

NCBGH

NORTH CAROLINA BUSINESS GROUP ON HEALTH

Spring Forum 2023



Today's Agenda

(details available online at forum.ncbgh.org)

"Obesity and Metabolic Syndrome in the Workforce"

7:30 AM – Networking Breakfast

8:45 AM – NCBGH updates and announcement

9:00 AM – Legislative and Legal Update for Employers

9:40 AM – Obesity, Metabolic Syndrome and Health Inequities – The Time To Act Is Now

10:10 AM – Panel: Innovations in Care for Sustainable Outcomes

11:10 AM – North Carolina Culture of Wellness

11:30 AM – Innovations in Employer Health/Wellness Benefits

12:00 PM – Networking Lunch

1:00 PM – State Transformation Collaborative

1:45 PM – NC Employer – State Resources

2:30 PM – Next Step Considerations for Employers

3:00 PM – Wrap-up



Our Members

Employer Members

All sizes

(at least 25 employees based in North Carolina)

All Industries

Affiliate Members

Vetted benefit/HR service providers and consultants

Advisory Council Members

Key Healthcare Stakeholders dedicated to furthering our mission



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ABOUT NCBGH

Formed in 2011 as a coalition of employers using their collective voice to influence decisions that impact the quality and cost of healthcare delivery systems in North Carolina.

Mission:

Advocate – Create a business community with a shared vision and message on matters of healthcare policy, regulation, and legislation based on sound fiscal principles and quality standards.

Innovate – Seek creative, common sense solutions to improve the overall cost and quality of our healthcare delivery system.

Educate – Promote health and wellness education. Advocate for provider performance disclosure of both quality and outcomes to help employees become better consumers of healthcare services.



Our National Presence...

The North Carolina Business Group on Health is a member of the
National Alliance of Healthcare Purchaser Coalitions,
the only nonprofit, purchaser-led organization
with a national and regional structure
dedicated to driving health and healthcare value across the country



For NC Hospital Safety, Quality and Transparency



What's in a name?

Since 2011 we were formed as the
North Carolina Business Group on Health

But what is a “Group”?

“A number of individuals assembled together”

We **act and progress**, though, as a **“Coalition”**

“An alliance of distinct entities joined in action for a common cause”



So today we're announcing...

Starting today, we will no longer be “just” a
North Carolina Business GROUP on Health

Instead, we will now be the
North Carolina Business *COALITION* on Health



NCBCH

NC BUSINESS COALITION ON HEALTH



Legislative and Legal Update for Employers



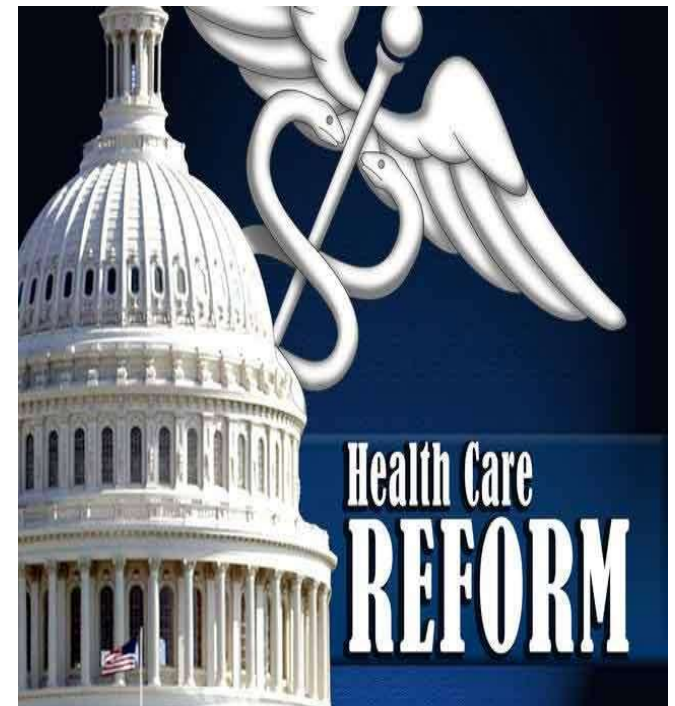
J.D. Piro

**Senior Vice President and National Practice Leader
Aon**



Agenda

- The View from Capitol Hill
- The End is Near
 - End of the COVID-19 Public Health Emergency
 - End of the National Emergency Declaration
- The Courts





The View from Capitol Hill

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Inflation Reduction Act—Coming into View in 2023

