



2020 Annual Forum

Innovations in Population Health
Tuesday, November 10, 2020 | 3:15 PM – 4:15 PM ET



Scott Conard, MD
MODERATOR
Converging Health



Roberta Wachtelhausen
President
WellSpark



Dana Udall, PhD
Chief Clinical Officer
Ginger



Gina Trignani
Director
Training and Capacity Building
Health Promotion Council



Sean Duffy
CEO and Co-Founder
Omada Health



Nicole Martell
System Director
Health and Wellbeing
Mercy Health



#NatAllForum

Innovations in Population Health

November 10, 2020

Definitions

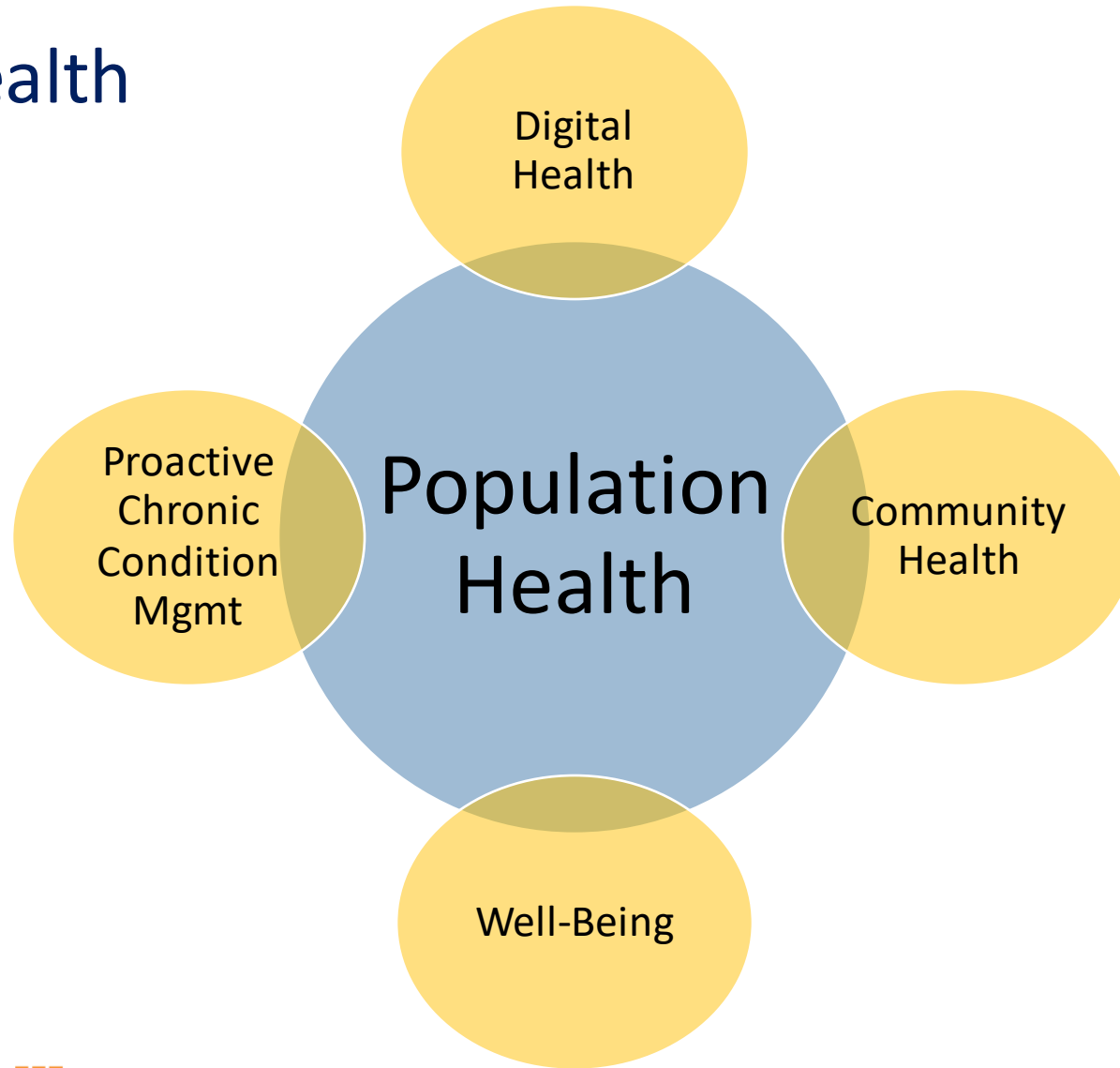
What is Population Health?

It has been described as consisting of **three components**. These are "**health** outcomes, patterns of **health** determinants, and policies and interventions."

What do we mean by Innovations?

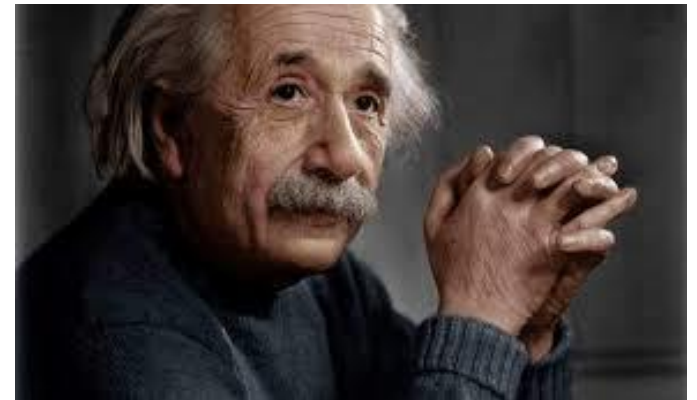
- Looking for ways to evolve, improve, change
- Leaning in to improve processes and outcomes
- Growing and developing from experience gained in last efforts
- The uncompromising pursuit of what's next

Population Health



"The definition of insanity is doing the same thing over and over again but expecting different results."

