The State of Delaware

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

Combined Subcommittee Meeting Pre-Read

April 21, 2022
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Contents

- 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.
- The purpose of this document is to:
  - Address follow-up questions from the March 10 Combined Subcommittee meeting.
  - Summarize information previously shared with Subcommittee members about selected condition-specific programs.
  - Outline key decision points for Subcommittee members’ consideration at the April 21 meeting, including topics relevant to the diabetes care management program options, about which Subcommittee members will be asked to formulate a recommendation for at this meeting.
    - Note that the decision points related to the 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.
Condition-specific programs

Diabetes management
# Diabetes care and prevention resources

## Current state overview

- Multiple resources available to plan participants with diabetes today:

<table>
<thead>
<tr>
<th>For participants of the State’s:</th>
<th>Resources include:</th>
</tr>
</thead>
</table>
| 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<sup>1</sup>  
▪ 24/7 nurse line<sup>1</sup>  
▪ Broad care management program<sup>1</sup>  
▪ 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)<sup>1</sup>  
▪ Savings on diabetic medications and supplies available through CVS Health  
▪ Access to the ComPsych employee assistance program<sup>2</sup> |
| 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 |

<sup>1</sup> Active employees and non-Medicare pensioners only.  
<sup>2</sup> 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 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></th>
<th>Total number of adult plan participants identified by the program</th>
<th>Number that have agreed to participate with Livongo</th>
<th>Number that have activated their connected meter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitable</td>
<td>7,649</td>
<td>1,181</td>
<td>1,157</td>
</tr>
<tr>
<td>Enrolled (15%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activated (98%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aetna</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitable</td>
<td>2,540</td>
<td>372</td>
<td>366</td>
</tr>
<tr>
<td>Enrolled (15%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activated (98%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Highmark</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitable</td>
<td>5,109</td>
<td>809</td>
<td>791</td>
</tr>
<tr>
<td>Enrolled (16%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activated (98%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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%)

Source: Livongo report on GHIP experience from 7/1/2019 – 2/28/2022. 1 See appendix for further details. 2 BOB = Book of Business.
Diabetes care management program
Active employees and non-Medicare pensioners – current state (continued)

**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)*

- **Average 90 Day GHIP Member Engagement Rates (% of Activated)**
  - **88%** Device Monitoring
  - **77%** Self-Guided Activity
  - **50%** Digital Coaching
  - **9%** Expert Coaching

- **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
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%)

<table>
<thead>
<tr>
<th>Baseline A1c</th>
<th>Avg. Reduction in Estimated A1c for “Activated” Members at 6+ months</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 7 to &lt; 8</td>
<td>(n=138)</td>
</tr>
<tr>
<td></td>
<td>-0.6%</td>
</tr>
<tr>
<td>≥ 8 to &lt; 9</td>
<td>(n=72)</td>
</tr>
<tr>
<td></td>
<td>-1.1%</td>
</tr>
<tr>
<td>≥ 9 to &lt; 10</td>
<td>(n=28)</td>
</tr>
<tr>
<td></td>
<td>-1.8%</td>
</tr>
<tr>
<td>≥ 10</td>
<td>(n=50)</td>
</tr>
<tr>
<td></td>
<td>-4.1%</td>
</tr>
</tbody>
</table>

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.

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
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

Up from +63 for GHIP reported in Oct 2021
(vs. BOB: +54)

Additional comments from GHIP members engaged with Livongo have been provided in the appendix

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.
2 See appendix for further details.
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 via the State’s contract with CVS Health (Aetna’s parent company)
  - 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
- 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>
</thead>
<tbody>
<tr>
<td>Program name</td>
<td>Only Option</td>
<td>Option 1</td>
</tr>
<tr>
<td>Transform Diabetes Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDC via Aetna contract</td>
<td>TDC via CVS Health contract</td>
<td>Livongo via Highmark contract</td>
</tr>
<tr>
<td>Contracting options</td>
<td>Aetna contract</td>
<td>CVS Health contract</td>
</tr>
</tbody>
</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