Premium Subsidies in Public Exchange

- Extends ACA premium tax credits for coverage in the Exchange
- American Rescue Plan had expanded premium tax credits for 2021 and 2022
- IRA extends these expansions through 2025

Medicare Changes

- CMS can negotiate Rx drug prices on certain drugs starting in 2026
- Does not impact employer-sponsored active/retiree plans that are NOT Medicare plans
- Employers could see higher Rx drug costs from manufacturers
- Rx drug manufacturers must pay rebates to HHS if the cost of the drug rises above the rate of inflation

Insulin Products and HSA Plans

- HDHPs may cover insulin and insulin-related products before deductible in an HSA/HDHP
- Includes any dosage form (vial, pump, or inhaler dosage forms) or any different type (rapid-acting, short-acting, intermediate acting, long-acting, pre-mixed)
- Expanded and codified prior guidance allowing insulin to be covered before the deductible to treat diabetes in an HSA/HDHP plan

IRA Medicare Changes

Standard Part D Benefit Structure changes from 2023 to 2025

2023

Insulin copay cap and elimination of cost sharing for adult vaccines

- Monthly limit of \$35 copay regardless of whether deductible is met
 - \$35 is adjusted starting 2026
- Eliminate cost sharing for adult vaccines regardless of whether deductible is met
- PDP sponsor must reimburse an enrollee within 30 days of any cost sharing amount paid by enrollee that exceeds \$35

2024

Eliminate 5% catastrophic coinsurance

- Coverage gap and TrOOP mechanics remain
- Effectively creates an OOP maximum of \$3,000 – \$3,500
- OOP \$7500 spending threshold not eliminated until 2025

Implications for EGWPs and MAPDs

- Will employer sponsored Part D plans be required to implement specific plan design changes (lower insulin copays, fully covered vaccines, \$2K OOP Max?)
- Will employer Part D plans be required to increase benefits in order to meet higher actuarial values?

2025

- Eliminate coverage gap
- \$2,000 OOP threshold, indexed after 2025
- New manufacturer discount program
 - 10% on applicable drugs after deductible and before OOP threshold is met
 - 20% on applicable drugs after out-of-pocket threshold is met

2023—Limited Chance for Bipartisan Legislation

Rx Drugs

- Cap price of insulin for participants and beneficiaries
- Cap list price of insulin
- Eliminating "spread pricing"
 - PBM charges payer more for Rx drugs than it pays pharmacy and keeps the difference

Telehealth

- Extend exemption for telehealth from HDHP rules to allow payment for telehealth and other remote care services prior to satisfaction of deductible
- Modify requirements for HSAs
- Proposals expanding telehealth under Medicare and Medicaid

Mental Health Parity

- Increase funding and expand authority for DOL to enforce mental health parity rules



The End is Near—May 11, 2023 (?)

- **End of the COVID-19 Public Health Emergency (PHE)**
- **End of the National Emergency Declaration (NED)**

PHE vs. NED

- Two declarations on COVID-19 pandemic affected different aspects of employee benefits
- **Public Health Emergency (HHS)**
 - Triggered special coverage requirements for COVID-19 testing and vaccines.
 - Provided special treatment for telehealth and remote care programs
- **National Emergency Declaration (President)**
 - DOL and IRS announced delayed deadlines for health and welfare plans subject to ERISA during “Outbreak Period,” which continues 60 days after end of NED
 - Provides deadline relief for participants and for plans

PHE Set to Expire on May 11

Group Health Plans During PHE	Options After May 11, 2023
MUST COVER COVID-19 TESTING <ul style="list-style-type: none"> Over-the-counter In- and out-of-network At no cost 	COVID-19 TESTING <ul style="list-style-type: none"> Continue to cover at no cost (i.e., stay the course)? Discontinue coverage? Cover COVID-19 tests in-network only? Impose cost-sharing on COVID-19 tests? HDHPs — See below
MUST COVER COVID-19 VACCINATIONS <ul style="list-style-type: none"> In- and out-of-network At no cost 	COVID-19 VACCINATIONS <ul style="list-style-type: none"> Continue to cover at no cost out-of-network? <ul style="list-style-type: none"> MUST cover in-network at no cost under ACA preventive care rules Discontinue out-of-network coverage? Impose out-of-network cost-sharing?
PRE-DEDUCTIBLE COVERAGE OF COVID TREATMENT IN HDHPs Notice 2020-15 allows HDHPs to cover COVID treatment before deductible without jeopardizing the tax treatment of HSA contributions	PRE-DEDUCTIBLE COVERAGE OF COVID-19 TREATMENT IN HDHPs <ul style="list-style-type: none"> HDHPs may continue to cover COVID treatments and testing before the HDHP deductible is satisfied until further notice HDHP may impose deductible on COVID-19 treatment and testing <ul style="list-style-type: none"> MUST cover in-network vaccination