- Albert Einstein





Roberta (Bert) Wachtelhausen

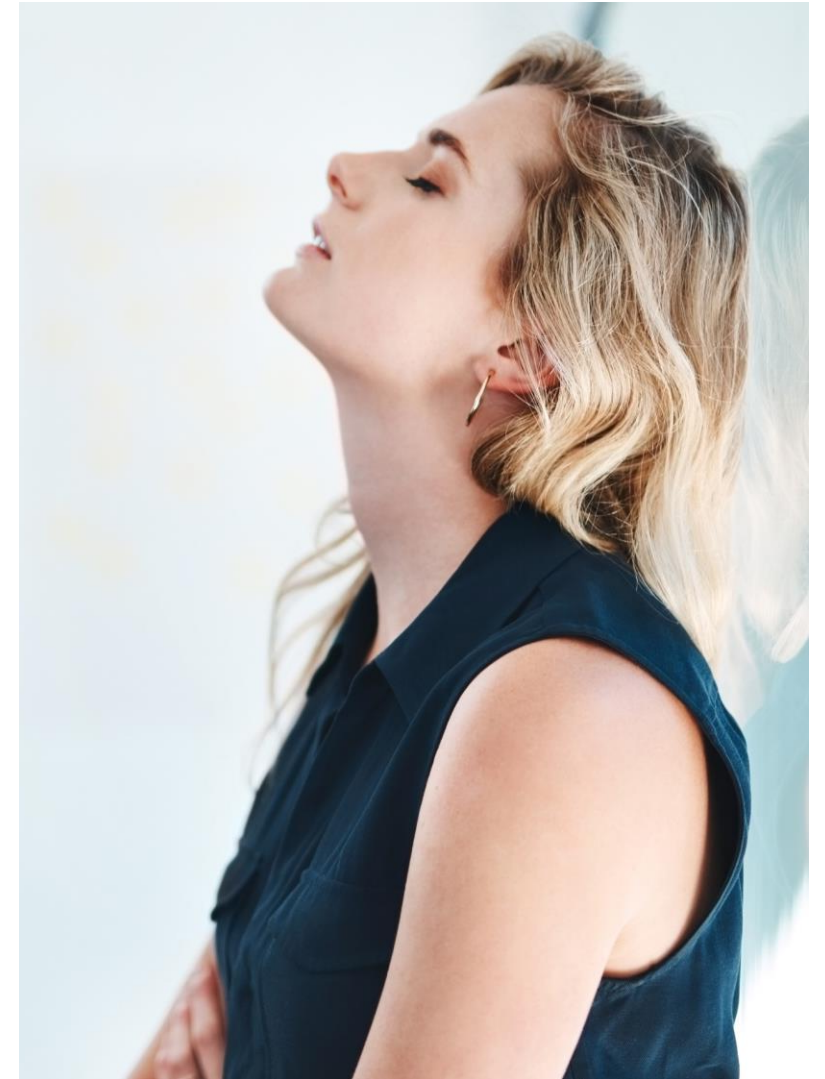
President, WellSpark Health

Innovations In Population Health

Innovation in the Self Management of Chronic Disease

CHRONIC DISEASE DISTRESS VS. DEPRESSION

- Identification
- Measurement
- Improving Outcomes



Meeting the unmet needs of the modern workforce through cultural competency

ONE SIZE FITS ALL DOES NOT WORK

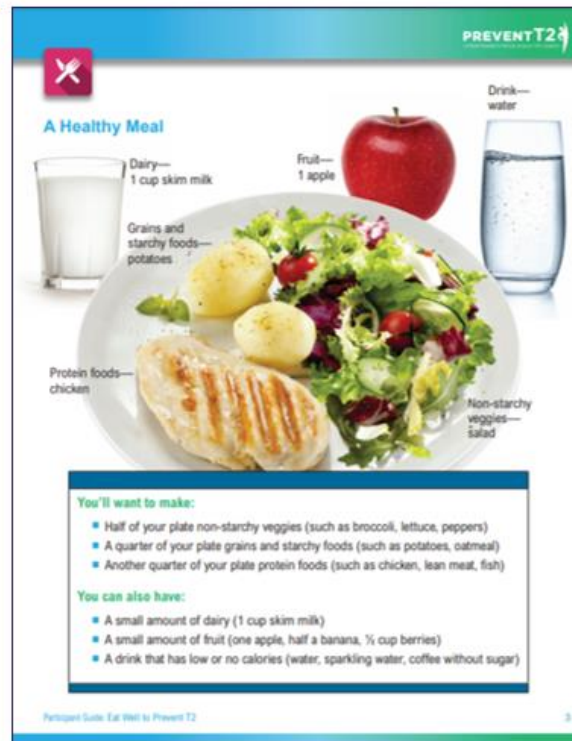
- Modality – Cannot be all digital
- Programming is based on the western diet and customs



Q: What are the shortcomings of today's standard nutrition programming?

A: IT ASSUMES EVERYONE EATS A WESTERN DIET.

What if this doesn't resemble anything close to what your meals look like?



What if you don't eat from a plate?

What if you use cooking oils to cook your food?

What if your major food groups are cooked together and combined so it's difficult to measure?

MyBowl Comparison Example

LET'S TALK ABOUT HEALTHY MEALS - ENGLISH VS. CHINESE VERSION

Let's Talk about Healthy Meals

How you feel today, tomorrow and in the future can be affected by your everyday food choices and how much you consume. Small changes, like portion control and the way you organize your meal, can make some serious impact. Here is how you can set up your bowl for success!

Rice or noodles should only fill your bowl halfway. Or, you should only portion enough for the amount you need for your three dishes. If you're feeling up to it, swap in brown rice for white rice or noodles for more fiber and nutrients.

