

Diabetes Prevention

Bending the high-risk curve with
innovative strategies

Kevin Brinckerhoff, State of Ohio, Department of Administrative Services

Current state of health in Ohio

- Ohio is one of the nation's unhealthiest states
 - We rank 40th in overall population health. ¹
 - Twenty-nine states have a healthier workforce than Ohio. ²
 - However, Ohio spends more per person than all but 15 states. ¹
- In Ohio, seven of the 10 leading causes of death are lifestyle oriented ³
 - Most are avoidable
 - Approximately 75 percent of all health care spending goes to address chronic diseases.
- Positive outlook:
 - “The role of the individual in healthcare is rapidly transforming from passive patient to active consumer” ⁴
 - “The shift is being driven by patients’ increased financial responsibility for their healthcare costs, the availability of highly convenient and low-cost care delivery options such as retail clinics and virtual care, and the increasing number of tools that consumers can use to compare cost and quality among providers.” ⁴

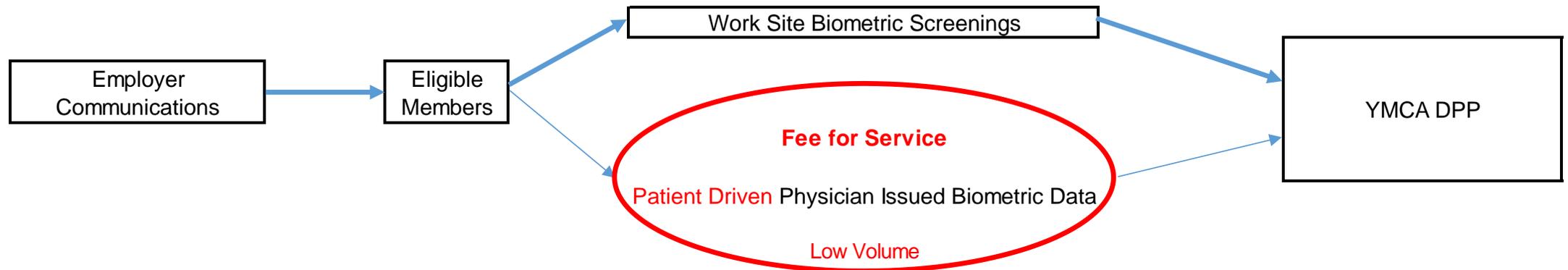
Positive Outcomes with Limitations

Original State of Ohio Diabetes Prevention Program (DPP)

Measureable outcomes: 2013-2015 participant trend compared to those who did not participate:

- 0.6% reduction in 24 month medical (only) trend
- 20.0% reduction in 24 month pharmaceutical claims
- 3.8 reduction in overall medical (medical, Rx, behavioral health) trend
- Data limited to those completing Biometric Screening and/or Biometric event driven DPP program

Original Diabetes Prevention Program

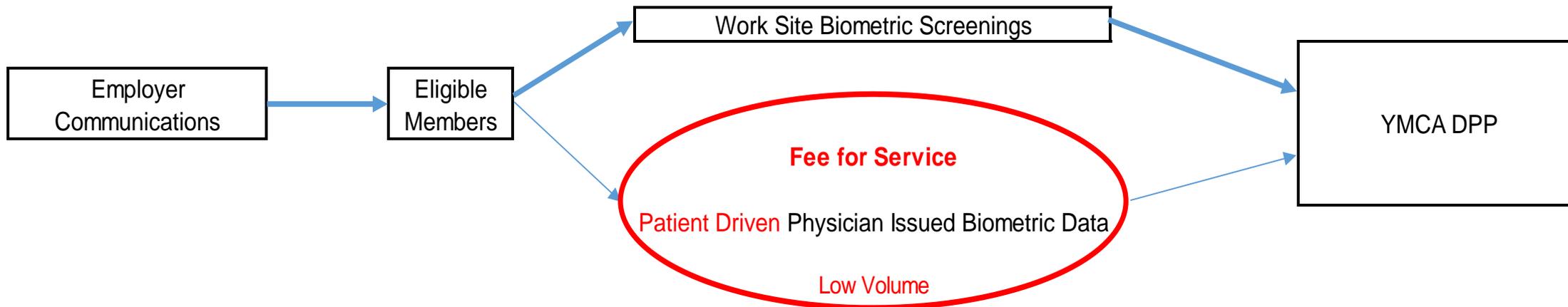


Positive Outcomes with Limitations

Original State of Ohio Diabetes Prevention Program (DPP)

- Limited population attending biometric screenings, reducing DPP target pool
- Many members are not aware of all preventive care options
- Many didn't know we offered the DPP due to biometric screening being the sole trigger

