

## COVID-19 Webinar

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### 1. Return to Work Update

- We continue to see communities begin to relax restrictions, but it does vary by market / region
- Return to work framework –
  - Workforce Planning:
    - Have a plan – we've seen successes with cross-functional task forces that are involved in documenting and executing a comprehensive plan
    - Phased approach
    - Mindful communication – involves both internal and external stakeholders and the psychology involved with communicating specific actions
  - Physical Environment:
    - Physical distancing still is the number one way to combat spread
    - Consider workflow changes or supports to reduce the probability of individuals coming into contact
    - Continue to allow individuals to work remotely where possible
  - Active Monitoring:
    - Encourage teams to not come to work when they are sick
    - Engage with healthcare providers on what to do next
    - Have screening tools in place – like self-attestation processes
    - Continue to try and identify anyone who is symptomatic – but keep in mind there is a high-rate of individuals who test positive and do not have symptoms
  - Prevention & Sustainability:
    - We are seeing a slow increase in capacity of PCR testing
    - We're cautiously optimistic on the vaccines that continue to move throughout the testing process, but it is important to remember it will take time for approval and large-scale use

### 2. Testing Review

#### a. Antibody Testing

- While exciting and interesting (especially down the road), there is currently more unknown than known

- Hundreds of vendors are rushing these tests to market and none have FDA approval and as of last week only 6 had received EUA
  - IgM and IgG antibodies work together to produce short-term and long-term protection against infection
  - At this time, we cannot use Antibody tests as a sign of individuals being immune to this virus as:
    - a. We do not know the level of antibodies present – it is simply a yes/no
    - b. We do not know how long immunity lasts
    - c. At this time, should not be viewed as a reassurance
  - Antibody testing is not part of our plan for now. We'd need to see a lot more evidence that the error rates are within range and that we understand the immunity thresholds necessary to make decisions based on the results
  - For now, these are novel tests at best and have not yet reached the maturity that we'd be comfortable with
- b. PCR Testing – this is our focus and we're leveraging in a few of our clinics and working to scale for those who are symptomatic or with known exposure continue to be the priority for testing
- Rutgers Laboratory did get EUA for a new type of PCR test using spit that can be administered without the nasal swab – this is only available through Rutgers as of right now but could be coming
- c. New category of testing: Antigen Test
- Antigens are surface proteins which the antibodies are there to react
  - Biggest downfall to this at this time, there's about 15% false negative rate
  - Likely more to evolve and grow with antigens

### **3. Resilience**

- a. On the individual level, this is an unprecedented time where individuals are navigating emotionally and mentally due to an increased amount of stress
- b. Our combined organization has completed more than 200,000 outreach calls since late March
- c. The behavioral health needs of our patients is a high priority and we will continue to have resources to help

### **4. Bringing Patients Back**

- a. **Internal Policy to Ensure Safety:** In order to limit the spread of SARS-CoV-2 between health center ambassadors, coworkers, patients, and all visitors:
- Our ambassadors must wear a nose-mouth covering such as a cloth mask, procedure mask, surgical mask, or N95 mask/equivalent at all times while in the clinic/health center (exception when working in isolated, noncommon areas)
  - All visitors, vendors, and patients will be encouraged to wear a face mask covering their nose and mouth while in our clinics and health centers
  - All should maintain 6 feet of separation with others in the clinics/health centers whenever possible. This may mean working in separate workspaces within the clinic and not congregating in break areas
  - All providers, staff, and OH ambassadors should avoid sharing work materials and equipment
- b. **Environmental Controls:** All high-touch surfaces (counters, door handles, tables, etc.) including restrooms, should be wiped clean with a SARS-CoV-2 approved cleaner after every use/patient interaction and upon opening the clinic each day
- c. **Personal Protective Equipment:** All providers, staff, and OH ambassadors should wear:
- During all face-to-face patient interactions within 6 feet a N95 (or equivalent mask)
  - If interacting within 6 feet with a patient exhibiting respiratory symptoms or if in the room while an aerosol-producing procedure (nebulizer, nasal/nasopharyngeal/oropharyngeal swab) is being done a N95, gloves, gown, and eye protection (face shield, goggles)

## 5. **Red/Yellow/Green Phased Approach based on Visit Type**

- Criteria to consider: Disease/viral prevalence, PPE availability, State and local restrictions, patient need/urgency
- It is important to note that we won't be taking services away and many things will continue to happen over a video/virtual means.
- Below is a list of services we provide across the enterprise, listed in the order we might turn the services back on:

- a. **Red Phase (where we are today)** - restrict to only necessary in-clinic visits, with high-risk strategy for PPE use, spacing, cleaning, etc.
  - Ill patients requiring in-office visit (i.e. abscess, abdominal pain)
  - Unstable chronic disease management, can be done in conjunction with physical if possible
  - Chronic disease management (CDM) labs
  - Drug screens
  
- b. **Yellow Phase** - continue Red Zone services and increase nursing visits, CDM visits and well visits. Separate patients by time to allow for room cleaning and to reduce # of patients in the clinic at one time. Continue high-risk PPE use, spacing, cleaning. Continue to restrict high risk employees from direct patient contact.
  - Biometrics - mid-day appointments, if possible
  - Stable CDM - am appointments, can be done in conjunction with physical
  - Pre-physical labs
  - Immunizations – am appointments
  - Public Safety physicals - am appointments
  - DOT exams - am appointments
  - Occ health First Treatment of Injuries
  - Annual physicals – am appointments
  - Non-respiratory, nonurgent ill visits – pm appointments
  
- c. **Green Phase** - essentially our new normal standard operations for in-person care
  - Respiratory ill visits
  - Chronic disease visits
  - Testosterone
  - Health Coaching
  - Registered dietician visit
  - Behavioral health specialists
  - Pulmonary function tests

## **Priorities over next couple weeks:**

1. When/how we will turn back on the online scheduling functionality for patients to schedule in person clinic visits
2. An outbound process to reschedule in-clinic patients that are currently on the books after June 1 for visit types that we're not yet comfortable seeing in clinic

## Questions:

To what extent can we test to symptomatic patients?

- We are trying to equip our clinicians with testing capabilities and appropriate PPE
- We have been able to arm them with a few swabs for testing but when appropriate and community resources are available, we've have leveraged
- For those that are symptomatic, we do want those patients to reach out to our providers and we will assist in getting them tested either in the community or through OurHealth

If patients enter the clinic and do not have a mask, will we be providing a mask?

- Yes, we will have masks for patient use

What are employers doing in respect to incentives tied to wellness screenings/biometric screenings/annual physicals?

- Many of our employers provide some type of financial incentive for certain healthy results or completion of an activity
- We've tried to minimize bringing people in for these very activities
- We have been able to do virtual physicals which provide a thorough comprehensive assessment
- We've seen employers do different things:
  - Grant the incentive to all individuals
  - Extending deadlines to allow for more time to complete these
  - Adjust/modify what the incentive includes
- Reach out to your account manager to help work through your specific situation and support your employees