Health Rosetta

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

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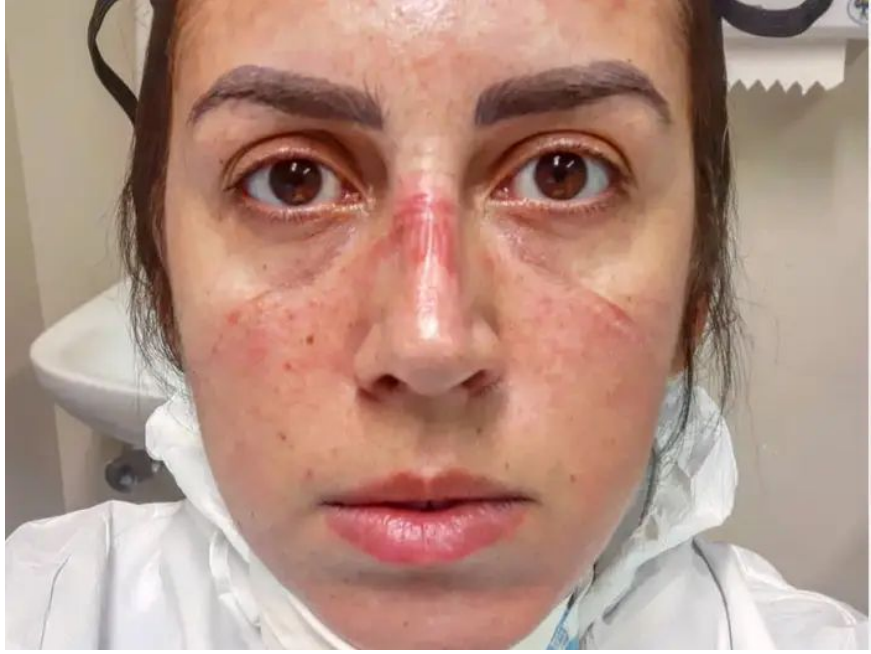
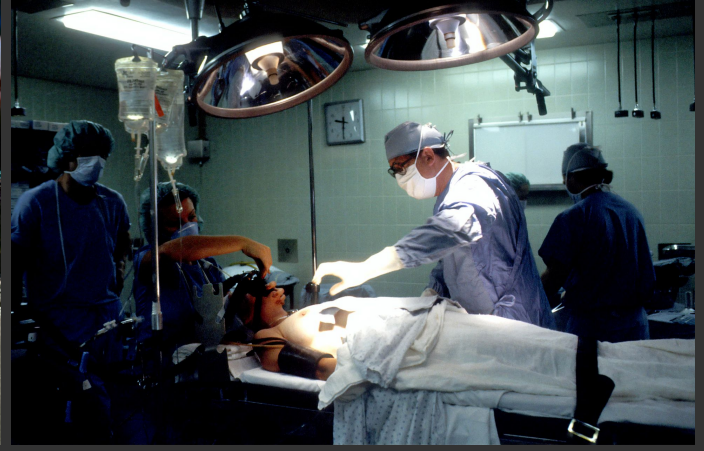
Empowering Community-Owned Health Plans

