Oak Street Health, a network of primary care centers providing high-touch, value-based medical care for adults on Medicare, faced a significant challenge from Covid-19. To keep patients at home whenever possible, they quickly developed a remote care program that has allowed them to conduct 93% of visits by phone or video, provide coronavirus support, and address social determinants of health through wellness checks and deliveries of life-sustaining supplies. They have optimized social distancing in their 56 centers, located in eight states, and equipped teams to practice safely. Their value-based model allows them to focus not on what is reimbursable, but on what patients need in a moment of crisis: high-quality, longitudinal primary care from the safety of their homes.

Like every health institution around the globe, Oak Street Health, a network of primary care centers providing value-based care for adults on Medicare, faced a significant challenge in the face of Covid-19. As a typically high-touch, relationship-focused, in-person care model serving nearly 80,000 individuals from diverse backgrounds across eight states, we needed to quickly pivot to be effective during an infectious pandemic that put the nation, and specifically our senior patient population, at high risk.

We responded by launching several initiatives to provide quality care for patients at home for the pandemic’s duration. Our remote care model includes: phone- and video-based telehealth visits; Covid-specific resources such as virtual monitoring and a hotline; wellness checks and deliveries to address social determinants of health; and safety protocols for our teams providing in-person care. Collectively, these measures reflect our ongoing mission to improve health equity with personal, equitable, and accountable care.

Central to all of these operational changes is ensuring that the quality of the care we provide remains as high as before the pandemic.
Remote Care Model

Telehealth Program

To keep our patients — adults living in moderate-to-low-income communities, many with multiple chronic illnesses — safe, we worked to keep them home whenever possible. In a matter of days, we built our telehealth program by adding software to our existing platforms and transitioned all possible patient interactions out of centers. In-person visits are permitted only by exception, using a defined set of clinical criteria, such as cognitive impairment, communication barriers, or a patient who requires an in-center test or procedure. We immediately moved as many staff as possible out of our centers to working from home and implemented a new shift-based remote staffing model. The overwhelming majority of our staff are no longer in our centers every day.

Today, roughly 93% of our 2,200 daily patient visits are done remotely through phone or video appointments. These telehealth visits are designed to mimic an in-person visit as much as possible, including using a team-based approach to care. The medical assistant checks vital signs virtually, performs structured assessments guided by our proprietary Canopy software suite, and discusses medications, making changes or refills as needed. The provider (a physician, nurse practitioner, or physician assistant) completes the remote visit, supported by a scribe who captures and manages patient data using our population health and preventive screening dashboards. At the end, another staff member schedules the next visit and finishes up.

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To enable remote monitoring, we mail or deliver items like digital thermometers or simple pulse oximeters to patients who need them.

We’re transitioning as many virtual visits as possible to our new video platform, and our teams are teaching patients how to install and use the software on their devices. Up to one-quarter of Oak Street’s virtual visits on a given day are currently done by video, while the rest are conducted by phone. Although we’ve set up a one-click video platform, many low-income people simply don’t have access to Wi-Fi in their homes, or a cell phone data plan, or a device that allows them to use video. We suspect that half or fewer of our patients will eventually be able to take advantage of video telehealth because of these barriers. This is a significant challenge to widespread adoption of video-based medicine everywhere.
Covid-Specific Care

To address the coronavirus outbreak directly, we designed the Oak Street Health Covid Care Disease Management Program for patients with suspected or confirmed infections. We established a rigorous model that simulates a hospital stay, incorporating remote monitoring, daily rounding, and evidence-based guidelines for supportive care. We created a robust registry of all suspected and confirmed cases and then use standardized acuity levels to determine which interventions are needed — such as a daily nursing phone call, a food delivery, or access to home-based social work services. For high-acuity patients, a care team may do a house call. We provide coronavirus testing when possible during rare in-center visits and refer to third-party resources as required.

Additionally, while we’ve always had a 24-7 patient phone line, we created a Covid-19 hotline staffed by clinicians who can address virus-related patient concerns. And we continue our regular English-Spanish texting and voicemail services to send patients safety reminders or links to health information.

Social Determinants Support

To augment this remote care program, our teams made more than 5,000 daily wellness checks at the height of the transition to ensure patients were stable and safe at home, with fewer needed now. Our outreach callers use structured tools to understand patients’ physical, mental, and emotional health needs and screen for adverse social determinants of health. These wellness checks have helped inform our next steps. If needed, we can escalate the patient immediately to the Covid hotline for clinical advice, schedule a telehealth visit, connect to our pharmacy team, send food or medicine, or engage our in-house medical social work team. Patients with Covid-19 who do not respond after three calls are referred to our Hard to Reach team for further, often in-person, engagement.

"To augment this remote care program, our teams made more than 5,000 daily wellness checks at the height of the transition to ensure patients were stable and safe at home, with fewer needed now."