Considerations for each option – for non-Medicare plans only (continued)

<table>
<thead>
<tr>
<th>Comparison of key differences between:</th>
<th>Transform Diabetes Care</th>
<th>Livongo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glucose meter(s) used by program participants</strong></td>
<td>Only highest risk participants receive a connected meter (different brand from Livongo meter) that continuously uploads glucose readings to TDC for monitoring/outreach as needed.</td>
<td>All enrolled participants receive a connected meter that continuously uploads glucose readings to Livongo for monitoring/outreach as needed.</td>
</tr>
<tr>
<td></td>
<td>Other participants receive formulary meter that can be synched with CVS mobile app, which is visible to TDC coaches but only once member synchs data</td>
<td></td>
</tr>
<tr>
<td><strong>Other coaching / counseling available</strong></td>
<td>Diabetes coaching from nurses (phone &amp; text), plus in-person counseling on nutrition, medication adherence and comorbid conditions at CVS pharmacies.</td>
<td>Diabetes coaching and nutrition counseling from Certified Diabetes Educators (by phone)</td>
</tr>
<tr>
<td></td>
<td>Provides voucher for 2 screenings (A1c test, blood pressure, foot exam, retinopathy scan) per plan year at a CVS HealthHUB at no cost to members; option to redeem vouchers for virtual visits focused on lifestyle and comorbidity management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Option to include management of comorbidities (hypertension, chronic kidney disease, obesity, etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>Program outcomes</strong></td>
<td>No GHIP-specific results available yet, given the program isn’t in place for any Commercial plans and was only available for EGWP starting 1/1/22.</td>
<td>Slightly lower GHIP enrollment (15% vs. BOB: 20%-25%), but higher meter activation rate (98% vs. BOB: 85%-90%) and member satisfaction (NPS +69 vs. BOB: +54)</td>
</tr>
<tr>
<td></td>
<td>CVS provided details on TDC outcomes for another Commercial population (see next slide)</td>
<td>Higher A1c reduction for GHIP (-1.44%) vs. BOB (-1.04%)</td>
</tr>
<tr>
<td></td>
<td>Across all TDC customers, CVS reports average A1c reduction of up to -1.9%</td>
<td></td>
</tr>
</tbody>
</table>
Diabetes care management program
CVS-reported TDC program outcomes – pilot study on non-Medicare population

- Population studied had another diabetes management program in place prior to TDC
- Matched cohort study compared behavior changes across two diabetic populations: one participating in TDC, one not participating in TDC
- Findings: for every 100 gaps in care that were identified (such as missed preventive screening, medication adherence, etc.), 46 gaps were closed for the group participating in TDC vs. 19 gaps closed for the group without TDC
- ROI results will be available after June 2022

*In pilot, subgroup analysis of the first group of participants outreached, intervention group compared to matched group of non-participants, where six months of data are now available.

Source: CVS Health.
Diabetes care management program
Considerations for each option – for non-Medicare plans only (continued)

Comparison of key characteristics of:

<table>
<thead>
<tr>
<th></th>
<th>Transform Diabetes Care</th>
<th>Livongo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance guarantees</td>
<td>▪ Return on Investment (ROI) guarantee: 2:1 ROI for medical/Rx costs avoided, available if the State contracts for the program through the CVS contract</td>
<td>▪ None, though Livongo self-reported ROI of 1.5:1 using methodology independently validated by Milliman</td>
</tr>
<tr>
<td></td>
<td>▪ Requires lab data (A1c values) for minimum of 25% of members engaged with TDC, and medical/Rx claims data for entire TDC-eligible population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Sources of A1c values: medical claims, direct data feed from Quest Diagnostics (similar set-up in progress with Labcorp), and member self-reported</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ 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</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Additional information about this issue will be shared with Subcommittee members at the April 21 meeting</td>
<td></td>
</tr>
<tr>
<td>Estimated annual cost</td>
<td>▪ Ranges $645,000 (diabetes only, no comorbidities) to $825,000 (diabetes and comorbidities), based on 5,109 diabetics</td>
<td>▪ Approximately $670,000, based on current spend</td>
</tr>
<tr>
<td>Estimated annual net savings</td>
<td>▪ Ranges $1.3M (diabetes only, no comorbidities) to $1.7M (diabetes and comorbidities), based on 5,109 diabetics</td>
<td>▪ Approximately $333,000, assuming 1.5x ROI and based on current spend</td>
</tr>
<tr>
<td></td>
<td>▪ Savings based on reduced pharmacy costs associated with insulin and test strips (about $334k/year) with remainder from avoided medical costs due to closure of gaps in care and improved management of comorbidities</td>
<td></td>
</tr>
</tbody>
</table>