NED and the Outbreak Period

- Provisions impacted by end of Outbreak Period:
 - HIPAA special enrollment deadline extensions
 - ERISA claims and appeals participant deadlines
 - COBRA payment and participant election deadlines
 - Deadline to provide COBRA election notice
- Plans must disregard period starting March 1, 2020, and ending 60 days after end of NED, but total disregarded period does not exceed 1 year
 - President announced NED ends May 11, 2023
 - DOL announced NED ends July 10, 2023
 - But then the President signed resolution ending NED on April 10, 2023
 - **Regardless, Outbreak Period still ends on July 10, 2023**

The End is Near!

1. Review written plan documents and amend if necessary to reflect end of outbreak period

- But plan documents may not have been revised to reflect deadline extensions

2. Confirm vendors and service providers will accurately calculate new deadlines and use updated communications materials

- COBRA administrators
- Health flexible spending account administrators
- Claims administrators for other ERISA plans (medical, dental, disability, etc.)

3. Review and update employee communication materials

- Materials that describe HIPAA special enrollment deadlines
- Materials that describe ERISA claims and appeals deadlines, including claims procedures and decision letter templates
- COBRA notice and correspondence templates
- SPDs and general benefit summaries
- Even if not legally required to provide a new notice, plan sponsors might consider providing new communication now that summarize regular deadlines to prevent participant confusion

4. Ensure all employer notices are provided timely within normal deadlines

- Plan administrator must send COBRA election notices within 14 days of notice of a qualifying event (44 days if employer is administrator)
- No further “good faith” fiduciary relief for failure to timely comply with disclosure and other obligations (SPDs, SBCs, SMMs)



The Courts

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Mifepristone Litigation—Dueling Rulings

- *AHM v. FDA*
 - Court issued stay of 2000 approval of mifepristone and three subsequent approval actions at least for duration of litigation
 - Nationwide injunction, but Court stayed order for 7 days
 - 5th Circuit voided stay of FDA's 2000 approval of mifepristone, but affirmed stay of FDA's subsequent approval actions
 - Prevents mifepristone being mailed directly to patients
 - Requires three in-person doctor visits
 - Changes use of mifepristone from 10 weeks into pregnancy to 7 weeks
 - Prevents providers other than doctors from prescribing mifepristone
- *State of Washington v. FDA*
 - Court ordered FDA to keep making mifepristone available in plaintiff 17 states and DC
 - Directly contradicts *AHM v. FDA*

Mifepristone Litigation—Dueling Rulings

- Supreme Court enters the fray
 - Ordered briefs be filed by Tuesday April 18
 - Stayed 5th Circuit order until 11:59 PM Wednesday April 19
 - Stayed 5th Circuit order again, extending access to mifepristone until 11:59 PM Friday
- Supreme Court stayed 5th Circuit order while litigation continues
 - 5th Circuit will review merits of the case
 - Oral arguments on May 17
 - A decision, no matter what it is, will likely be appealed to the Supreme Court

State Laws Regulating Abortion Services — Impact on Employers

Multistate employers will have difficulty providing a uniform set of health plan benefits equally accessible to participants regardless of state of residence or employment

- A patchwork of state laws regarding abortion services
- Different state laws on health insurance coverage
- Extraterritoriality issues — not clear whether state laws restricting abortion services apply to plan sponsors that pay for or facilitate abortion services legal in other states
- Many employers offer travel & lodging benefits, but nontaxable reimbursements are limited under Code section 213(d)
- All likely to be the subject of future litigation

Next Steps for Employers

- Consider your culture and benefits strategy when deciding what approach, if any, to take
- If implementing benefits to help employees access abortion services, review current benefit offerings, determine how and to whom to provide such benefits, what the potential risks may be, and consult with counsel
- Monitor federal and state tax laws for any changes to whether these benefits can be provided on a tax-free basis
- Design should be evaluated by tax counsel if benefits to be excluded from income
- Monitor for state-imposed changes to fully-insured plans, particularly if such changes would occur in the middle of a plan year
- Monitor ongoing litigation and state legislative activity around these issues, particularly as the latter relates to other reproductive health services