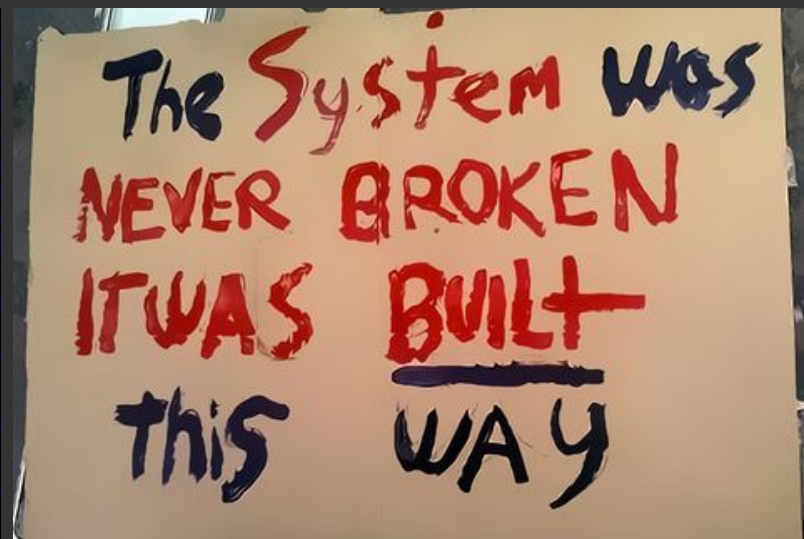
Health Rosetta



Status Quo: Clinicians receive $0.27 of every $1



Disempowering Wall Street–Rented Sick Care Plans



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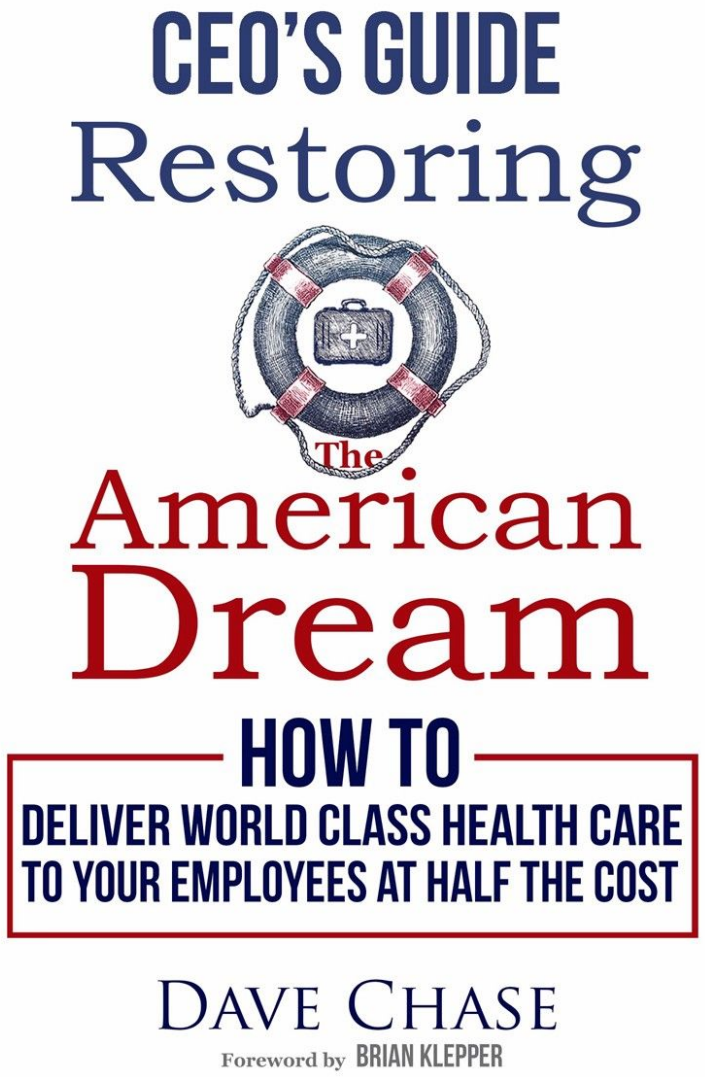

