



Actionable Lessons From the Front-Lines of COVID-19 From Chief Medical Officers

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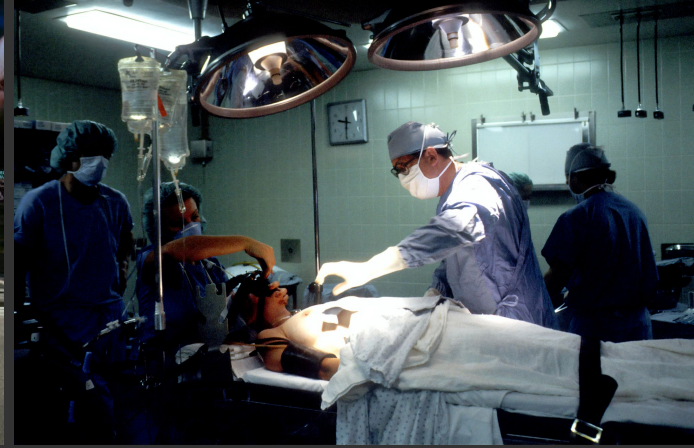
Empowering Community-Owned Health Plans





Status Quo: Clinicians receive \$0.27 of every \$1





Disempowering Wall Street–Rented Sick Care Plans



The System was
NEVER BROKEN
IT WAS BUILT
THIS WAY

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CEO'S GUIDE Restoring



American Dream

HOW TO

DELIVER WORLD CLASS HEALTH CARE
TO YOUR EMPLOYEES AT HALF THE COST

DAVE CHASE

Foreword by BRIAN KLEPPER



A Citizen Leader's Guide to Restoring the American Dream:
Rebuilding Hope, Health, & Well-being in Our Communities

THE OPIOID CRISIS WAKE-UP CALL

Health Care is Stealing
the American Dream.
Here's How We Take it Back.

DAVE CHASE



ARTICLE

At the Epicenter of the Covid-19 Pandemic and Humanitarian Crises in Italy: Changing Perspectives on Preparation and Mitigation

In a Bergamo hospital deeply strained by the Covid-19 pandemic, exhausted clinicians reflect on how to prepare for the next outbreak.

HEALTH

A plea from doctors in Italy: To avoid Covid-19 disaster, treat more patients at home

By SHARON BEGLEY @sxbegle / MARCH 21, 2020



Bodies of coronavirus victims from Bergamo, Italy, are unloaded Saturday upon arrival at a cemetery in Ferrara, where they will be cremated.

MASSIMO PAOLONE/LAPRESSE VIA AP

Primary Care Marshall Plan



Minimizing the Negative Impact of COVID-19 by Ensuring Family & Primary Care Practice Viability

Summary of Action Required

Have insurers (including the 100M people in self-insured employer plans) pay primary care physicians/practices a prospective fee to care for patients for the duration of the COVID-19 pandemic to avoid worsening the situation on the primary care frontlines. This would replace the severely flawed, fee-for-service model that is making our country more vulnerable to the pandemic. For the insurer (fully insured or self-insured), it should be budget neutral as they'd be paying based on the prior year. [Note: as of 3/28, CMS has announced something similar for those caring for Medicare recipients.]

Lessons from Italy

The following are key lessons from the [NEJM study of the Italian experience](#) that demand immediate action making it vital to enable primary care to focus on care, not payments:

- To have any hope of avoiding that disaster in the U.S., the health care system needs to decentralize and make the community a focus of interventions. A key finding is that hospitals might be “the main” source of COVID-19 transmission according to leading Italian doctors. The related coronavirus illness MERS also has high transmission rates within hospitals, as did SARS during its 2003 epidemic.
- Major hospitals are themselves becoming sources of [coronavirus] infection with COVID-19 patients indirectly transmitting infections to non-COVID-19 patients. Ambulances and infected personnel, especially those without symptoms, carry the contagion both to other patients and back into the community. As one physician leader stated, “[COVID-19] patients started arriving and the rate of infection in other patients soared. That is one thing that probably led to the current disaster.”

