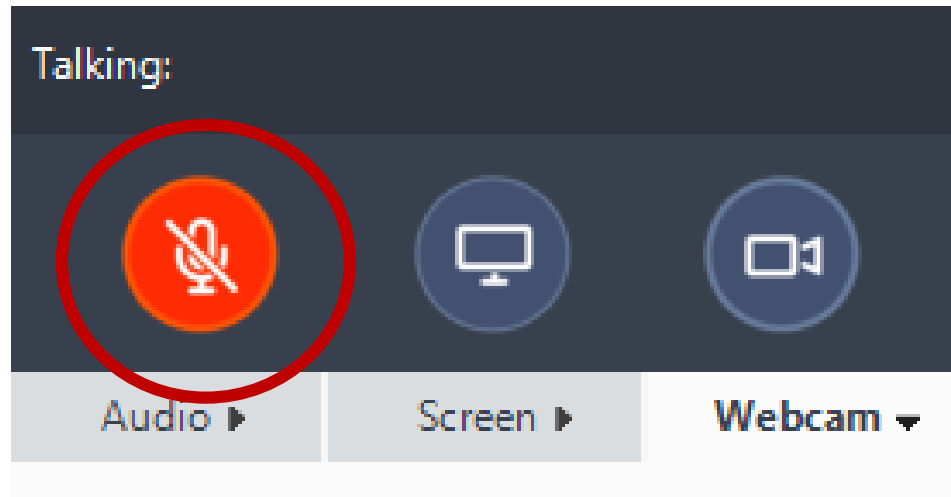


COVID-19 Update

July 22, 2020

Please Mute

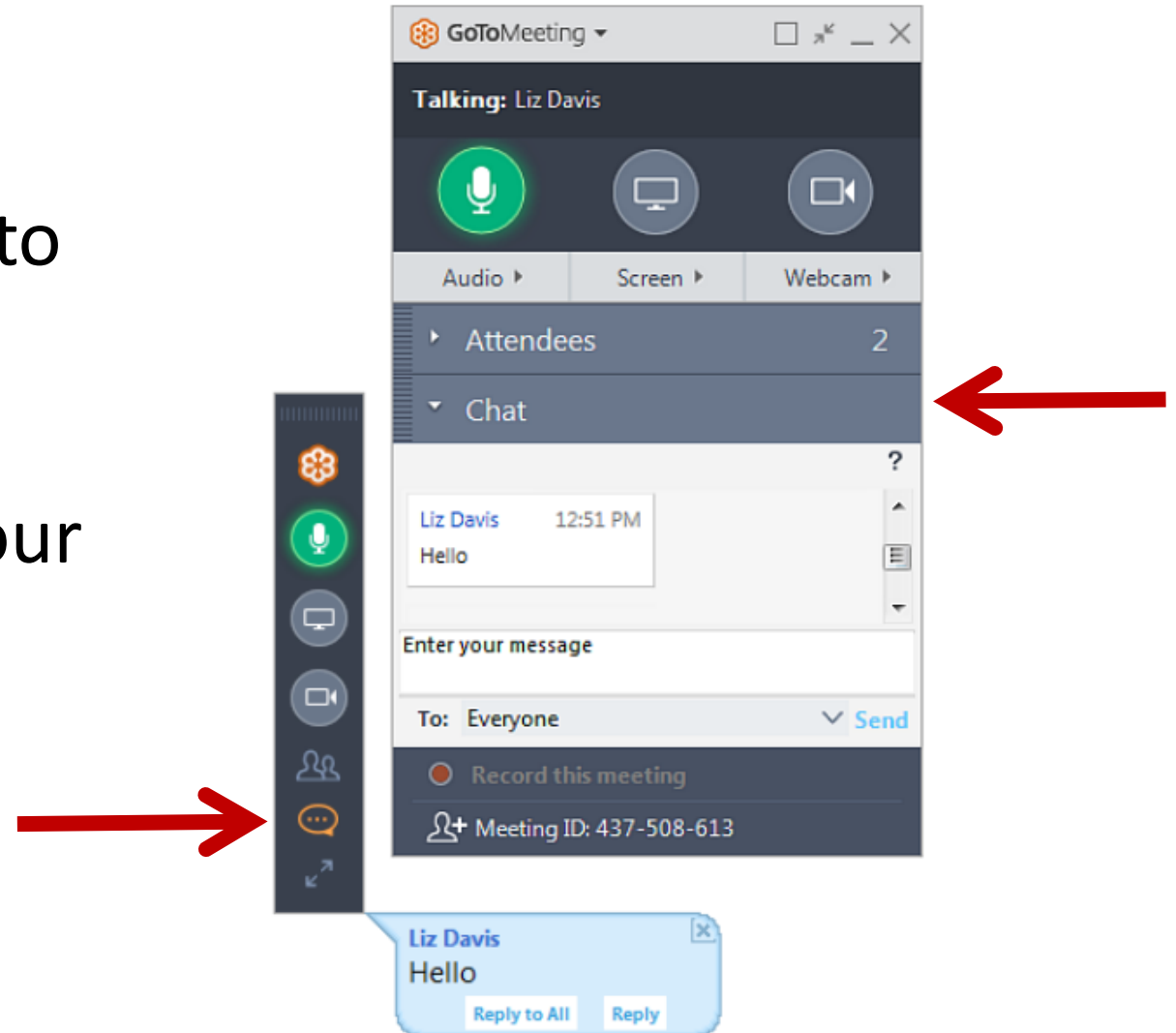


No Webcam



To Ask A Question

- Please use the “chat” feature to submit your question
- A moderator will then pose your question(s) to the presenters



