The State of Delaware

Diabetes Care Management Programs

State Employee Benefits Committee

April 25, 2022
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Diabetes care and prevention resources

In addition to its broad care management programs, the GHIP offers specific programs and resources that support members with diabetes today.

<table>
<thead>
<tr>
<th>Focus of today’s discussion</th>
<th>Resources include:</th>
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<td>For participants of the State’s:</td>
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| Medical plans | ▪ Diabetic education and nutritional counseling (member cost sharing applies)  
▪ Discounts on gym memberships, weight loss programs, etc.  
▪ Online education and wellness programming via medical TPA’s website\(^1\)  
▪ 24/7 nurse line\(^1\)  
▪ Broad care management program\(^1\)  
▪ **Diabetes care management program:**  
▪ Livongo (for active employees and non-Medicare pensioners only)  
▪ Transform Diabetes Care (for Medicare pensioners only,)  
▪ Diabetes prevention programs online and in-person (conditions permitting)\(^1\)  
▪ Savings on diabetic medications and supplies available through **CVS Health**  
▪ Access to the **ComPsych** employee assistance program\(^2\) |
| Vision plan | ▪ Additional coverage of certain exams and procedures for members with Type 1 or Type 2 diabetes with diabetic retinopathy |
| Other resources (not dependent upon plan participation) | ▪ Additional gym discounts at Delaware-based fitness centers  
▪ Access to information on diabetes-related health and wellness classes and events at Delaware-based health care facilities |

1 Active employees and non-Medicare pensioners only.
2 Currently available (until no more than 30 days following the end of the COVID-19 national public health emergency) to all State of Delaware employees including temporary, casual seasonal and benefit eligible employees/non-Medicare pensioners who are not currently enrolled in a State of Delaware Highmark Delaware or Aetna health plan.
Diabetes care management program
Overview – for non-Medicare plans only

▪ Current program provided by Livongo, since 7/1/2019
  ▪ Livongo provides all enrolled participants with a “connected meter” that uses wireless technology to transmit blood glucose test results to Livongo coaches, who will contact members with abnormally high or low glucose levels
  ▪ Results of the Livongo program have been periodically reviewed with the Subcommittees, most recently at the March and April 2022 meetings
  ▪ Program has benefited members who participate:
    - Slightly lower GHIP enrollment (15% vs. Livongo BOB\(^1\): 20%-25%), but higher meter activation rate (98% vs. BOB: 85%-90%) and member satisfaction (NPS\(^2\) +69 vs. BOB: +54)
    - Higher A1c reduction for GHIP (-1.44%) vs. BOB (-1.04%)
    - Additional details are included in the Appendix
  ▪ The State provides GHIP participants access to Livongo through its contracts with Highmark and Aetna, within which Livongo is a subcontractor

1 BOB = Book of Business.
2 Net Promoter Score (NPS) is a measure of how likely someone would recommend a company, product or service to a friend or colleague (scale: -100 to +100). State of Delaware NPS for Livongo was measured at +63 as reported in Livongo’s FY21 annual review materials for the State.
Diabetes care management program
General considerations for FY23

▪ Aetna is sunsetting its relationship with Livongo, which will not be available to Aetna HMO and CDH Gold plan participants after 6/30/2022

▪ Aetna’s proposed diabetes care management program starting 7/1/2022 is the Transform Diabetes Care (TDC) program
  ▪ This program was recently rolled out for the State’s EGWP plan participants effective 1/1/2023 via the State’s contract with CVS Health (Aetna’s parent company)
  ▪ In December 2021, the SEBC reviewed the opportunity to roll out TDC across all non-Medicare plans effective 7/1/2022, though no vote was taken at that time

▪ Highmark will continue to offer the Livongo diabetes care management program, though the State could choose to discontinue Livongo and offer TDC instead

The diabetes care management program options for each TPA’s non-Medicare population have been outlined on the next page
# Diabetes care management program

Considerations for each option – for non-Medicare plans only

<table>
<thead>
<tr>
<th>Diabetes care management program options for:</th>
<th>Aetna members</th>
<th>Highmark members</th>
</tr>
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<tbody>
<tr>
<td><strong>Program name</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Contracting options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only Option</td>
<td>Transform Diabetes Care</td>
<td>Transform Diabetes Care</td>
</tr>
<tr>
<td>Aetna contract</td>
<td>CVS Health contract</td>
<td>CVS Health contract</td>
</tr>
<tr>
<td>Option 1</td>
<td>Livongo</td>
<td>Highmark contract</td>
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</table>

