

An aerial photograph of a marina. In the foreground, several small white and blue boats are scattered across the dark green water. In the middle ground, a larger white boat is docked at a wooden pier. To the right, a large, modern building with a glass facade and a flat roof is situated on the shore. A parking lot filled with numerous cars is located next to the building. The background shows more boats docked at various piers along the waterfront.

The State of Delaware

Condition-specific programs for the GHIP:
Diabetes, Behavioral Health and Musculoskeletal
Combined Subcommittee Meeting

March 10, 2022

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Today's discussion

- Overview of condition-specific programs
- Condition-specific programs for:
 - Diabetes management
 - Behavioral health
 - Musculoskeletal
- Next steps

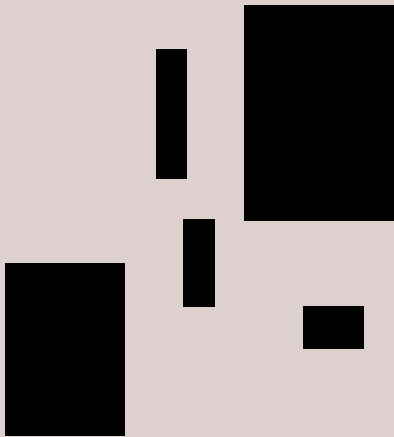
Condition-specific programs

Overview

- In addition to its broad care management programs, the GHIP offers programs and resources that support members with specific health needs such as diabetes and behavioral health
- Opportunities to continue or enhance these programs have recently surfaced through either the medical carriers or the State's other vendor partners
- Goals of today's discussion:
 - Share information about selected condition-specific programs
 - Solicit questions and feedback from Subcommittee members about several decision points, with the intention to revisit those decision points and provide answers to follow-up questions at next month's meeting
 - Note that the decision points related to the GHIP diabetes care management program are the most time sensitive given anticipated changes in Aetna's offerings effective 7/1/2022, which will be visible to HMO and CDH Gold plan participants even if no action is taken by the SEBC
 - Based on the above, Subcommittee members should consider finalizing a recommendation on diabetes care management programs for the SEBC's consideration and potential vote by the April SEBC meeting, if possible

Condition-specific programs

Diabetes management



Diabetes care and prevention resources

Current state overview

- Multiple resources available to plan participants with diabetes today:

For participants of the State's:	Resources include:
Medical plans	<ul style="list-style-type: none"> 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 website¹ 24/7 nurse line¹ Broad care management program¹ Diabetes care management program: <ul style="list-style-type: none"> 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 program²
Vision plan	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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

Focus of today's discussion



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

Active employees and non-Medicare pensioners

- 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
- Cross-training on Livongo has taken place with other diabetes resources available through the medical plans (e.g., broad care management programs) to facilitate member referrals to and from the Livongo program as needed
- Outcomes from the Livongo program were reported to the combined Subcommittees most recently in October 2021; key observations¹ included the following findings:
 - Enrollment numbers are lower than expected (15%), but once enrolled, connected meter activation at 95% is very high, resulting in a decrease in A1c of >1% at the 6-month milestone (exceeds target of 0.9% decrease)
 - The program is effective for those who engage and activate their connected meter
- Member experience has been favorable, with State of Delaware members reporting high levels of satisfaction with Livongo²

¹ See appendix for further details.

² Based on Net Promoter Score (NPS), which 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

Considerations and decision points for the combined Subcommittees

- 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
 - Subcommittees recently reviewed the opportunity to roll out TDC across all non-Medicare plans effective 7/1/2022, though the SEBC opted to forego voting on this program when presented in December 2021
 - Program has a guaranteed ROI of 2:1 for medical and Rx costs avoided
 - Optional additional support for diabetics with hypertension and chronic kidney disease (at additional cost)
- Highmark will continue to offer the Livongo diabetes care management program
 - Also newly available for Highmark members are options for continuous glucose monitoring through Onduo and a "virtual first" primary care program providing diabetes care management through ChristianaCare, both of which will be further discussed with the Subcommittee in April
- Subcommittees to review and determine recommendation to SEBC on one of the following options:
 - Option 1: Maintain Livongo for Highmark members, implement TDC for Aetna members
 - Option 2: Discontinue Livongo and implement TDC for all non-Medicare plan participants

Diabetes care management program

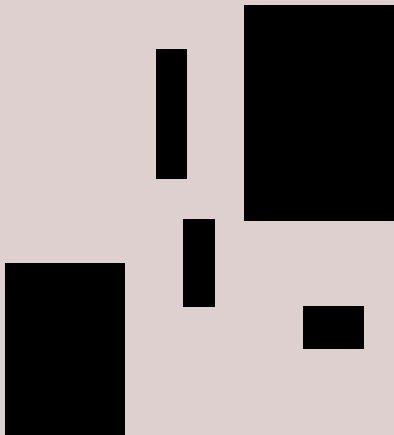
Considerations for each option – for non-Medicare plans only