Beef and broccoli can be made healthier by using less sauce. Take your portion from the top of the serving dish rather than the bottom, because the sauce tends to be heavier towards the bottom of the serving dish.

Shrimp with walnuts can be a fatty dish. However, it can be eaten and enjoyed in moderation, by measuring out and eating only two spoonful's worth. Go further and have the sauce on the side.

Steamed vegetables are a great choice and have less fat than stir-fried vegetables. Aim to have at least one steamed dish per meal.

For dessert, it's okay to have Jell-O, sweet soup, cookies, or an egg tart – as long as it's in moderation. Have a piece of fruit for dessert instead!

Remember!

- A quarter of your meal should consist of protein.
- Half or at least a quarter of your meal should consist of vegetables.
- Carbs, like rice or noodles, should never be more than half of your meal.

MyBowl

让我们来谈谈健康饮食 Let's Talk about Healthy Meals

您今天，明天和将来的感觉可能会受到日常食物选择和食用量的影响。细微的变化（例如份量控制和组织餐食的方式）可能会产生一些严重的影响。这是您成功的秘诀！

米饭或面条应该只将碗装满一半。或者，您应该只分配足够的份量来满足您三道菜的需求。如果您愿意的话，可以将白米换成糙米，或者将面条换成更多的纤维和营养素。

牛肉和西兰花可以通过减少酱汁使健康。从碟形食物的顶部而不是底部取出您的份量，因为酱汁在碟形食物的底部倾向于较重。

清蒸蔬菜是一个很好的选择，并且比炒蔬菜脂肪少。希望每餐至少吃一盘清蒸菜。

核桃虾可以是一道油腻的菜。但是，只要量出并食用两匙的价值，就可以适量食用和享用。再往前走，把酱汁放在一边。

对于甜点，只要适度，可以加果冻，甜汤，饼干或蛋挞。取些水果作为甜点！

记得！

- 每餐的四分之一应该由蛋白质组成。
- 每餐的一半或至少四分之一应由蔬菜组成。
- 碳水化合物，如米饭或面条，永远不应超过餐食的一半。

我的碗

Innovations in Population Health: The Mental Health System

Dana Udall, PhD
Chief Clinical Officer
Ginger

There's a serious supply & demand imbalance.

96%

Of employees report that COVID-19 has affected their stress levels

25

Days on average to see a mental health provider

250,000

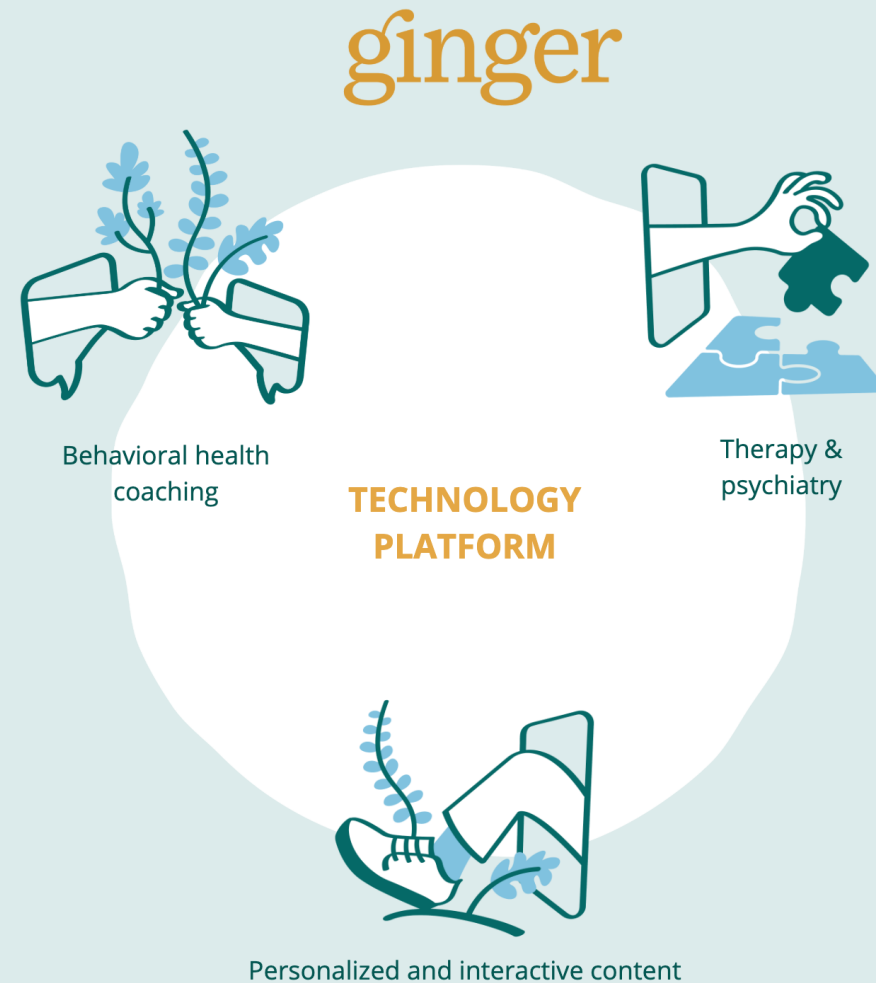
Too few mental health providers to meet the demand by 2025