U.S. Situation & Recommendations

One end of the U.S. healthcare system is running out of beds. The other is running out of patients. The damage, in both cases, might be permanent.

A cruel irony of the Covid-19 pandemic is that family physicians and other primary care physicians suddenly can't pay their bills, as patients forgo visits and elective procedures get canceled. This situation is a stark reminder of the irrational primacy of specialty care over primary care in our system. Too often in the United States, we treat primary care as an afterthought – a point driven home yet again by the just-passed stimulus bill that includes \$100 billion to help hospitals and not much for independent primary care physicians.



Health Rosetta Advisor: “I went to BCBS to ask them, **in light of national circumstances and the nature of our business (caring for aging veterans), to open up their telehealth benefit to our members.** They countered with a \$2 PEPM along with a \$45 co-pay to our PPO members and our HSA members (the vast majority) paying full allowable amount. Also, the soonest they could have it live for our employees was **mid-May.**”

Mini Case Studies From the Primary Care Frontlines

- How primary care helps city employees of first confirmed COVID case: Vera Whole Health
- Helping large hospital network in first city hit: 98point6
- Providing care for employers in first city hit: Crossover Health
- Applying lessons from first cities to reduce COVID impact: Proactive MD

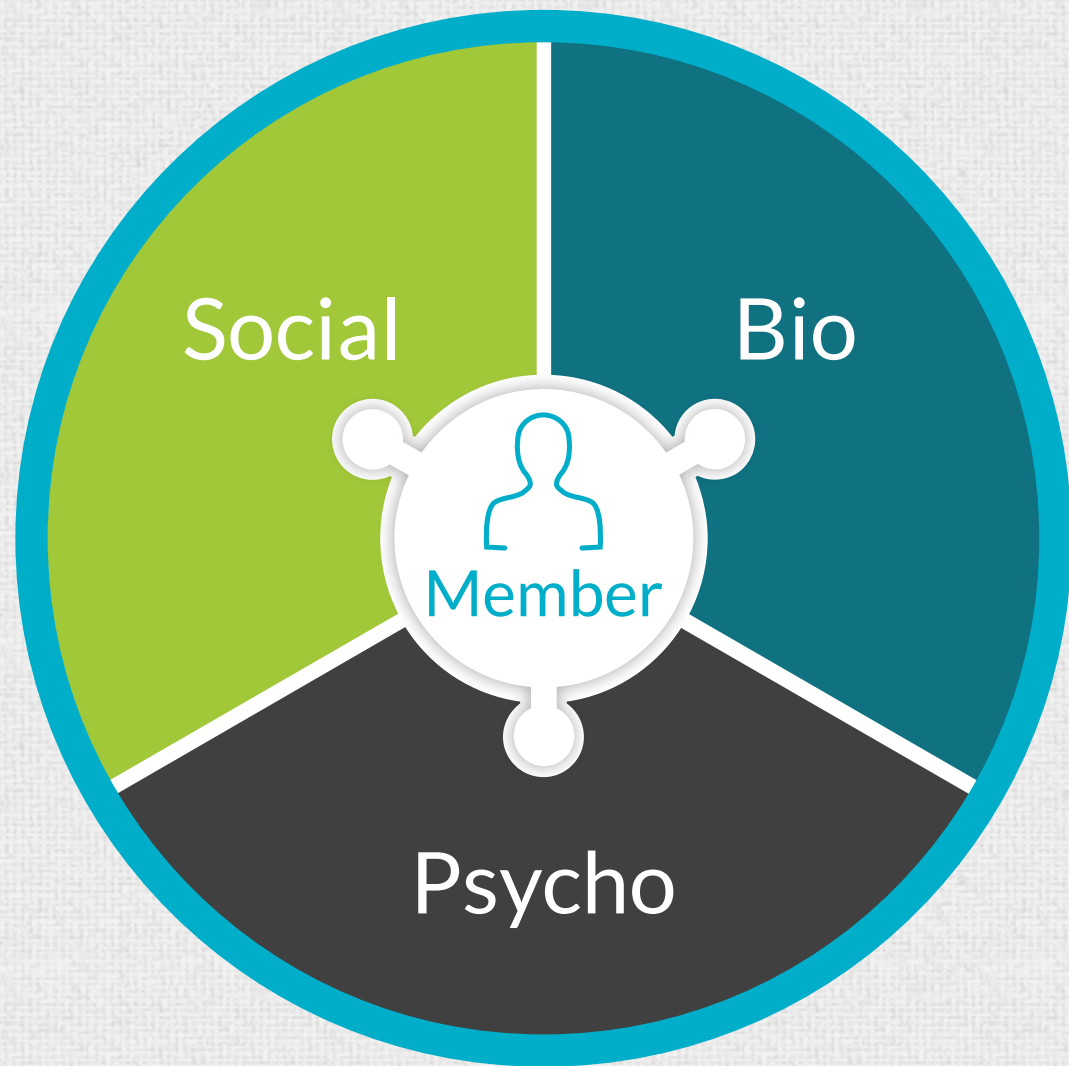


Kevin Wang, MD