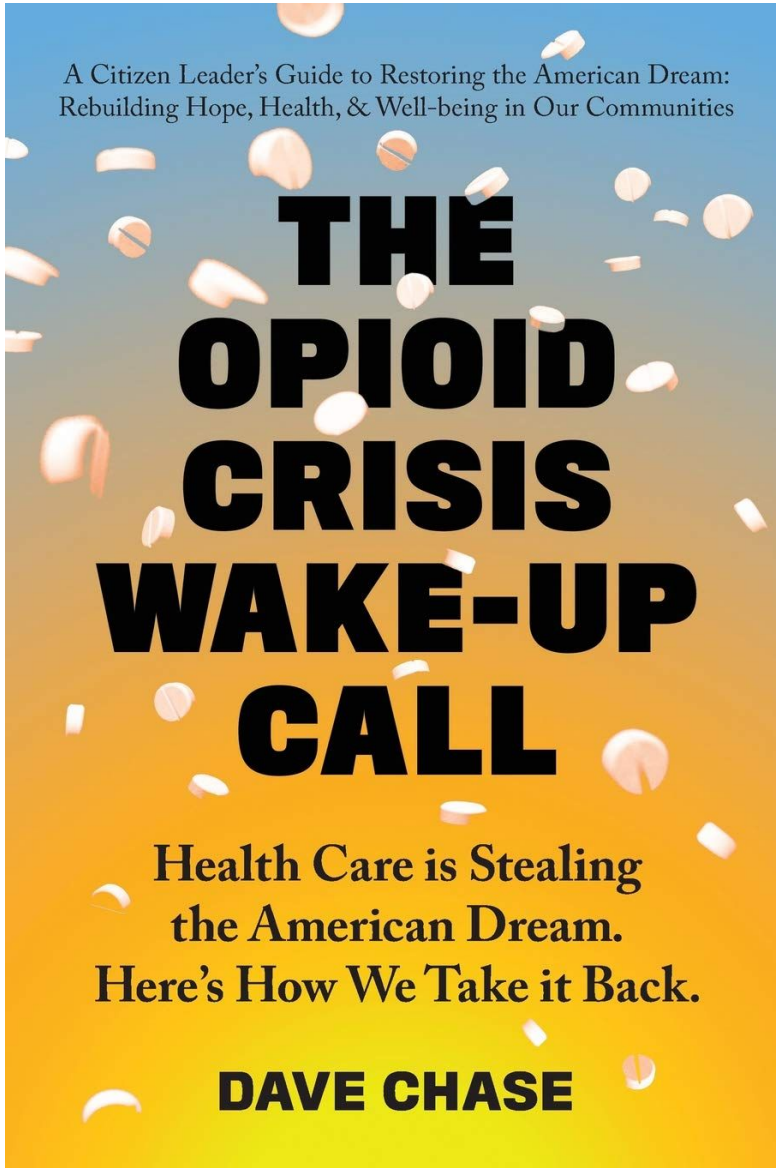

NEJM Catalyst | Innovations in Care Delivery

JOURNAL

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

Health Rosetta

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www.healthrosetta.org/marshall-plan

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**.”

Highly confidential. Do not share without permission.