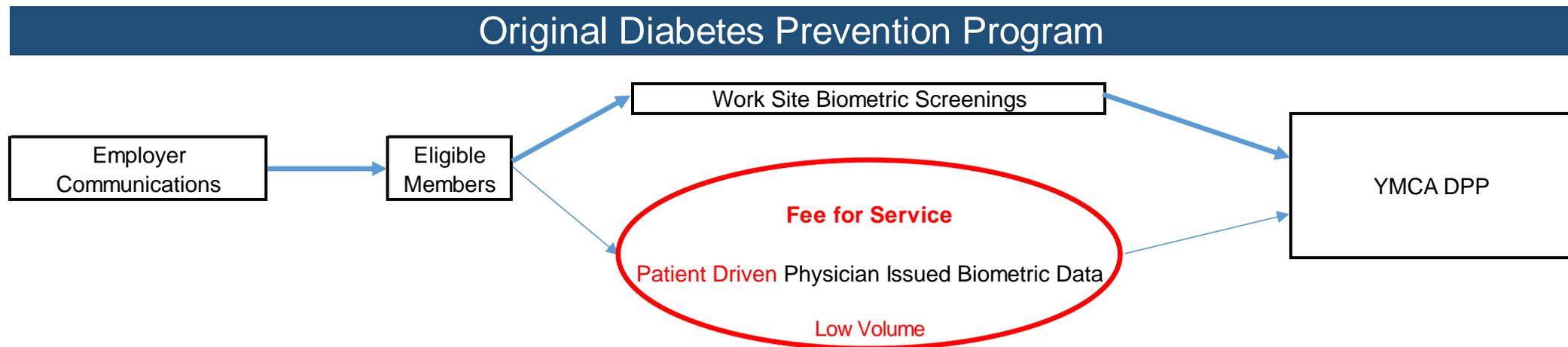
Original Diabetes Prevention Program



Outcomes with Limitations

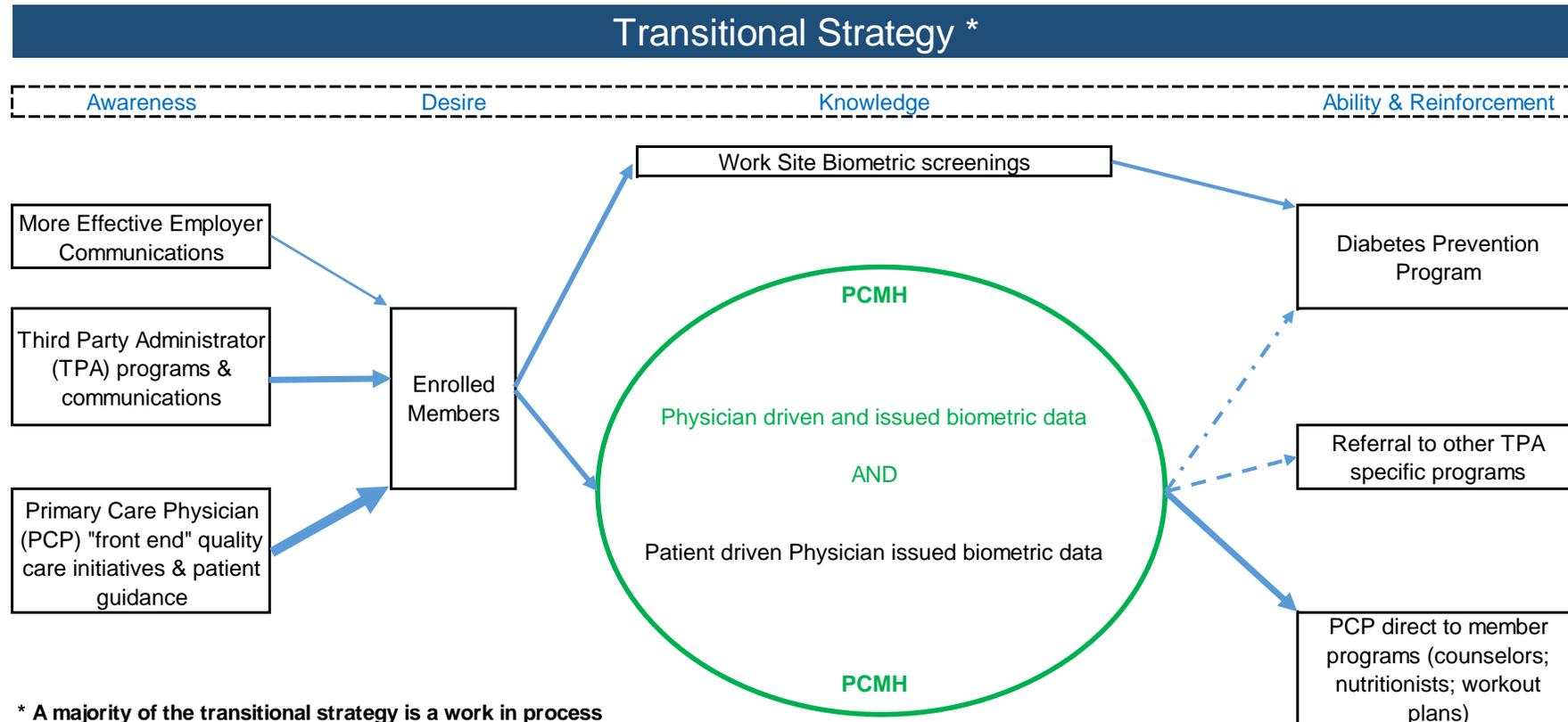
Original State of Ohio Diabetes Prevention Program (DPP)

- Barriers to participate in the DPP once identified
 - Approximately 1/3 of members were not eligible due to previous branding and contractual limitations
 - Some identified members do not want to join a group setting
 - Member personal and work schedules create hardships to manage full attendance
 - Continual erosion of initial DPP group



