



# Bringing Human Connection to Digital Care

Michael Turken, MD, MPH

May 14, 2020



## INTRODUCTION

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# Michael Turken, MD, MPH

Medical Director, Medical Affairs

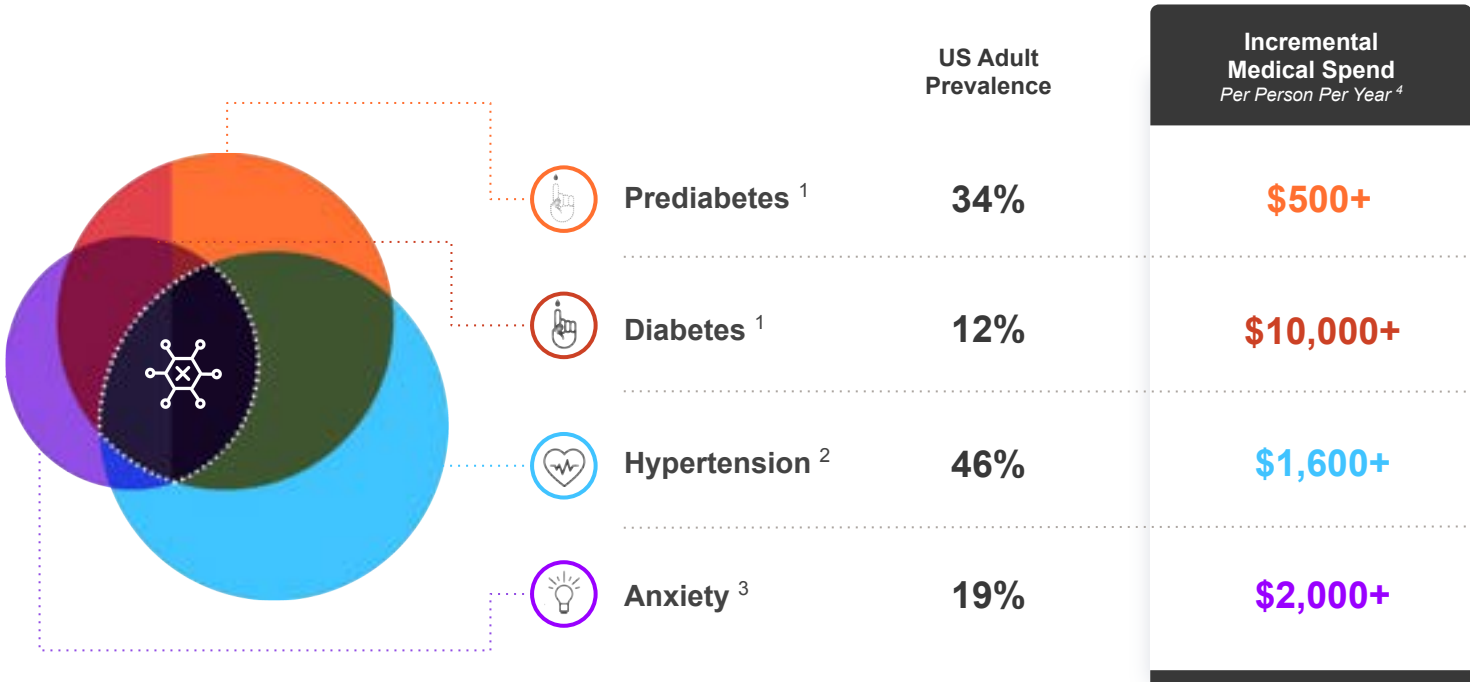
- Internist, Clinical Instructor at UCSF
- Support Product, Commercial & Marketing Teams



# Agenda

- » The Chronic Disease Crisis
- » Prediabetes & the DPP
- » Omada's DPP
- » Omada's Outcomes & Evidence
- » How to Refer

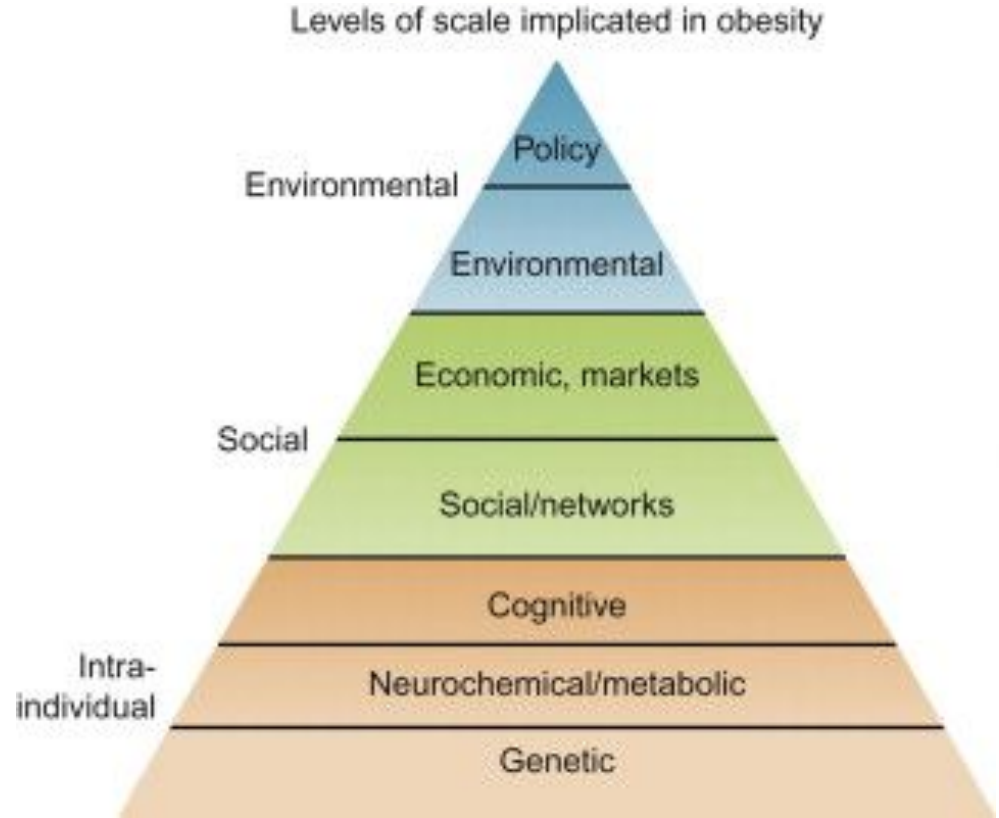
# CHRONIC DISEASE IS THE PUBLIC HEALTH CRISIS OF THE 21ST CENTURY



1. Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States. Atlanta, GA: US Department of Health and Human Services; 2017.  
 2. Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APHA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: A report of the american college of cardiology/american heart association task force on clinical practice guidelines. J. Am. Coll. Cardiol. 2017;71(19):2199-2269. doi:10.1016/j.jacc.2017.11.006.  
 3. National Institute of Mental Health. Mental Health Information - Statistics. [https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml#part\\_155094](https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml#part_155094). Published November 2017. Accessed February 19, 2019.  
 4. Actual spend may vary. See appendix slide for additional detail and references on per person per year incremental medical spend adjusted for 2019 dollars using medical CPI.

## CAUSES OF OBESITY

- **Biological**
  - Genes
  - Medications
  - Disrupted sleep
  - Hormone disorders
- **Social Determinants of Health (SDOH)**
  - Environment
  - Poverty
  - Poor education
  - Social policies
  - Food marketing/pricing
- **Behaviors**
  - Dietary choices
  - Physical Inactivity
  - Shift work





## PREDIABETES RISK FACTORS

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- Overweight | Obesity
- Age  $\geq 45$
- Having a parent or sibling with T2D
- Being physically active less than 3 times/week
- History of gestational diabetes
- History of giving birth to a baby weighing more than 9lbs
- Having Polycystic Ovary Syndrome
- Ethnicity - African AMericans, Hispanic/Latino Americans, American Indians, Pacific Islanders, and some Asian Americans are at higher risk

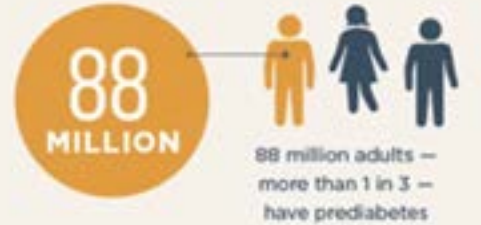


## PREDIABETES STATISTICS

- 34.5% of adults in US have prediabetes<sup>1</sup>
- 5-10% of those with prediabetes will develop T2D yearly<sup>2</sup>
- 70% of those with prediabetes will eventually develop T2D<sup>2</sup>
- **More than 80% with prediabetes do not know they have it<sup>3</sup>**

1. <https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>  
2. Tabak 2012  
3. <https://www.cdc.gov/diabetes/basics/prediabetes.html>