Opening Comments

Joseph Frolkis, MD, PhD

CEO and President

Tonight's Speaker



J. Michael Eaton

Senior Vice President
BVK Advisory Services

From Reactivation to Innovation

Moving Beyond Business Recovery to A New Vision for Success

July 23, 2020

The coronavirus pandemic and resultant economic collapse are fracture events. More than a simple pause in business as usual, they have created irreversible changes in our social, political, and business order.

There is pain and opportunity in that disorder. Providers that can **sort the signals from the noise** to challenge long-held assumptions and gain new insight can not only recover but drive meaningful strategic growth.

The World Has Changed

What We Need to Know



Sorting the Signals from the Noise

Four Forces of Change



- 1 There is **volatility** in the health care market as people emerge from the pandemic looking for something different
- 2 Whoever owns the “**whether to go and when**” moment in the customer journey will control *where* people go for care
- 3 **Where** people are comfortable going for care has shifted rapidly and (we believe) permanently due to COVID-19
- 4 Virtual care has shifted from a value-add feature to the means to **sustainably scale** network and practice growth

As People Return for Care

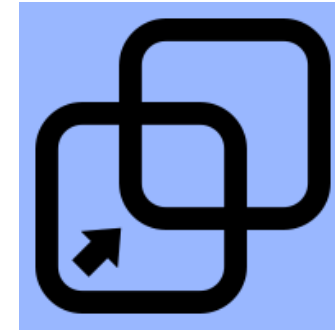
How Will They Be Different?



Concerns About Safety May Ease,
But Will Continue to Be a Gating
Factor on Purchase Behaviors



Virtual Care Will Be a Must Have to
Be Responsive to People's Safety,
Convenience and Control Needs



The Shift of Care Off the Hospital
Campus will Accelerate in Response
to Customer Purchase Behaviors

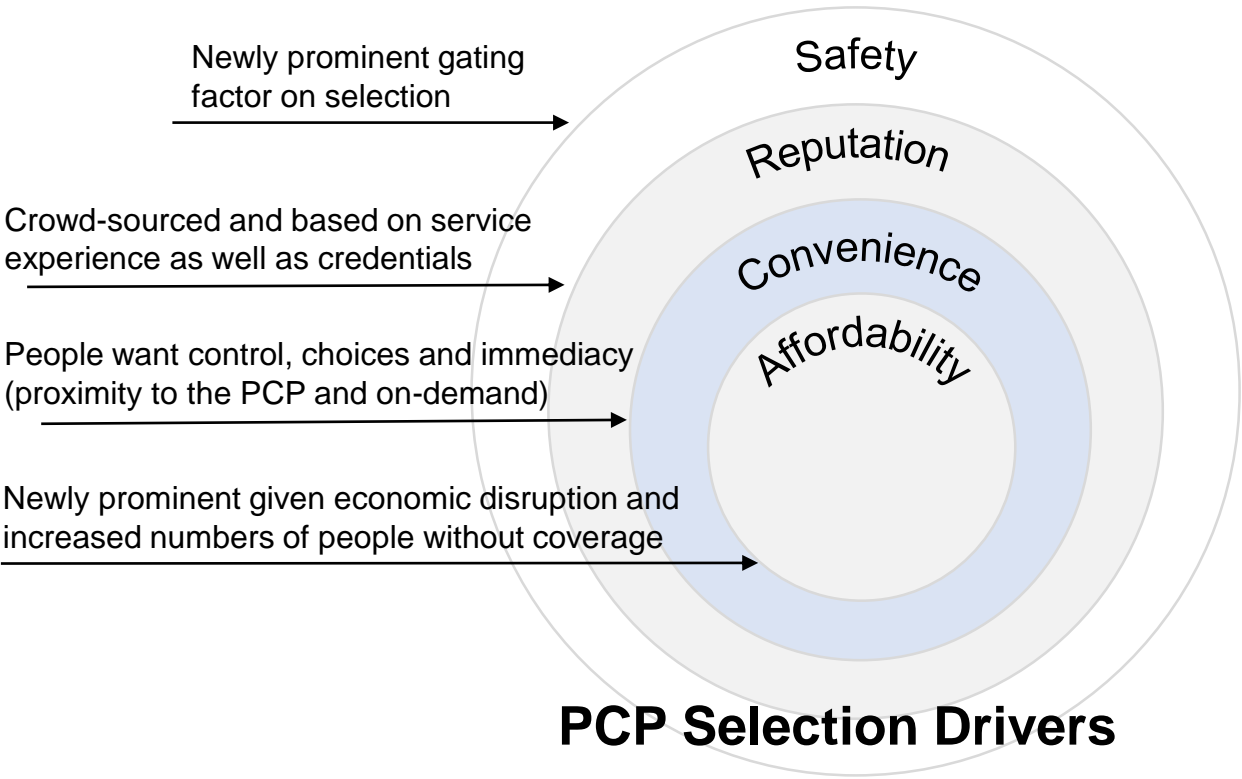
- 1 There is **volatility** in the health care market as people emerge from the pandemic looking for something different
-

Macro Forces Reshaping Care Networks

Volatility in the Primary Care Market

33%

of U.S. adults indicate they are considering changing their primary care physician based on experiences during the pandemic



Q. As a direct result of your experiences with getting primary care during the coronavirus pandemic, have you considered changing your Primary Care Physician?
Q. And now that we have experienced the COVID-19 outbreak, if you were choosing a Primary Care Physician in the future, which of the following will be the most important consideration in your selection?