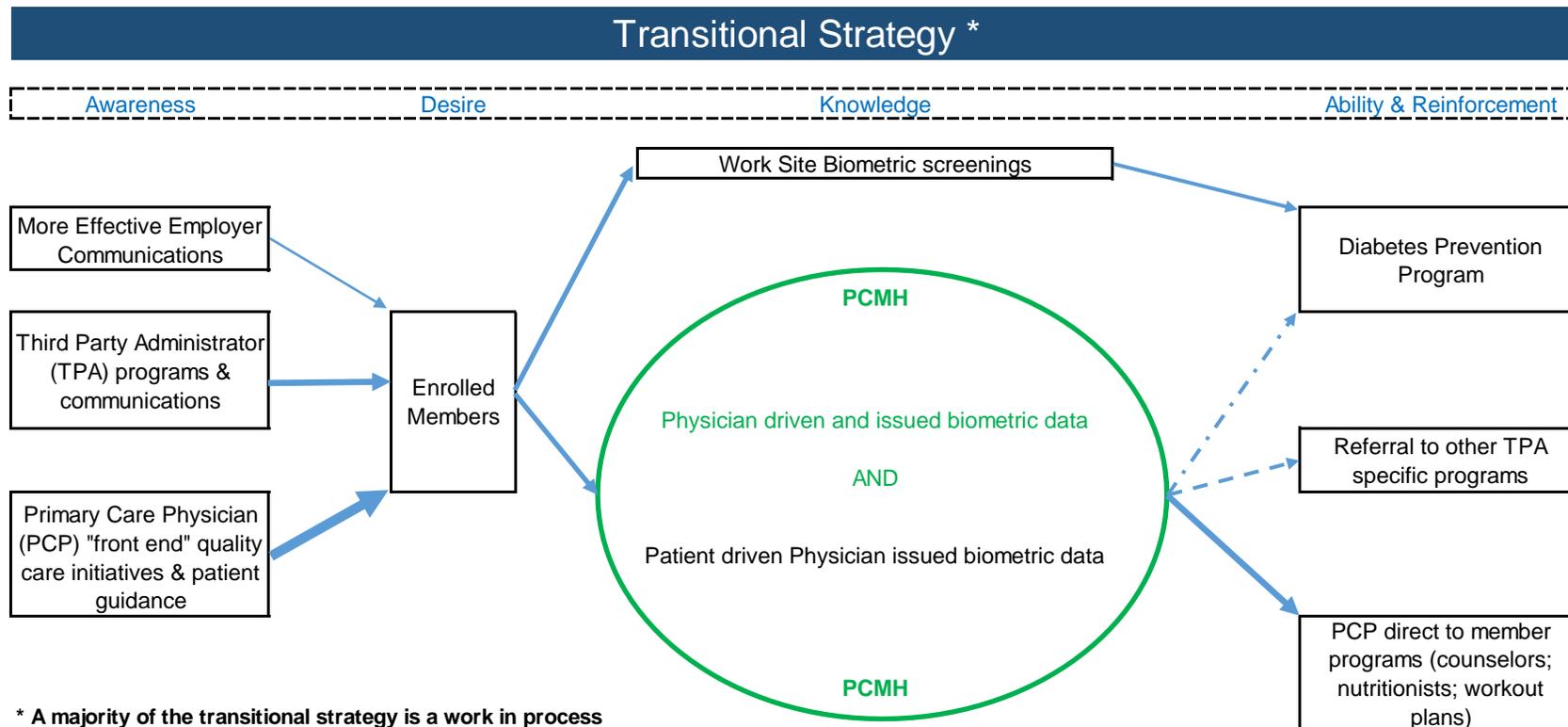
Strategic Objectives

- Member Awareness:
 - Improve and expand communications beyond plan sponsor to promote new preventive care options
 - Utilize a variety of effective delivery methods
 - Survey more periodically to get a pulse on member awareness and communication preferences, which prompts member engagement



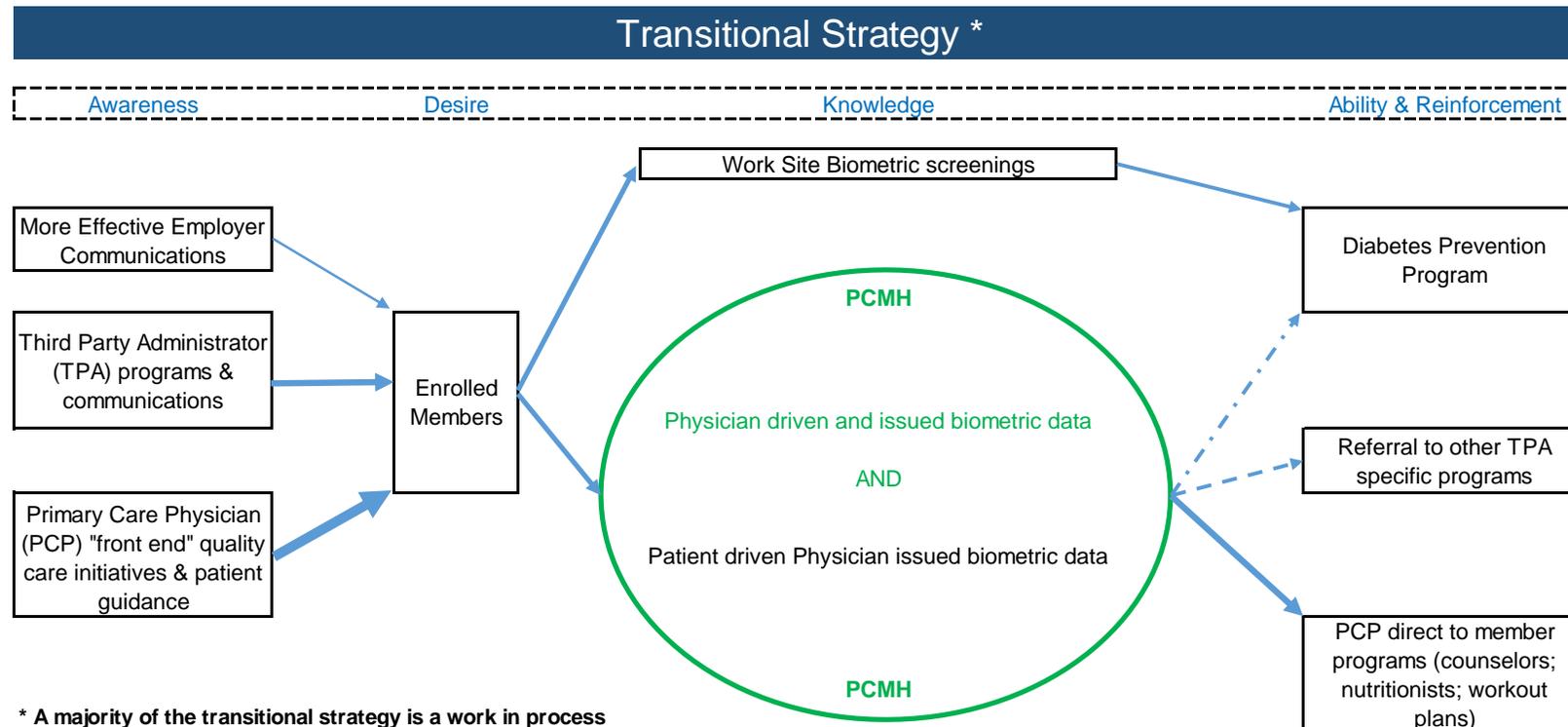
Strategic Objectives

- Member Knowledge and Desire:
 - Foster a desire to prevent diabetes and other conditions
 - Create a care environment which will enhance a member's desire to act, engage and utilize tools and preventive services available
 - Strategically expand access and program options to reduce participation barriers
 - Educate members on coordinated care and the PCMH model
 - Survey more periodically to get a pulse on member knowledge of preventive care benefits



Strategic Objectives

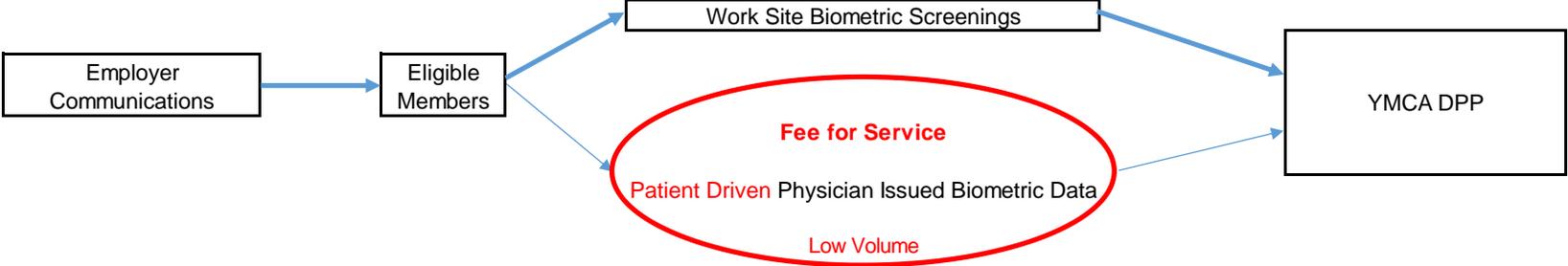
- Reinforcement:
 - Become more involved with TPAs to promote physician initiated preventive action beyond the primary symptom(s) of visit
 - Utilize PCP/member continuing relationship