Option 1: Maintain Livongo for Highmark members, implement TDC for Aetna members	Option 2: Discontinue Livongo and implement TDC for all non-Medicare plan participants
<ul style="list-style-type: none">▪ No disruption for Highmark members engaged with Livongo▪ Requires different communications by medical plan▪ Opportunity to compare the ongoing effectiveness of both programs concurrently, though TDC remains the only option for Aetna members in the near future	<ul style="list-style-type: none">▪ Consistent member experience across all plans (including EGWP)▪ Easier to communicate across the entire enrolled population▪ Streamlined administration, reporting and oversight of one diabetes care management program

- CVS Health has provided an updated savings analysis for Option 2 that is currently under review; additional information about how this analysis compares to expected costs and potential savings associated with Option 1 will be presented at the April Subcommittee meeting

Condition-specific programs

Behavioral Health



Behavioral health resources

Current state overview

- The GHIP spent over \$36.7 million (medical and drug net payments) on episodes of care for mental health disorders in the latest 12-month period for incurred claims (November 2020 – October 2021)¹
- Multiple resources available to support plan participants’ behavioral health needs today:

For participants of the State’s:	Resources include:
<p>Medical plans (non-Medicare plans only)</p>	<ul style="list-style-type: none"> ■ Coverage for mental health care, substance abuse treatment and Applied Behavioral Analysis (ABA) for treatment of autism spectrum disorder ■ Telehealth services for virtual behavioral health (BH) counseling, support for managing emotional health and medication assisted treatment for addiction and opioid dependency² ■ Recent provider network expansion with additional virtual BH clinicians via Meru Health ■ Online education and wellness programming via medical TPA’s website² ■ Online tools to locate social services via medical TPA’s website² ■ 24/7 nurse line ■ Broad care management program and telephone-based BH care advocates² ■ Autism Spectrum Disorder program providing access to specially trained autism advocates to answer questions, find providers, share resources and coordinate care (Aetna plans only) ■ Discounts on gym memberships, weight loss programs, etc. (supports mind-body connection) ■ Access to the ComPsych employee assistance program³
<p>Other resources (not dependent upon plan participation)</p>	<ul style="list-style-type: none"> ■ Directory of state and federal resources (online and telephonic) for assistance with mental health, substance abuse, addiction and other health and human services

1 Source: IBM Watson Health, Mental Health Analytic Report, 3/1/22,

2 Content and/or programs vary by medical TPA.

3 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.

Behavioral health resources

Family support resources for parents of children with developmental delays

- Rethink program is available through Highmark starting 7/1/2022
 - Was previously offered directly through Rethink as a free trial to all active State and participating group employees enrolled in the GHIP from August 2020 to mid-2021
 - Based on update provided to combined Subcommittees on 3/4/2021¹:
 - 163 employees had utilized Rethink, which was estimated to be about 7% of target population, i.e., parents of children with developmental delays
 - This partial year data tracked with Rethink's 1-year book-of-business utilization benchmark (12% of target population); according to Rethink, benchmark utilization by 3rd year is 25%
- Program overview:
 - Digital behavioral health platform providing training, individualized assessments/trackers and other educational resources (e.g., printable materials, live and on-demand webinars, podcast access, tip sheets, and articles) for parents and their children
 - Content is based on principles of Applied Behavior Analysis (ABA) and is developed by Board Certified Behavior Analysts (BCBAs) and reviewed by an independent panel of experts in the field of developmental disabilities and ABA
 - Includes remote consultation (phone or video conference) with a BCBA, limited to a fixed number of hours per employee per year; employee can purchase additional time if necessary
 - Program has no age restriction, requires no diagnosis, and is confidential
 - Reporting (aggregated and de-identified) on employee participation and program utilization

¹ Source: <https://dhr.delaware.gov/benefits/sebc/documents/sub-comm-2021/0304-rethink-family-support-benefits.pdf>

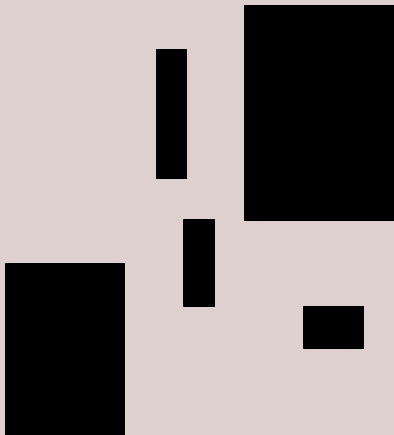
Behavioral health resources

Considerations and decision points for the combined Subcommittees

- There is no additional cost to the GHIP for the State to offer Rethink to Highmark plan participants in non-Medicare plans
- Subcommittees to determine whether there is consensus on recommending to the SEBC that the Rethink program is offered to Highmark plan participants starting 7/1/2022

Condition-specific programs

Musculoskeletal



Musculoskeletal resources

Current state overview

- Musculoskeletal conditions are a top driver of GHIP spend
 - Osteoarthritis, spine disorders and joint disorders are among the top 10 medical conditions (by total cost) across all GHIP members for claims paid in calendar year 2021¹
- 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.