### PREDIABETES



MORE THAN  
**8 IN 10** adults don't know they have prediabetes



can cut your risk of getting type 2 diabetes in  
**HALF**



## TREATMENT OF OVERWEIGHT | OBESITY

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- Promotion of healthy lifestyle
- Intensive Behavioral Counseling (IBC) for Lifestyle Modification
- Pharmacotherapy
  - E.g. Lorcaserin, Orlistat, Liraglutide
- Surgery/Procedures
  - Gastric bypass, gastric band, gastric balloon



## LIFESTYLE BEHAVIOR CHANGE FOR WEIGHT LOSS

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- Goal: Gradual Weight Loss
- Means:
  - Reduction in calorie intake based on weight
  - Increased physical activity
    - Moderate intensity physical activity for  $\geq 150$  minutes per week
    - Muscle-strengthening activities



**Behavior change is  
the standard of care for  
chronic diseases**

# The Diabetes Prevention Program (DPP)

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# Standard of Care for Obesity-Related Chronic Disease Starts with Behavior Change

## CLINICAL INDICATIONS



Prediabetes<sup>1</sup> /  
Type 2 Diabetes



Hypertension<sup>1</sup>

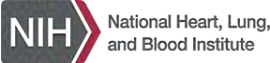


High  
Cholesterol<sup>1</sup>



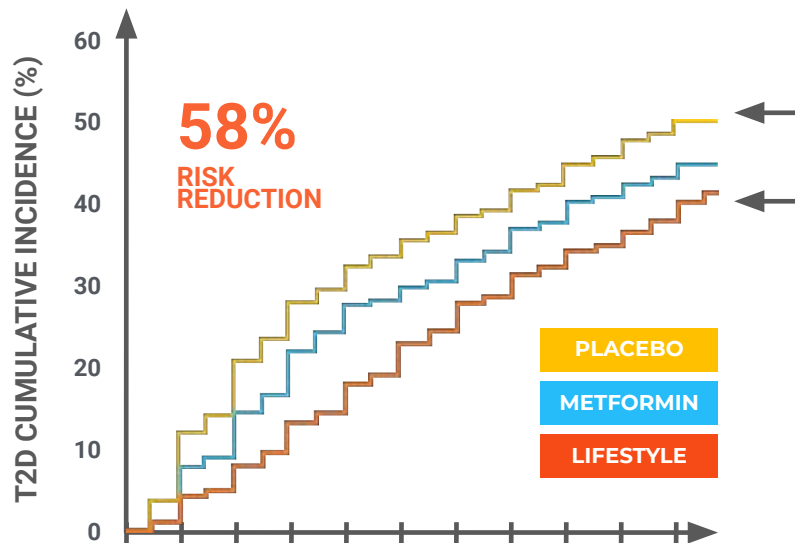
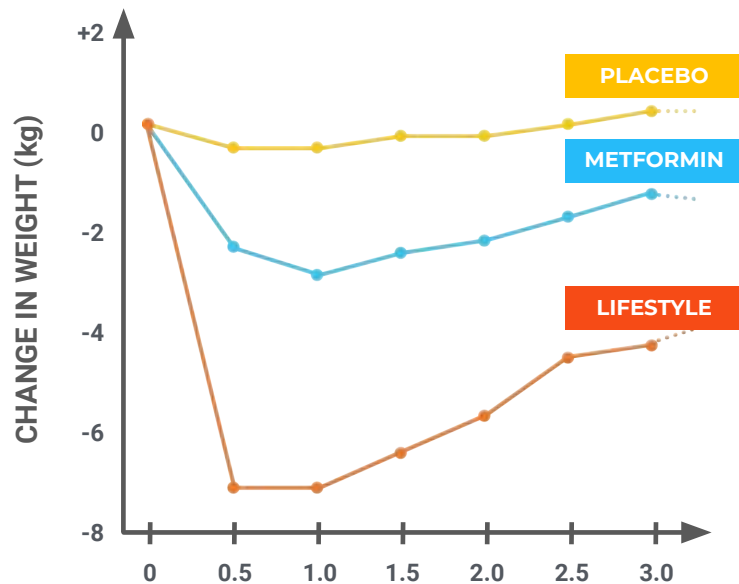
Obesity

## STAKEHOLDER SUPPORT

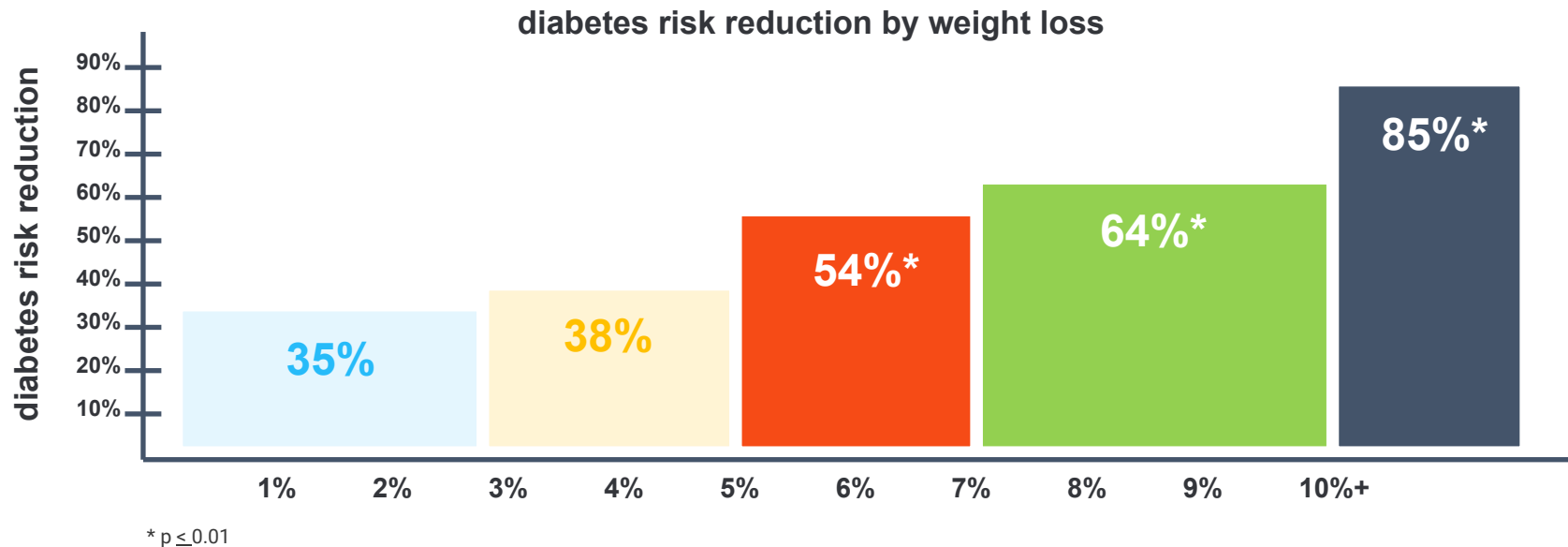


1. Lifestyle management is the standard of care for these conditions when in combination with a BMI in the overweight or obese range.

# THE DIABETES PREVENTION PROGRAM



## DPP WEIGHT LOSS IMPACT WAS GAME-CHANGING



# VALIDATION OF INTENSIVE BEHAVIORAL COUNSELING

## Cardiometabolic impact of the DPP clinical trial

3 Years Outcomes <sup>4</sup> (Change from baseline)			
Hypertension	Lower BP (+6% med use)*	▲ (+14% med use)	▲ (+15 med use)
Triglycerides	▲ -25.4 mg/dl*	▼ -7.4 mg/dl	▼ -11.9 mg/dl
HDL	▲ +1 mg/dl*	■ +0.3 mg / dl	■ -0.1 mg/dl
LDL Phenotype B	▼ (+7 med use)*	■ (+10.8% med use)	■ (+10.8% med use)
Metabolic Syndrome <sup>5</sup> (Reversal of Existing)	-16% (-38%)	+2% (-23%)	+11% (-18%)
CRP (1 Year) <sup>6</sup>	-29-33%	-7-14%	0%
Fibrinogen (1 Year) <sup>7</sup>	-2%*	-0.3%	+0.5%

\*Statistically significant compared to placebo

4. Ratner R, Goldberg R, Haffner S, et al. Impact of intensive lifestyle and metformin therapy on cardiovascular disease risk factors in the diabetes prevention program. Diabetes Care. 2005;28(4): 888-894.

5. Goldberg RB, Mather K. Targeting the consequences of the metabolic syndrome in the Diabetes Prevention Program. Arterioscler Thromb Vase Biol. 2012;32(9):2077-90.

6. Haffner S, Temprosa M, Crandall J, et al. Intensive lifestyle intervention or metformin on inflammation and coagulation in participants with impaired glucose tolerance. Diabetes. 2005;54(5):1566-1572.