Strategic Objectives

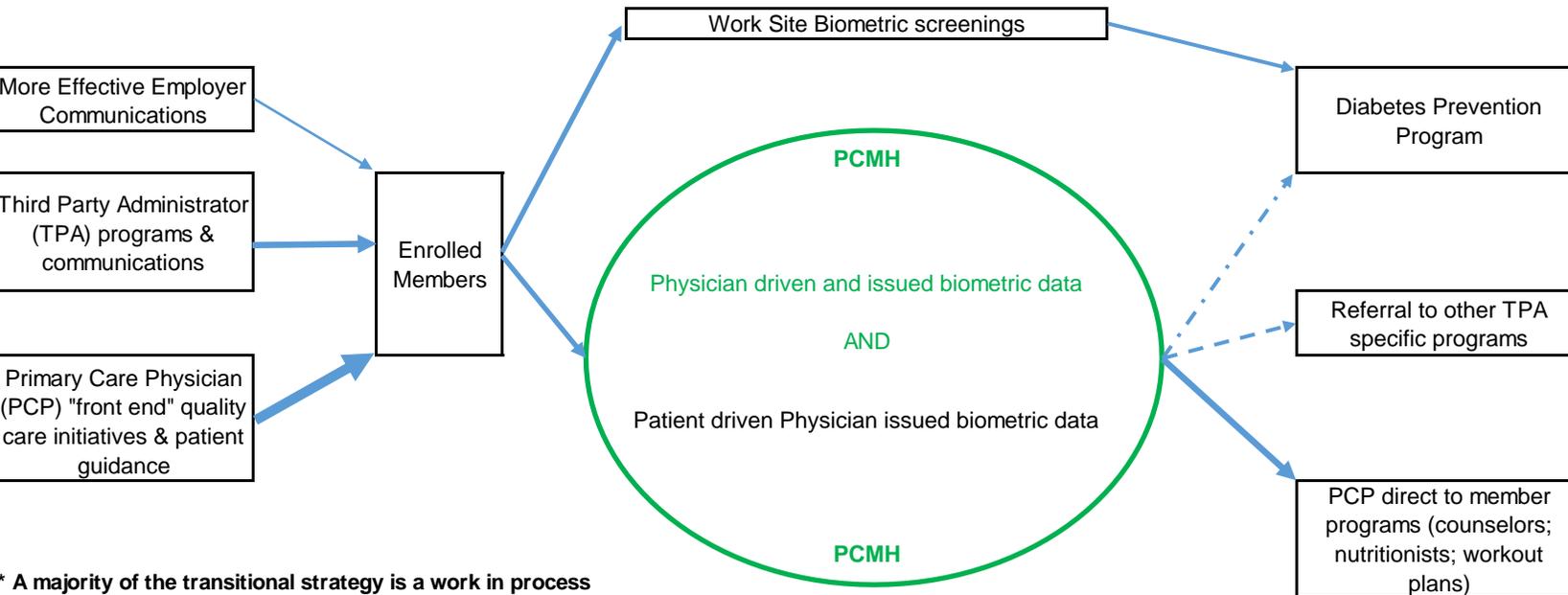
- Utilize and develop strategies which parallel what's been already been built:
 - PCP cross-over from Ohio CPC's care and payment design models
 - Ohio CPC care and payment design models in place will reach 80 percent of Ohio's population
 - Contract with Third Party Administrators who are actively engaged in SIM/PCMH
 - Required in RFP with a dedicated section of questions
 - Seven regions were defined to take into account the success of regional systems
- Measure Outcomes:
 - Create consistent baseline reporting format
 - Baseline data collection based on SIM Episodes with some adjustments for demographics
 - Data model established for pre and post fee-for-service
 - Annual analysis of effectiveness; are we bending the upward trend?

Original Diabetes Prevention Program



Transitional Strategy *

Awareness Desire Knowledge Ability & Reinforcement



* A majority of the transitional strategy is a work in process

References

¹ Community Catalyst, Empowering Consumers in Patient-Centered Medical Homes (June 17, 2016)

<http://www.communitycatalyst.org/blog/empowering-consumers-in-patient-centered-medical-homes#.V7Hf8PkrJ4->

² CMS, Health Expenditures by State of Residence (2011); The Commonwealth Fund, Aiming Higher: Results from a State Scorecard on Health System Performance (2014).

³ Ohio Department of Health, MS, Health Expenditures by State of Residence (2011); The Commonwealth Fund, Aiming Higher: Results from a State Scorecard on Health System Performance (2014). <https://www.odh.ohio.gov/landing/medicalhomes/pcmh.aspx>

⁴ Health Affairs Blog, Reimagining The Consumer Role In Improving Value (June 10, 2016)

<http://healthaffairs.org/blog/2016/06/10/reimagining-the-consumer-role-in-improving-value/>

Medical Group Management Association (MGMA), Primary care compensation gains ground in 2015, outpacing compensation increases in specialty care (May 26, 2016)

Bending the High Risk Health Curve by Preventing Diabetes

Lisa Meddock, MBA

System Director, Benefits and Wellness

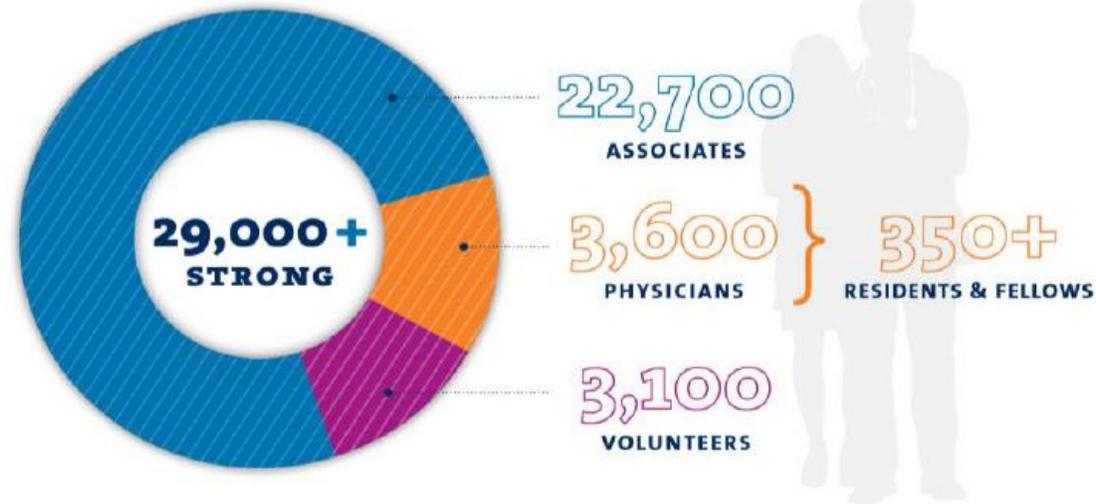
Ryan Sledge, MBA, MPH

Director, Corporate Wellness Operations

Not-for-profit, faith-based health system



Who We Are



12 hospitals serving 47 counties

Represents Fiscal Year 2015 Data

What We Do



Total Rewards Approach

- To be **Market Leading** in:
 - Wellness
 - Career Development
 - Rewards and Recognition
- To be **Market Competitive** in:
 - Core Compensation
 - Benefits