Primary Care During COVID-19

April 3, 2020



Informatics



Relationships

Virtual care

Active monitoring

Evaluation

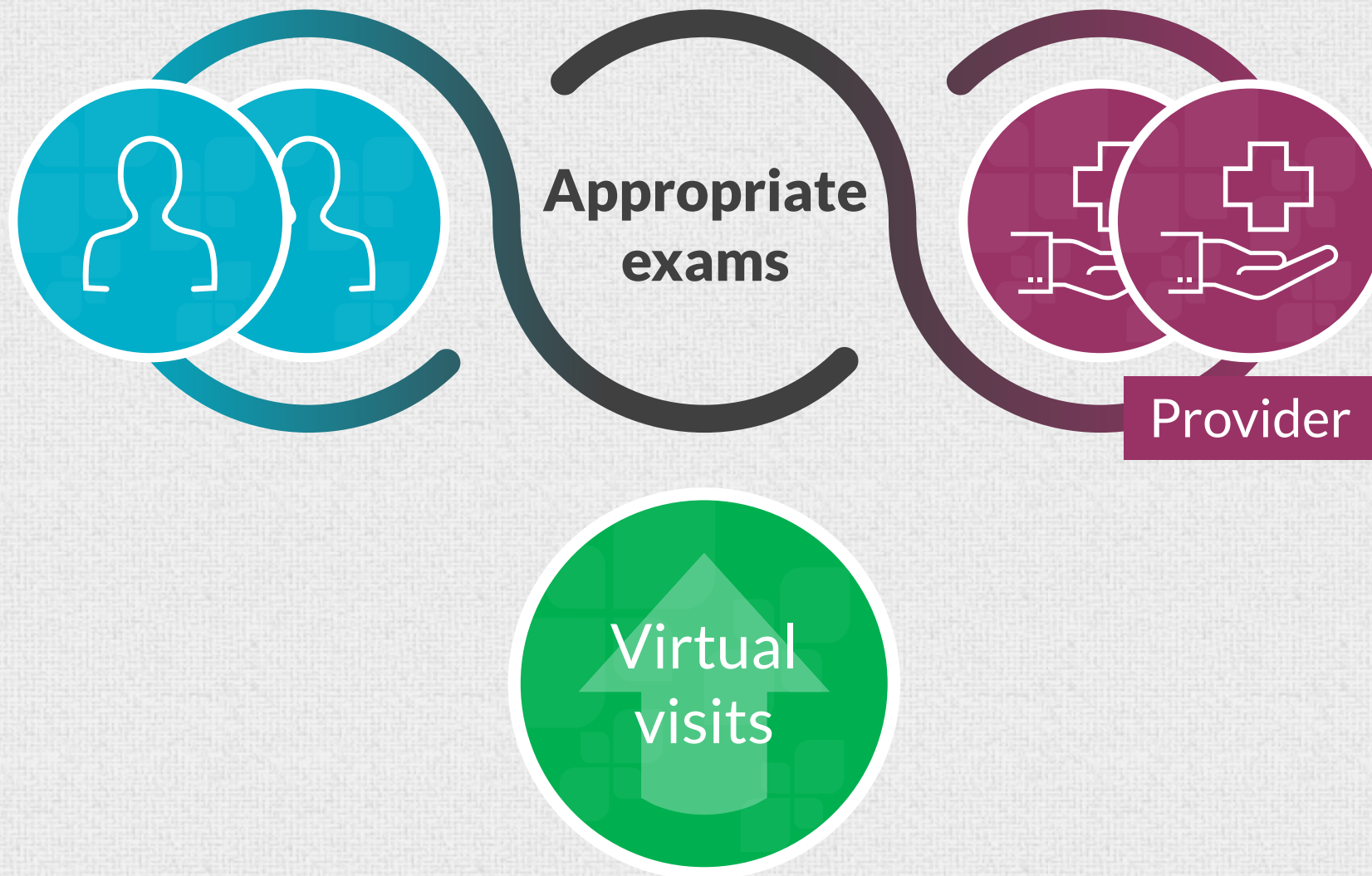


In person care

Underlying conditions

Physical exam

Testing



Amy's
kitchen

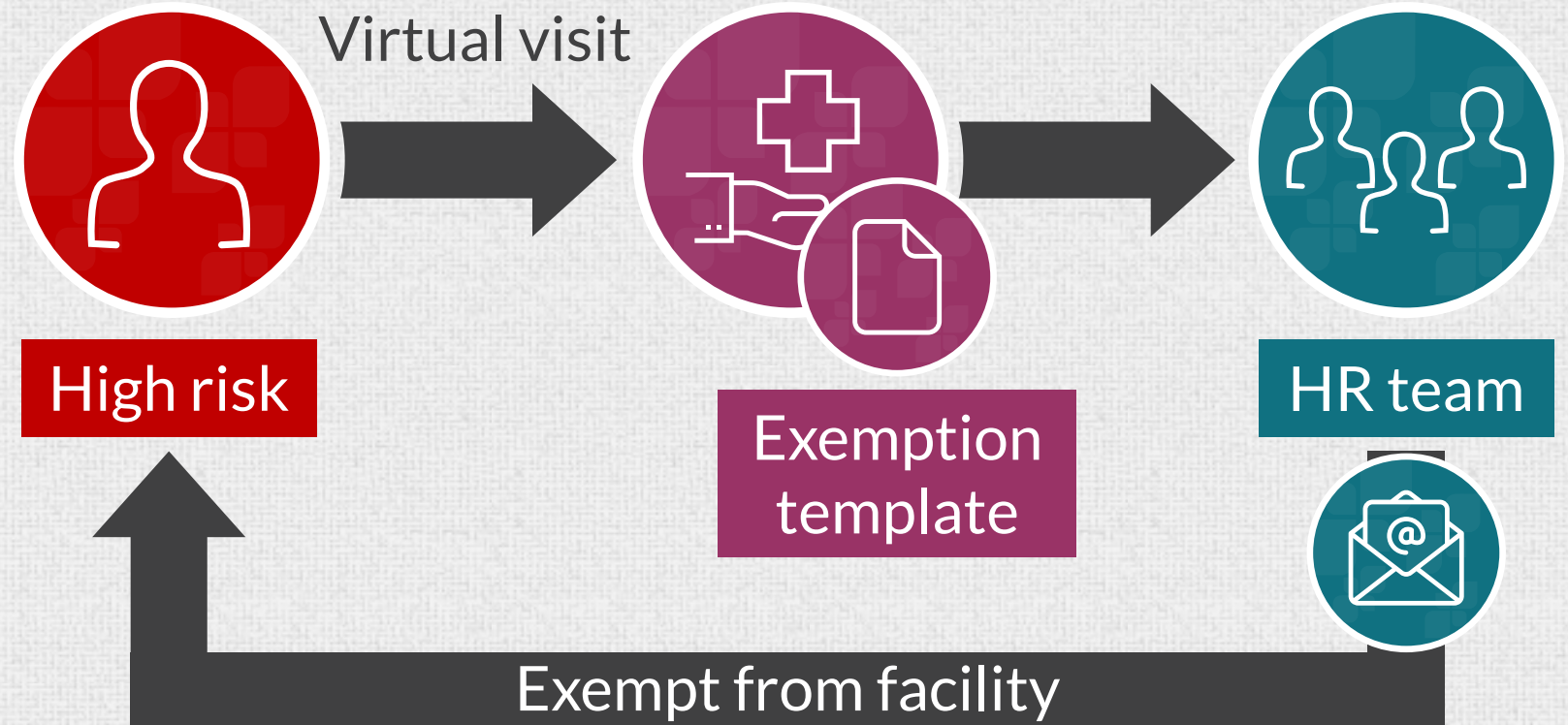


Essential work

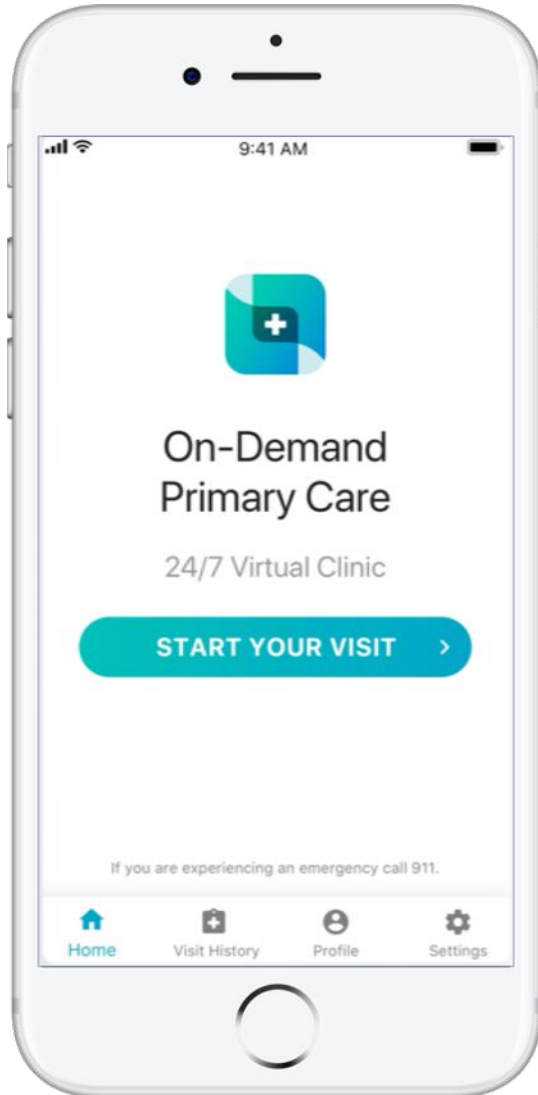
Rearranging facilities

Work from home

vera
WHOLE HEALTH



Introducing 98point6



- On-demand, text-based primary care via mobile device
- Available to members 1 year and older, nationwide, 24/7
- Directly employed, board-certified physicians
- Leverage deep technology to optimize the medical encounter
- HIPAA compliant, private and secure

COVID-19 Support



- Scaling our physician team
- Launched COVID-19 Assessment Tool within the app
- Leveraging technology (clinical guidelines, waiting room experience)
- Real-time updates on testing sites and state specific guidelines
- Directing to COVID-19 testing locations
- Keeping members informed with educational materials
- Providing transparency with our patient dashboard
- Coordinating with federal and state agencies

98point6

Coronavirus update from 98point6[®] Physicians

What is it?
Coronaviruses are a family of viruses that cause respiratory tract infections ranging from the common cold to more serious illnesses. The most recently discovered type causes an infection called “coronavirus disease 2019” (abbreviated COVID-19). The most common symptoms include fever, tiredness and a dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea.

What can I do?