# TRADITIONAL DIABETES PREVENTION PROGRAM

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- **Curriculum**

- CDC approved lessons and handouts covering healthy eating, physical activity, stress management

- **Lifestyle coach**

- Bachelor's degree with 2-day certification to teach program: records weights, teaches new skills, sets goals and keep participants motivated

- **Support Group**

- No minimum size
- Builds community and support motivation

## **Time commitment**

- 1x week for 4-6 months
- 1-2x month for 6 months
- Located In designated clinic, hospital, YMCA



## TRADITIONAL DIABETES PREVENTION PROGRAM LIMITATIONS

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- **Expensive to Provide**
  - Variable attendance makes it difficult to support full-time staff, esp in rural communities
- **Access for Participants**
  - Must show up in person, which can require driving long distances, may be impossible for some
  - Scheduling challenges
  - COVID-19 makes in-person classes even more challenging to provide and attend



# Clinical Eligibility Criteria

## Omada for Prevention: DPP only <sup>1</sup>

1 Age

18+

2 BMI

Overweight

BMI  $\geq$  25, or  $\geq$  23 if of Asian descent

3 At least one  
qualifying factor

- Prediabetes
- Score  $\geq$  9 on the Omada/CDC Prediabetes Screening Test

 Disqualifications

Diabetes


1. Centers for Disease Control and Prevention. Diabetes Prevention Recognition Standards: Standards and Operating Procedures. <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>. Published March 2018. Accessed September 25, 2018.

\* In addition to the program-specific disqualifications listed here, individuals are precluded from participating in the program if they meet additional clinical exclusion criteria i.e. conditions which may make it unsafe for participation (full list of exclusion criteria available upon request).

The Clinical Eligibility Criteria may be amended or modified by Omada in its sole discretion as a health care provider in delivering its programs.

# PREDIABETES RISK SCREENER

## CDC Prediabetes Screening Test



**COULD YOU HAVE PREDIABETES?**  
Prediabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes. Diabetes is a serious disease that can cause heart attack, stroke, blindness, kidney failure, or loss of feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through effective lifestyle programs. Take the first step. Find out your risk for prediabetes.

**TAKE THE TEST—KNOW YOUR SCORE!**  
Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

Yes	No
1	0
1	0
1	0
0	0
0	0
0	0
0	0

Are you a woman who has had a baby weighing more than 9 pounds at birth?  
Do you have a sister or brother with diabetes?  
Do you have a parent with diabetes?  
Find your height on the chart. Do you weigh as much as or more than the weight listed for that height?  
Are you younger than 65 years of age and get little or no exercise in a typical day?  
Are you between 45 and 64 years of age?  
Are you 65 years of age or older?

Add your score and check the back of this page to see what it means.

Height	Weight	Height	Weight
4'10"	126	5'7"	173
4'11"	133	5'8"	177
5'0"	136	5'9"	180
5'1"	143	5'10"	186
5'2"	147	5'11"	190
5'3"	150	6'0"	196
5'4"	157	6'1"	204
5'5"	162	6'2"	210
5'6"	167	6'3"	216
		6'4"	221

National Centers for Disease Control and Prevention, Division of Diabetes Translation



## Prediabetes Risk Test



**1. How old are you?** Write your years in the boxes below.

Younger than 40 years (0 points)  
40-49 years (1 point)  
50-59 years (2 points)  
60 years or older (3 points)

**2. Are you a man or a woman?**

Man (1 point) Woman (0 points)

**3. If you are a woman, have you ever been diagnosed with gestational diabetes?**

Yes (1 point) No (0 points)

**4. Do you have a mother, father, sister, or brother with diabetes?**

Yes (1 point) No (0 points)

**5. Have you ever been diagnosed with high blood pressure?**

Yes (1 point) No (0 points)

**6. Are you physically active?**

Yes (1 point) No (0 points)

**7. What is your weight category?**

(See chart on right)

Height	Weight (lbs.)	1 Point	2 Points	3 Points
4'10"	119-142	143-160	161+	
4'11"	124-147	148-167	168+	
5'0"	128-152	153-203	204+	
5'1"	132-157	158-210	211+	
5'2"	136-162	163-217	218+	
5'3"	141-168	169-224	225+	
5'4"	145-173	174-231	232+	
5'5"	150-179	180-239	240+	
5'6"	155-185	186-246	247+	
5'7"	161-191	191-254	253+	
5'8"	166-196	197-262	260+	
5'9"	169-202	203-269	270+	
5'10"	174-208	209-277	278+	
5'11"	179-214	215-285	286+	
6'0"	184-220	221-293	294+	
6'1"	189-226	227-302	302+	
6'2"	194-232	233-310	311+	
6'3"	200-239	240-318	319+	
6'4"	205-245	246-327	328+	

**Total score:**

**If you scored 3 or higher**  
You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. Consider why your doctor says "No" for you. Do you have type 1 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

**If you are African American, Hispanic or Latin American, American Indian/Alaska Native, Asian American, or Pacific Islander, you are at higher risk for prediabetes and type 2 diabetes. Also, if you are Asian American, you are at increased risk for type 2 diabetes at a lower weight than 20 pounds lower than weights in the 1-point column. Talk to your doctor to see if you should have your blood sugar tested.**

**You can reduce your risk for type 2 diabetes**  
Read out how you can change prediabetes and prevent or delay type 2 diabetes through a CDC-recognized lifestyle change program at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.




# Omada for Prevention

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Our mission:

**To inspire and engage people  
in lifelong health,  
one step at a time.**

# Omada Is The Leader In Digital Care



**300,000+**

Participants Enrolled



**1,000+**

Satisfied Customers



**60 million**

Participant Weigh-ins Turned  
into Health Insights



**92%**

Customer Satisfaction (CSAT)

## A Few Of Our Partners



U.S. Department  
of Veterans Affairs



## OMADA: THE LARGEST DPP PROVIDER WITH FULL CDC RECOGNITION



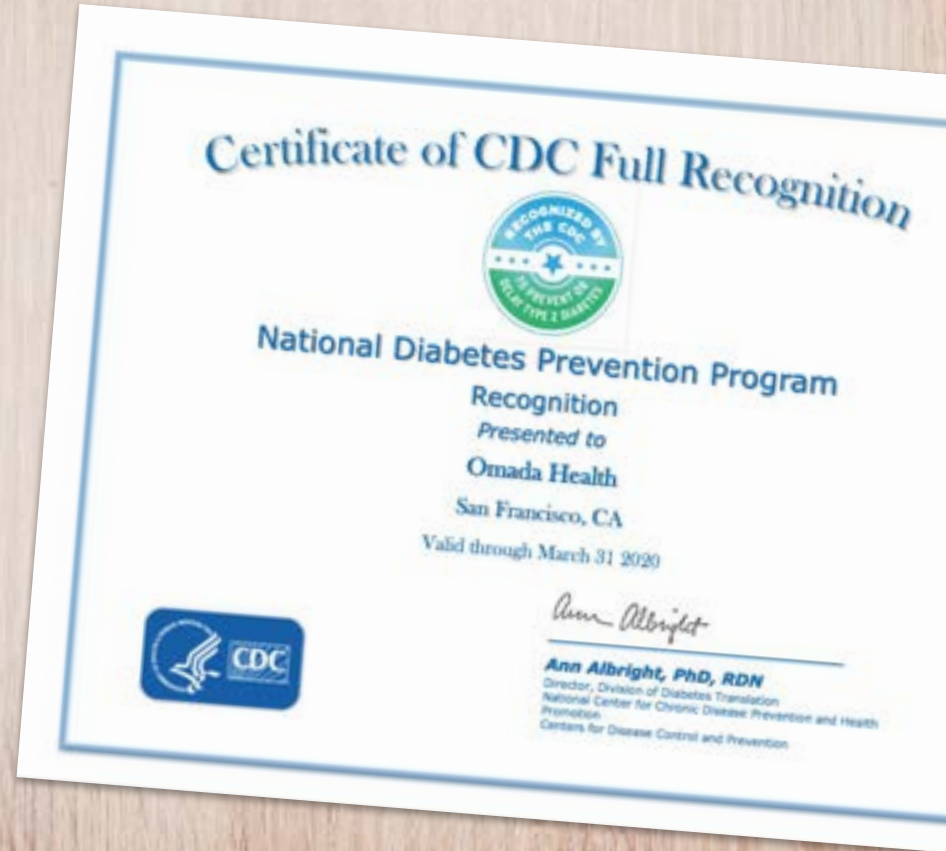
Omada currently has **full recognition** from the CDC



We are **the largest DPP provider** - in-person or digital - to achieve this recognition status



Omada's data will be **re-evaluated every 6 months** to maintain full recognition