OhioHealth Employer Services Partners With the Business Community to Deliver Convenient, Cost Effective Care

OhioHealth Employer Services



Employers



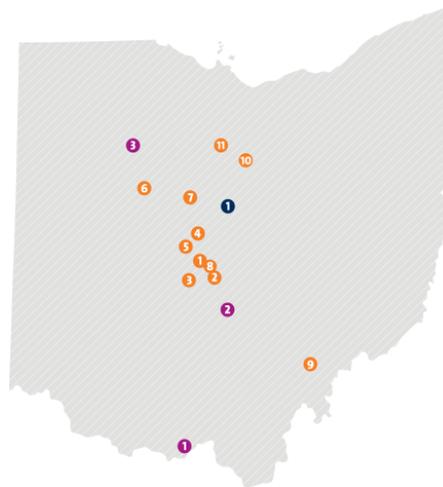
Value Creation

Relationship Development

- Dedicated team to engage with employer customers

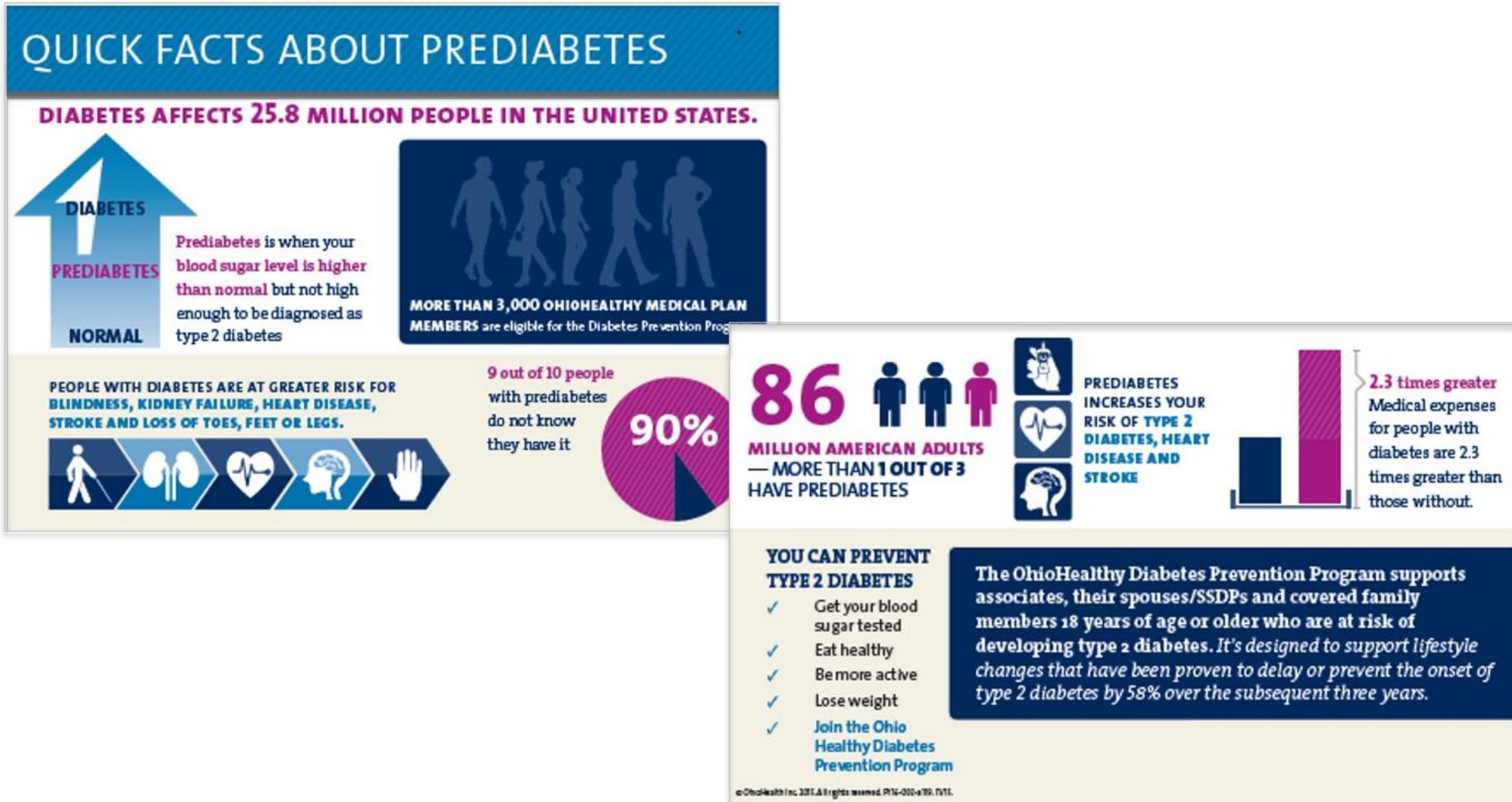
Analytics

- Understanding customer needs based on high-cost / high-risk disease states



- Service contracts with 4,000 area employers
- Serve ~100,000 associates each year with direct-to-employer care
- 26 dedicated Onsite Contracts
- Region's largest Occupational Medicine provider
- Suite of Wellness programs and services