90% Are Ready to Return for Care...

Not All Are Returning to Their Provider

When asked to reschedule a cancelled or postponed encounter, almost 90% are ready to act (except for specialty consults). But a surprisingly large number are going somewhere else (either location or provider) for that rescheduled care, reflecting increased volatility

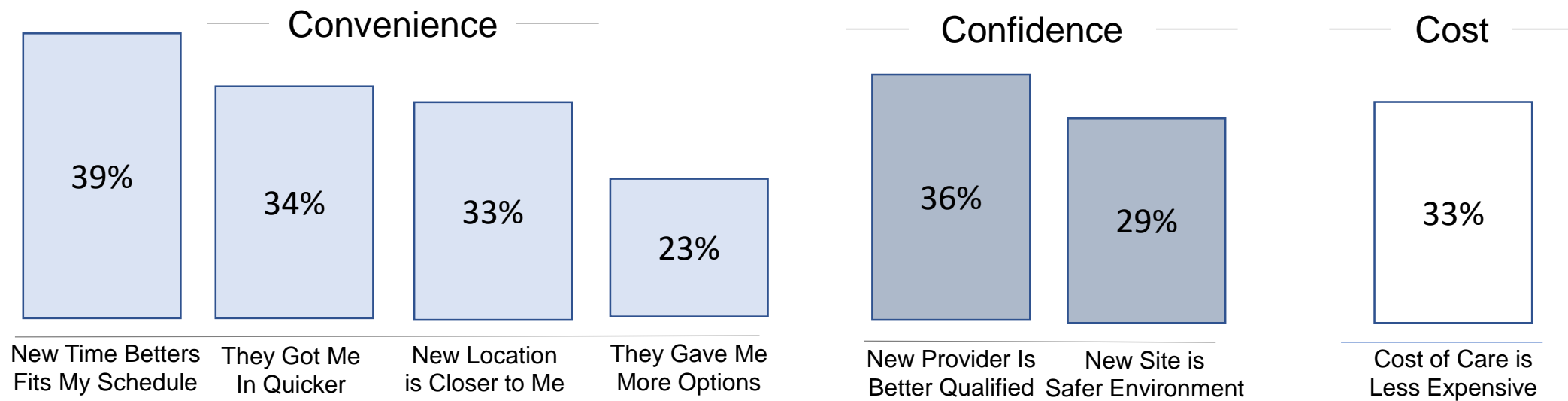
	Tests or Screenings	Primary & Preventive Care	Specialty Consult	Chronic Disease Consult	Surgery	Rehab
Doctor Has Attempted to Reschedule Care...	80%	81%↑	84%	84%	92%	87%
Have rescheduled with that doctor/facility	60%↑	67%	48%	62%	41%↑	63%↑
Have rescheduled with another doctor/facility	28%↓	19%	27%	28%↑	47%	29%↓
Will wait to reschedule	13%	14%	24%	10%↓	12%↓	8%

- Q. Have they attempted to reschedule your appointment?
- Q. How have you responded to their request to reschedule your appointment?

Changing Purchase Behaviors Drive Abandonment

Volatility in our Patient Base

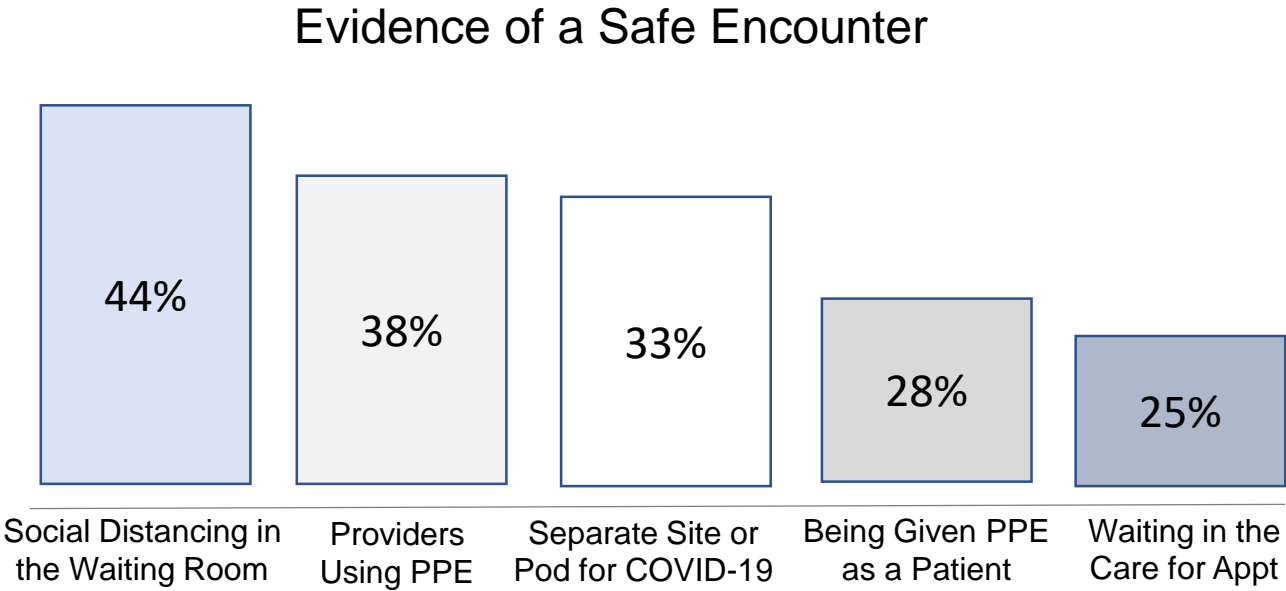
Reasons For Rescheduling with a Different Physician/Facility



