



The State of Delaware

Condition-specific programs for the
GHIP

SEBC Meeting

July 25, 2022



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Today's discussion

- Musculoskeletal program options
- SurgeryPlus bariatric carve-out

- Appendix
 - Additional details on virtual physical therapy options
 - Additional details on SurgeryPlus benefit

Condition-specific programs

Musculoskeletal program options

Musculoskeletal resources

Current state overview

- Musculoskeletal conditions are a top driver of GHIP spend
 - In calendar year 2021¹, the GHIP and plan participants paid a combined total of \$87.9M for osteoarthritis, spine disorders and joint disorders, which are among the top 10 medical conditions (by total cost)
- Multiple resources available to plan participants with musculoskeletal conditions today:

For participants of the State's:	Resources include:
Medical plans (non-Medicare plans only)	<ul style="list-style-type: none"> ■ Coverage for physical therapy, chiropractic visits, joint/spine surgery and other procedures that support musculoskeletal health ■ Concierge scheduling for advanced imaging services (Aetna plans only) ■ Access to surgical centers of excellence through the SurgeryPlus program² and through the medical carriers' networks³ ■ Online education and wellness programming via medical TPA's website³ ■ 24/7 nurse line ■ Broad care management program³ ■ Discounts on massage therapy, acupuncture, gym memberships, weight loss programs, etc.
Other resources (not dependent upon plan participation)	<ul style="list-style-type: none"> ■ Additional gym discounts at Delaware-based fitness centers ■ Access to information on musculoskeletal conditions available through state and federal resources

¹ Source: Q2 FY2022 financial reporting, <https://dhr.delaware.gov/benefits/sebc/documents/sub-comm-2022/0224-financial-reporting.pdf>.

² Recent SurgeryPlus program results were reported to the Subcommittees in October 2021; for further details, see <https://dhr.delaware.gov/benefits/sebc/documents/sub-comm-2021/1007-fy23-planning.pdf>.

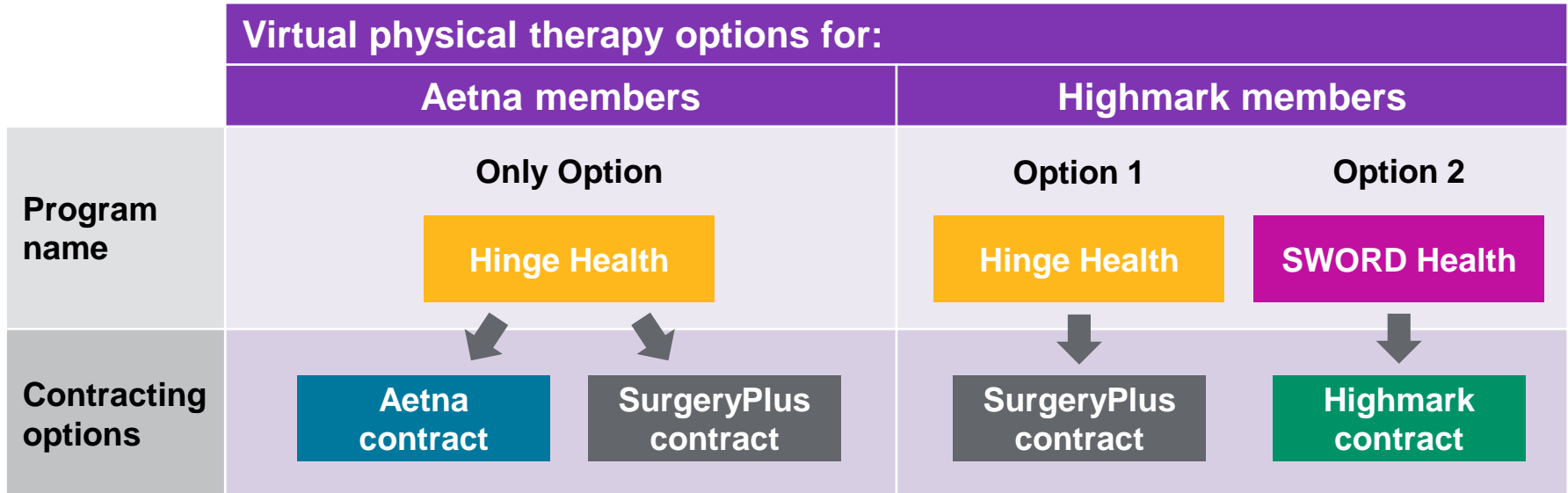
³ Content and/or programs vary by medical TPA.