For Highmark members only:
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:

<table>
<thead>
<tr>
<th>For participants of the State’s:</th>
<th>Resources include:</th>
</tr>
</thead>
</table>
| Medical plans (non-Medicare plans only) | - 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 dependency\(^2\)  
- Recent provider network expansion with additional virtual BH clinicians via Meru Health  
- Online education and wellness programming via medical TPA’s website\(^2\)  
- Online tools to locate social services via medical TPA’s website\(^2\)  
- 24/7 nurse line  
- Broad care management program and telephone-based BH care advocates\(^2\)  
- 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 program\(^3\) |
| Other resources (not dependent upon plan participation) | - Directory of state and federal resources (online and telephonic) for assistance with mental health, substance abuse, addiction and other health and human services |

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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 3/4/2021:
    - 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 **6 hours** of 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 (**$150/hour**); **this is an enhancement from the 3 hours offered during the free trial period**
  - Program has no age restriction, requires no diagnosis, and is confidential
  - Reporting (aggregated and de-identified) on employee participation and program utilization

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
  - In calendar year 2021\(^1\), 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:

<table>
<thead>
<tr>
<th>For participants of the State’s:</th>
<th>Resources include:</th>
</tr>
</thead>
</table>
| Medical plans (non-Medicare plans only) | - 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 program\(^2\) and through the medical carriers’ networks\(^3\)  
- Online education and wellness programming via medical TPA’s website\(^3\)  
- 24/7 nurse line  
- Broad care management program\(^3\)  
- Discounts on massage therapy, acupuncture, gym memberships, weight loss programs, etc. |
| Other resources (not dependent upon plan participation) | - Additional gym discounts at Delaware-based fitness centers  
- Access to information on musculoskeletal conditions available through state and federal resources |

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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](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 – 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 reports\(^1\) 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/](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

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² JMIR Rehabil Assist Technol 2019;6(1):e13111.
## Musculoskeletal resources
### Virtual physical therapy options and considerations

<table>
<thead>
<tr>
<th>Virtual physical therapy options for:</th>
<th>Aetna members</th>
<th>Highmark members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program name</strong></td>
<td>Only Option</td>
<td>Option 1</td>
</tr>
<tr>
<td>Hinge Health</td>
<td>Hinge Health</td>
<td>Hinge Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contracting options</th>
<th>Hinge Health via Aetna contract</th>
<th>Hinge Health via SurgeryPlus contract</th>
<th>SWORD Health via Highmark contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna contract</td>
<td>☐ Consistent member experience, communications across all non-Medicare plans</td>
<td>☐ Streamlined administration, reporting and oversight of one virtual physical therapy program; easier to communicate</td>
<td>☐ Different member experience, communications vs. Aetna plans</td>
</tr>
<tr>
<td>SurgeryPlus contract</td>
<td>☐ Different member experience, communications vs. Highmark plans</td>
<td></td>
<td>☐ 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</td>
</tr>
</tbody>
</table>

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## Musculoskeletal resources