¹ 33% Cited a Change in Site (Not Provider) at the Request of the Provider
Q. Why did you reschedule your appointment with another doctor/facility? (Indicate all that apply)

Necessity Being the Mother of Invention...

Different Service Experience Expectations



Many of These COVID-19 Responses Will Translate Into Permanent Changes in Service in the Physician Office Setting

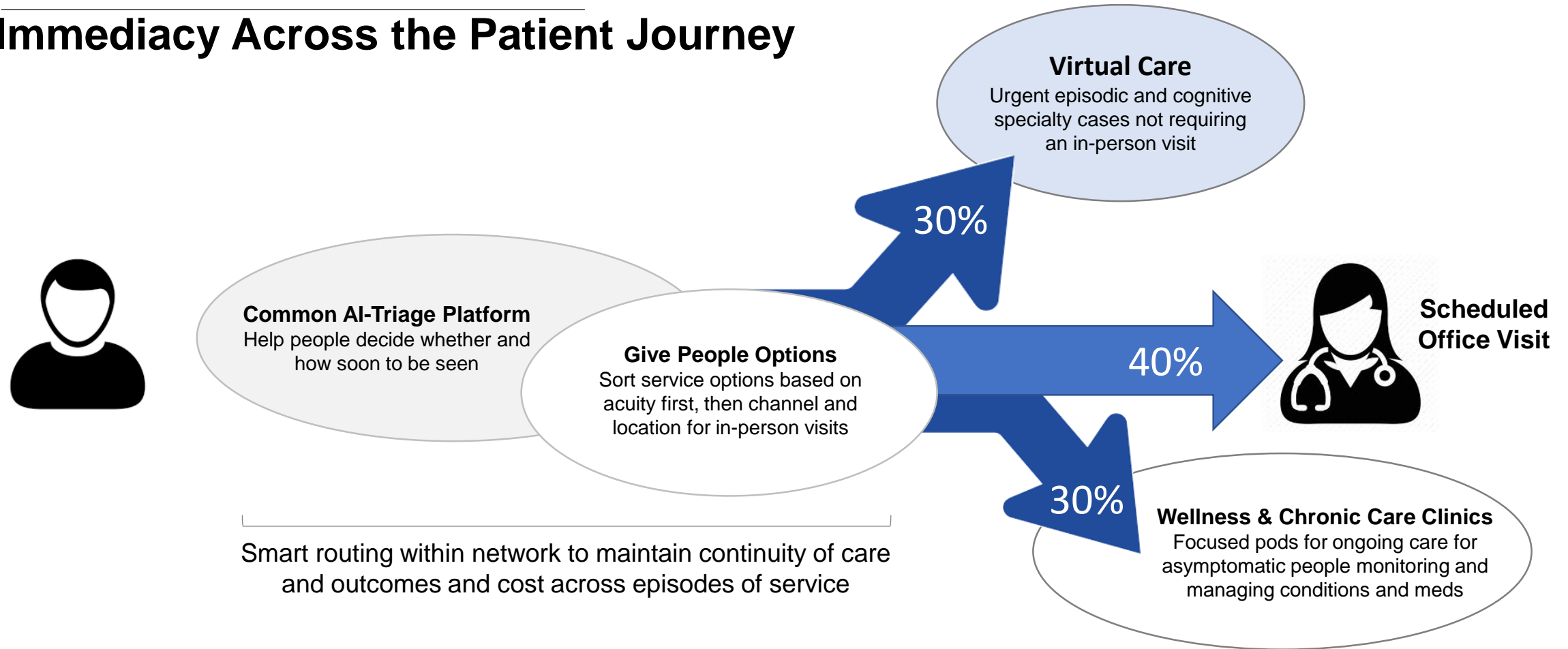
¹ Source: Klein and Partners Omnibus Consumer Survey, May 1 – 4, 2020 N= 502

- 2 Whoever owns the “**whether to go and when**” moment in the customer journey will control *where* people go for care

- 3 **Where** people are comfortable going for care has shifted rapidly and (we believe) permanently due to COVID-19