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

vera
WHOLE HEALTH

Primary Care During COVID-19

April 3, 2020

Empathy

Health coaching

Driving Outcomes For COVID-19

Informatics

Relationships

Virtual care

- Active monitoring
- Evaluation

In person care

- Underlying conditions
- Physical exam
- Testing

Driving Wider Outcomes

Virtual visits

Agility

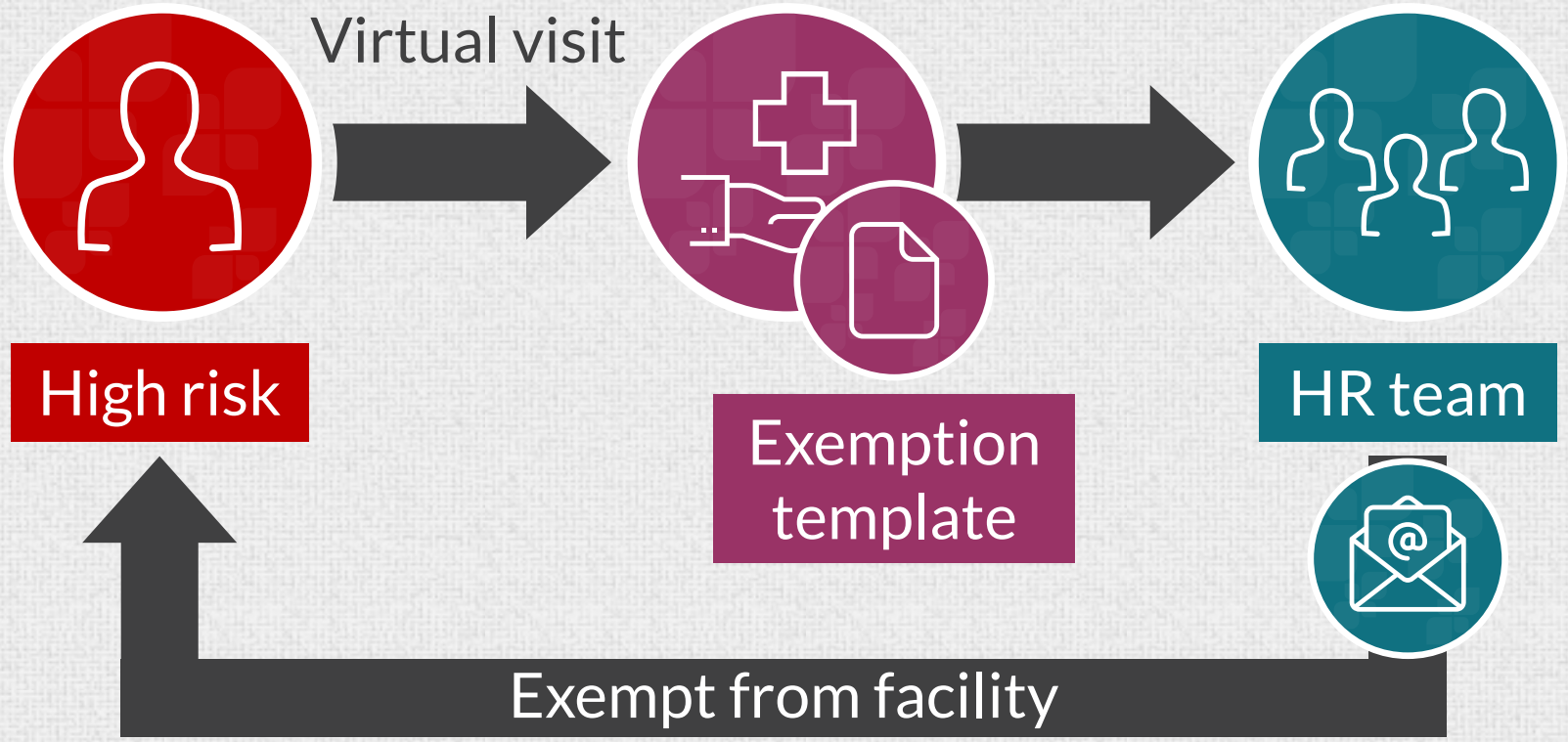
Amy's kitchen

Essential work

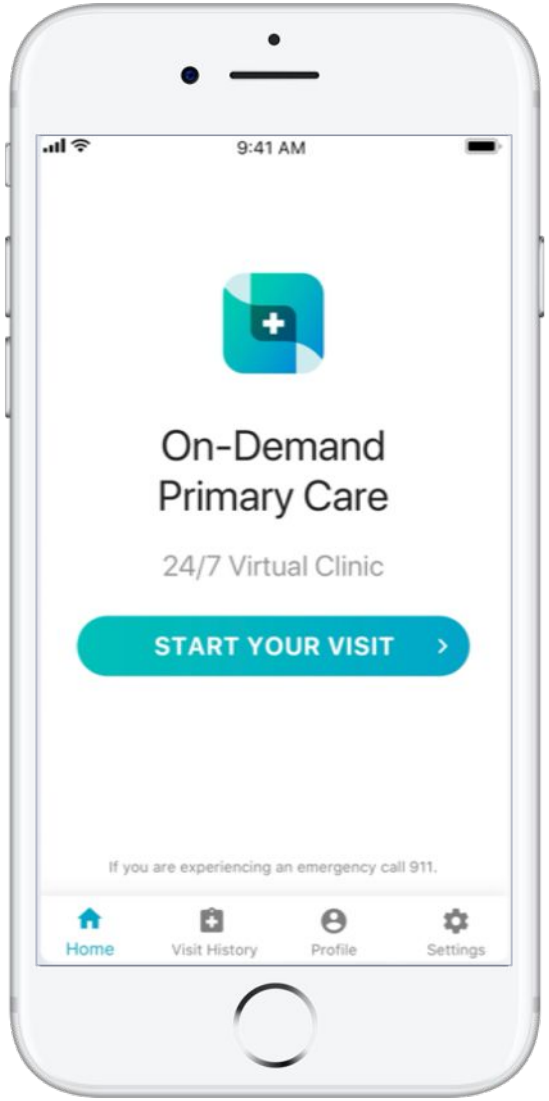
Rearranging facilities