A complete health system, for all life's challenges

In-network

50 states and 34 countries around the world

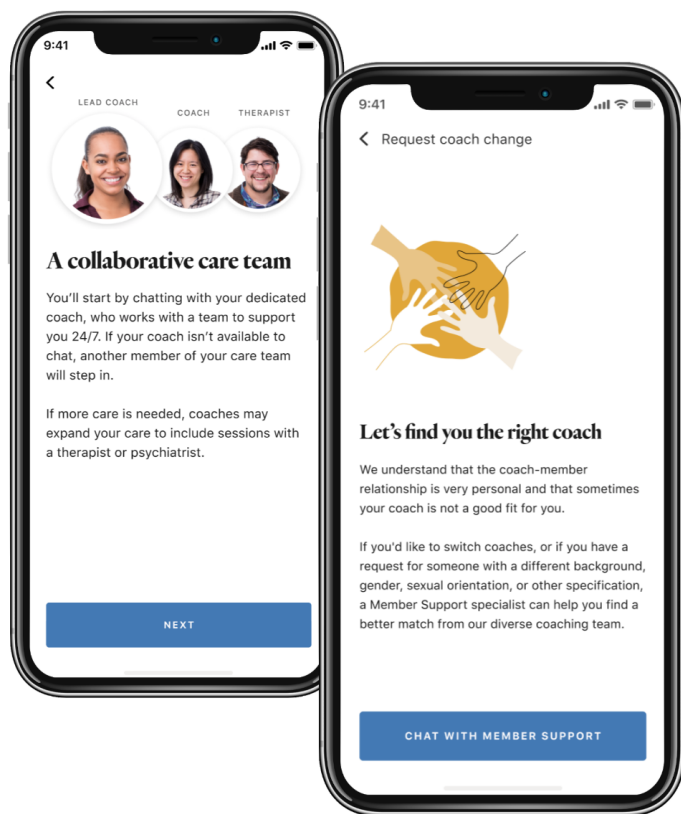
Integrated with your benefits design



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ginger

How our system innovates mental healthcare



On-demand care. We provide in-the-moment care 24/7 to support our members when they need it most.

Behavioral health coaching. We're recruiting and investing in new highly qualified labor pools.

Evidence-based care. We utilize a collaborative care approach to deliver empirically-validated interventions, while leveraging clinical quality metrics to ensure results.

Supercharged by technology. We use Augmented Intelligence to help our humans make the right care decisions.

Diversity, equity, inclusion. We use sociocultural context and member preference to build acceptance and trust, and sustain engagement.

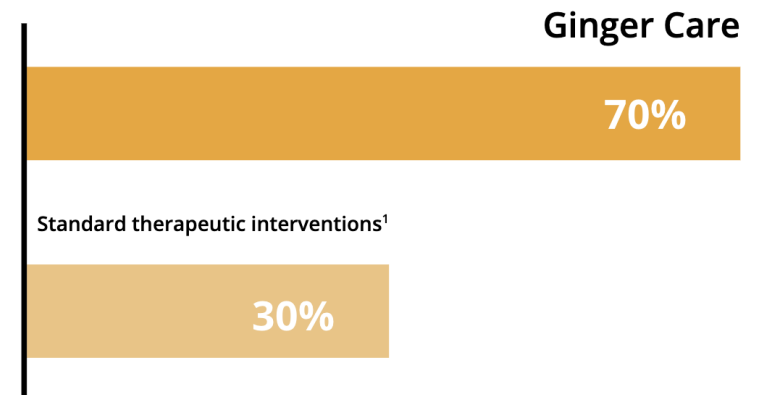
Clinically proven, universally loved

Our health system is committed to high quality, measurement based care.

70 %
of people see an improvement

4.7 ★
Satisfaction rating of each session

Industry Leading Outcomes



Percent of members whose depression improved in a 10-14 week period

¹Sources: Unützer J, Park M. Strategies to Improve the Management of Depression in Primary Care. *Prim Care - Clin Off Pract.* 2012. doi:10.1016/j.pop.2012.03.010; Casacalenda N, Perry JC, Looer K. Remission in major depressive disorder: A comparison of pharmacotherapy, psychotherapy, and control conditions. *Am J Psychiatry.* 2002. doi:10.1176/appi.ajp.159.8.1354

Walk With Ease: An Innovative Approach to Increasing Physical Activity in the Workforce

Gina Trignani, MS, RD, LDN

Director, Training and Capacity Building

Health Promotion Council



Partners

Funding provided by:



Relationship Development
and Negotiation:



Program Delivery Provider:



Employer Partner:

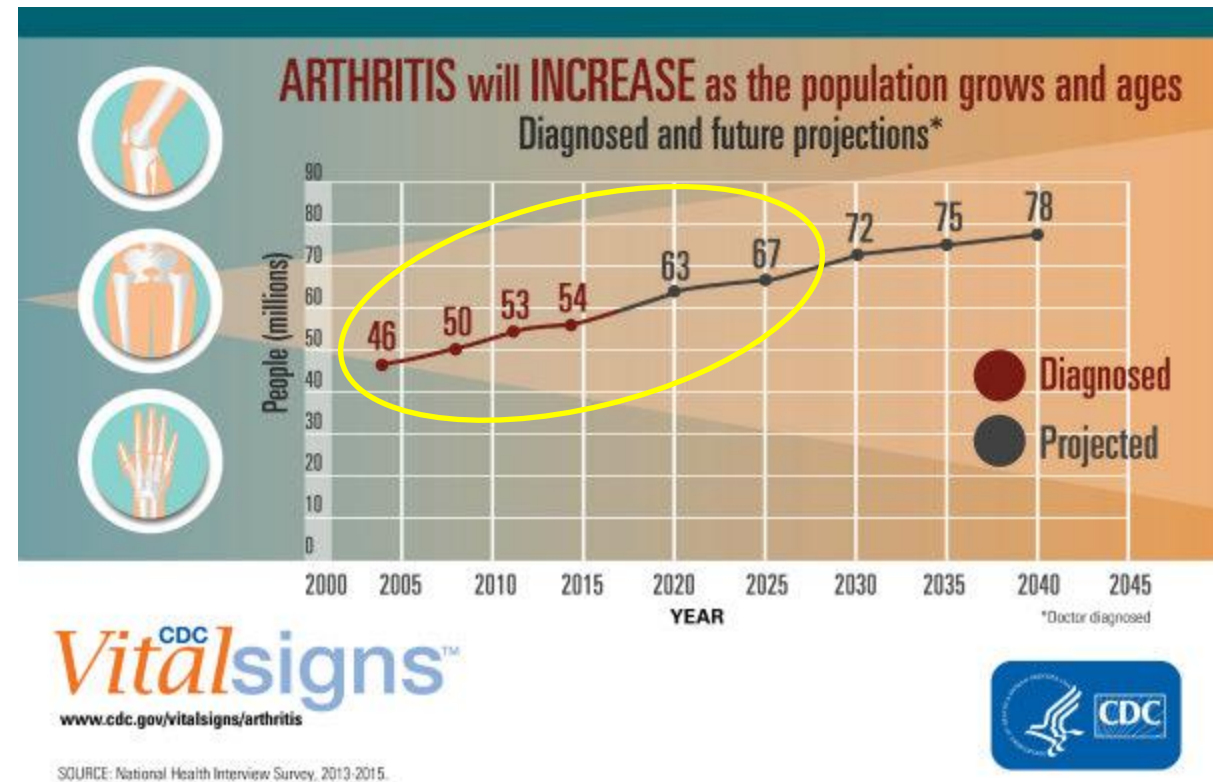
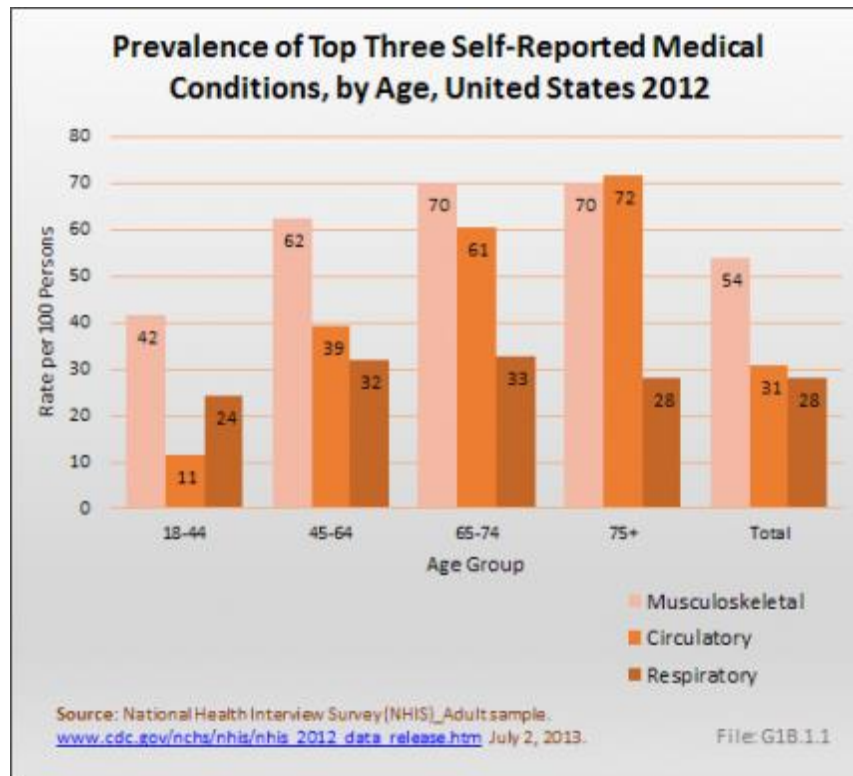


Employer Partner Relationship
Recruitment and Program Evaluation:

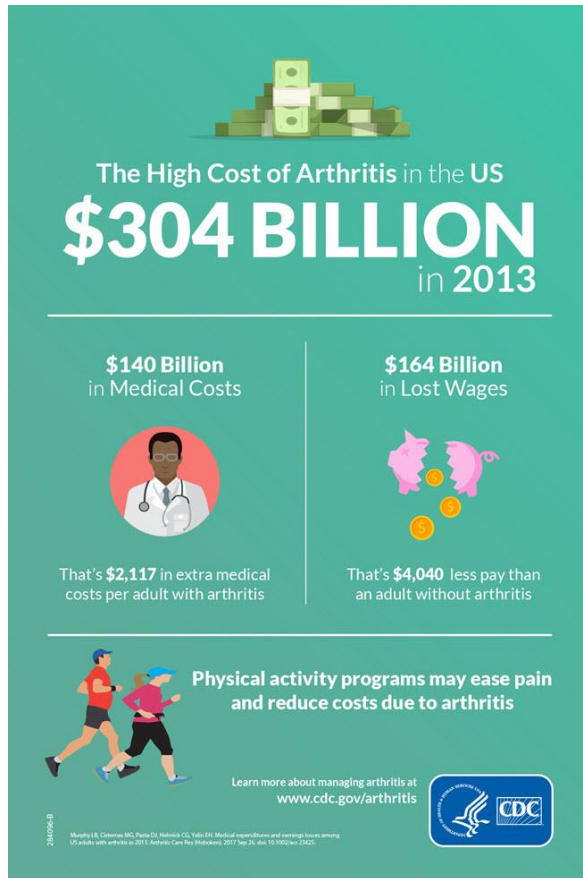


Why Address Arthritis (Musculoskeletal Pain)?