Transformation Vision and Goals

Immediacy Across the Patient Journey

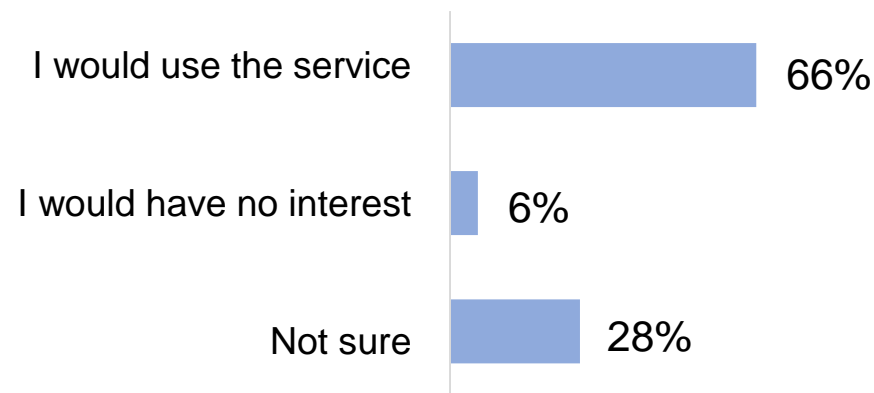


Upstream Brand Extension and Engagement

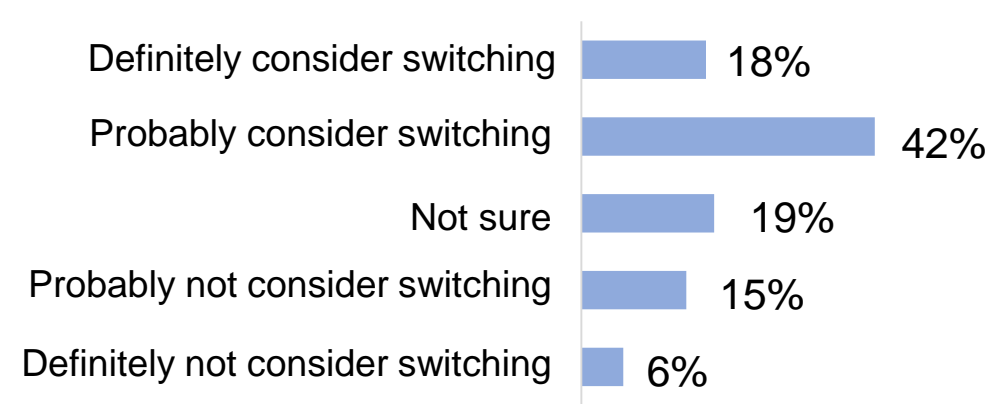
The “Whether and When” Moment

The critical moment in the customer journey is when people are trying to decide **whether to be seen, and how soon**. Whoever can engage the customer at that moment in time will decide **where** they go for care and the flow of downstream business.

Interest in 24/7 web-based App to help decide whether, how soon and where to be seen for minor illnesses



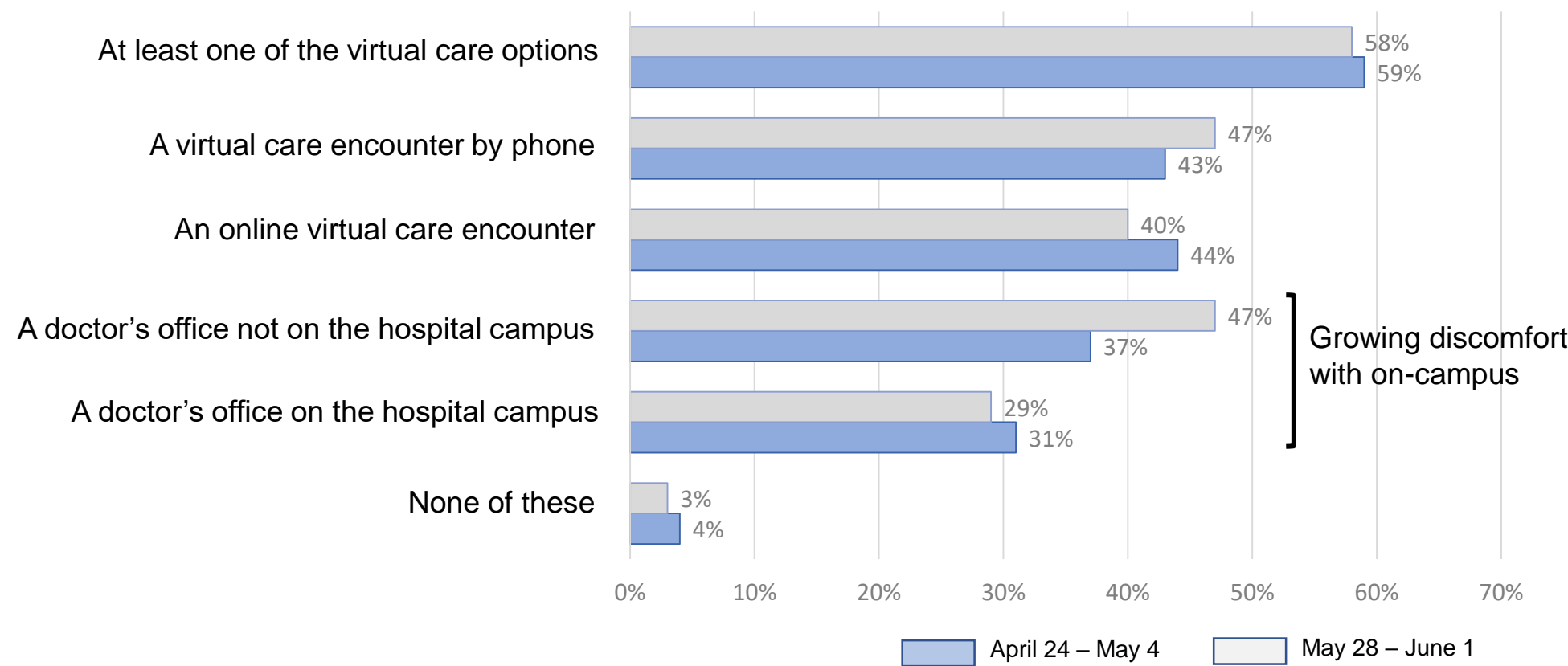
Likelihood to consider switching doctors to get access to such a service