Advantages for the State and plan participants

	Hinge	Sword
Cost per Participant:		
• Acute	\$250	
• Non-Acute		\$850
• < 2,000	\$995	
• 2,000-2,999	\$945	
• 3,000+	\$895	
Assumed Participation		
• Low:		
• Acute	1% (600 participants)	
• Non-Acute	3.5% (2,200 participants)	
• High:		
• Acute	2% (1,200 participants)	
• Non-Acute	4% (2,500 participants)	
ROI (as determined by Validation Institute, an independent source for verifying performance claims)	\$2,244 per participant (willing to fund claim study and add to ROI guarantee)	\$2,472 per participant
Estimated GHIP Impact (Annual)		
Cost	\$2.3-\$2.8M	\$2.4-\$3.2M
Gross Savings	\$6.3M-\$8.3M	\$6.9M-\$9.2M

Musculoskeletal resources

Virtual physical therapy options and considerations



Hinge Health via Aetna contract

- Different member experience, communications vs. Highmark plans
- Would require more coordination with other GHIP partners to ensure there is clarity on which virtual physical therapy provider applies to Aetna vs. Highmark plan participants

Hinge Health via SurgeryPlus contract

- Consistent member experience, communications across all non-Medicare plans
- Streamlined administration, reporting and oversight of one virtual physical therapy program; easier to communicate

SWORD Health via Highmark contract

- Different member experience, communications vs. Aetna plans
- Would require more coordination with other GHIP partners to ensure there is clarity on which virtual physical therapy provider applies to Highmark vs. Aetna plan participants

Recommendation for discussion

- Implement Hinge Health via SurgeryPlus contract with off cycle go-live no earlier than 1/1/2023
 - **Subcommittee feedback:** Supportive of this recommendation
- Rationale:
 - MSK related issues represent a significant claim component for the GHIP
 - Covid and the post-Covid environment is driving participants to more remote solutions
 - Hinge and Sword programs and ROI guarantees are relatively the same
 - However, Hinge can be provided consistently across all members
 - Hinge fees are lower due to acute case costs
 - MSK market vetted by each of Aetna, SurgeryPlus and CVS
 - Sword invested in by Highmark
 - Helps address care and cost restrictions in SB120

Condition-specific programs

SurgeryPlus bariatric carve-out

Bariatric surgery

Long term health outcomes associated with bariatric surgery

- As a follow-up from the November 2021 meeting of the combined Subcommittees, additional information was requested on the potential downstream impact of bariatric surgery on outcomes and cost
- The health issues and associated costs for individuals with obesity can be significant
 - Obesity leads to increased risk of heart disease, stroke, diabetes, and certain types of cancer
 - The per member per year medical costs for people who are obese is over \$1400 higher than those of normal weight¹
- Bariatric surgery has been shown to be safe and effective in patients where diet, exercise, and medications have not helped the morbidly obese achieve and sustain normal or near-normal weight
- Over the past few years, medical experts have begun to recommend against LapBand procedures given their high risk of complication and low efficacy
- Bariatric surgery has been demonstrated to reduce diabetes, hypertension, and hyperlipidemia
 - Bariatric surgery has also been shown to decrease diabetes rate by as much as 75% for the morbidly obese with new-onset diabetes²
 - Hyperlipidemia improved in 70% of patients and hypertension was resolved in 61.7% of patients after bariatric surgery³
- Bariatric surgery has been shown to increase life expectancy⁴

1 Finkelstein EA et al "Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates" Health Affairs 28, no. 5 (2009): w822–w831 published online 27 July 2009; <https://www.healthaffairs.org/doi/10.1377/hlthaff.28.5.w822> (accessed 12/7/2021).

2 Kashyap SR et al "Bariatric surgery for type 2 diabetes: Weighing the impact for obese patients" Cleve Clin J Med. 2010 Jul; 77(7): 468–476. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3102524/> (accessed 12/7/2021).

3 Buchwald H et al "Bariatric surgery: a systematic review and meta-analysis" JAMA. 2004 Oct 13;292(14):1724-37. <https://jamanetwork.com/journals/jama/article-abstract/199587> (accessed 12/7/2021).

4 Carlsson L et al "Life Expectancy after Bariatric Surgery — the Swedish Obese Subjects Study" N Engl J Med. 2020 Oct 15; 384:1, 88-89. <https://www.nejm.org/doi/full/10.1056/NEJMoa2002449> (accessed 12/7/2021).

