

Meeting Date	Site	Meeting Location	Name	Employee Type	Organization, Agency or Employer	Subject of Concern	Comments
9/21/2015	DelTech Owens Campus	Georgetown	Joanne White	Active	DITSS-DPH-WIC	Premiums & Modifiable Risk Factors	I work with the Division of Public Health and my comment is that looking at this list for areas to address for cost savings for instance increase participation of wellness programs, employee health centers, prescription benefit managers, I don't see any person on your listing that has any health background or is with the Division of Public Health so I'd like to suggest Dr. Karyl Rattay, our Division Director be added to this committee so at least we have someone that has medical expertise and can evaluate something other than just dollars and cents which the majority listed on this roster appears to be their background. We should consider modifiable risk factors that is people that choose to smoke and are offered incentives or offers and don't elect to follow those options, then they should be charged a higher premium because in the end they will cost us all more money. Those risk factors that are modifiable risk factors, overweight, obesity, people that choose not to exercise, modifiable risk factors should be considered in whatever the premiums end up being.
9/21/2015	DelTech Owens Campus	Georgetown	Ronald J. Wooten	Retiree		Premiums	I think its wrong to try to balance the budget on State employees, especially people that are already retired. Some of these State employees work at places like school custodians and stuff and aren't making as far as I'm concerned, a whole lot of anything. That's the person its going to hurt. The State has all of these programs, they throw their money away, they got money for farm preservation, money to build bicycle trails and all these other programs for these people coming over here illegal and getting all this free healthcare stuff and they want to take it from a man making \$30,000 or \$35,000. I'd like to talk to them in person, but they ain't got the guts to be here as far as I'm concerned.
9/21/2015	DelTech Owens Campus	Georgetown	Lisa Born	Vendor	Omada	Chronic Disease Prevention Strategy	I am with a company called Omada Health and I'm here to talk about what our mission is and how we'd like to help the State. Our mission here at Omada Health is we inspire and enable people everywhere to live free of chronic disease. We're trying to help employers that have this rising cost to help their members live free of chronic disease before they have to technically get into the health system which is where the cost is. If we try to define the problem and look at the prevalence. We believe that 60% per CDC, are overweight or obese. If we look at the prevalence of obesity and diabetes since 1994 to 2013, you can see how it's really grown. If we look at what self-insured employers are paying, when we look at their total costs, about 84% of that is on chronic conditions so when we can prevent those, we can save a lot of money. If we look at folks before they have these risk factors, it talks about the costs associated with the health system. Prescriptions, higher direct costs in the ER, they have higher risk of traumatic workplace injury so there's a lot of reasons to focus on the prevention of this. Lastly when we look at the iceberg slide, 27 million Americans in the U.S. have Type-2 diabetes but the underlying problem is Prediabetes. Per CDC, 37% of us have prediabetes which don't present symptoms. If we look at that 5 to 10% per year are going from prediabetes to diabetes which costs about \$7,400 more per year when you have this chronic disease. The financial cost for an employer that has about 40,000 members, about 16,000 of them have prediabetes. That's a really scary number. 800 to 1,600 will convert every year. They're at that tipping point and we want to help them before they crossover. The great news is there was a landmark clinical trial run by the NIH. It's called the Diabetes Prevention Program (DPP). They looked at people with these risk factors and gave them lifestyle intervention with coaching, curriculum really gave them that personal attention to help them change their behavior and be more healthy. The great news is they reduced their risk of going to diabetes by 58% and even beat just taking a drug. Lifestyle change beats a drug every time and is a much more cost effective way. So our solution is called Prevent. Traditionally these lifestyle conditions are done in person and we tried to help scale it to reach the 87 million people with a digital solution. It's like how you can take a class online now you can do all these things virtually. We wanted to have that same clinical evidence focus in a virtual world. And it's called Prevent. Your employer offers it to you and you have to be at risk to qualify. Either be obese or have one of those risk factors like high blood pressure, high glucose but before you have a chronic disease. Everything is done and available on a mobile app so you can do the entire program on your mobile device. You are matched with same age bracket and same location and have the same goal as others which 7% weight loss. You're given a scale, it comes to your doorstep and automatically uploads to your profile. Everyone is given dedicated health coach, online support group of peers, weekly interactive lessons, cellular weight scale, shared 7% weight loss goal and more. You have some healthy completion and given the content to teach you. It helps you focus on the behavior. We just wanted to talk with you about having a chronic disease prevention strategy – thank you.
9/21/2015	DelTech Owens Campus	Georgetown	Maida Graves	Active	DPH-DHSS	Premiums & Co-Pays	I work for the Department of Public Health and worked there for almost 30 years with the State and this is the same thing again. I'm sure this program that this woman has is lovely but if the State is trying to cut costs and certainly hasn't given us a raise in 7 years or more and taking money and now just raised premium costs and our co-pays have doubled. So they're going to hire this company, they're going to spend money on that which is just crazy to spend money on another company to institute this program instead of using that money to balance the budget and they doing it on the backs of State workers that make minimum wage or some State workers that are in the poverty level and its wrong, it's just wrong.