Redefining Healthcare Delivery during COVID-19

Gabriel Waterman, MD, MBA
Agenda

1. Background
2. The Race to Preparedness
3. The Catalyst for Fundamental Change
4. Redefining In-Person Care
What is CareMore?
The CareMore Care Delivery Model
Nationwide and Growing

- Medicaid Managed Care
  - Empire Blue Cross Blue Shield
  - New York City, NY
  - Hartford & New Haven, CT

- Medicaid Managed Care
  - Anthem Blue Cross Blue Shield (D-SNP)
  - Sacramento, CA*

- Medicare Advantage
  - CareMore Health Plan
  - California
  - Las Vegas, NV
  - Tucson, AZ

- Medicare Advantage
  - Anthem HealthKeepers
  - Richmond, VA

- Medicare Advantage
  - Healthy Blue
  - North Carolina*

- Group Retiree Solutions
  - Anthem Blue Cross Blue Shield
  - Colorado

- Emory Health Partnership
  - Atlanta, GA
CareMore’s Approach

We see patients where they want to be seen and where they can be best engaged.

- Care Center
- Hospital
- Ambulatory Surgery Center
- Patient Home
- Virtually
- Skilled Nursing or Assisted Living Facilities
Part 1: Sounding the Alarm and Racing to Preparedness
We Should Deescalate the War on the Coronavirus

Fear, finger-pointing, and militaristic action against the virus are unproductive. We may be better off adjusting to a new normal of periodic outbreaks.

Get a grippe, America. The flu is a much bigger threat than coronavirus, for now.

The Fear of the Coronavirus, and the Reality of the Flu

It depends on what you mean by "coronavirus."

Is the Coronavirus Worse Than the Flu? Here’s How the 2 Illnesses Compare

Amid coronavirus outbreak, doctors remind public: flu is deadlier

Doctor suggests worrying about the common flu, not coronavirus

Forget the Coronavirus: The Flu Pandemic of 1918 Killed More People in One Year than all of World War I

Flu is a bigger threat than coronavirus

MD Flu Deaths Climb As Flu More Worrisome Than Coronavirus

Are we panicking about coronavirus—or just calmly about the flu?

Why we panic about coronavirus, but not the flu

As the coronavirus spreads, fear is fueling racism and xenophobia

Coronavirus fears fuel racism and hostility, say British-Chinese

New coronavirus may be no more dangerous than the flu despite worldwide alarm: experts

Relax! Coronavirus is Less Dangerous Than the Flu, Says Epidemic Expert

Science News

The Flu is a Way Bigger Threat to Most People In The US Than Coronavirus. Here’s Why

Breaking Reviews

MD Flu Deaths Climb As Flu More Worrisome Than Coronavirus

Experts warn flu is greater risk than coronavirus

The Flu is Still a Bigger Health Threat in the U.S. than Novel Coronavirus

Want to Protect Yourself From Coronavirus? Do the Same Things You Do Every Winter

Flu hitting Arizona more than usual this season, despite attention on coronavirus

Forget the Coronavirus: The Flu Pandemic of 1918 Killed More People in One Year than all of World War I

Why we panic about coronavirus, but not the flu

Coronavirus is deadly, but flu has claimed over 8,000 lives this season

The Virus Killing U.S. Kids Isn’t the One Dominating the Headlines

The Flu is a Way Bigger Threat to Most People In The US Than Coronavirus. Here’s Why

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Hi Anil,

I hope you are well. I’m emailing to you because I am growing more concerned about the COVID19 epidemic, which increasingly looks like it will become a pandemic in due time. I had been debating about sending you this email over the last week, as I do not wish to speak out of turn or come off as dramatic, but I thought it was important to share some ideas for how we should move forward. I believe that COVID19 could potentially be a significant threat to both our patients and to our company, and that as an organization we should start developing contingency plans for the possibility that large-scale sustained human-to-human transmission takes place in the US...
February 25: Launching the COVID Task Force

Goals:
- Educate and train CareMore providers and affiliated PCPs
- Launch a patient education campaign advising members to take enhanced precautions
- Secure access to PPE for our hospital, clinic and mobile based staff
- Implement new infection control policies
- Consider masking patients in high risk markets like Santa Clara
- Develop staffing contingency plans given presumed future strain on hospital resources as well as staffing absenteeism