Considerations for changes to GHIP's bariatric surgery coverage

Carve-out opportunity through SurgeryPlus benefit

- Previously reviewed with the Subcommittees as recently as December 2021
- Potential change involves mandating use of SurgeryPlus for bariatric surgery (“carving out” coverage of bariatric surgery to SurgeryPlus providers only)
- The SEBC has discretion in how to offer coverage for this benefit – bariatric benefits are not an ACA Essential Health Benefit; therefore, not required to be covered at all
- SurgeryPlus provided an updated analysis of estimated cost and savings for the GHIP associated with this carve-out opportunity
 - Consistent with prior estimate, net GHIP savings¹ is still about \$14,000 per procedure

¹ After SurgeryPlus administrative fees and travel costs for members. Assumes removal of \$2,000 financial incentive for member use of SurgeryPlus program.

Bariatric surgery

Carve-out opportunity – potential net savings

- Potential annual savings associated with carving out bariatric surgery is highly dependent upon the number of procedures conducted
- Several factors can impact number of procedures, including:
 - Continued impact of COVID-19 on deferral of elective procedures, and
 - Length of any grace period offered for members who are scheduled to have bariatric surgery with a non-SurgeryPlus provider within a given period of time following the effective date of the carve-out
- Annual procedure count noted below based on total observed procedures for non-Medicare GHIP population during 2020-2021 that were incurred outside of the SurgeryPlus program, measured by SurgeryPlus and based on data from the DHIN
 - Range of estimated annual savings reflects potential for variability in number of procedures conducted in a given year

	Annual total	If annual utilization for GHIP is:			
		25% of annual total	50% of annual total	75% of annual total	100% of annual total
Number of bariatric procedures	235	59	118	176	235
Estimated net savings to the State (based on net savings of \$14,000 per procedure)		\$826,000	\$1,652,000	\$2,464,000	\$3,290,000

Implementation considerations for bariatric surgery carve-out

■ Members

- Longer period of pre-surgical prep required, so consider a longer timeframe (i.e., 6+ months) for communicating to members
- Key messages to members should include emphasis on provider quality and affordability for members and the GHIP
- Communications should describe any noteworthy differences in clinical policy guidelines for bariatric surgery (if any) between SurgeryPlus and the medical carriers

■ Medical TPAs

- Administrative changes to coverage, claims processing and appeals process would be necessary, as well as changes to online provider directory and member websites
- Cross-training for customer service and care management teams for their awareness of this change, including updated scripting for team members who directly converse with plan participants
- Updates required to plan documentation describing benefit provisions

■ Provider-facing

- Consider providing notification to most frequently utilized bariatric surgery providers of this change in coverage

Recommendation for discussion

- Carve out bariatric surgery to SurgeryPlus for an effective date no earlier than 1/1/2023
 - **Subcommittee feedback:** Supportive of this recommendation; additional commentary provided below

- Rationale:
 - More consistency in achieving high quality outcomes for members
 - Enhancements to member experience
 - Higher touch concierge support for members seeking surgery, including support for lengthy pre-surgical coordination process
 - No out-of-pocket cost for surgery (including pre-procedure consultation with participating surgeon)
 - Consistent experience regardless of medical TPA election
 - Limited travel required for participants in Delaware
 - **Subcommittee feedback:** Some concerns about accessibility of participating providers across Delaware, which SurgeryPlus is working on addressing

Recommendation for discussion (continued)

■ Rationale:

- Member feedback on SurgeryPlus has been generally positive (details in appendix)
- Aligns with GHIP goal to reduce total cost of care and maintains focus on quality of care delivered
 - Potential annual net savings range: \$0.8M - \$3.3M
- Would drive additional utilization of the SurgeryPlus benefit beyond the generous financial incentives in place today
- Allows GHIP to pilot carve-out approach under SurgeryPlus
 - SurgeryPlus has indicated that other types of procedures that could be potentially carved out include total joint procedures (e.g., total hip and knee replacements, shoulder joint reconstruction) and spine procedures (e.g., laminectomy, fusion, total disk arthroplasty)
 - **Subcommittee feedback:** Some interest in further evaluating these opportunities for FY24+, which may be revisited as early as Fall 2022