Impact of Diabetes



Impact of Diabetes

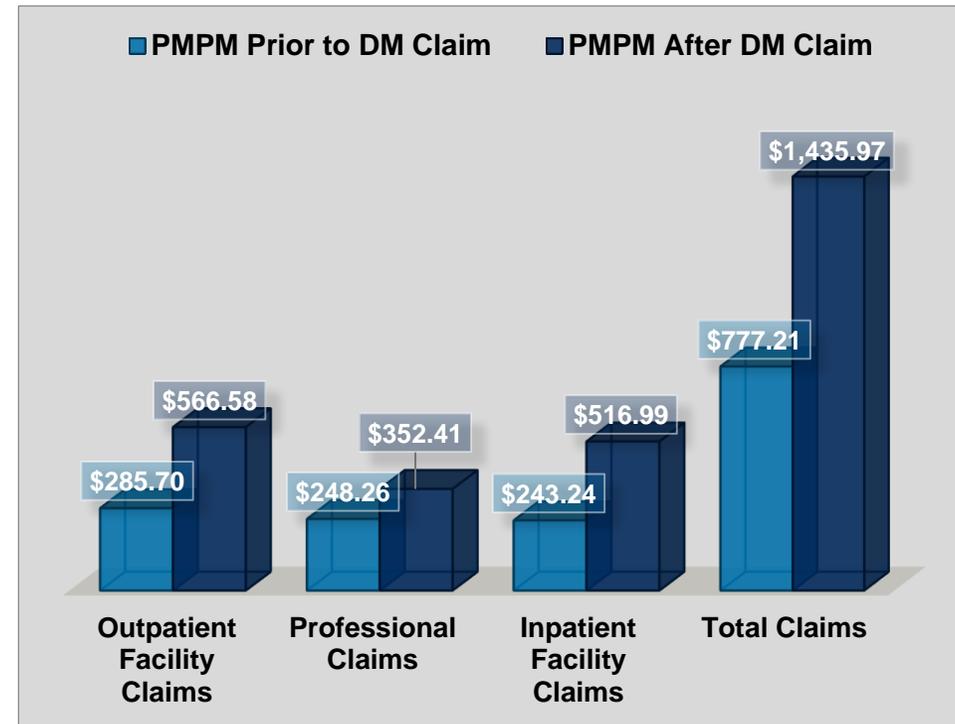
Health Consequences

- The onset age of diabetes predicts the number of years of life lost
 - Excess mortality attributed to diabetes mellitus (DM)
- DM onset at age 40 reduces life expectancy by substantial amounts
- Because of the devastating complications associated with DM, individuals who acquire DM also have poorer life quality

Impact of Diabetes

Financial Consequences

- Cost analysis identified **doubling** of healthcare costs for newly diagnosed diabetics
 - ~\$7,900/year
- This group of ~170 members per year, less than 1% of associates, contributed 25% of the overall OhioHealthy cost growth annually



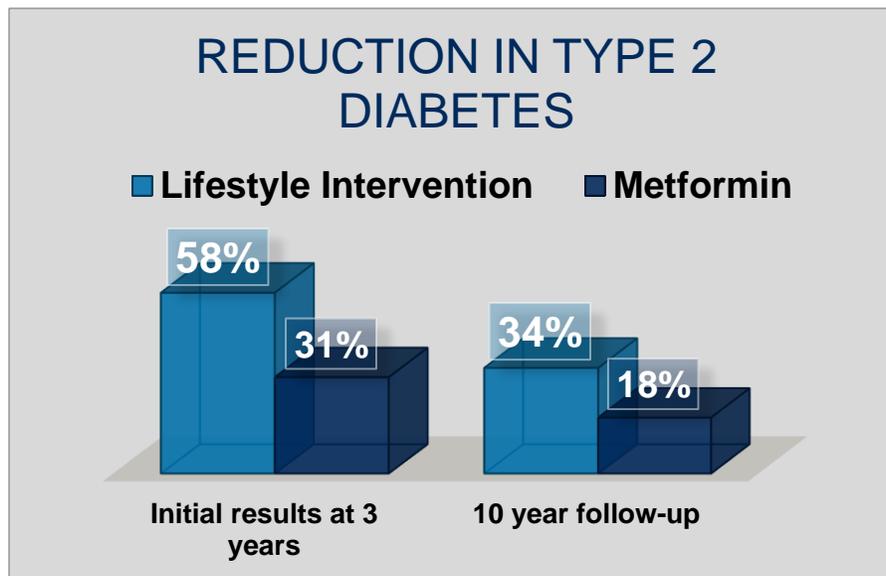
DM = Diabetes Mellitus

Diabetes Prevention Program (DPP) Journey at OhioHealth



Evidence-based Solution

- Large randomized clinical trial
- National Diabetes Prevention Program by the CDC



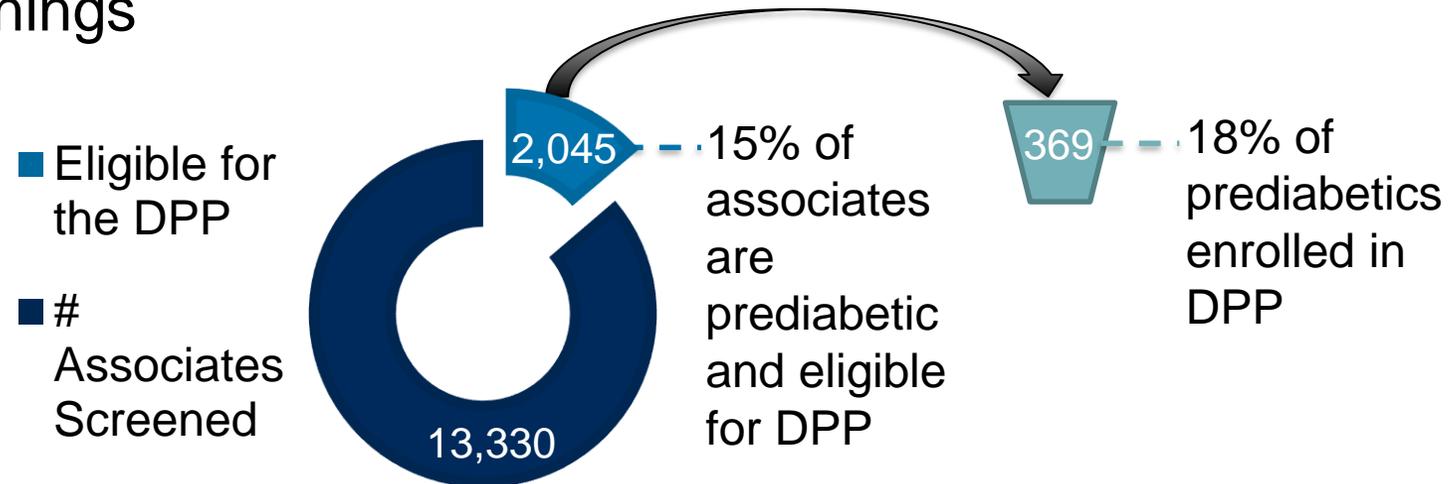
Conclusions:

- “The lifestyle intervention was more effective than metformin.”¹
- “Prevention or delay of diabetes with lifestyle intervention or metformin can persist for at least 10 years.”²

Diabetes Prevention Program (DPP) Journey at OhioHealth

Application at Employer

- Connecting our eligible associates with program
 - Biometric screening to identify prediabetics
 - Immediate point-of-care referral into DPP at screening
 - Majority of participants referred through biometric screenings



DPP Development and Deployment

Understanding our Workforce

Attitudinal Segmentation

- Compassionate caregivers present unique challenge
- Personal needs are last to be met
- Health bystanders



DPP Development and Deployment Engagement

Success Factors

- Top-level support
- Executive Accountabilities
- Robust multi-faceted communications
- Lifestyle coaches
- Convenient onsite and online classes
- Financial incentives



She also enjoys them at the Grand Health and Fitness Center.