Q. Some physicians are offering a 24/7 web-based application to help people decide whether, how soon and where to be seen for minor illnesses. How interested would you be in a similar service if offered by your primary care doctor?
Q. If your primary care doctor did not offer the 24/7 web-based application to help people decide whether, how soon and where to be seen for minor illnesses, but you learned other doctors near where you live did offer it, how likely would you be to consider switching your primary care doctor to one that offers the service?

As People Think About Where to Go For Care...

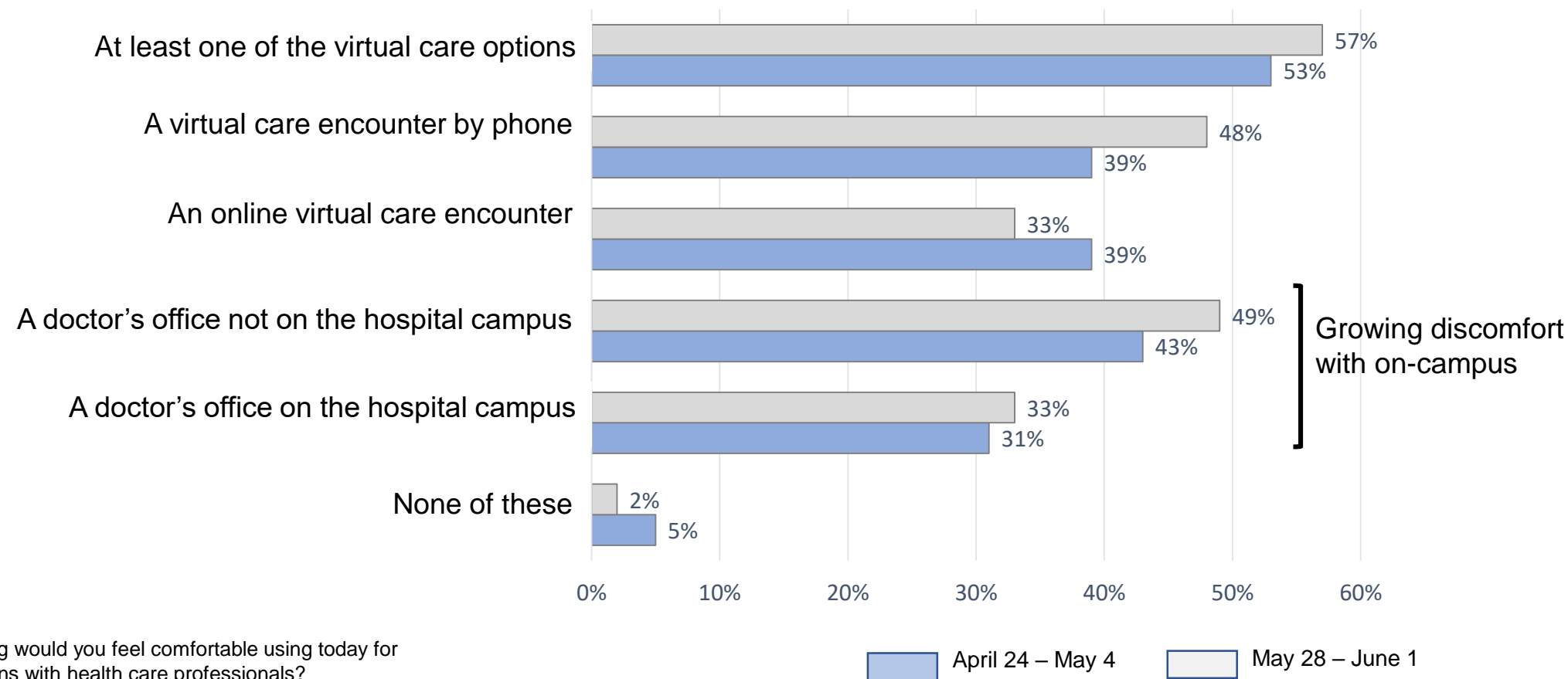
Preferred Site for *Routine Care* is Changing



Q. Which of the following would you feel comfortable using today for routine preventive or minor ailment consultations with health care professionals?.

As People Think About Where to Go For Care...