Appendix

Additional details on virtual physical therapy options

Musculoskeletal resources

Virtual physical therapy services – Hinge Health

- The State has the opportunity to offer virtual physical therapy through Hinge Health, which has partnered separately with SurgeryPlus and with Aetna
 - Hinge Health was founded in 2015, has over 600 customers and has published a third-party validated clinical study reflecting improved health outcomes among program participants
- Program overview:
 - Purpose is to avoid common musculoskeletal injuries and unnecessary surgical procedures, and provide pain management support for members who are not candidates for surgery
 - Provides member with personalized care plan created and delivered by a licensed doctor of physical therapy, access to board certified health coaches for ongoing check-ins and counseling, and app-based, wearable technology to facilitate physical therapy sessions and provide feedback to health coach about quality of those sessions
 - Entire digital experience available via one app, including member's interactions with physical therapist and health coaches along with the program's monitoring of the member's physical therapy exercises
 - Will rely on established referral processes to engage plan participants who have other options besides surgery (i.e., referrals from SurgeryPlus or Aetna care management program) or are potential candidates for surgery (i.e., referrals to SurgeryPlus)
 - Includes electronic and printed communications (development and fulfillment) to plan participants
 - ***If a member initially engages with Hinge Health but experiences continued difficulty with continuing virtual physical therapy over time, Hinge will help the member locate an alternative physical therapy provider that participates in the member's medical network for in-person care***

Musculoskeletal resources

Virtual physical therapy services – Hinge Health (continued)

- Hinge Health reports¹ the following book-of-business outcomes for public sector organizations



- Based on customers ranging in size from 1,000 to 250,000+ members, and includes state, city and county governments
- Average engagement rate: 5.6% of the population; in line with Hinge's overall book of business
- Average number of activities completed per engaged member during first 12 weeks of program:
 - 34 exercise therapies completed
 - 18 education articles read
 - 53 times with their care team
- Results reflect self-reported information from members about their levels of pain, depression and anxiety as well as their intentions to seek surgery
- This data is collected upon a member's enrollment in the program (baseline) and then periodically monitored during their time in the program

¹ Source: <https://www.hingehealth.com/for-employers/>

Musculoskeletal resources

Virtual physical therapy services – SWORD Health

- Additionally, Highmark has a partnership with SWORD Health to provide virtual physical therapy
 - SWORD Health was founded in 2014, covers 2M lives and has published several clinical studies on the effectiveness of its program
- Program overview:
 - Program addresses prevention of pain and musculoskeletal injuries, treatment of acute conditions, chronic pain and post-surgical recovery
 - Members are matched with a doctor of physical therapy who identifies their condition, develops a therapeutic exercise program, and provides coaching and education about their physical therapy needs
 - Leverages FDA-listed wearable medical device to send real-time feedback on member's form to licensed physical therapist who is supervising member's exercises virtually
 - "Digital therapist" guides members through an exercise program just for them, providing feedback and corrections to a member's form where needed
 - SWORD Health app facilitates member contact with a physical therapist, access to health education and training with guided therapy sessions

Musculoskeletal resources

Virtual physical therapy services – SWORD Health (continued)

- Studies published by SWORD Health regarding the clinical efficacy of the program:
 - Nature Scientific Reports¹: Demonstrated that SWORD's digital rehabilitation solution can achieve better outcomes than conventional in-person rehabilitation after total knee replacement, including:
 - Journal of Medical Internet Research²: Demonstrated that SWORD achieves better clinical outcomes than conventional in-person rehabilitation for total knee arthroplasty
- Outcomes³ reported by SWORD Health:
 - 53% reduction in member self-reported depression
 - 52% reduction in member self-reported anxiety
 - 42% increase in member self-reported productivity
 - 62% reduction in member self-reported pain
 - 60% reduction in member self-reported surgery intent
 - 49% reduction in member self-reported reliance on medication for pain management

1 Correia, F.D., Nogueira, A., Magalhães, I. et al. Home-based Rehabilitation With A Novel Digital Biofeedback System versus Conventional In-person Rehabilitation after Total Knee Replacement: a feasibility study.

Sci Rep 8, 11299 (2018). <https://doi.org/10.1038/s41598-018-29668-0>.

2 JMIR Rehabil Assist Technol 2019;6(1):e13111.

3 Source: SWORD Health website, accessed 4/11/2022: <https://swordhealth.com/business>.

Musculoskeletal resources

Virtual physical therapy options and considerations (continued)

Comparison of key differences between:

	Hinge Health via Aetna contract	Hinge Health via SurgeryPlus contract	SWORD Health via Highmark contract
Member intake process	<ul style="list-style-type: none"> Member completes an online intake questionnaire about nature of their physical therapy needs, including whether care is needed for Prevention, Acute or Chronic conditions; includes self-assessment of pain levels, depression and anxiety Intake questionnaire will flag situations when virtual care isn't appropriate, such as when member's doctor has advised avoidance of specific exercises, member's inability to bear weight, trauma or fracture within 6 months, etc.; care team member will outreach to member to discuss condition and refer to other care options Members may self-refer into the program, or may be referred by GHIP vendor partners 	<ul style="list-style-type: none"> Same intake process as described for this program via Aetna's contract Following completion of the intake questionnaire, Hinge Health will verify member's eligibility for the program based on eligibility file received from SurgeryPlus Members may self-refer into the program, or may be referred by GHIP vendor partners 	<ul style="list-style-type: none"> Member completes online registration survey about the nature of their physical therapy needs, including self-assessment of pain levels; also includes evaluation of any clearance required from member's doctor based on health history Member chooses a date/time for video call with their assigned physical therapist at the end of registration Survey contains exclusion criteria (member in a cast from bone fracture, is pregnant, etc.) Video call includes visual assessment with physical therapist to screen for range of motion and pain to check for any mismatch with registration questions or other contraindications such as a serious illness that would impact member's ability to participate virtually If member isn't a candidate for SWORD, program will help them find an alternative option Members may self-refer into the program, or may be referred by GHIP vendor partners SWORD uses external referral process for members residing in states where this is required (i.e., New Jersey)