Musculoskeletal Pain is a medical Condition with current and future implications for employers



The Cost of Arthritis (Musculoskeletal Pain)



Medical Costs (2013)

- National arthritis-attributable medical costs were \$140 Billion
- \$2,117 per adult with arthritis

Earnings Losses

- Total national arthritis-attributable lost wages were \$164 Billion
- \$4,040 less earnings

Self-Directed Enhanced Walk With Ease - Arthritis Intervention

- Remote delivery - online recruitment and registration
- Self-directed Participants with online coach support –
 - independent reading and walking sessions
 - 6-week program, working up to 3, 30 minutes walking sessions per week
 - weekly encouragement, tips and resources by email; offers motivation, accountability, and answers questions by phone and email.
- Employer benefits:
 - Program allows for flexible delivery modalities
 - Low cost - manual is an inexpensive one-time cost \$12 per participant
 - Can be used independently or in conjunction with other lifestyle change programs
 - Coaches can be internal or external staff



Participation

**5,000 Employees invited through Wellness offering
Programming Fall 2019 to Spring 2020**

304 registered online ♦ 249 Baseline Surveys ♦ 203 Final Surveys

Program Completion Status	% of Participants
Completed all 6 chapters	77.3%
Completed 5 chapters	11.3%
Completed 3-4 chapters	5.5%
Completed 1-2 chapters	3.5%
Never started book	2.5%

Measure	Value
Mean age at enrollment	45.0 years
Gender (% female)	85.5%
Race (% African American)	39.8%
Race (% White)	50.7%
% with selected co-morbidities	
A form of arthritis	26.9%
Anxiety/depression	29.7%
Hypertension	26.9%
Diabetes	10.1%
Pre-diabetes	12.9%

Results

Number of Days Walked at Least 30 minutes		
Number of Days	Baseline	Completion
1	30.1%	7.9%
2	20.1%	8.4%
3	17.8%	24.1%
4	12.3%	16.8%
5	10.5%	13.6%
6	2.3%	13.6%
7	6.9%	15.7%
Summary, % of pop walking 4 or more days	32.0%	59.7%

Program Impact on Self-Reported Health Status		
	Baseline	Completion
Excellent	4.5%	7.4%
Very Good	18.6%	30.4%
Good	53.4%	51.8%
Fair	21.3%	9.4%
Poor	2.2%	1.1%

Impact on Pain and Confidence	Baseline	Completion
Mean Pain Score (0=no pain, 10=maximum)	3.6	2.1
Mean Fatigue Score (0=no fatigue, 10=maximum)	4.0	2.1
Mean Confidence in Exercising without Pain (0=no confidence, 10=maximum confidence)	7.4	7.5

Program Results and Impact - Productivity

Program Impact on Productivity	Baseline	Completion
Health Problems Effect on Work (Mean on 10-point scale, 0=no impact)	1.6	1.1
Health Problems Effect on Non-work activities (Mean on 10-point scale)	1.9	1.3
Absenteeism (%)	3.7	4.5
Impairment while working (Presenteeism) (%)	15.4	10.2
Productivity loss (%)	17.1	12.7
Activity Impairment (%)	18.1	12.8

Program Results and Impact – Physical and Mental Health

Program Satisfaction and Self-Reported Impact, on Completion	
% Reporting Program was “Extremely” or “Very” Helpful	71.2%
% Reporting Program was “Somewhat” Helpful	24.1%
% Reporting Physical Health had Gotten Better	71.2%
% Reporting Mental Health had Gotten Better	67.5%
% Reporting Program Helped Achieve Weight Loss Goals	59.1%
% Reporting WWE Helped Increase Physical Activity “Very Much”	57.4%
% Reporting WWE Helped Increase Physical Activity “Somewhat”	39.5%
% “Very Likely” or “Likely” to Stick with the Program	95.8%

Common Themes and Narrative of Participants

Positive Qualitative Responses

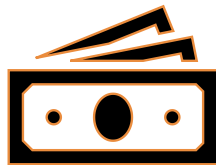
- Easy to get started and use
- Book is helpful
- No pressure; I go at my pace
- Program motivated and challenged me to walk
- Social interaction with other participants
- Support was available
- Ability to track progress/surveys

Most respondents said they would not change anything. Other recommendations:

- Employ social media to boost engagement
- Create a web-based version rather than book
- Provide an activity tracker
- Provide a personal trainer or nutritionist
- Create a version for younger, more active people
- Shorten it/make it more concise
- Add other activities beyond walking

Walk With Ease Offers Evidence-Based Programming to Increase Physical Activity in the Workforce

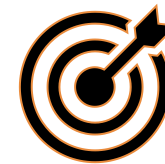
Low Cost
Programming
Model



Flexible
Implementation
Options for Delivery



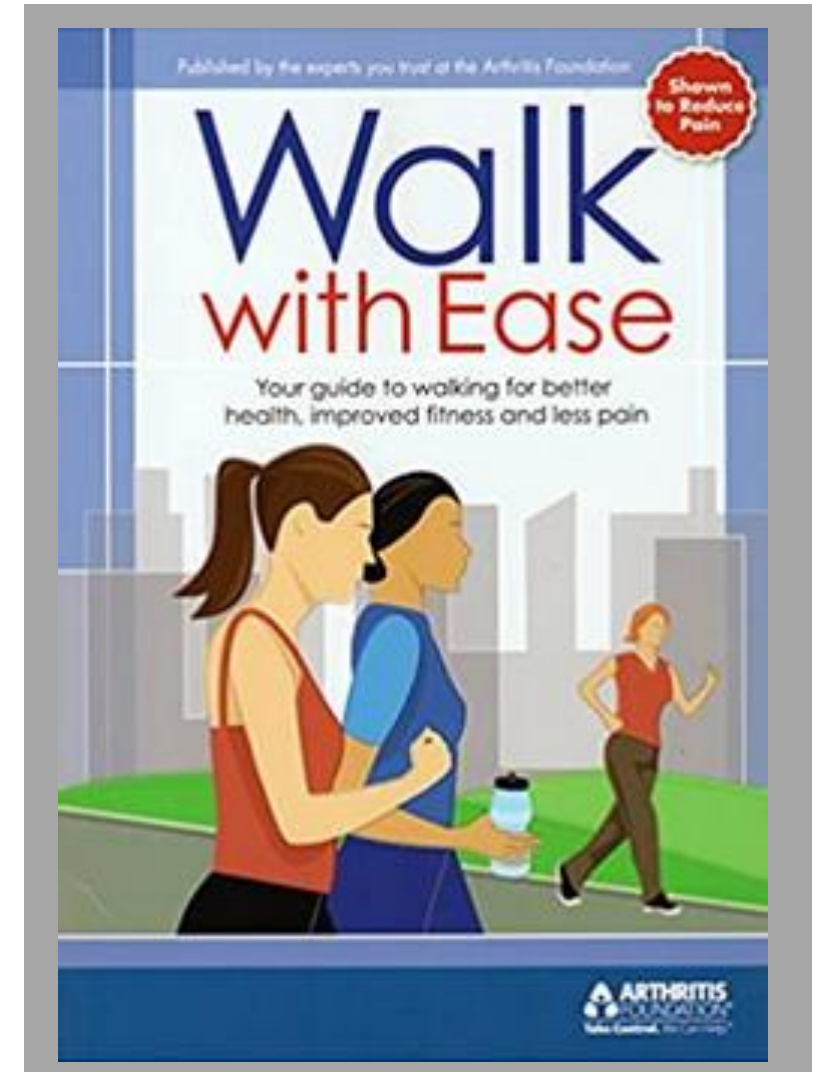
High Participant
Engagement and
Satisfaction with
Positive Outcomes



