., are predicted to hit that peak and start decreasing sooner. Other areas are behind this and are not expected to hit this peak until weeks later.
- These expectations are only as good as the model, which is based on assumptions. This is very heavily influenced by how seriously efforts such as physical distancing are adopted.

As an organization in the coming weeks:

- We are in stage one of this response and we will continue to grow and evolve.
 - OurHealth has positioned both our HQ and our clinical teams to continue to respond to this crisis.
 - Our focus is to do all we can to enable people to reduce those physical interactions as much as possible.
- We're beginning, as likely many of our clients have, to think of a stage two or re-emergence strategy. This focuses on what the plan looks like to safely bring employees back to work. This is not going to happen immediately or quickly but will need to happen over a period of time with incredible responsibility.
 - There are a number of vendors who will continue to pursue organizations to assist in their re-emergence, for example testing, temperature checks etc. Some of these organizations will be opportunistic and others will truly be able to provide meaningful solutions.
 - We intend to provide helpful guidance, as needed, to assess these capabilities and how they may or may not provide assistance.
- We will continue to stress, and encourage all of you, that high levels of hygiene (hand washing, not touching face, etc.) are highly important.

Organizational Priorities:

1. Outreach
 - We have seen a decrease in routine wellness exams, which we expected to see as a result of these pandemic.
 - We realized that we needed to double down on our outreach efforts to ensure patients knew that we could still help them even though it was not physically in-person.

- As of Sunday, we had done more than 12,000 outreaches to patients which blew our 5,000 goal out of the water.
 - The anecdotal response has been overwhelming. In many situations, patients appreciated someone looking out for them, getting medications refilled they otherwise would have let go by the wayside and answering questions they had to provide piece of mind.
 - In a few situations, team members were able to identify some patients with respiratory symptoms that needed to seek more help from an ER or urgent care.
 - This will continue to be a focus for both current patients and those we may have never treated before but could be at high risk.
 - While we are still digging into the data to understand exactly how many people we talked to and what resulted, the feedback suggests we connected live with at least 30%.
2. Transition Care Platform to Telehealth-first
 - There is a small percentage of time that we're still bringing individuals into the clinic for an in-person visit. For example, a provider recently conducted a virtual visit and realized the patient was experiencing an abscess. The provider decided that the patient's situation warranted an in-clinic visit to get the abscess drained safely and appropriately.
 - For the month of March, OurHealth introduced the technology across all of our clinics to support virtual visits. Across our book of business, 51% of all encounters since March 10th have been telephonic or virtual.
 3. Develop a Comprehensive Response Plan as well as Returning People to Work:
 - Make sure your employees know you have a plan for how to decrease the exposure risk of COVID-19, and in the event of exposure, a documented response protocol for handling consistently and empathically. We suggest a comprehensive set of actions driven mainly by CDC guidelines.
 - As stated earlier, we're planning for what phase two, re-emergence phase, looks like and how we can assist our clients in this effort.

Clinical Priorities:

1. Virtual Care
 - Our primary strategy of combating this virus is through physical distancing.
 - With a virtual first strategy, we're able to screen patients virtually first to either complete the visit that way or coordinate getting someone into a clinic.
 - How do you complete an annual physical virtually?
 1. Physicals are incredibly in-depth look at overall risk factors – health history, family history, physical and lifestyle standpoint.
 2. Virtually we can do this risk factor portion but there are aspects of the in-person exam that are no longer possible. Although different, there is still a benefit to completing physicals.
 3. We're still able to produce a recommendation plan to assist patients moving forward and, when necessary, explore the potential of getting tests or exams completed in the future.

- Chronic disease management appointments can be done in a similar fashion to annual physicals.
 - These visits are continuing to see the provider of their choice – which continues to build the relationship between the patient and the provider that was previously established.
 - Wellness services and health coaching is also being offered virtually and telephonically to continue to support our patients.
2. Expanded Hours of Service
- To support the health crisis, we have expanded hours of operation to 6AM – 8PM, 7-days a week.
 - This is fulfilled by an on-call provider and nurse staff that is able to field the needs of patients that come in before 7AM and after 5PM.
3. Testing
- Our #1 obligation is to the individual patients we serve. There are capacity constraints on testing among both public health authorities and commercial labs right now (and lots of regional variance), and while many are rushing (in some cases unproven) tests to market, there are still some fundamental limitations to the use and value of testing.
 - Test approval processes, in a time of crisis, have a leaner and quicker go-to-market process with the FDA.
 - Types of testing, all of these have both positive and negatives:
 - Testing for the virus
 - Testing for the antibody
 - Majority of the testing reviewed by Dr. Layman has not produced positive results within the first few days but rather later into having the sickness – so exercise caution in the sensitivity of these tests.
 - The value is primarily a public health goal of improved surveillance and monitoring of the spread.
 - We continue to evaluate the ability to provide testing but there are still constraints – appropriate protective equipment, testing availability, etc.

Questions & Answers

- **Return to work notes?** Currently, our providers are working from federal CDC guidance. Although this is imperfect at this time, we're going to continue to follow their lead. We do have return to work notes that we can provide via our electronic medical record based on the individual and the circumstances. In the recent weeks, it has become clearer that there is a much higher level of asymptomatic individuals. Just as a reminder, be sure to keep in mind that possessing symptoms, or the lack thereof, does not necessarily indicate a patient's status.
- **Pluses and minuses of masks?** CDC did come out with the recommendation to consider cloth masks when in public. The goal is source control – preventing the spread of respiratory secretions. These are a great suggestion in places like grocery stores, gas stations, pharmacies etc. where someone may be around

several individuals. These aren't really helpful in isolation. There are risks associated with wearing the masks if not done appropriately – for example: itching your nose under your mask and bringing your hand to touch other things at a store could unintentionally spread.