Diabetes detour

Prevention program charts new course for high-risk associates

Amazing.

That is the word that Tony Davis, MBA, MS, CPT, coordinator and lifestyle coach, uses to describe early returns for the OhioHealthy Diabetes Prevention program.

In the first few months of the year-long program, 500 participating associates and their spouses have lost an average of eight pounds each. Those have lost more than 40 pounds each. Blood sugar levels, measured by the hemoglobin A1c test from a simple blood draw, also appear to be decreasing.

"It's all about behavior change for the long term, a new way of life." — Tony Davis

"We found out that when our associates progress from pre-diabetes to diabetes, their healthcare costs double because they require more services," says Lisa Medlock, MBA, director, benefits and wellness. "We figured out that if we can stop people from progressing to diabetes, we can improve their quality of life while keeping healthcare costs in check. If we can keep our people healthy and happy, not only do they feel better, but they are more productive and miss fewer days of work."

And so, the Diabetes Prevention program was born.

OhioHealthy launched the free program in November 2014 as a complement to Pathways, a program for associates and their spouses or same-sex domestic partners who already have a diabetes diagnosis. Covered associates and spouses or same-sex domestic partners with a qualifying A1c level between 5.7 and 6.4 percent, a higher reading than normal but not quite high enough to be classified as type 2 diabetes, are able to participate. About 3,000 OhioHealthy associates, spouses or same-sex domestic partners fall within

high risk range. Another qualifying factor is a Body Mass Index (BMI) of 25 or higher.

"It's all about behavior change for the long term, a new way of life," he says. "We help people learn to eat healthier and exercise more. We provide weekly meetings and seven monthly meetings to give associates the tools they need to adopt a healthier and happier lifestyle that can ultimately reverse the progression to diabetes."

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Teresa Patterson, RHT, trauma registry specialist at OhioHealth Grant Medical Center, is an program's first participants to reap its new

benefits. She enrolled at the beginning of the program. Teresa has lost weight and reduced her blood sugar level by eating better and increasing physical activity.

"I know I needed to eat better and get more exercise, I just didn't know how to go about it," Teresa, who has a family history of diabetes. "My life was running me instead of me running my life."

After the first three months, Teresa lost seven percent of her body weight and reduced her average blood sugar level from the "pre-diabetes" stage of 6.2 percent to 5.8 percent, closer toward the normal range. She can breathe a sigh of relief that she is no longer destined to a regimen of injections, frequent blood sugar monitoring and physician office visits to control complications.

Classes at Grant — one of 18 classes offered across the system — taught Teresa how to read food labels, grocery shop and order at restaurants, and incorporate more activity into her daily routine.

"I didn't even know what a serving size was," she says. "The program has given me tools to eat



The Diabetes Prevention Program

CHANGED MY LIFE

A LOT CAN HAPPEN IN ONE YEAR! READ TRUE STORIES FROM OHIOHEALTHY DPP PARTICIPANTS



Lesley Conner, Senior Accounts Receivable Specialist
I dropped 40 pounds! I feel healthier and better about myself. This has given me a feeling of accomplishment that has carried over into other areas of my life, including work.

I was shocked to learn I was pre-diabetic at my biometric screening! I had been regularly exercising and had no family history of diabetes. That shock is what got me to sign up for the DPP. I was skeptical about this program going in, especially the support group format. However, once I started the program, I was pleasantly surprised by how practical the program was. Everything in this program is very doable. I have succeeded in this program beyond my wildest expectations. I have lost over 40 pounds and am continuing to lose. I have been getting compliments from my co-workers, friends and family, and I feel great!

Teresa Patterson, RHT, trauma registry specialist, OhioHealth Grant Medical Center
I've managed to lose 10 pounds! I feel like I can do anything!

I have found that a good "scan me to death" moment is the only thing that makes me commit to a long-lasting change. My most recent was the death of a sibling in December 2014. I had a similar breakdown when my mother died barely a year ago. You see, both were diabetic who experienced many of the conventional complications like cardiac infarctory and vision loss.

After the first three months in the DPP, I lost seven percent of my body weight and reduced my average blood sugar level from the "pre-diabetic" stage of 6.2 to 5.8 percent. I began to understand how why and when I could take back my life from the food and realize that I have better tools to help me get to another level because I did fight the scale, but I am amazed that I have better tools to help me get to another level in both personal weight and down size. I am shocked to find I might actually enjoy this new way of life!

Bob Klumpp, spouse of an OhioHealth RN
I lost 36 pounds and decreased my A1c from 6.0 to 5.5.

Thank you DPP and my biometric coach, especially I entered the program on January 22, 2015 with a hemoglobin A1c of 6.0 and an A1c of 6.0. As of May 16, 2015, my weight is 172.2 and have an A1c of 5.5. That is an excellent result for the Type 2 Diabetes prevention program. A big reason for this success is my biometric coach. He has brought me the importance of eating right and exercising. He has motivated me, encouraged me and held me accountable every Monday morning to step up on the scale and report my reduction of exercise. I feel I would have joined the DPP program. I am a new man and feel encouraged to stay healthy and active to be a long life.



BELIEVE IN WE

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Take a diabetes detour with the DPP
Are you one of the 3,000 OhioHealthy Medical Plan participants with a BMI greater than or equal to 25 and HbA1c between 5.7 and 6.4? If so, you qualify for the Diabetes Prevention Program (DPP) and can join the many others who have found success in making lifestyle changes to prevent type 2 diabetes.

Despite exercising regularly and having no family history of diabetes, **Lesley Conner**, senior accounts receivable specialist, Revenue Cycle, was surprised to find out she was prediabetic from her biometric screening results. After joining the program, Lesley says, "I dropped 40 pounds! I feel healthier and better about myself."