Contact information

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Defining the Era of Digital Care

Sean Duffy

Co-Founder & CEO, Omada Health



Digital is here to Stay

What if in-person care was option B?



Option A – Digital Care



The NEW ENGLAND
JOURNAL of MEDICINE

Perspective

In-Person Health Care as Option B

Sean Duffy, B.S., and Thomas H. Lee, M.D.

In-Person Health Care as Option B

Sean Duffy, B.S., and Thomas H. Lee, M.D.

What if health care were designed so that in-person visits were the second, third, or even last option for meeting routine patient needs, rather than the first? This question seems to elicit two basic responses — sometimes expressed in the same breath: “The idea will upset many physicians, who are already under duress” and “I wish my health care worked that way.”

Face-to-face interactions will certainly always have a central role in health care, and many are

are more convenient, but there's a difference between recreating an in-person approach with digital tools and designing the safest and most efficient way to achieve an optimal outcome. Consider Kaiser Permanente's teledermatology program,¹ in which pictures of skin lesions are sent to designated dermatologists. Contrast this system with what most physicians do: encourage some patients to send them photos of rashes and then forward the images to dermatologist friends

“Isn't there a way to do this without my having to drive to your office?” Many physicians have responded by letting individual patients check their own blood pressure or send in photos of a wound. To make nonvisit care excellent and equitable, however, it needs to be a matter of routine.

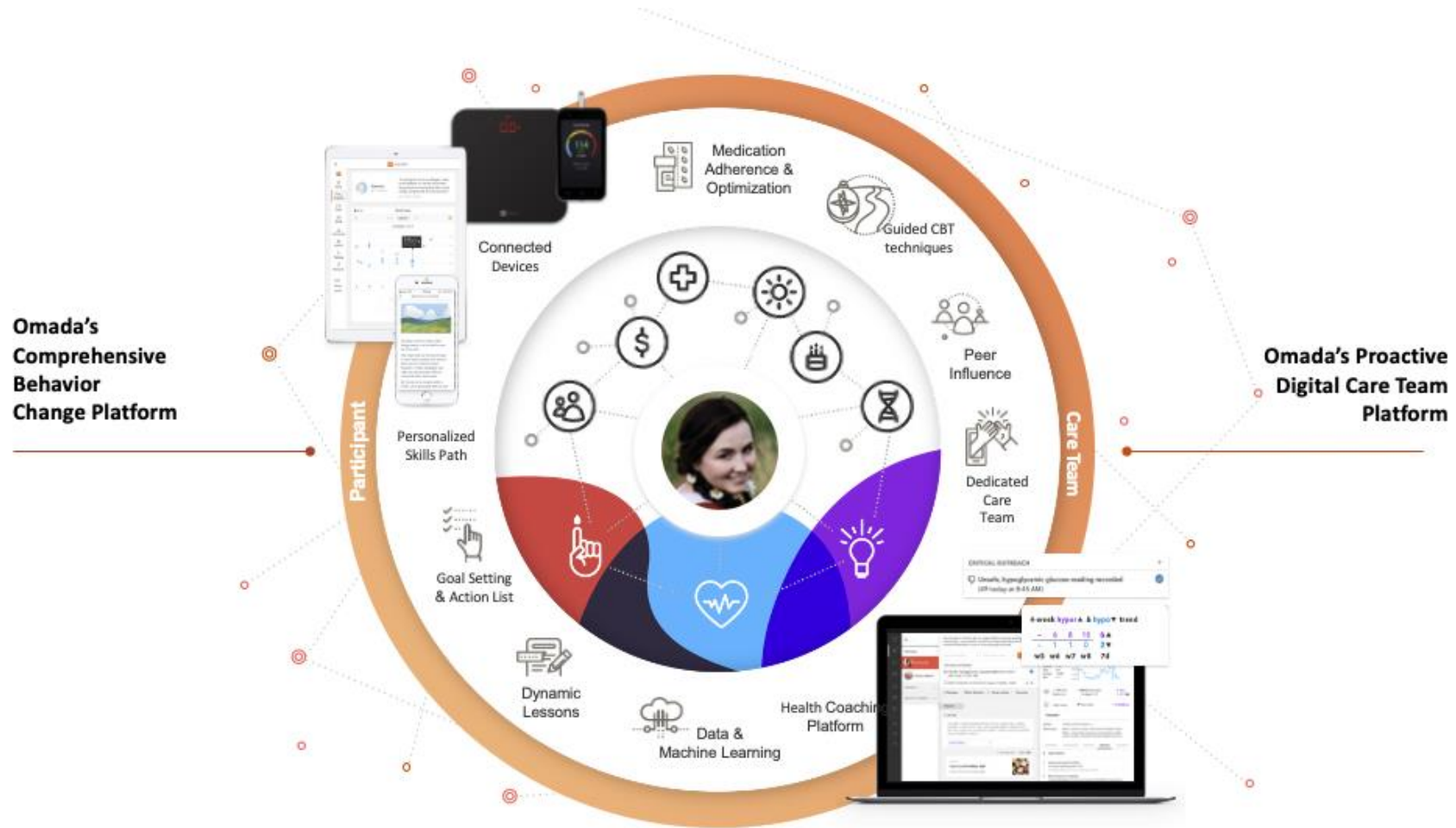
It's not hard to envision how such a system might work. Take, for instance, a patient with an acute condition that may not require laboratory tests, such as a urinary tract infection or rhinovirus.