**TDC via Aetna contract**
- Provides more direct access to lab data (A1c values) needed for TDC performance guarantees
- Different member experience, communications vs. Highmark plans
- Consider if Livongo is retained; may be easier to manage TDC through Aetna contract rather than CVS (incl. integration with care mgmt)

**TDC via CVS Health contract**
- Consistent member experience, communications across all plans (including EGWP)
- Streamlined administration, reporting and oversight of one diabetes care management program; easier to communicate
- CVS may have difficulty obtaining lab data (A1c values) on Highmark members needed for TDC performance guarantees; data feed set-up with Labcorp still in progress

**Livongo via Highmark contract**
- No disruption for Highmark members engaged with Livongo
- Livongo has been effective in delivering results for members who engage; retaining would support continuation of favorable outcomes for Highmark members
- Different member experience, communications vs. Aetna plans
Diabetes care management program
Feedback from the Subcommittees

- There was general consensus among Subcommittee members about the following recommendations:
  - **For Highmark members** – Retain Livongo for FY23
    - Favorable program outcomes achieved previously, though ideas for improved engagement in the future were also discussed
    - Removes any disruption in the diabetes care management program for this population
    - Estimated annual cost ($670k/year) is not significantly higher than TDC (estimated at $645k/year for diabetes only, no comorbidities)
    - Concerns about CVS’s ability to obtain data required for TDC performance guarantee
      - CVS offered a Return on Investment (ROI) guarantee: 2:1 ROI for medical/Rx costs avoided, available if the State opts to move forward with TDC for the Highmark population
      - Based on recent discussions with CVS, there are some concerns that CVS may not have access to sufficient medical claim data (including A1c values) to have the ROI guarantee apply
  - **For Aetna members** – Implement TDC through Aetna contract for FY23
    - Greater confidence in Aetna’s ability to obtain data required for 2:1 return-on-investment (ROI) guarantee
    - Administratively easier to manage given ongoing implementation with Aetna for its care management program
Next step

- SEBC to consider voting on the diabetes care management program options
  - As a reminder, anticipated changes in Aetna’s offerings effective 7/1/2022 will be visible to HMO and CDH Gold plan participants even if no action is taken by the SEBC today
Appendix
Outcomes from current state analysis
Diabetes prevention and management programs

Livongo – Diabetes Management & Prevention Program

- Launch date: July 1, 2019
- Program Objectives
  - Provide diabetes management at no cost to Highmark and Aetna plan participants
  - Participants work with Certified Diabetes Education Specialists and Expert Coaches (available 24/7 for real-time interventions)
  - Free tools provided including meter, mobile app, test strips
  - Also provides online DPP to Highmark members (currently) and Aetna members (prior to 1/1/2021)

Observations – Pre-diabetes Prevention (DPP)

- Available reporting for DPP is limited
- Enrollment numbers are lower than expected for the eligible population

Observations – Diabetes Management

- Enrollment numbers are lower than expected (15%), but once enrolled, Activation at 95% is very high, resulting in a decrease in A1c of >1% at the 6-month milestone; and is above a target of 0.9% decrease
- The program is effective for those who engage and activate

Recommendation

- Effectiveness of Diabetes program is demonstrated; DPP performance inconclusive based on small numbers
- Explore methods and targeted strategies to increase enrollment for DPP and Diabetes programs
- Reassess referral protocols from care management to the Livongo programs to ensure program integration

Presented at the October 2021 Combined Subcommittee Meeting
Diabetes care management program
Active employees and non-Medicare pensioners – current state

- Current program provided by Livongo, since 7/1/2019
- Livongo provides all enrolled participants with a “connected meter” that uses wireless technology to transmit blood glucose test results to Livongo coaches, who will contact members with abnormally high or low glucose levels
- Referrals to Livongo will occur primarily through GHIP medical TPAs and member self-referrals

**GHIP member utilization (from 7/1/2019 to 2/28/2022)**

<table>
<thead>
<tr>
<th>Overall</th>
<th>Members</th>
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<tbody>
<tr>
<td>Recruitable</td>
<td>7,649</td>
</tr>
<tr>
<td>Enrolled (15%)</td>
<td>1,181</td>
</tr>
<tr>
<td>Activated (98%)</td>
<td>1,157</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Aetna</th>
<th>Members</th>
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</thead>
<tbody>
<tr>
<td>Recruitable</td>
<td>2,540</td>
</tr>
<tr>
<td>Enrolled (15%)</td>
<td>372</td>
</tr>
<tr>
<td>Activated (98%)</td>
<td>366</td>
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<table>
<thead>
<tr>
<th>Highmark</th>
<th>Members</th>
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</thead>
<tbody>
<tr>
<td>Recruitable</td>
<td>5,109</td>
</tr>
<tr>
<td>Enrolled (16%)</td>
<td>809</td>
</tr>
<tr>
<td>Activated (98%)</td>
<td>791</td>
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1 See slide 9 for further details.
2 BOB = Book of Business.