**Omada closes the gap with  
human-led, digital care**

# People Want Digital Programs Powered By Human Support

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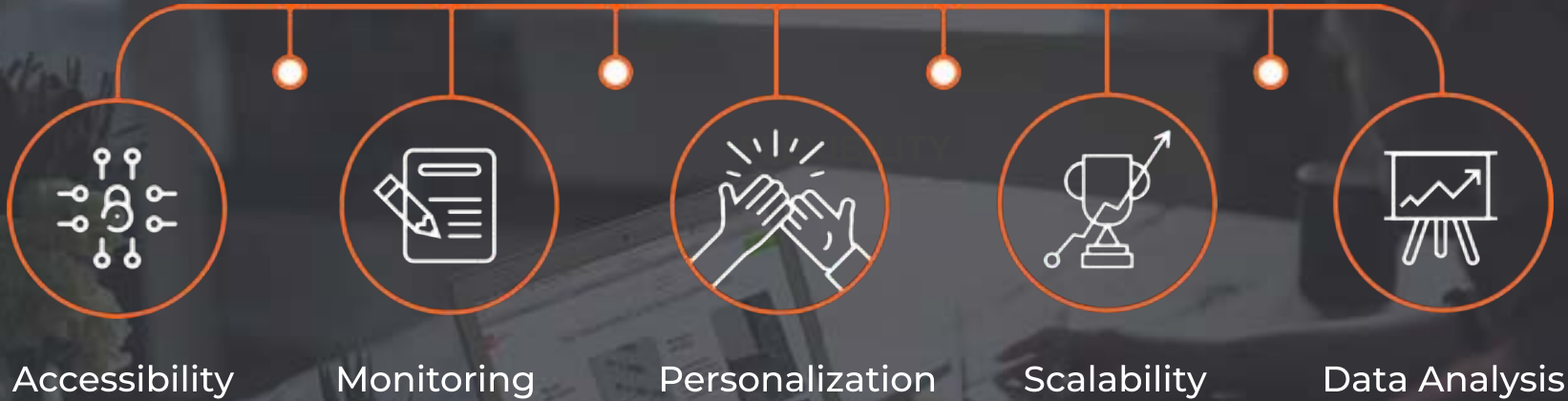


- **84%** still want a human involved in their care no matter how advanced technology becomes <sup>1</sup>
- **62%** want a human health coach for guidance and motivation if a digital health program was offered to them <sup>1</sup>
- **36%** would want a community of like minded individuals for social support if a digital health program was offered to them <sup>1</sup>



1. Omada 2019 Consumer Landscape Survey in partnership with Ipsos. n = 2,007 US adult consumers across a variety of demographics.

# THE BENEFITS OF A DIGITAL VS. IN-PERSON PROGRAM



Accessibility

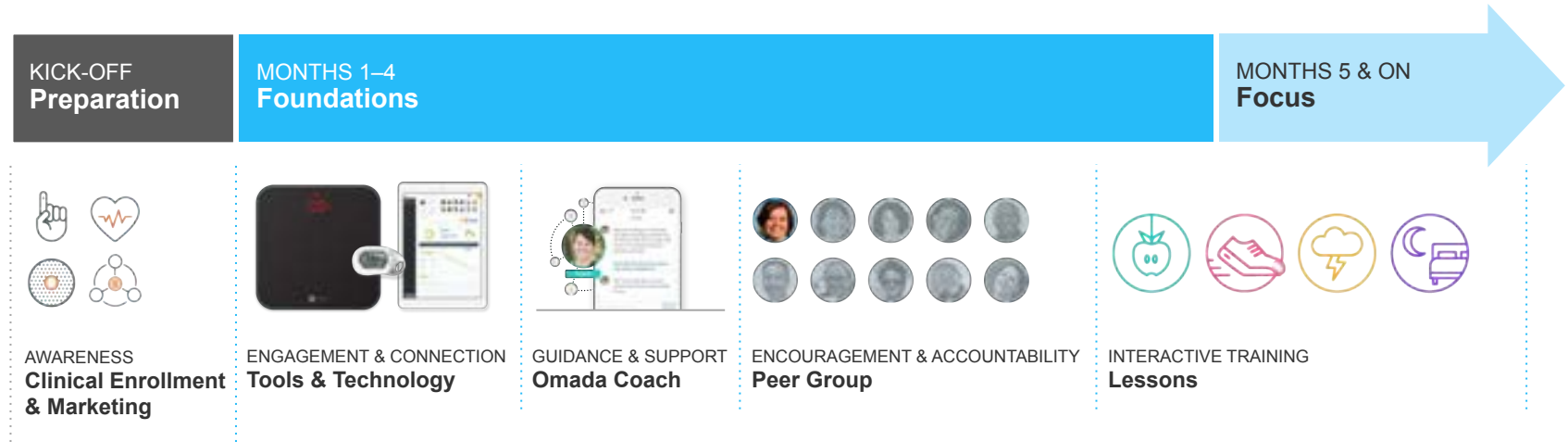
Monitoring

Personalization

Scalability

Data Analysis

# THE OMADA JOURNEY



*The fundamental difference in this program, I feel, is the educational aspect of the approach. Rather than saying "eat this, but not that" the program explains why, and even more importantly, why we have cravings, and how to control them. Again, because this program explains the "why" behind lifestyle changes, it resonated with me much more than the typical, calorie cutting programs that have temporary success.*

Steve, 59, Lost 12% of body weight

## We Achieve This with Deep Expertise and Human Support

Omada's Comprehensive Behavior Change Platform

1,500+ studies reviewed over 8 years to develop our evidence based behavior change methodology



Omada's Proactive Health Coaching Platform

100% of participants are paired with a coach, enabling long-term, trusted relationships

# OMADA COACH CREDENTIALS & TRAINING

- All coaches are full-time employees of Omada
- All receive 16 weeks of Omada training
- DPP coaches receive addition DPP training by Omada Master Trainers
- All DPP coaches are certified as DPP Lifestyle coaches
- Omada supports Continuing Education
  - Ongoing Omada Training on Motivational Interviewing, Physical Activity, etc.
- Health Coach University

The infographic features the Omada logo at the top left. The main title is 'Omada's data-empowered health coaches'. Below the title is the subtitle 'Driving lifestyle behavior change at scale'. A paragraph states: 'More than ever, digital health coaches advance Omada's mission of inspiring and enabling people everywhere to live free of chronic disease. Here's how.' To the right of this text is a circular graphic with a smartphone icon, a person's profile, and various data points. Below the main text is a horizontal line. Underneath the line, there are two columns of text: 'WHAT they do:' and 'HOW they do:'. The 'WHAT they do:' section includes a paragraph and a bulleted list. The 'HOW they do:' section includes a paragraph and a bulleted list. The bottom right corner of the infographic is a red triangle containing the number '1'.

**omada**

## Omada's data-empowered health coaches

*Driving lifestyle behavior change at scale*

More than ever, digital health coaches advance Omada's mission of inspiring and enabling people everywhere to live free of chronic disease. Here's how.

**WHAT they do:**

Our health coaches leverage technology to tailor the Omada experience for all participants. This innovative model—which aligns with CDC requirements—helps us fuel self-driven lifestyle behavior change for as many at-risk people as possible.

*Omada health coaches focus on supporting lifelong changes. They help participants:*

- Explore their complex emotional relationship with food
- Integrate physical activity successfully into their routines
- Overcome challenges and improve self-confidence

**HOW they do it:**

Facilitate group interaction by promoting conversations on group boards and encouraging engagement; health coaches foster an atmosphere of accountability.

*Offer professional feedback*

Health coaches provide feedback to participants at key moments, reinforce lesson content, and respond to group discussions in a timely manner.