### Virtual physical therapy options and considerations (continued)

#### Comparison of key differences between:

<table>
<thead>
<tr>
<th>Member intake process</th>
<th>Hinge Health via Aetna contract</th>
<th>Hinge Health via SurgeryPlus contract</th>
<th>SWORD Health via Highmark contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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</td>
<td>• Same intake process as described for this program via Aetna’s contract</td>
<td>• 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</td>
<td></td>
</tr>
<tr>
<td>• 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</td>
<td>• Following completion of the intake questionnaire, Hinge Health will verify member’s eligibility for the program based on eligibility file received from SurgeryPlus</td>
<td>• Member chooses a date/time for video call with their assigned physical therapist at the end of registration</td>
<td></td>
</tr>
<tr>
<td>• Members may self-refer into the program, or may be referred by GHIP vendor partners</td>
<td>• Members may self-refer into the program, or may be referred by GHIP vendor partners</td>
<td>• Survey contains exclusion criteria (member in a cast from bone fracture, is pregnant, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 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</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If member isn’t a candidate for SWORD, program will help them find an alternative option</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Members may self-refer into the program, or may be referred by GHIP vendor partners</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• SWORD uses external referral process for members residing in states where this is required (i.e., New Jersey)</td>
<td></td>
</tr>
</tbody>
</table>
## Musculoskeletal resources
Virtual physical therapy options and considerations (continued)

### Comparison of key differences between:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Proactive outreach to members</strong></td>
<td>Broad communication campaign to build member awareness of the offering</td>
<td>Broad communication campaign to build member awareness of the offering</td>
<td>Broad communication campaign to build member awareness of the offering</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td><strong>Integration with other GHIP vendor partners</strong></td>
<td>Cross-training of GHIP vendor partners on Hinge Health (and vice versa) will occur during implementation to facilitate referrals when appropriate</td>
<td>Same as described for this program via Aetna’s contract</td>
<td>Cross-training of GHIP vendor partners on SWORD Health (and vice versa) will occur during implementation to facilitate referrals when appropriate</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Musculoskeletal resources

Virtual physical therapy options and considerations (continued)

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<th>Hinge Health via SurgeryPlus contract</th>
<th>SWORD Health via Highmark contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member out-of-pocket cost</td>
<td>None; does not count towards plan-specific physical therapy limits</td>
<td>Same as described for this program via Aetna’s contract</td>
<td>None; does not count towards plan-specific physical therapy limits</td>
</tr>
</tbody>
</table>
| Engagement parameters that directly affect program fees | Milestones for continued engagement based on 3 points:  
- 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  
- Further clarity on how these milestones affect the fees will be provided at the April 21 Subcommittee meeting | Same as described for this program via Aetna’s contract | 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 |
| Estimated program cost | Per participant fees: $995 for Chronic, $250 for Acute and $0 for Preventive  
Annual estimate: $1.1M (based on 21,240 adult members, 5% utilization and $995 Chronic fee) | Same fees as described for Aetna  
Annual estimate: $2.1M (based on 43,199 adult members, 5% utilization and $995 Chronic fee) | Per participant fee: up to $850/year  
Annual estimated total: $0.9M (based on 21,959 adult members, 5% enrollment and max cost of $850/year) |
Musculoskeletal resources
Considerations and decision points for the combined Subcommittees

- 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

- Subcommittee members should consider whether there are any questions about this document, which will be reviewed at the April 21 Combined Subcommittee meeting.

- Following discussion of this material at the April 21 meeting, Subcommittee members will be asked to formulate a recommendation to the SEBC on the diabetes care management program options, which will be presented for a vote at the April 25 SEBC meeting.
  - Note that this is a time-sensitive decision 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.

- Additionally, while it is not necessary for Subcommittee members to formulate recommendations about the other condition-specific programs at the April 21st meeting, any requests from Subcommittee members to do so will be considered.

- A demonstration of the Hinge Health virtual physical therapy program will be conducted at the April 21 Combined Subcommittee meeting.
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
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.\’”

Proposed CVS Health pharmacy programs
Next Generation Transform Diabetes Care (ngTDC)

- Replacement for the Livongo diabetes care management program for Medicfill 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 Medicfill 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