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

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

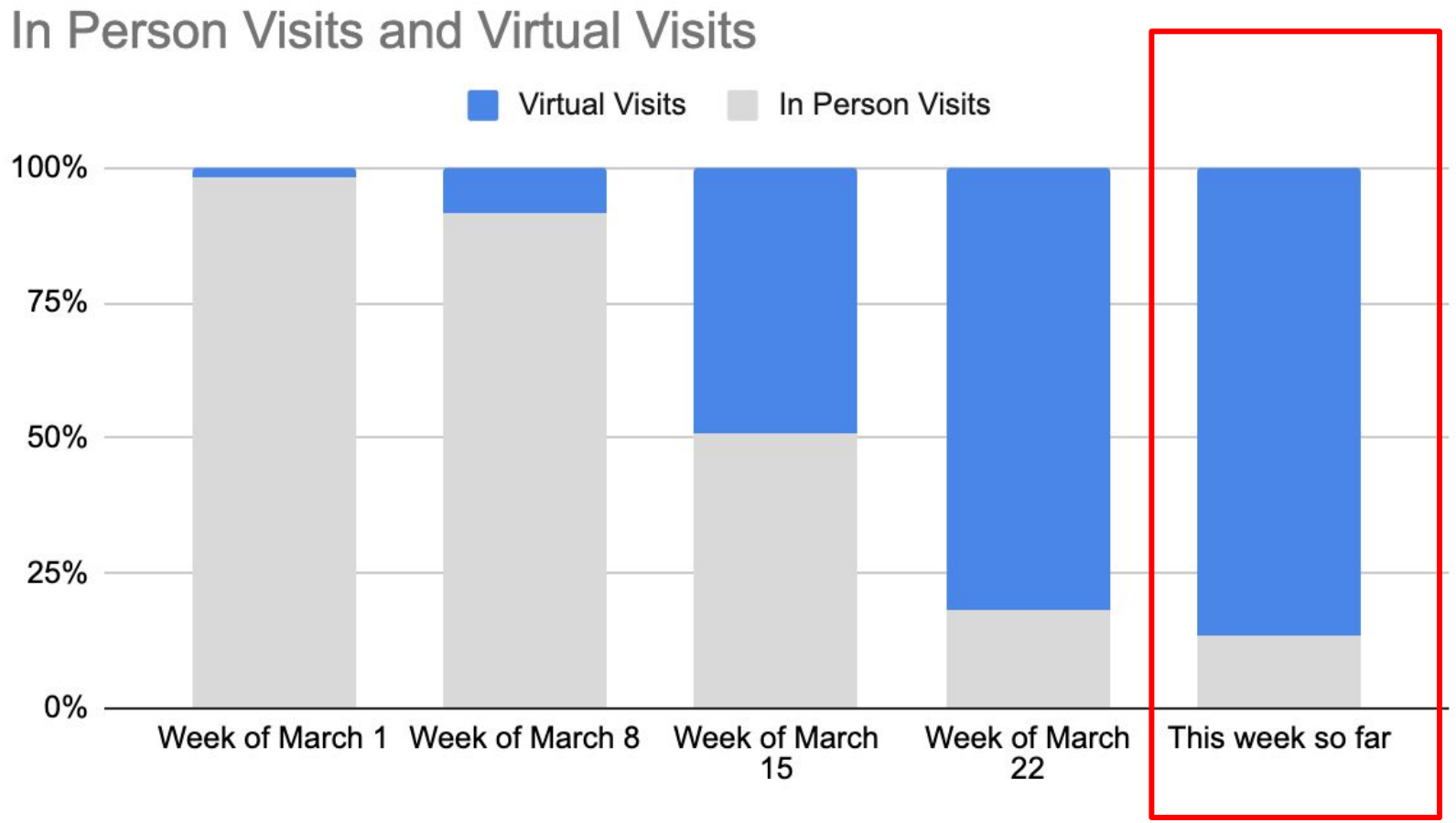
- **Crossover's Care Model Remains Unchanged**
  - Holistic approach to comprehensive primary care
  - Biopsychosocial model of care
  - Same commitment to primary care team, behavioral health, physical medicine, etc

- **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



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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