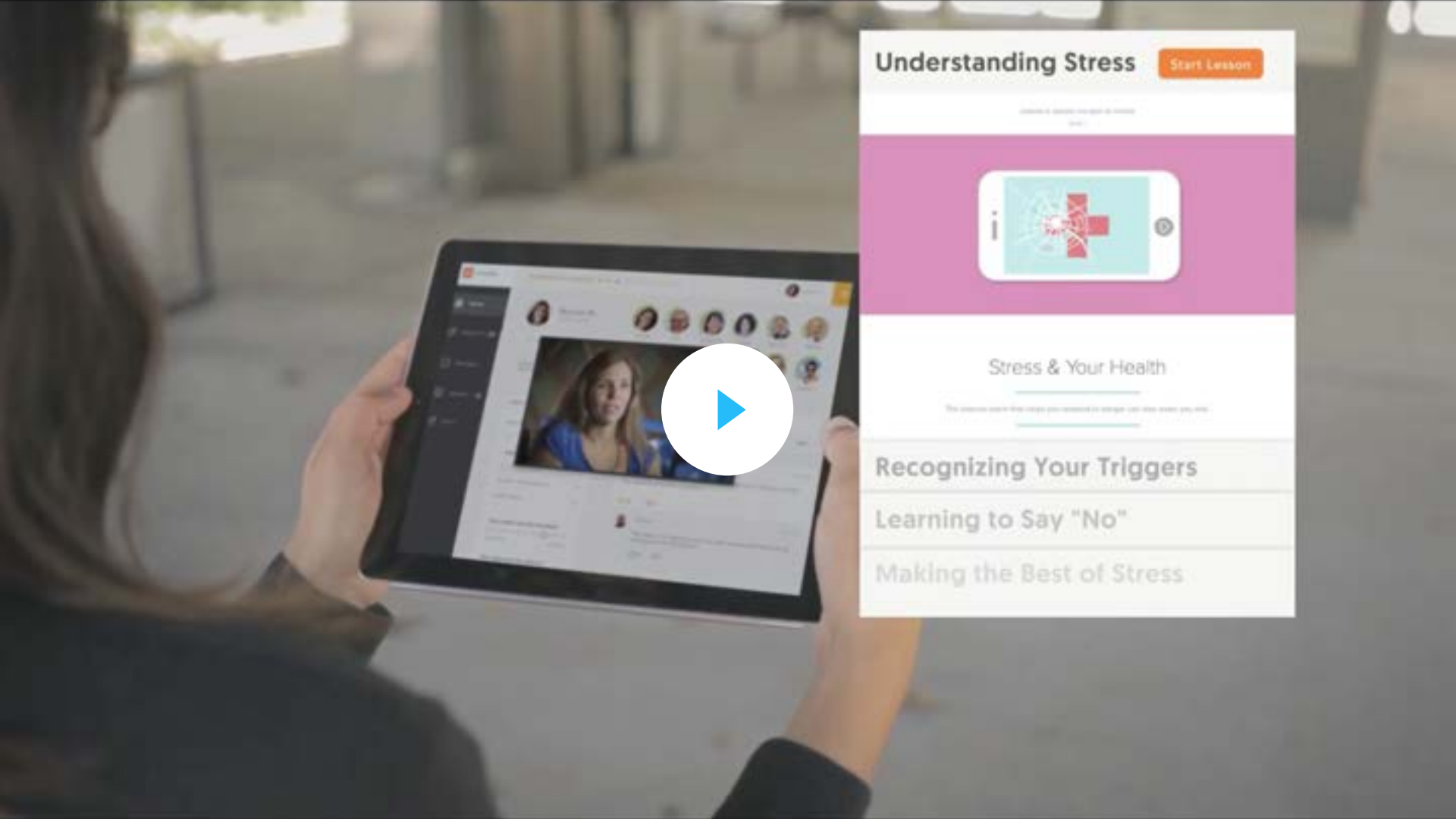
1

## HEALTH COACH SUPERVISION

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- All coaches work with a Health Coach Manager
- All coaches also work collaboratively on teams with one coach as a team lead
- Managers regularly review participant cases and provide guidance, feedback, and quality oversight
- Teams and team leads also provide an opportunity for best practice sharing and quality feedback
- Clinical escalation workflows for more urgent participant issues





## Understanding Stress

Start Lesson



### Stress & Your Health

The stress you feel helps you respond to danger and also when you are

Recognizing Your Triggers

Learning to Say "No"

Making the Best of Stress



# The Omada Journey: Kickoff



AWARENESS

## Targeted Outreach & Enrollment

- High-performing assets inspire awareness and action
- Immediately personalized experience



*It was a blessing when I opened the email about Omada. I was very stressed about a health issue and this information came as an answer to my prayer. I love this program!*

Michelle, 53



# The Omada Journey: Tools & Tech



AWARENESS

## Targeted Outreach & Enrollment



ENGAGEMENT & CONNECTION

## Smart Tools & Technology

- Cellular connected scale
- 

“

*I have lost 8 pounds in 5 weeks and more important have a renewed interest in exactly what I eat and how much activity I achieve daily. The wireless scale is my biggest incentive along with the daily tracking. I love the convenience of the technology portion as well.*

Teresa, 59



# The Omada Journey



AWARENESS

## Targeted Outreach & Enrollment



ENGAGEMENT & CONNECTION

## Smart Tools & Technology



ENCOURAGEMENT & ACCOUNTABILITY

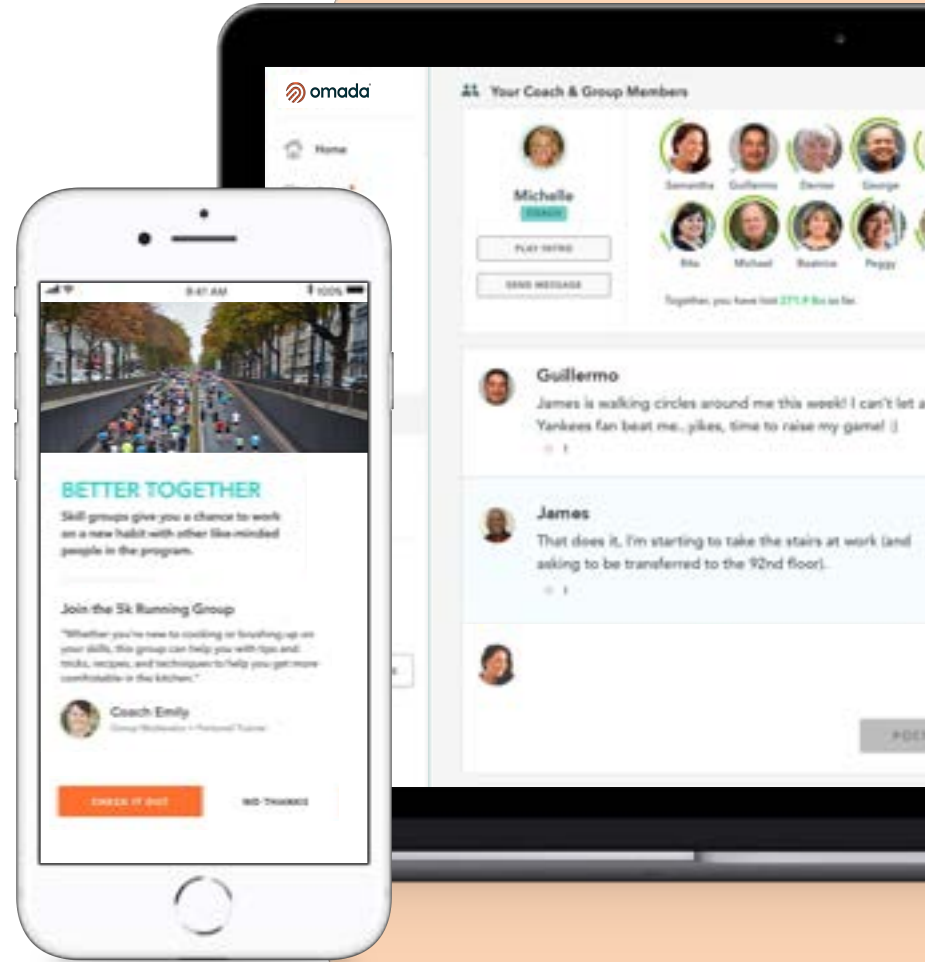
## Online Peer Groups

- Real-time encouragement, empathy, and accountability
- Deepen engagement with interest-based communities
- Set goals that matter to you for additional motivation



*The group chats are helpful and it's great to see that when I thought I was not making the mark that my group came and lifted me up with their comradery.*

Geraldine, 61



# The Omada Journey



AWARENESS

## Targeted Outreach & Enrollment



ENGAGEMENT & CONNECTION

## Smart Tools & Technology



ENCOURAGEMENT & ACCOUNTABILITY

## Online Peer Groups



EDUCATION THAT EMPOWERS

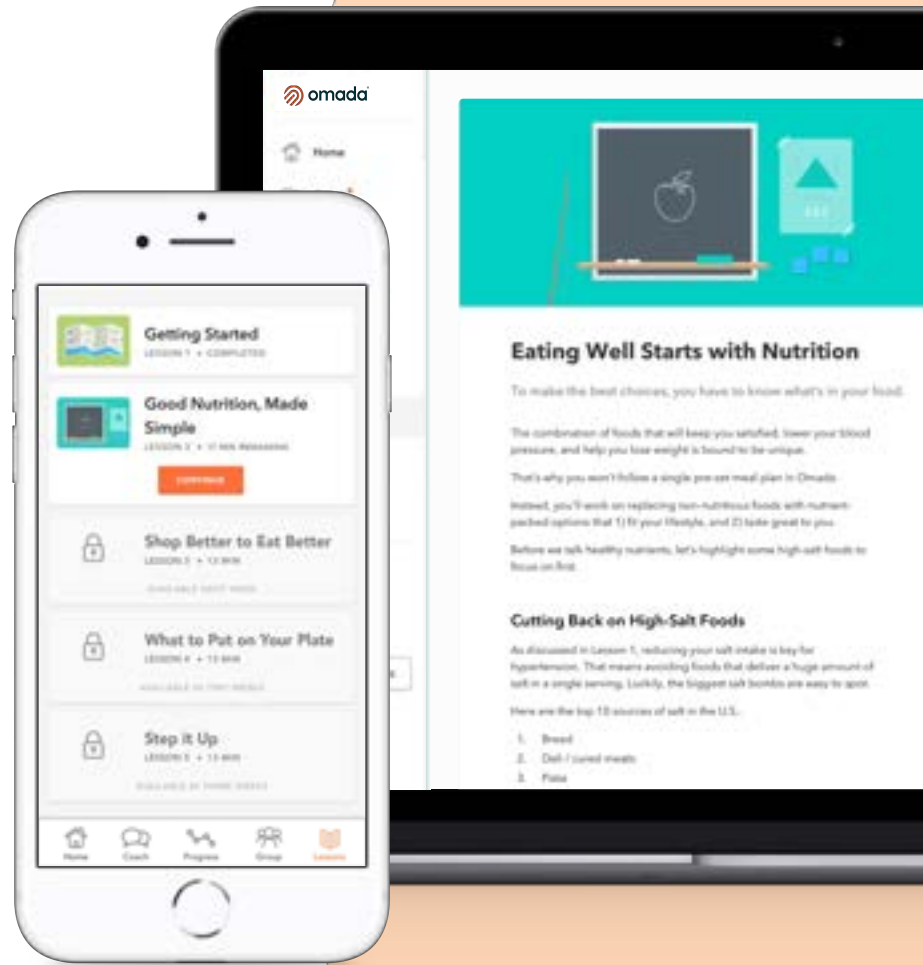
## Interactive Lessons

- Core insights around food, activity, risk reduction, sleep, and stress
- Tailored curriculum to tackle condition-specific challenges