These wellness checks, along with the entire remote care program, have been very well received by our patients. They are grateful for the outreach and appreciate knowing we are watching out for them and committed to helping them remain safe at home. We’ve learned that our patients — about half of them eligible for both Medicare and Medicaid — need support more than ever with things like daily necessities, information on the state of the pandemic, and a human connection in the midst of social isolation.

Additionally, we’ve converted our drivers and vans, normally used to transport patients to and from in-center appointments, into a delivery fleet for groceries, medical supplies, toilet paper, and other necessities. We created personal protective equipment (PPE) protocols based on Centers for Disease Control and Prevention (CDC) guidelines, teaching drivers appropriate infection control.
control and cleaning procedures, and creating workflows to notify drivers in advance of high-risk transports.

**Protecting Staff and Patients in Centers**

We also moved quickly to secure our ability to provide safe and effective patient care in the setting of a highly prevalent, highly contagious disease. Across our 56 centers, located in cities that include Chicago, Detroit, and Philadelphia, we:

- Created processes to hand-count, track, and reinforce our stock of PPE. Our Quality Improvement and Population Health teams mobilized local staff to count all PPE and test equipment daily. They centralize that data in a shared Google Sheet, allowing teams to understand inventory based on days remaining (flow).

- Established protocols for the use of PPE and adapted our in-center workflows to optimize staff and patient safety. We implemented CDC guidelines and simplified documentation to fit our practice environment. And we created training materials, specific to our team and practice environment, for how to don and doff PPE within our workflows.

- Increased social distancing and safety for patients and staff, most importantly by transitioning all possible patient interactions to home-based care. In our centers, we choreographed patient flow from the parking lot through a visit to to limit exposures. Staff rotate in teams through centers to avoid cross-contamination in the event of an exposure, and we combine nearby centers into a single practice when lower demand and supply of visits indicates.

- Continue to operate some in-house transportation service for patients who require an in-person visit. We notify the centers of patients who “screen in” for coronavirus signs or symptoms before arrival.

**Leadership Response**

While the magnitude of the challenge exceeded our expectations, the pandemic did not take Oak Street Health by surprise. We have a regular public health surveillance process that reviews newswires and public health notices, and we first notified our clinical team of the situation in mid-January.

> The pandemic did not take Oak Street Health by surprise. We have a regular public health surveillance process that reviews newswires and public health notices, and we first notified our clinical team of the situation in mid-January.

Shortly thereafter, we established our cross-collaborative Covid Response Team to understand the science, track the spread of disease, and provide clinical intelligence to our response plan.
Along with the Response Team, we established Executive, Clinical, and Operating Teams to provide overarching structure to our operations. We also created a robust internal and external communications strategy to provide transparent and frequent updates to our patients, staff, and various partners.

As the severity of the outbreak became clear, we outlined guiding principles for our organization:

1. Provide excellent care to our patients;
2. Take appropriate steps to enhance the safety of our teams and their loved ones; and
3. Help mitigate the spread of the disease in our communities.

With our operating principles and leadership structure in place, we began to implement our plans to equip our teams to care for patients safely and establish the multipronged remote care program described above.

**Early Results and Takeaways**

We have an increasing number of Covid-19 cases that will continue to rise, as people are getting infected through community spread, not health care settings. However, we have seen far fewer cases than expected, and our hospitalization rate is not materially different than usual. There is good literature from this pandemic in Spain and Italy showing that more people in our patient population will be harmed by what we call “excess mortality” because they’re not able to manage their chronic conditions. That’s what we fear and are working to prevent, and thus far we are reassured by the progress.

Although we are still in the throes of pandemic response, we offer three takeaways:

**Be structured.** We’ve been able to create a structure to bring the best evidence around Covid-19 to our patients in terms of screening, testing, and care.

**Be practical.** By picking up the phone and calling a patient, you can practice a remarkable amount of medicine. We’ve bought simple monitoring devices like thermometers and pulse oximeters and sent them to patients, along with treatments for flu-like illnesses, like acetaminophen and fluids.

**Be accountable.** As a value-based organization, we didn’t wait for insurers to allow us to bill for telemedicine visits; we said, “This is what we’re going to do.” We are all seeing what happens when you let a fee-for-service health care system try to take care of everybody in a pandemic. Our model is holding up from an economic and quality perspective. Our financial outlook has not changed, because we’ve always been fully accountable.

This is an incredibly trying time for patients and staff alike, and while some of the hardest work is likely still ahead of us, we at Oak Street Health have pivoted our approach to better serve our patients, our colleagues, and our communities. As a value-based provider, we have the unique
opportunity to focus not on what is reimbursable, but rather on what our patients need in this moment: longitudinal primary care from the safety of their homes. Our guiding principles will continue to remain at the forefront as we work through this pandemic together.

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