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Digital Care Made Human



Omada Provides a Scalable Program to Address the Needs Of Today's Participants

Omada is a digital care program that empowers people to achieve their health goals through sustainable lifestyle change.

Prevention



Diabetes



Hypertension



Behavioral Health

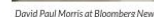


Musculoskeletal



Demonstrating personalized care is important but showing population-based engagement and outcomes are critical.

American Eagle employees drop 1,000 pounds to fight diabetes

BMJ Open
Diabetes
Research
& Care

S Cameron Sepah,^{1,2} Luohua Jiang,³ Robert J Ellis,² Kelly McDermott,⁴
Anne L Peters⁵

Significance of the study

Engagement



PARTICIPANTS CURRENTLY ENROLLED

532


 BLOOD GLUCOSE METER

49%

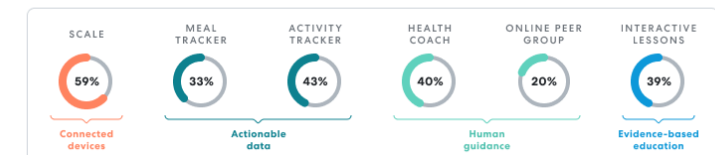
Benchmark: 40%
Glucose meter eligible: 325 ppts

35%

Benchmark: 40%
Average log-ins per day: 1

 Our book of business benchmarks provide a baseline to compare your stats to. Your dedicated Omada team is there to help you understand what this means. Please reach out to us at any time if you have any questions!

By empowering participants to build skills that are personally relevant, at a pace that is manageable, with the support of health coaches and fellow participants, we help them stay engaged and make changes that last.



CUSTOMER NAME | MON. MAR 2, 2020

OMADA CONFIDENTIAL




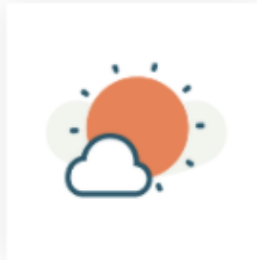

INTRODUCTION

Prediabetes :
at an alarm
an estimate
3) have pr
in 11) have diabetes. Persons with prediabetes, of the DPP lifestyle intervention. Subsequent
7-9
10-15

BMJ

BMJ Open Diab Res Care 2017;5:e000422. doi:10.1136/bmidrc-2017-000422

Evidence-Based & Real-World Outcomes

Prevention	Diabetes	Hypertension	Behavioral Health	Musculoskeletal
				
<ul style="list-style-type: none">• 4.7% Avg Y1 weight loss• A1C reduced to normal range through 3 YR• Y1 claims reductions \$1,169	<ul style="list-style-type: none">• 1.1% A1C reduction• 92% program satisfaction	<ul style="list-style-type: none">• Systolic BP 10 point reduction• Diastolic BP 6 point reduction• 88% program satisfaction	<ul style="list-style-type: none">• GAD7 & PHQ9 improved significantly in 2 weeks• Improvement in Functional Impairment in 4 weeks	<ul style="list-style-type: none">• 98% improvement in concern area• 100% program satisfaction• 27% reduction in medical spend for users vs. non-users

References

Prevention

- Sepah SC, Jiang L, Peters AL. Translating the diabetes prevention program into an online social network: Validation against CDC standards. Diabetes Educ. 2014;40(4):435-443. doi: 10.1177/0145721714531339.
 - These results reflect only the study participants who completed 4 or more lessons in the first 16 weeks of the Omada for Prevention program.
- Castro Sweet C, Bradner Jasik C, Diebold A, DuPuis A, Jendretzke B. Cost Savings and Reduced Health Care Utilization Associated with Participation in a Digital Diabetes Prevention Program in an Adult Workforce Population. JHEOR. 2020;7(2):139-147. doi:10.36469/jheor.2020.14529.
 - Reductions are relative to matched comparisons and adjusted for differences in baseline covariates.

Diabetes

- These outcomes represent a population snapshot of Omada participant data from Feb 2019 through Jun 2020. Among patients reporting both a baseline & follow-up A1C value from self-report lab data or mailed A1C test kit. Among those with baseline A1C $\geq 7\%$ (n=137).

Hypertension

- These outcomes represent a population snapshot of Omada participant data from May 2019 through September 2020. Among patients reporting enough home measurements at both baseline and follow-up to obtain a reliable estimate of blood pressure. Measurement methodology based on: <https://www.ahajournals.org/doi/full/10.1161/JAHA.118.008658>. Among those with stage 2 HTN at baseline (n=352)

Behavioral Health

- These outcomes represent a population snapshot of Omada participant data from April 2020 through September 2020. Among patients reporting both baseline & follow-up validated questionnaire (functional impairment n=147; GAD-7/PHQ-9 n= 3000)

Musculoskeletal

- Clinical improvements and satisfaction: These outcomes represent a population snapshot (n=347) of Physera data from January 2019 to July 2020. Cost savings: A claims-based cohort study with a customer comparing MSK costs between a Physera cohort (n=151) and a matched non-Physera cohort (n=1863). [See full case study](#)



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