*The lessons are really helpful. The lessons may review things you know, but sometimes the information is presented in new ways to make you think about it more.*

Ron, 54



# The Omada Journey: Health Coach



AWARENESS

## Targeted Outreach & Enrollment



ENGAGEMENT & CONNECTION

## Smart Tools & Technology



ENCOURAGEMENT & ACCOUNTABILITY

## Online Peer Groups



EDUCATION THAT EMPOWERS

## Interactive Lessons



GUIDANCE & SUPPORT

## Professional Health Coach

- Data empowers coaches to amplify their impact
- Compassionate, highly trained problem-solving approach
- Drive adoption with benefit referrals



*My coach [was] my guide when I needed help finding that other path... the path I wanted to be on.*

Keith, 53



# The Omada Journey



AWARENESS

## Targeted Outreach & Enrollment



ENGAGEMENT & CONNECTION

## Smart Tools & Technology



ENCOURAGEMENT & ACCOUNTABILITY

## Online Peer Groups



EDUCATION THAT EMPOWERS

## Interactive Lessons



GUIDANCE & SUPPORT

## Professional Health Coach



PERSONALIZED RECOMMENDATIONS

## Whole Person Care

- In-program referrals
- Evolving care over time



I'm really stressed at work, and I'm worried I will let down my family if I don't succeed in getting healthier.



SAMANTHA



COACH

### Topics

- Suggest Behavioral Health Focus
- Give food feedback
- Birthday today

# OMADA FOR PREVENTION

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## Program Goals



5% weight loss, sustained.  
Any amount of weight loss is good



Build strategies for healthy eating, activity, sleep and stress management



Reduce the risk of developing type 2 diabetes, heart disease and stroke

## Program Features

- A dedicated, professional health coach provides participants with proactive, real-time support and motivation throughout the entire program
- We use rigorous scientific data analysis – in real-time – to determine exactly how to deliver the right personalized interventions, at the right time, to each individual participant
- Participants are matched into online peer groups for encouragement and healthy competition
- Participants learn how to eat healthier, increase activity levels, and overcome challenges through fun interactive lessons and interesting challenges
- Connected scale, web and mobile apps track weight, activity and food



# Evidence & Outcomes

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# OUTCOMES OF INTEREST

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## CLINICAL

- Risk factor changes
  - A1c, FBG
  - Blood Pressure
  - Lipids



## BEHAVIORAL

- Physical activity
- Nutrition
- Sleep



## HEALTH CARE

- Outpatient
- Inpatient
- Pharmacy
- PCP



## OCCUPATIONAL

- Injury
- Performance
- Satisfaction
- Work/life balance
- Retention



## ECONOMIC

- Health Care \$\$
- Productivity value



## PATIENT-RECORDED OUTCOMES

- Well-being
- Mental health
- Self-Care
- Life Satisfaction

# RESEARCH PRINCIPLES

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## What we do

- 01** Committed to rigorous research practices
- 02** Track against gold standard metrics
- 03** Clinically meaningful timepoints

## What we don't do

- 01** Misleading study designs
- 02** Non-standard clinical metrics (i.e. estimated A1c)
- 03** Publish outcomes that are not clinically meaningful (i.e. 6-week outcomes)

## DO RESULTS FROM OMADA LAST?



### 1. Omada Meets CDC Standards (Sepah 2014)

- Adults with prediabetes
- 1 yr longitudinal
- 5.0% & 4.8% wt loss at 16wks and 12mos

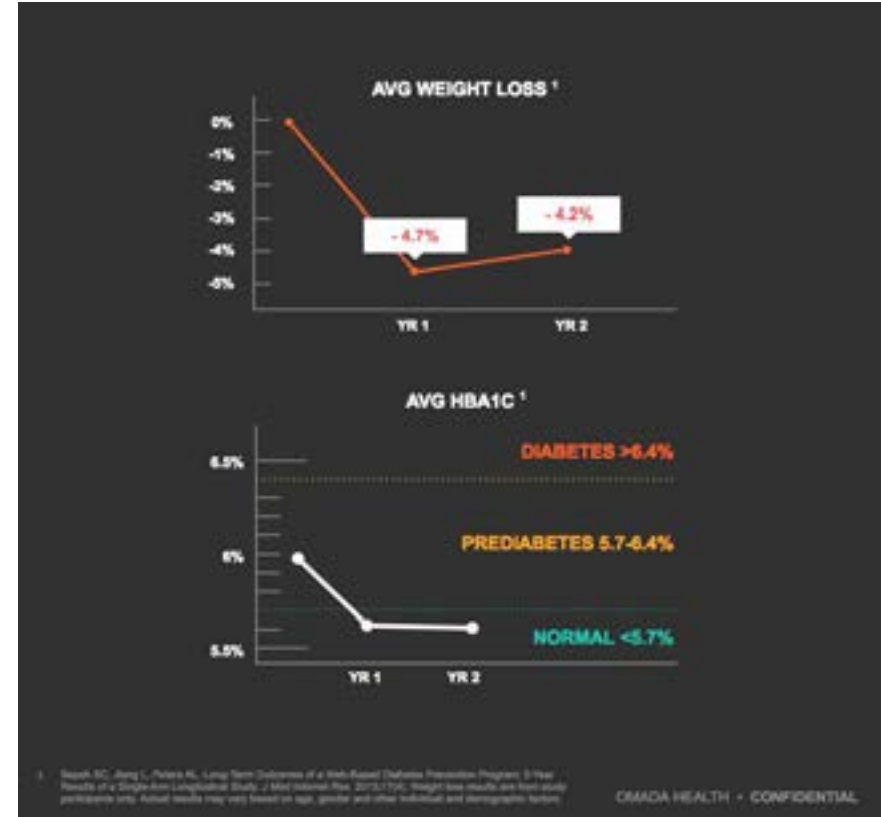


### 2. Long Term Clinical Success (Sepah 2015)

- Same cohort, 2 yr follow up
- significant reductions in body wt and A1C are maintained

### 3. Validated 3-Year Outcomes (Sepah 2018)

- same cohort, 3 yr follow up
- maintained meaningful reductions



## WHAT ABOUT UNIQUE POPULATIONS?



### 4. Female Veterans Find Omada Convenient & Effective (Moin 2015)

- Qualitative Interviews & 16 wk outcomes
- Engaged: convenient, held accountable, fit into life
- 5.24% avg WL (N=15)

**KEY OUTCOME**

76 mean logins over 16 weeks	5.24% average weight loss
46 mean group messages over 16 weeks	82% participants who completed at least 9 of 16 core modules
20.5 mean private messages to the health coach over 16 weeks	

# Female Veterans Find Omada Convenient and Effective

**A PEER-REVIEWED STUDY**

**PUBLICATION**  
May 2015  
*Journal of Medical Internet Research*

**STUDY PARTNER**  
Veterans Administration

**CITATION**  
Moin T, Ford K, Schneider J, Vasil S, Waddell E, Richardson C et al. Women Veterans' Experience With a Web-Based Diabetes Prevention Program: A Qualitative Study to Inform Future Practice. *J Med Internet Res*. 2015 May 15;17(5):e104636. doi:10.19184/jmir.2014.4334