Preferred Site for *Chronic Care* is Changing



4 Virtual care has shifted from a value-add feature to the means to **sustainably scale** network and practice growth

High-Value Care Experiences

Consumers Want

Guidance on whether and how soon to be seen; routing to clinically appropriate affordable care, and timely interventions (**choice and control**)



Providers Want

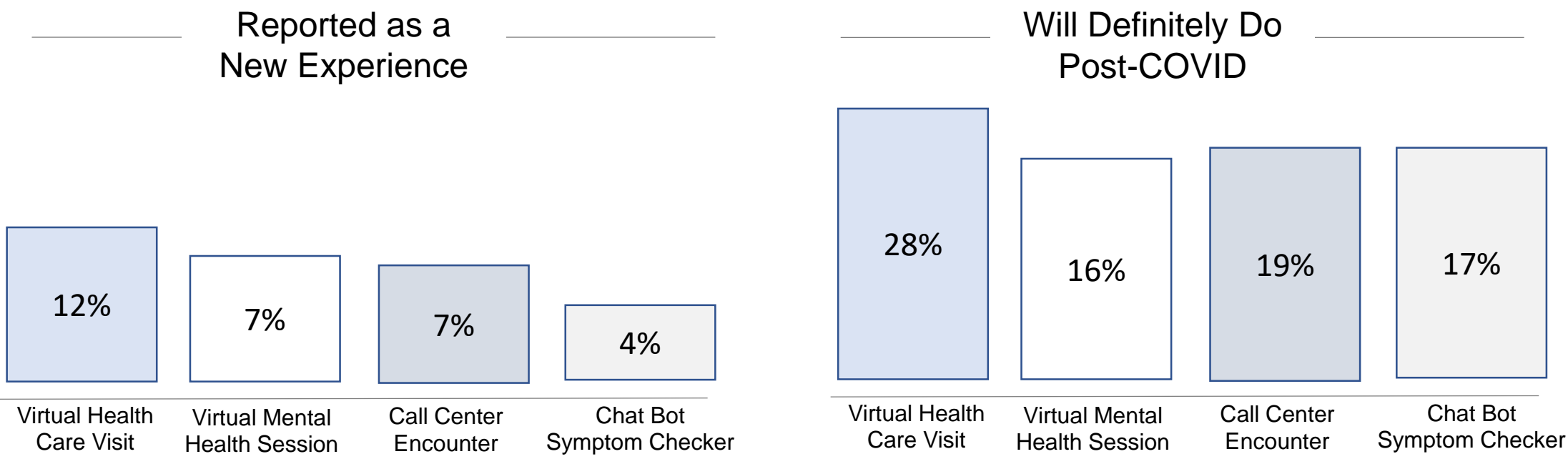
Population-based payments for distinctive experiences and better outcomes; team-based panel management allowing for a **sustainable business and lifestyle**.



**Virtual Care is a Foundational Part
of the Value Equation for Both**

Things People Learned During the COVID-19 Pandemic...

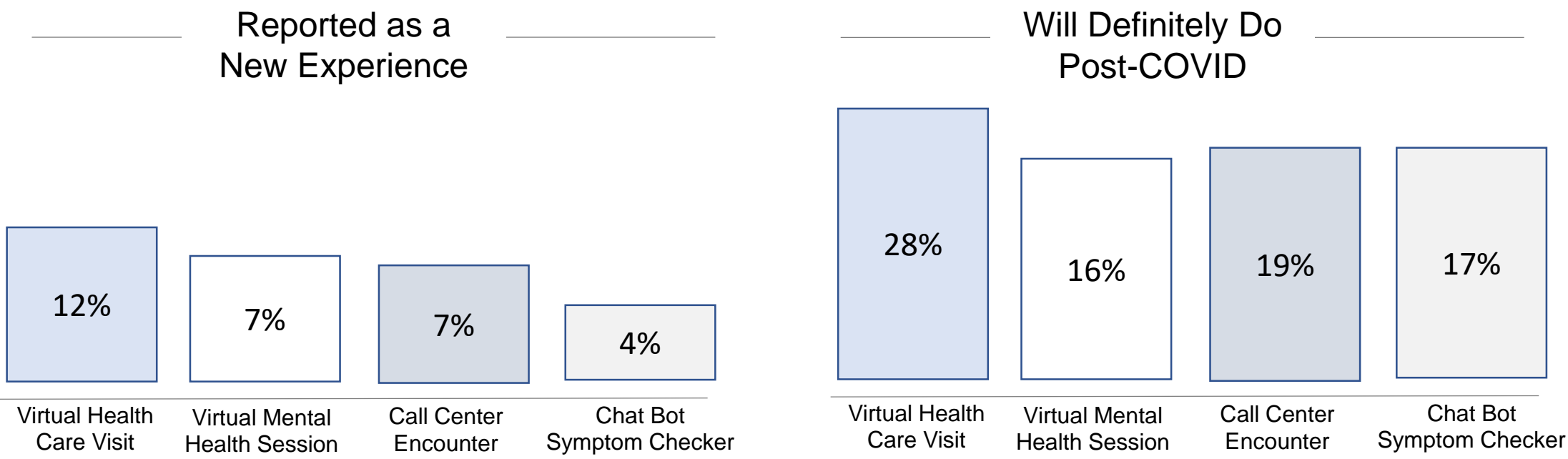
New Awareness of Virtual Care¹



¹ Source: Klein and Partners Omnibus Consumer Survey, May 1 – 4, 2020 N= 502

Things People Learned During the COVID-19 Pandemic...