ACA Preventive Care Services

Braidwood Mgmt. Inc. v. Becerra

- September 2022
 - Federal District Court ruled Congress violated Appointments Clause of Constitution in naming USPSTF
 - Impermissibly delegated power to USPSTF
 - USPSTF cannot determine mandatory coverage for preventive services
- March 2023
 - Court issued nationwide injunction vacating USPSTF preventive services rules
 - Administration appealing to 5th Circuit

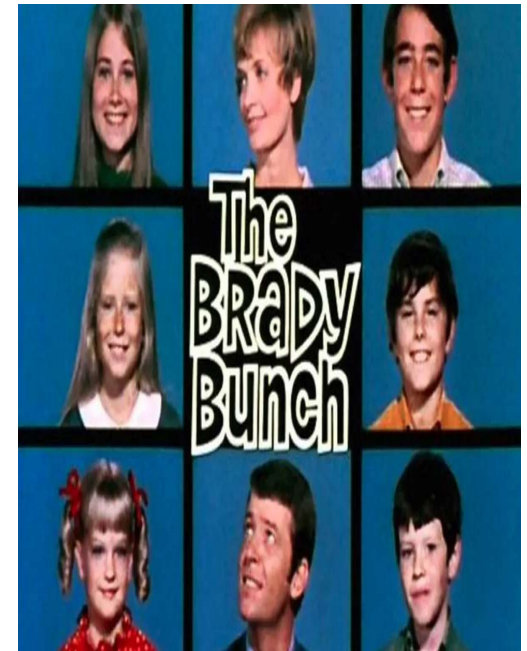
ACA Preventive Care Services

DOL issued FAQs addressing *Braidwood*

- Plans still must cover preventive services under ACIP, HRSA, and CDC
- Plans still must cover items and services recommended with an "A" or "B" rating by USPSTF before March 23, 2010
- Fully insured plans must still cover preventive services required under state health insurance laws
- Plans may, but are not required, to stop covering USPSTF preventive services
 - HDHP/HSA plans may continue to cover all USPSTF preventive services before deductible
 - Cutbacks require notice to participants and beneficiaries under ERISA

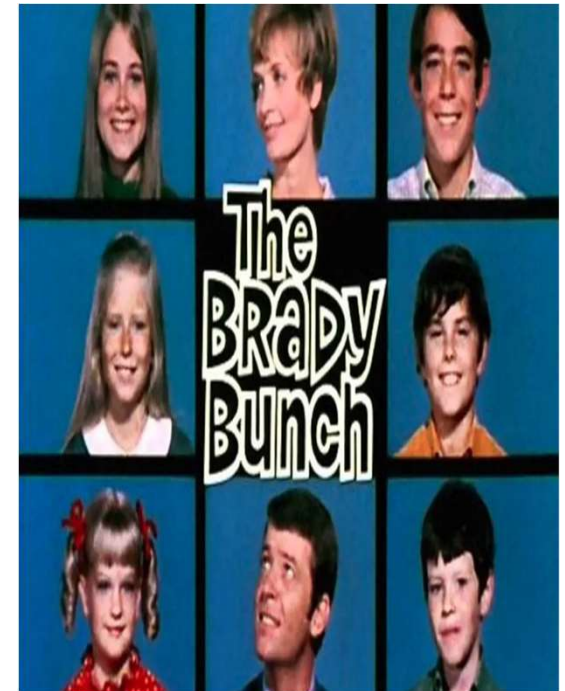
Fixing the “Brady Bunch Glitch”

- Biden Administration finalized new rules expanding eligibility for premium tax credit to buy coverage in public health insurance exchange
- Prior rules allowed individual to receive tax credit to buy coverage in Exchange if individual was not offered affordable MV coverage from employer
 - “Affordable” was based on cost of employee-only (self-only) coverage
 - If self-only coverage was affordable but family coverage was not, family was not eligible for subsidy
- Now, family members of employee offered affordable self-only coverage but unaffordable family coverage will be eligible for a subsidy
 - Individual with offers of coverage from more than one employer (e.g., employee at Employer A who is spouse of employee at Employer B) is offered affordable coverage if at least one of the offers is affordable
- Does not impact ESR rules or employer reporting requirements
- New rules effective starting 1st plan year after December 31, 2022



Fixing the “Brady Bunch Glitch”