Structure:
- CMO
- Clinical
- Operations
- Education and Training
- IT / Digital Health
- Workgroups: Clinic, Mobile, SNF/Touch, Hospital

Cadence:
- Daily huddle
March 6: Screening and Safety Protocols

• Implemented universal pre-screening for all visits across the enterprise (Mobile, SNF/ALF, Clinic)
  • AAR +/- telephonic screening
  • In-person screening at every visit
  • Patients with respiratory sx or recent travel were immediately triaged to virtual visits

• Implemented new infection control policies

• Advanced our PPE procurement efforts

• Began clinical education for providers
Pre-Screening Protocol

CORONAVIRUS (COVID-19)

Screening and Triage Protocol

1. Assess for symptoms
- Fever
- Cough
- Shortness of breath
- Fatigue/Muscle Aches

2. Assess for severe symptoms
- Do you have a way of measuring your oxygen? - If less than 92 considered severe
- Do you have a way of measuring temp? - If less than 36 considered severe

Severe Symptoms (Only one of the below criteria necessary)
- Ask the patient, "Do you feel like you are struggling to breathe?"
- Shortness of breath, with rapid breathing > 24
- Hypoxia, Oxygen Saturation < 92%
- If patient has chronic respiratory disease, ONLY Oxygen Saturation < 88% is considered severe
- Confusion or disorientation
- Hypothermia, < 96.8 degrees Fahrenheit
- If the patient does not have a pulse oximeter or thermometer, ask the patient and/or a loved one if they believe their symptoms are severe enough to warrant going to the hospital?

Clinical Education

Last Updated: 3/24/20

GENERAL INFORMATION

BACKGROUND
- Coronavirus is a large family of related viruses affecting both humans and animals. The term corona comes from the Latin "crown" which refers to the characteristic appearance on electron microscopy with the club-shaped proteins around the virus appearing like a crown on a head.

- The newest described coronavirus (SARS-CoV-2) virus was first described in Wuhan, China 11-17-2019 with the first group to develop pneumonia described in 12-2019. SARS-CoV-2 is the name of the virus, COVID-19 is the name of the disease the virus causes.
- It is similar to other types of coronavirus which have caused severe respiratory infections such as the original SARS Coronavirus (called SARS-CoV) which called a famous outbreak between 2002-2003 affecting 8,096 people and killing 774 (fatality rate 9.6%) and the MERS variant of coronavirus which caused a major outbreak in Saudi Arabia, among the people and killing 774 (fatality rate 35%).
March 12: Beginning the Shift to Virtual Care

• Strategic Phased Planning:

<table>
<thead>
<tr>
<th>Phase Level</th>
<th>Risk</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Low (general population)</td>
<td>• Shift some visits to virtual</td>
</tr>
<tr>
<td>Level 2</td>
<td>Increased (NorCal, WA, NY)</td>
<td>• Shift all non-critical visits to virtual</td>
</tr>
<tr>
<td>Level 3</td>
<td>High</td>
<td>• Consolidate and close clinics&lt;br&gt;• Postpone or virtualize all non-essential visits&lt;br&gt;• Shift clinical resources to home-based care</td>
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</tbody>
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• Operations to Support WFH
  • digital equipment procurement (500 new laptops, cellphones, headsets, soft phones)
Part 2: A Company Shaken and the Catalyst for Fundamental Change
ALL in-person care was suspended for two weeks
Why did we pause In-Person Care Center and Mobile Care?

• The external environment was uncertain – lack of clarity nationally about COVID transmission and peaks, ability to obtain PPE, access to testing, and impact of social distancing measures

• If we couldn’t keep our staff safe, we couldn’t keep our patients safe either – we needed to take the time to define the right protocols, gain the right PPE, and do the right training to ensure that in-person care was safe and effective

• We were trying to do too many things at once - and running the risk of doing none of them well. We needed to focus our efforts on shifting to virtual + remote work for Care Center and mobile teams and refine our extensivist and SNF strategies.
1. Redefined Goals

1. Develop institutional infrastructure (training, equipment, logistics) to **transition the entire enterprise to virtual care**

2. Secure and distribute PPE to every market

3. **Create, train, and implement** these new **enhanced PPE and safety protocols**

4. Leverage our **data analytics** programs to predict the human, health, and financial costs of COVID-19 in our key markets
Shift to Virtual

Delivered 9,324 virtual/telephonic visits in two weeks time
KEEPING THE CORONAVIRUS FROM INFECTING HEALTH-CARE WORKERS

What Singapore’s and Hong Kong’s success is teaching us about the pandemic.