Stay Safe
There is currently no vaccine to prevent coronavirus disease, so the best way to prevent illness is to avoid being exposed to the virus, according to the CDC. You can do this by:

- Regularly and thoroughly cleaning your hands with an alcohol-based hand rub or soap and water; avoid touching eyes, nose and mouth.
- Stay home if you feel unwell, even with mild symptoms such as headache and slight runny nose, until you recover.
- Cover your cough or sneeze with a tissue and throw the tissue away.
- Clean and disinfect frequently touched surfaces and objects.
- If your child is sick, it's important to keep them home in order to protect other students from illness; if your child is healthy, you should feel comfortable sending them to school or day care.

Stay Informed

- Access updated progression sources, such as the CDC.
- Stay informed about the local area, and be aware of the place of local events.

98point6

How to discuss coronavirus with your family

Your health is our top priority—and that includes providing you and your family with clear medical insight in times of uncertainty. As COVID-19 concerns grow, we know this can be a difficult topic to talk about with your children. 98point6[®] Director of Pediatrics Jud Heugel, MD shares what parents should know—and the kid-friendliest way to talk about the facts.

You May Be Wondering

What is coronavirus?
Coronaviruses are a common family of viruses that cause respiratory tract infections ranging from the common cold to more serious illnesses. The most recently discovered type causes an infection called “coronavirus disease 2019” (abbreviated COVID-19).

Are my kids more at risk?
So far, children seem to have milder cases than adults. Symptoms are similar to a common cold or low-grade flu, such as fever, cough, tiredness, sore throat, shortness of breath, body aches, headaches and diarrhea, though they can occasionally be more severe, like pneumonia.

I keep seeing people wearing face masks. Should we be wearing them?
The Centers for Disease Control (CDC) does not recommend wearing a face mask to prevent infection; the masks are not designed to protect against infection. If you or your child is sick, you can consider wearing a mask to prevent infecting others.

Should my kids take a break from after-school sports or activities?
In general, you should continue your normal routines. However, if your child is sick, they should stay home to prevent infecting others. If they are healthy, there are not currently any recommendations against keeping them away from the activities they love.

Will wiping things down (like toys, sports gear and shared surfaces) help?
It can be helpful to clean and disinfect frequently touched surfaces and objects, but you don't need to be overly aggressive about personal items that aren't touched by others.

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Crossover Health

COVID-19

April 3, 2020



Stephen Ezeji-Okoye, MD
Chief Medical Officer

Responding to COVID-19

- **Organizational responses**

1. Created clinical task force in January to begin educated provider team
2. Created a COVID-19 Command Center in March for coordinated, national response
3. Began private Crossover Client Council updated 3 weeks ago
4. First opportunity to introduce to prospective clients our capabilities and services

- **Clinical Responses**

1. Sourced PPE for staff and attempted to secure testing supplies
2. Immediately created National Response Levels 1-6 to guide staffing
3. Moved rapidly to virtual recommended, to requested, to required
4. Transitioned to **Essential Primary Care** and full virtual with current care teams
5. Offering weekly member programming webinars and communication updates
6. Transitioned to **Pandemic Primary Care** with pooled care teams
7. New services including testing, supply sourcing, care navigation, proactive outreach