New Awareness of Virtual Care¹



¹ Source: Klein and Partners Omnibus Consumer Survey, May 1 – 4, 2020 N= 502

Based on Experiences During the COVID-19 Pandemic...

Virtual Care Has Become a High-Value Channel

Comfortable using virtual care for...	18-34	35-54	55+	Urban	Suburban	Rural
Routine preventive/minor ailments						
Any virtual visit	57%↑	57%↓	62%	49%	67%	60%
Online	35%	41%↓	45%↓	29%	49%	46%
By phone	44%↑	47%	51%	40%	51%	56%
Chronic care consults						
Any virtual visit	49%	60%	63%	47%	65%	60%
Online	25%	38%	40%	21%	43%	43%
By phone	42%↑	49%	56%↑	44%↑	52%	51%

Q. Which of the following would you feel comfortable using today for routine preventive or minor ailment consultations/chronic care consultations with health care professionals?.

Thank You!

Mike Eaton, BVK Health Senior Vice President

Helpful Programs and Resources

Peg Holda

Chief of Staff and Communications

Practice Optimization Sprint: Redesigning Primary Care for Quality, Safety and Equity in the Time of COVID



**CENTER FOR
PRIMARY CARE**
HARVARD MEDICAL SCHOOL

- A virtual 10-week improvement program to support primary care practice leaders and teams to provide high-quality virtual and in-person patient care safely and equitably while building resilience strategies for the future.
- Starting Thursday, July 30, 2020 from 1-2pm EDT
- <http://info.primarycare.hms.harvard.edu/sprint>

Provider Relief Fund: Medicaid and CHIP Provider Distribution

Applications due August 3, 2020

On June 9, 2020, the U.S. Department of Health and Human Services (HHS) announced the distribution of approximately \$15 billion from the Provider Relief Fund to eligible providers that participate in state Medicaid and Children's Health Insurance Program (CHIP) and have not received a payment from the Provider Relief Fund General Distribution.

The payment to each provider will be approximately 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted.

How to Apply For Funding

1. Visit hhs.gov/providerrelief and choose "For Providers"
2. Click on the **Enhanced Provider Relief Fund Payment Portal** within the Medicaid/CHIP Provider Relief Fund Payment Forms and Guidance section to get started.

Eligibility Requirements

To be eligible, providers must have:

- Received no payment from the **\$50 billion** General Distribution to Medicare providers
- Billed Medicaid/CHIP programs or Medicaid managed care plans for health care-related services between Jan. 1, 2018–Dec. 31, 2019
- Filed a federal income tax return for fiscal years 2017, 2018 or 2019; or be exempt from filing a return
- Provided patient care after January 31, 2020
- Not permanently ceased providing patient care directly, or indirectly
- Reported on Form 1040 (or other tax form) gross receipts or sales from providing patient care

Mark your Calendars

July 29, 2020, 5:30-6:30 p.m.



 **LGBTQ Health**

Alice Connors-Kellgren, PhD

Clinical Psychologist, Assistant Professor Tufts University School of Medicine

Child and Adolescent Psychiatry

Trauma, complex trauma, mood disorders, anxiety disorders, personality disorders, dissociation

Unable to join us “live”?
Most sessions available
“on demand”



Recent:

NEW: COVID-19 Update Presentation by Dr. Ben Kruskal - July 15, 2020

NEW: COVID-19 Neurological Considerations Presentation by Dr. David Thaler, Neurologist-in-Chief, Tufts Medical Center - July 15, 2020

NEW: COVID-19 Update and Neurological Considerations Webinar - July 15, 2020

COVID-19 Update **Presentation** and **Webinar** - July 8, 2020

COVID-19 Update **Presentation** and **Webinar** - June 24, 2020

Practice Reactivation Drop-In Q&A **Presentation** and **Webinar**- June 19, 2020

COVID-19 Update: **Presentation** - June 19, 2020

Please Tell Us How We Can Help



HELPFUL COVID-19 INFORMATION



Click [here](#) to learn how you can use the **SAFE with us** campaign to reassure your patients and families.

PRACTICE REACTIVATION GUIDELINES

NEQCA has developed guidelines to help our Network safely and effectively ramp-up practice operations. Please visit this section regularly for new and updated information.



If you have specific concerns that impact your ability to see patients in the office, please click [here](#) to tell us how we may assist you.

- **UPDATED: NEQCA Medical Practice Reactivation Guide** – June 8, 2020
- **NEW: DPH Guidance Phase 2 Reopen Approach For Non-Acute Hospital Health Care Providers** – June 8, 2020
- **NEW: NEQCA Summary of DPH Guidance Phase 2 Reopening Approach** – June 8, 2020
- **NEW: DPH Phase 2 Reopen Attestation Form For Non-Acute Hospital Health Care Providers** – June 8, 2020
- **NEW: DPH Phase 2 Nonessential, Elective Invasive Procedures during the COVID-19 Outbreak** – June 8, 2020
- **NEW: Template Policies and Procedures in DPH Phase 2 of COVID-19 Era (MS Word Version)**
- **Template: Policies and Procedures in DPH Phase 1 of COVID-19 Era (MS Word version)**