Musculoskeletal resources

Virtual physical therapy options and considerations (continued)

Comparison of key differences between:			
	Hinge Health via Aetna contract	Hinge Health via SurgeryPlus contract	SWORD Health via Highmark contract
Proactive outreach to members	<ul style="list-style-type: none"> Broad communication campaign to build member awareness of the offering Outreach may occur via written communication to member if Aetna predictive model identifies member health history that could benefit from the program and produce savings for the GHIP 	<ul style="list-style-type: none"> Broad communication campaign to build member awareness of the offering 	<ul style="list-style-type: none"> Broad communication campaign to build member awareness of the offering Outreach may occur via additional written communications from SWORD to members identified by Highmark (via claims analysis) as having musculoskeletal conditions that could be impacted by this program; Highmark sends simple “Yes/No” indicator to SWORD noting which members this would include
Integration with other GHIP vendor partners	<ul style="list-style-type: none"> Cross-training of GHIP vendor partners on Hinge Health (and vice versa) will occur during implementation to facilitate referrals when appropriate If intake questionnaire indicates depression or anxiety symptoms, Hinge care team is able to guide member to behavioral health resources available through other GHIP vendor partners with warm transfer to those resources 	<ul style="list-style-type: none"> Same as described for this program via Aetna’s contract 	<ul style="list-style-type: none"> Cross-training of GHIP vendor partners on SWORD Health (and vice versa) will occur during implementation to facilitate referrals when appropriate

Musculoskeletal resources

Virtual physical therapy options and considerations (continued)

Comparison of key differences between:			
	Hinge Health via Aetna contract	Hinge Health via SurgeryPlus contract	SWORD Health via Highmark contract
Member out-of-pocket cost	<ul style="list-style-type: none"> None; does not count towards plan-specific physical therapy limits 	<ul style="list-style-type: none"> Same as described for this program via Aetna's contract 	<ul style="list-style-type: none"> None; does not count towards plan-specific physical therapy limits
Engagement parameters that directly affect program fees	<ul style="list-style-type: none"> Milestones for continued engagement based on 3 points: <ul style="list-style-type: none"> Number of members who complete their first exercise therapy session Number of members who average at least 4 exercise therapy sessions within the first 30 days Number of members who average at least 8 exercise therapy sessions within the first 60 days 	<ul style="list-style-type: none"> Same as described for this program via Aetna's contract 	<ul style="list-style-type: none"> Initial fee assessed upon member enrollment and completion of 25% of prescribed sessions: \$450 Every session thereafter is billed at \$20/session up to a maximum of 20 sessions, for a maximum total of \$850 per participant per year Number of sessions resets every year, so max annual fee per participant is \$850 each year

Appendix

Additional details on SurgeryPlus benefit

SurgeryPlus: Member feedback

- SurgeryPlus provides surveys to members to provide feedback via email following the completion of their case. The survey questions and the average score are provided below.

Member Feedback	
Survey Question	Response
<p>Overall, how would you rate the quality of your experience? Very Positive, Somewhat Positive, Neutral, Somewhat Negative, Negative</p>	>90% responded “very positive” or “somewhat positive”
<p>How likely is it that you would recommend your Care Advocate to a friend or colleague? 0 – 10; with 0 being Not at all likely and 10 being Extremely likely</p>	>75% responded 8+
<p>How likely is it that you would recommend your provider to a friend or colleague? 0 – 10; with 0 being Not at all likely and 10 being Extremely likely</p>	>90% responded 8+
<p>How likely is it that you would recommend this benefit to a friend or colleague? 0 – 10; with 0 being Not at all likely and 10 being Extremely likely</p>	>85% responded 8+
<p>What was the most important factor in your choice to use the SurgeryPlus benefit? Care Advocate, Quality, Cost, Other</p>	>50% responded “Cost”