Learn more about the DPP on the OhioHealthy eSource page or contact the DPP team for a confidential conversation at 614.4103 or OH-DPP

Wed 2/3/2016 4:28 PM
Jepson, Brian
February President's Message



Brian Jepson
President, OhioHealth Riverside
Methodist Hospital

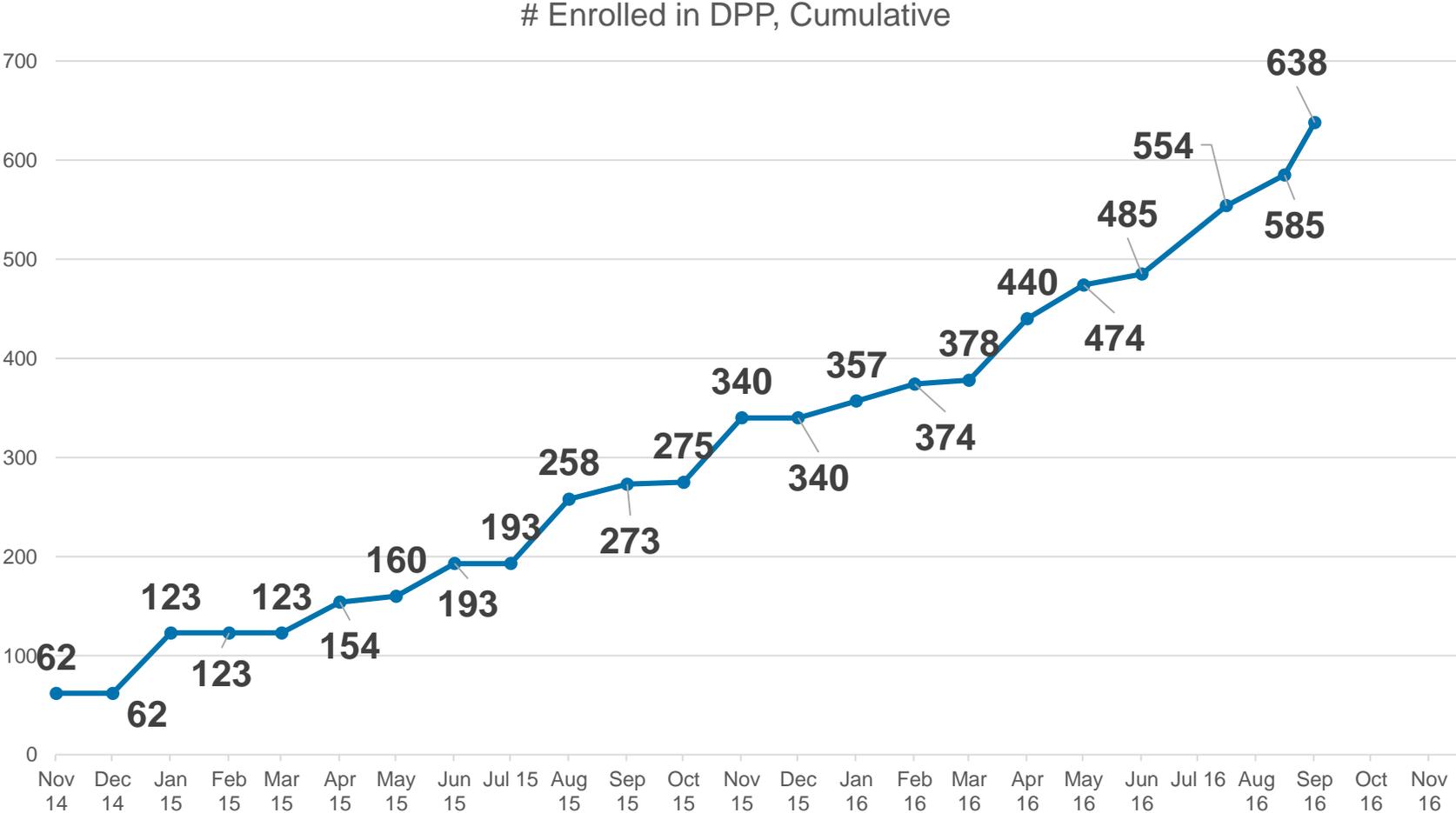
From the Desk of Brian



I'm sure that many of you made healthy New Year's resolutions this year, and are hopefully staying on track. As an organization that improves the health of those we serve, we strive daily to take care of others, but often fall short of taking care of ourselves. I think we all struggle to make healthy lifestyle choices as a part of our busy lives, me included some days.

The good news is that OhioHealth has many resources to help us stay on track and make better choices. Based on last year's biometric screenings, more than 3,000 OhioHealth Medical Plan participants are at risk for diabetes. As a result, we created the Diabetes Prevention Program (DPP) that's designed to support lifestyle changes that have been proven to delay or prevent the onset of type 2 diabetes by 58% over the subsequent three years. The program can help you find and maintain a healthy balance between nutrition and activity level.

DPP Enrollment Over Time



Includes associate and spouse enrollments

Example: Successes from DPP

Clinical Results

- 638 Participants to date
- Over 3,500 pounds lost
- Prevented 71 cases of type 2 diabetes to date
- 25% reduction in the incidence rates of type 2 diabetes*
 - Timeframe: Nov 2014 through June 2016

Financial Results

- Estimated savings to date: **\$585,866**
 - Reflects compounding savings
 - As type-2 diabetes continues to be avoided, excess healthcare costs are saved

DPP Development and Deployment

The Next Chapter

Opportunities to Enhance Program

- Expand access
- Integrate with other wellness offerings
- Create community through social networks
- Develop program champions



A FAITH-BASED, NOT-FOR-PROFIT HEALTHCARE SYSTEM

RIVERSIDE METHODIST HOSPITAL + GRANT MEDICAL CENTER + DOCTORS HOSPITAL

GRADY MEMORIAL HOSPITAL + DUBLIN METHODIST HOSPITAL + DOCTORS HOSPITAL–NELSONVILLE

HARDIN MEMORIAL HOSPITAL + MARION GENERAL HOSPITAL + REHABILITATION HOSPITAL + O’BLENESS HOSPITAL

MEDCENTRAL MANSFIELD HOSPITAL + MEDCENTRAL SHELBY HOSPITAL + WESTERVILLE MEDICAL CAMPUS

HEALTH AND SURGERY CENTERS + PRIMARY AND SPECIALTY CARE + URGENT CARE + WELLNESS

HOSPICE + HOME CARE + 28,000 PHYSICIANS, ASSOCIATES & VOLUNTEERS