By Atul Gawande
March 21, 2020

The success of Hong Kong and Singapore in stemming the spread of the coronavirus holds many lessons for how to contain it in the United States. Photograph by Tsui Keith / Abaca / ZUMA
Training with PPE: CareMore Guardians of the Galaxy
Analytics: COVID Tracking & Modeling

COVID Referral Form
Each Market will identify and track 3 types of COVID-19 patients. Those who have:
- Tested Positive (+)
- Suspected Positive (+)
- Exposed to people that have tested positive (+) for COVID-19

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Member ID</th>
<th>DOB</th>
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<tbody>
<tr>
<td>Last Name, First Name</td>
<td></td>
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<tr>
<td>View Only</td>
<td>View Only</td>
<td>How Identified:</td>
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<tr>
<td>Referral Creator:</td>
<td>Referral Created:</td>
<td>Date of Symptom Onset:</td>
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<tr>
<td>Market/Region:</td>
<td>Market Rep/Manager, Case Mgmt:</td>
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<tr>
<td>Patient Setting:</td>
<td>Attending or Extensivist:</td>
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<tr>
<td>Home Situation:</td>
<td>COVID Status-Referral:</td>
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<tr>
<td>Primary Diagnosis:</td>
<td>Secondary Diagnosis:</td>
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<td>Comments:</td>
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California - CareMore Census Predicted - High, Census Predicted - Low, Census Predicted - Mean and Actual

- CareMore Census Predicted High
- CareMore Census Predicted Low
- CareMore Census Predicted
- CareMore Actual

Aspire Health
Part 3: Redefining In-Person Care
Face-to-Face (F2F) Enhanced Safety Protocols

• Hygienic dress code
  • All employees should don scrubs daily & providers should rotate lab coats daily

• Patient prescreening & patient / staff screening

• Universal, dual-masking policy for all F2F encounters & CareMore’s “Rational Use” of PPE
  • All patients should be masked upon entry to the CCCs or upon arrival by the mobile clinician
  • At a minimum, patient-facing staff should don gloves and a facemask during all F2F encounters. Unlike WHO rational use protocol, CareMore providers to use N95s for patients with confirmed / suspected COVID.

• Restricted visitor policies
  • Only patients will be allowed into Care Centers; family members or caretakers must wait outside
  • Mobile providers should request that other household members wait in another room during all encounters

• Social distancing in the work place
  • Workstations to be relocated to ensure that they are as far apart (>6 ft) as possible and are not to be shared among staff
  • Remove chairs from waiting rooms, and ensure chairs remain as far apart as possible (no less than 6 feet)
  • CareMore associates expected to remain masked at all times in the work place, even if no patients are present
  • Staggered patient visits, employee work breaks

• POD Staffing Model
  • Two distinct teams without cross interaction to mitigate against risk of staff co-infection
## Phased Approach to In-Person Visits

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
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<tbody>
<tr>
<td>Care that can’t be delivered virtually</td>
<td>Essential visits with manageable volume</td>
<td>Transition all visits back to in-person care</td>
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<tr>
<td><strong>Target Date:</strong> 04/13/20</td>
<td><strong>Target Date:</strong> When PPE is available and infection rates have passed peak</td>
<td><strong>Target Date:</strong> When PPE is available and infection rates have significantly declined</td>
</tr>
<tr>
<td><strong>Limited Care Centers open</strong></td>
<td><strong>Remainder of Care Centers open with skeleton staff</strong></td>
<td><strong>All Care Centers Open with all services</strong></td>
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<tr>
<td>o 1-2 per region / community (LA/OC)</td>
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<tr>
<td>o Will act as distribution centers for PPE</td>
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<tr>
<td><strong>Limited mobile teams deployed</strong></td>
<td><strong>All mobile teams deployed</strong></td>
<td><strong>All mobile teams deployed</strong></td>
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Thank you