

Lessons From COVID Testing: The Fallout From The First Onslaught

The fallout of COVID-19 has changed the way we work, live, shop, and, largely, access healthcare. We have minimized direct contact and maximized technology to live our lives as “normally” as possible during lockdown. Professionals across almost all industries have been speculating on how permanent these changes will be. Was this forced occurrence the impetus for a total paradigm shift? Already there is evidence that many changes will remain – such as the greater acceptance of remote work.

Call it prescience, deep awareness, or an ability to pivot, but the founders of San Jose-based Kyla realized when they were laying the groundwork for their mobile-testing and app-based COVID tracker for companies that timing is certainly everything.

California Business Journal wrote about Kyla in this article at the beginning of the lockdown. To summarize how the company came about: “Kyla is an offshoot of its sister company, Action Health, a primary and urgent care provider with 20 locations in California. When COVID-19 began to spread, the Kyla team recognized an immediate need for testing and tracking so the team huddled up and created an en-



CEO Garick Hismatullin

Founder and CEO of Silicon Valley’s Kyla imagines future healthcare as more remote and consumer-focused. And he’s ready for it.

hanced application to help employers maintain a safe environment in the workplace.”

That was the mission CEO and founder Garick Hismatullin was on a year ago. And what a year it’s been. We caught up with Hismatullin to check in on how the Kyla platform was progressing, what he has learned during this tumultuous year, and where he sees healthcare going from here.

“We were correct in the early days,” he says. “Once we analyzed the data from February, we realized there’s going to be a huge testing need, particularly for employers, and this wasn’t likely to be a one-year issue but a multi-year issue. The software we built serves a significant purpose for employers, allowing them to manage their workforce during this time. Our onsite testing element has been very much in demand from the get-go.”

The company now has 400 employer clients on its platform, representing a workforce of hundreds of

thousands of employees.

“We advocated for weekly testing from the early stages and the necessity for it has been validated in other parts of the world,” Hismatullin says. “But getting everybody on the same page was difficult, as we all witnessed. There was so much back and forth with federal and state government, insurance companies, the private sector – who was responsible for what?”

Requirements recently passed in California by Cal/OSHA set new emergency regulations that require employers with more than three positive cases to now test all of its workforce weekly and until they have two weeks of no COVID positives.

“There was already tremendous demand for our service, but it has spiked again with the new regulations and now with the holidays and cold and flu season, we’re in another crisis period,” Hismatullin says. “Once we start testing, it’s very rare that a company has two weeks of no positive cases because – assum-

ing that you have a large enough workforce – there is still so much household spread. People are still catching COVID and then further circulate it. Regular testing can minimize that significantly. We're helping prevent massive outbreaks where 50, 60, or 70 percent of a company's workforce is sick."

Kyla's app and nurse-assisted onsite testing is a major part of "holding the line" until a percentage of the population is vaccinated, Hismatullin says.

"We haven't seen much iteration in terms of changing the core product. We have added things, though. We can now do antigen tests, molecular test, PCR tests – we have built two of our own labs and they're up and running plus we're working with a number of third-party labs to help on the supply side. We've added mail-in kits but really the core assumptions that we made and validated early on that onsite testing was going to be critical, ended up holding up very well, so that's where the bulk of the testing is happening for us right now."

Kyla's product and assessment needs were precise, yet the lack of a strong infrastructure for reimbursement caused some trying months. "For a time, there were contradictory federal guidelines versus what the state is saying," Hismatullin says. "At first, we were hearing anyone who wants a test can get a test, insurance should pay and – at least they were saying that originally – but the federal guidelines kept changing and then the state came out with something completely different. Meanwhile, getting reimbursed by the entity that is supposed to be responsible has been the most challenging part of the entire process."

When a newly launched company like Kyla offers a crucial service yet has no way to weave through the red tape to get paid consistently, it puts any organization in a precarious position. But Kyla weathered those shifting storms and is now looking toward a post-COVID world.

"We're rapidly growing, and we want to keep that momentum going," the CEO says. "Part of that is to figure out where we fit once the vaccines are proliferated and we begin to emerge from this. I believe we're going to see a new, consumer-focused dynamic where telemedicine and mobile healthcare become the norm."

The future, he sees, will be a hybrid of what his mobile, onsite nurses offer and what telemedicine offers with convenience for the consumer and safety from getting infected by risking a visit to your doctor.

"I've always thought it was strange that we have this system where we take 40 people who are sick with different things and make them wait in a waiting room for an hour together. Someone really didn't think that through but it's been our standard healthcare model for generations and it's another aspect of our previous lives that have been impacted by the rise of COVID."

Primary- and urgent-care medical offices have been greatly affected with people holding off on office visits except for emergencies. "Medical services are down outside of COVID by about 30 percent and I really don't see that changing even after COVID because people are going to have significant hesitancy," he adds. "Some offices closing will help to stabilize the existing businesses, but I anticipate a patient reluctance for sitting in a doctor's office. What I see in the future is primary care centered around your home. We had this idea when we were building out the nurse fleet."

Kyla's architects knew at some point COVID-19 would end but then what do they do with a fleet of hundreds of vans and thousands of nurses on staff? It became clear with their research that a go-to-your-house model was the future.

"We started with employers obviously, but as we evolve, we're really starting to see the need for a new dynamic," Hismatullin says. "Imagine if when you're sick, we dispatch a nurse to your home to take vitals, run lab work, give you a COVID test and perform any other primary care needs you have. The nurse then drops your tests at the lab, which will process results same day and by the evening, you can have a telehealth visit with your doctor, who has all the data right there – blood work, cultures, and even recordings of heart and lung sounds. We see this as telemedicine 2.0."

If a hands-on physical is needed, the nurse can remotely assist the physician or it can be arranged to go to a secondary facility, such as imaging, for further testing. "The next challenge is getting people to stay on top of their health as COVID starts to wind down," Hismatullin says. "That's our plan for the near future."

At the present moment, however, the erratic distribution of the COVID vaccines has left smaller clinics and providers out of the loop. Distribution in the various states is being done mostly through the large hospital systems. If you are working at a hospital, the state will distribute to you and then your hospital can schedule you for vaccination. Kyla and other employers don't have the size behind them to access the vaccines for its staff yet.

"We're working on it, but it's frustrating," Hismatullin concludes. "It's our priority to get our staff taken care of as quickly as possible because they are on the front lines as much as those in large hospital systems."

Once his staff is able to get the vaccine, they may further explore a niche where they can also vaccinate, once the vaccines are more readily available to the general public. — By Susan Belknapp, California Business Journal

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