We Are NOT Telemedicine

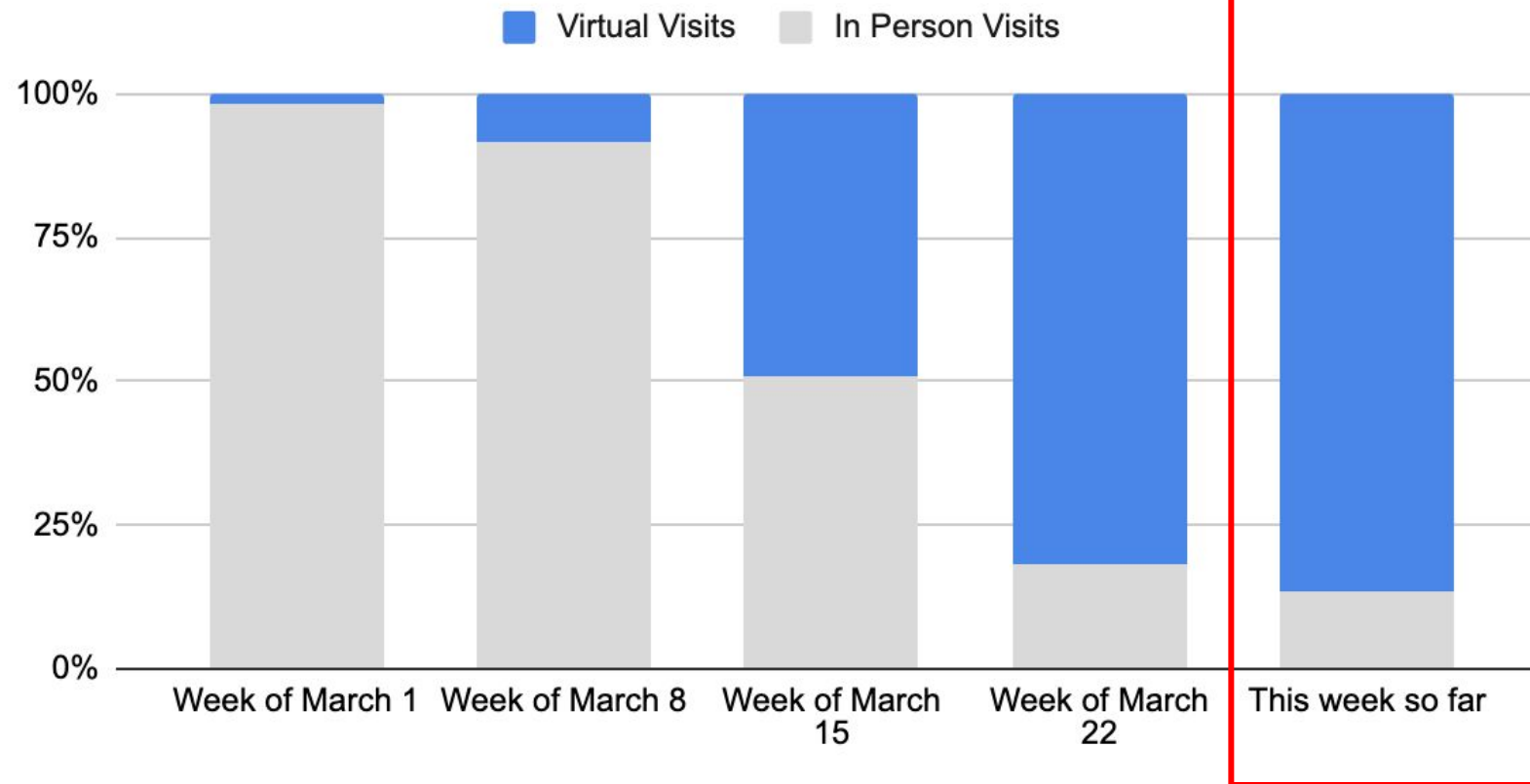
- **Crossover's Care Model Remains Unchanged**
 - Holistic approach to comprehensive primary care
 - Biopsychosocial model of care
 - Same commitment to primary care team, behavioral health, physical medicine, etc
- **Crossover's Delivery Model has rapidly adapted to address the Pandemic**
 - 10% increase in total capacity 3/21 vs 3/1
 - From ~100 appointments per week to capacity to manage 9,000
 - Radical transition in our care delivery in four weeks

Moving to Proactive Outreach

Delivery Model

Crossover's Delivery Model has rapidly adapted to address the Pandemic

In Person Visits and Virtual Visits



Pandemic Primary Care Framework



PREVENT

(Urgent primary health issues)

primarily focused on baseline health, and ensuring connectivity to the entire care team.
Asynchronous and Synchronous availability



DETECT

(Slowing the rate of transmission)

minimizing risk of infection, increased detection, and staying connected with increased isolation



TREAT

(Reducing stress on the system)

by ensuring early testing and isolation, supporting remote care, source of information



COPE

(Reducing stress on our members)

member anxieties when concern of exposure might exist as well as managing patients with mild cases of COVID-19

**** Additional Client Support: Chief Medical Officer as a Service** help in understanding/adapting to the pandemic

Care Team Surrounds Our Members





Kayur Patel, MD

Q&A



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