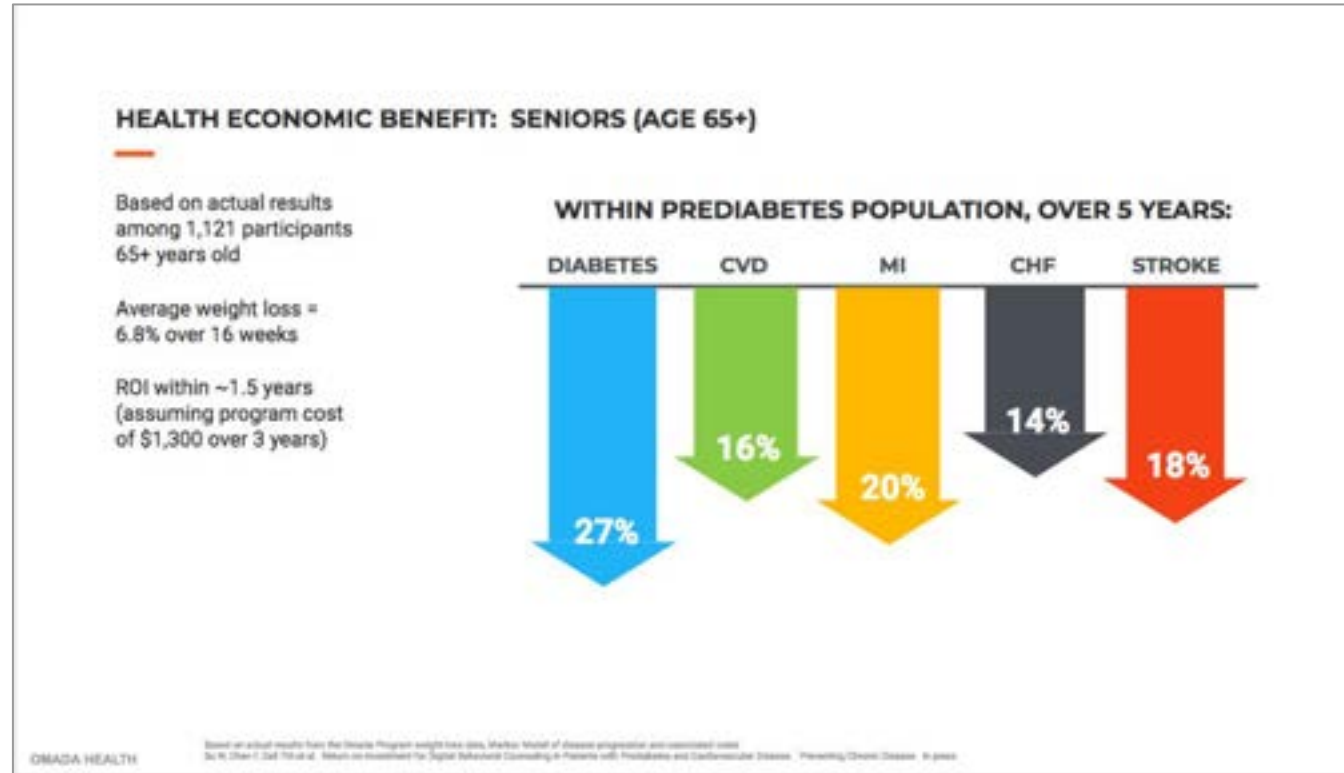
**VIEW STUDY**  
<http://dx.doi.org/10.19184/jmir.2014.4334>

# CAN OLDER PARTICIPANTS BE SUCCESSFUL?



## 5. Omada's Success with Seniors & Economic Impact (Chen 2016)

- Adults 65+ (N=1,121 BoB)
- Simulated impact of WL on future health and med spend over 10 yrs
- Estimated savings: ROI under 2 years



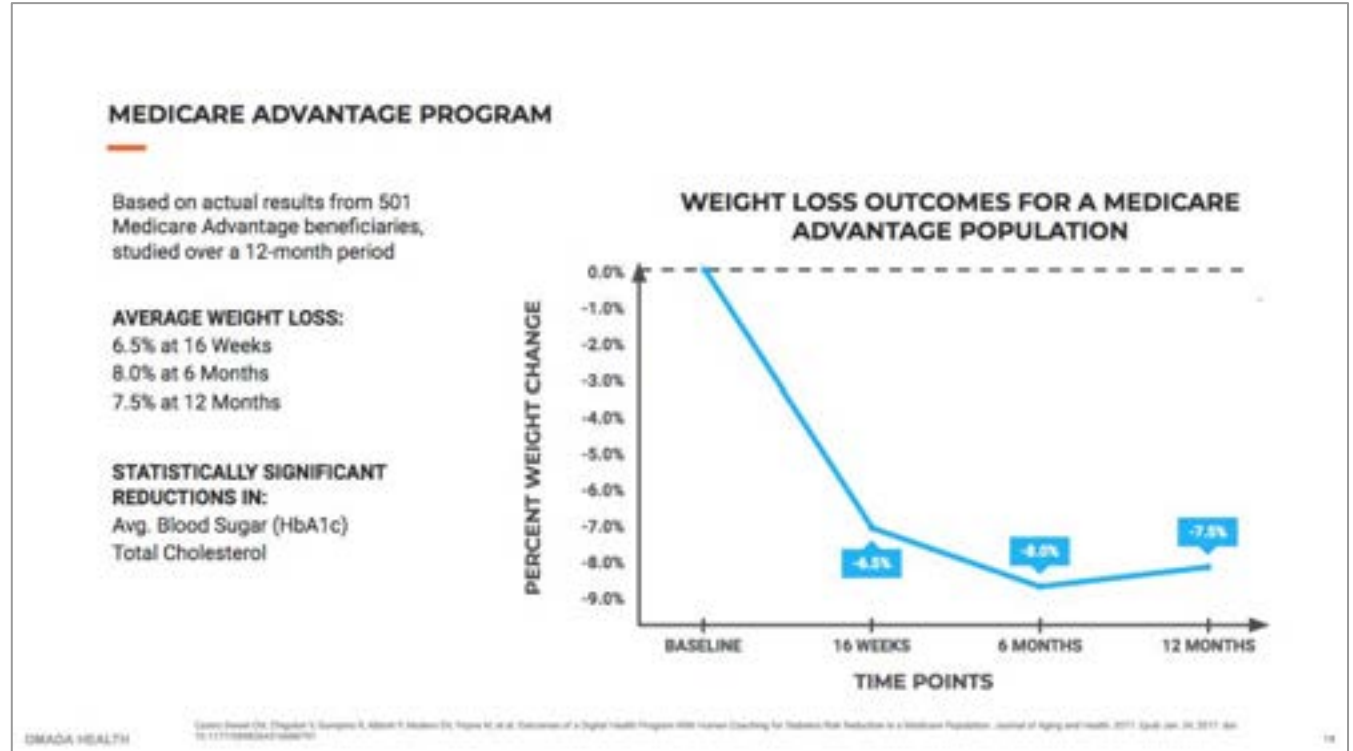
# CAN OLDER PARTICIPANTS BE SUCCESSFUL?



## 6. Success With Medicare Advantage

(Castro Sweet 2017)

- 501 Humana Medicare Advantage beneficiaries
- 8.0% avg 6-month WL; 7.5% avg 12-mos WL



# CAN UNDERSERVED POPULATIONS BE SUCCESSFUL?



## 7. Successful Translation to Underserved Populations (Fontil 2016)

- Low income/literacy participants
- Focus groups to create literacy and context relevant content
- high engagement: 80% ppts logged it at least once/week



## 8. Medicaid Population Receptive to Omada (Kim 2019)

- Low income patients
- Feasible to recruit a large and diverse Medicaid sample
- 78% own a mobile phone

### STUDY: DEMONSTRATED RESULTS WITH UNDERSERVED PARTICIPANTS

Participants in the Medicaid-patient informed and low-literacy adapted version of Omada **achieved significant weight loss**, thereby reducing their risk for type 2 diabetes.

Wu S, Chaitman N, Curtis David S. Weight loss from online diabetes prevention program among safety net population. Presented at American Public Health Association 2018 Annual Conference, November 13, 2018, San Diego, CA. <https://doi.org/10.1111/apha.13111>



OMADA HEALTH - CONFIDENTIAL

*Prelim results from APHA conference*

# WHAT ABOUT A DISPERSED WORKFORCE?



## 9. Proven Effective in a Nationwide Workforce (Wilson 2017)

- 4.6% avg 16-week weight loss
- Employees engaged with each other across time and distance to reduce risk factors