Consistent with prior findings\(^1\) shared with Subcommittees in October 2021, GHIP enrollment is lower than expected (15% vs. Livongo BOB\(^2\) range: 20%-25%), but once enrolled, connected meter activation at 98% is very high (vs. Livongo BOB range: 85%-90%)
GHIP member outcomes (from 7/1/2019 to 2/28/2022)

19 times/month
“activated” GHIP members engage with Livongo
(vs. BOB: 20-23 times/month)

2021 Member Engagement Achievements
Highlighted by Livongo

Health Nudges
- Personalized, digital notifications members receive directly on their Livongo device that help members understand their trends and give them tools to help with managing their diabetes
- For 2021, GHIP members responded to over 30,000 Health Nudges

Alert-based Coaching
- Triggered automatically within 3 minutes of the member taking a reading and provides support for Livongo members in the moment they need help most
- For 2021, there were 7,278 alerts triggered for State of Delaware members helping to reduce hospitalizations

Average 90 Day GHIP Member Engagement Rates
(% of Activated)

- 88% Device Monitoring
- 77% Self-Guided Activity
- 50% Digital Coaching
- 9% Expert Coaching

Connected blood glucose meter usage
Email opens, log-ins, Health Summary Report sharing, food logs
Health Nudges, 5-day Challenges, Action Plans
Alert-based, on-demand, and scheduled coaching
Diabetes care management program
Active employees and non-Medicare pensioners – current state (continued)

**GHIP member outcomes (from 7/1/2019 to 2/28/2022)**

-1.44% average A1c reduction\(^1\) for those starting uncontrolled (A1c >7) (vs. BOB: -1.04%)

| Baseline A1c | ≥ 7 to < 8  
\(n=138\) | ≥ 8 to < 9  
\(n=72\) | ≥ 9 to < 10  
\(n=28\) | ≥ 10  
\(n=50\) |
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<tbody>
<tr>
<td>Reduction in Estimated A1c for “Activated” Members at 6+ months</td>
<td>-0.6%</td>
<td>-1.1%</td>
<td>-1.8%</td>
<td>-4.1%</td>
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1.5x Return on Investment (ROI) for FY20 results\(^2\) as reported by Livongo
Equivalent to $52 PMPM savings

$1.1M Total FY21 program cost (administrative fees) paid by the GHIP

$0.6M Estimated FY21 net savings based on Livongo-reported 1.5x ROI

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1 Measured for “activated” members after 6+ months in Livongo. Reduction is measured from members’ self-reported A1c values at registration.
2 Results based on ROI methodology reviewed by Milliman. Livongo used difference-in-difference comparison of total allowed amount of medical spending one year prior to the measurement period (“pre-period”) compared to the measurement period; included members continuously enrolled in the GHIP aged <65 and enrolled in Livongo for ≥ 3 months. Excluded members whose monthly costs exceeded $50,000. Livongo participants were matched 1:1 with non-participants using age, gender, risk score, pre-period total cost and pre-period diabetes-related pharmacy spending.
Diabetes care management program
Active employees and non-Medicare pensioners – current state (continued)

GHIP member outcomes (from 7/1/2019 to 2/28/2022)

**+69 Net Promoter Score**¹
Up from +63 for GHIP reported² in Oct 2021
(vs. BOB: +54)

Additional comments from GHIP members engaged with Livongo have been provided on the following slide

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1 Net Promoter Score (NPS) is a measure of how likely someone would recommend a company, product or service to a friend or colleague (scale: -100 to +100). State of Delaware NPS for Livongo was measured at +63 as reported in Livongo’s FY21 annual review materials for the State.
GHIP member feedback about Livongo

I don't feel alone anymore regarding dealing with my diabetes. Using Livongo makes me feel like I have a reliable, neutral partner who is with me and encouraging me.

No more stress! I had been searching for a provider when Livongo came along.

More knowledgeable, accountable and in control.

Livongo has helped me to be more aware of what foods I should eat to maintain acceptable glucose levels. Also, to be aware of how well am I doing to maintain it. The Livongo coaches also serve as positive motivators and cheer leaders for me.

It's been such a blessing to have such a reliable company to help me control my disease.

Since being with Livongo I manage to eat better and feel better about myself.