Musculoskeletal resources

Virtual physical therapy services

- 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

Musculoskeletal resources

Virtual physical therapy services

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



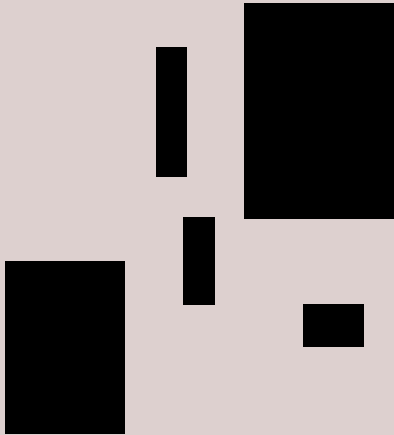
¹ Source: <https://www.hingehealth.com/for-employers/>

Musculoskeletal resources

Considerations and decision points for the combined Subcommittees

- Further information about Hinge Health related to the member experience (including how it may differ when Hinge is offered through SurgeryPlus vs. Aetna), referral processes from other GHIP vendors and program cost and outcomes will be reviewed with the Subcommittee next month
- Additionally, Highmark has a partnership with Sword Health to provide virtual physical therapy, which will be discussed in more detail at next month's meeting
- Based on this information and discussion at subsequent meetings, Subcommittees to determine recommendation to the SEBC regarding implementing a virtual physical therapy solution(s) for GHIP participants

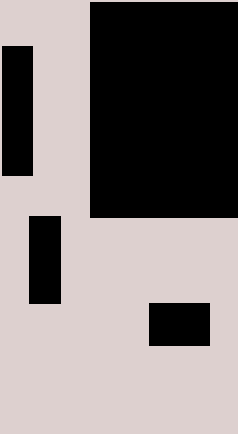
Next steps



Next steps

- Answers to Subcommittee member questions will be addressed at next month's Subcommittee meeting
- These condition-specific programs will be revisited next month for the Subcommittees' determination on readiness to finalize any recommendations for consideration by the SEBC as early as April 2022
 - Note that the decision points related to the GHIP diabetes care management program are the most time sensitive given anticipated changes in Aetna's offerings effective 7/1/2022, which will be visible to HMO and CDH Gold plan participants even if no action is taken by the SEBC
 - Based on the above, Subcommittee members should consider finalizing a recommendation on diabetes care management programs for the SEBC's consideration and potential vote by the April SEBC meeting, if possible

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

Proposed CVS Health pharmacy programs

Next Generation Transform Diabetes Care (ngTDC)

- Replacement for the Livongo diabetes care management program for Medicaid plan participants, who will lose access to Livongo on 12/31/2021 when the State's contract with Express Scripts terminates
- Several key differences between the Livongo and ngTDC programs, including the glucose meters used by both programs
 - 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
 - ngTDC uses a different connected meter for members at high risk of abnormal glucose values; all other enrolled participants will be offered another meter available from the CVS formulary
 - While lower-risk members will still be required to change their glucose meter, there are additional benefits for those members under the ngTDC
 - Formulary meter uses testing supplies that are covered at no cost under the Rx plan, and can connect to the CVS mobile app to synch readings, provide additional wellness support and send results to external providers
 - These participants are also eligible for diabetes coaching from nurses, nutrition counseling and in-person support at CVS pharmacies, which are all enhancements from the Livongo program
- While the estimated annual cost of ngTDC is about \$115,000 more than Livongo (based on Medicaid population only), there is a guaranteed ROI of at least 2:1

Proposed CVS Health pharmacy programs

Next Generation Transform Diabetes Care (ngTDC) (continued)

- At the October 2021 SEBC meeting, the Committee approved the implementation of ngTDC for Medicfill plan participants with a 1/1/2022 effective date to avoid a gap in diabetes care management
- Subcommittee members will still need to determine whether this program should be adopted for active employees and non-Medicare pensioners and assess the value of this program against other diabetes offerings available through the medical TPAs
 - Estimated annual net savings to the GHIP: \$1.9M on medical and pharmacy costs for active employees and non-Medicare pensioners
- Further discussion of outcomes from the current diabetes management programs took place at the September Combined Subcommittee meeting