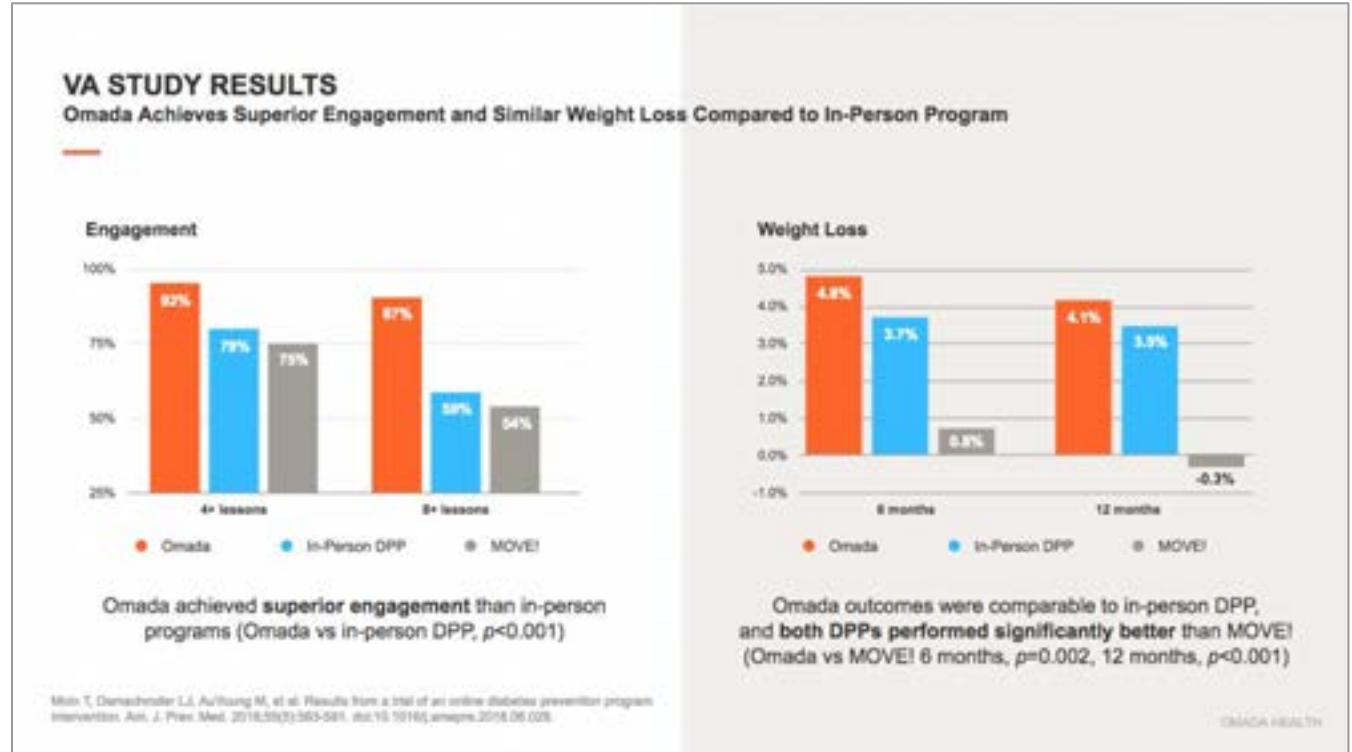


# HOW DOES OMADA COMPARE TO IN-PERSON PROGRAMS?



## 10. Omada Compared to In-Person DPPs (Moin 2018)

- VA study comparing Omada, in-person evidence-based DPP, MOVE!
- Omada achieved similar weight loss, and significantly greater engagement compared to in-person



# PREDICTS: THE MOST RIGOROUS TEST OF DIGITAL INTENSIVE BEHAVIORAL COUNSELING

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## IMPORTANCE

Largest randomized controlled trial ever run on a **digital** diabetes prevention program

- RCTs are considered to be the **gold standard** of study designs because they eliminate many sources of bias that exist in other study designs, resulting in higher quality data

## PARTICIPANTS

Approximately 600 adults age 19+ from greater Omaha, NE area who:

- Are overweight or obese (BMI  $\geq$  25)
- Have **prediabetes** determined by a blood test
- Are medically stable and able to engage in physical activity



## STUDY GROUPS

Half of the participants will receive the **Omada program** and half will receive **usual care**

## MEASURES

A wide variety of **biometric** (weight, A1C, blood lipids, blood pressure) and **behavioral** indicators of health and well-being (quality of life, stress, healthcare utilization, etc.)

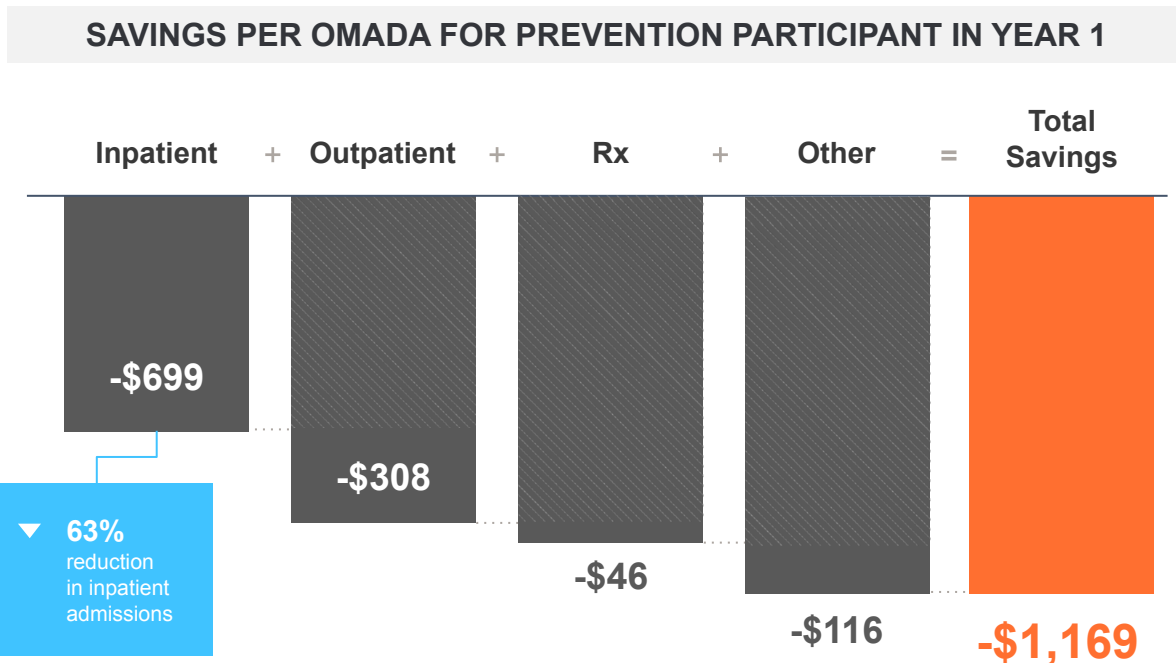
## TIMELINE

Main results to be published in 2020

## CASE STUDY: OMADA DELIVERS RETURN ON INVESTMENT IN 1 YEAR



During the intervention year, total medical costs for Omada participants were 21% lower than matched comparisons, revealing **\$1,169 in annual gross savings**.



Reductions are relative to matched comparisons and adjusted for differences in baseline covariates. Based on Claims Analysis conducted by Omada Health, IBM Watson Health, and Dow Chemical Company, 2019. See Appendix for study methodology.

# How to Refer

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# CLINICAL ELIGIBILITY CRITERIA

## Omada for Prevention: DPP only <sup>1</sup>

1 Age

18+

2 BMI

Overweight

BMI  $\geq$  25, or  $\geq$  23 if of Asian descent

3 At least one qualifying factor

- Prediabetes
- Score  $\geq$  9 on the Omada/CDC Prediabetes Screening Test

 Disqualifications

Type 2 Diabetes

1. Centers for Disease Control and Prevention. Diabetes Prevention Recognition Standards: Standards and Operating Procedures. <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>. Published March 2018. Accessed September 25, 2018.

\* In addition to the program-specific disqualifications listed here, individuals are precluded from participating in the program if they meet additional clinical exclusion criteria i.e. conditions which may make it unsafe for participation (full list of exclusion criteria available upon request).

The Clinical Eligibility Criteria may be amended or modified by Omada in its sole discretion as a health care provider in delivering its programs.

## MEDICAL EXCLUSIONS - WHY DO WE EXCLUDE?

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### General Principles

- Don't meet eligibility criteria
- Not safe
- Can't participate for physical/psychiatric reasons
- Weight gain/loss unrelated to the program
- Some can stay with medical clearance form



# MEDICAL EXCLUSIONS

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## [SOP: Medical Escalation](#)

### Account Closure

- Current pregnancy or within 4 weeks postpartum
- Has an eating disorder such as anorexia or bulimia (not including binge-eating disorder) for which treatment was received in past 12 months
- Alcohol or substance abuse (that impairs ability to participate in program)
- Unable to engage in physical activity for more than 2 months over the next 6 months
- Any of the following within the past 3 months\*:
  - Transient ischemic attack or stroke
  - Heart attack (myocardial infarction)
  - Hospitalization for congestive heart failure
  - Cardiac surgery

\*If occurred more than 3 months ago, we must seek medical clearance

- Bariatric/gastric bypass surgery (including gastric balloon and sleeve) within the last 6 months
- Solid Organ Transplant (kidney, liver, etc.) within the past 6 months
- Recent (within the past 6 months) or planned cancer treatment (chemo, radiation, bone marrow transplant, cancer-related surgery - not including hormonal chemotherapy such as tamoxifen)
- On dialysis treatment
- PPT states that they have a current/future restriction that prevents them from being able or willing to use the scale at least once per week **for 2 months**
- Other medical/psychiatric conditions that preclude ability to participate in the program as described
- Low BMI (Most deployments consider a BMI of 25 or greater [23 or greater for PPTs of Asian descent] for medical inclusion, however some allow lower BMIs)\*

## OUTREACH - ALASKA PROVIDER REFERRALS

Outreach will direct residents to the state's unique landing page so they can take the risk screener and apply:

**www.omadahealth.com/alaska**

**Flyers with Call to Action**  
*in some offices*



**Alaska DHSS website (Chronic Disease Prevention and Health Promotion)**





## Healthy Patterns For Life

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All changes made have not only helped me physically, but mentally. I am less anxious, I am proud, I am motivated and I am more engaged in my role at work.

Lisa, Omada participant



# Thank You

Questions? Contact Mary Schneider  
[mary.schneider@alaska.gov](mailto:mary.schneider@alaska.gov)