- IRS revised Notice 2022-41 to allow cafeteria plans to let employees revoke on a prospective basis election of family coverage under a group health plan
 - GHP cannot be health FSA and must provide minimum essential coverage
 - One or more family members must be eligible for Special Enrollment Period in Public Exchange or seek to enroll in Public Exchange during annual enrollment period
- Revocation of election under GHP must correspond to intended enrollment of family members in Public Exchange
 - New coverage must begin no later than immediately after last day of original coverage that is revoked
 - Attestations from employee are acceptable
- Amendments must be adopted to provide for new election changes on or before last day of plan year in which elections are allowed
 - Amendment may be retroactive to first day of plan year
 - Employers may amend cafeteria plans to allow changes in coverage for employees or family members



Public Exchange Enrollment

16.3 MM people signed up for health insurance plans on the Public Exchange for 2023

- 13% increase from 2022
- Buoyed by continuation of federal subsidies under Inflation Reduction Act
- 80% of people who signed up for Public Exchange plans paid \$10 or less for monthly premium
- 93% received more tax credits than they had previously
- More than 12.7 million people, or about 78 percent, re-enrolled

No Surprises Act and Transparency

- US District Court in Texas vacated portion of final IDR rules
 - May not require arbitrator to consider QPA first and to justify considering factors other than QPA
 - May not require arbitrator to describe in writing why information was not already accounted for in QPA
- CMS is providing ongoing guidance
 - IDR entities to resume issuing determinations involving items or services furnished before October 25, 2022, following revised interim final rules
 - IDR entities should hold determinations involving items or services on or after October 25, 2022
- CAA Air Ambulance reporting deadline TBD pending final regs
- Next RxDC reporting deadline for 2022 due June 1, 2023

Action Items

- Monitor for further developments

No Surprises Act and Transparency Developments: Gag Clauses

What is a “gag clause”?

- Contract term restricting data and information group health plan or health insurer can make available to another party

Group health plans and insurers may not enter into a written agreement with a provider, network of providers, TPA, or other provider group that would restrict the plan or insurer from:

- Disclosing provider-specific cost or quality of care information or data, through a consumer engagement tool or any other means, to referring providers, plan sponsor, covered individuals or individuals eligible to be covered
- Electronically accessing de-identified claims and encounter information or data for each plan enrollee, upon request and consistent with HIPAA, GINA, and the ADA, including:
 - Financial information (e.g., allowed amount or other claim-related financial obligations included in provider contract
 - Provider information, including name and clinical designation.
 - Service codes; or
 - Any other data element included in claim or encounter transactions.

No Surprises Act and Transparency Developments: Gag Clauses

- Plan sponsors must provide attestation that contracts with certain entities like TPAs and health care providers don't contain "gag clauses"
 - Due by December 31, 2023
 - Includes self-insured plans
 - Does not include account-based plans or excepted benefits (e.g., dental or vision)
 - Plan sponsors of self-insured plans can delegate attestation to TPA, PBM, or other service provider
 - Plan sponsor must enter into a written agreement with the service provider to delegate responsibility for the attestation
 - Plan sponsor remains ultimately responsible for attestation
 - Submit attestation through CMS submission system

Action Items

- Confirm with TPAs and insurers that gag clauses have been removed or invalidated
- Determine who will submit attestation
- Enter into written agreement with party who will be responsible for attestation

New Instructions for RxDC Filings

Next submission is due June 1, 2023

- **Multiple Submissions Permitted:** Employers can submit separate plans with separate submissions
 - CMS does not want duplicate data between submissions
- **D1 Files:** Either all D1 data in a single file, combining premium equivalent information from medical TPA and PBM, or separate D1 files from each vendor
 - Again, no duplication of information: discrete data in separate files or combine into single file
- **New Employer/Employee Split Data Required:** Plans must report the average monthly premium paid by the employer and the average monthly premium paid by members
 - Relief granted last year, does not apply going forward
- **Premium Equivalent:** Premium equivalent must be calculated on actual costs incurred in 2022, not budget rates or COBRA rates
 - Can be calculated based on an incurred claim basis or paid claim basis during the reference year

New instructions can be found here: https://regtap.cms.gov/reg_librarye.php?i=3860

The Bar is Open!

Subscribe today!



Thank you!

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Obesity, Metabolic Syndrome and Health Inequities The Time To Act Is Now

Bruce Sherman, MD.



**Medical Director
NCBCH**



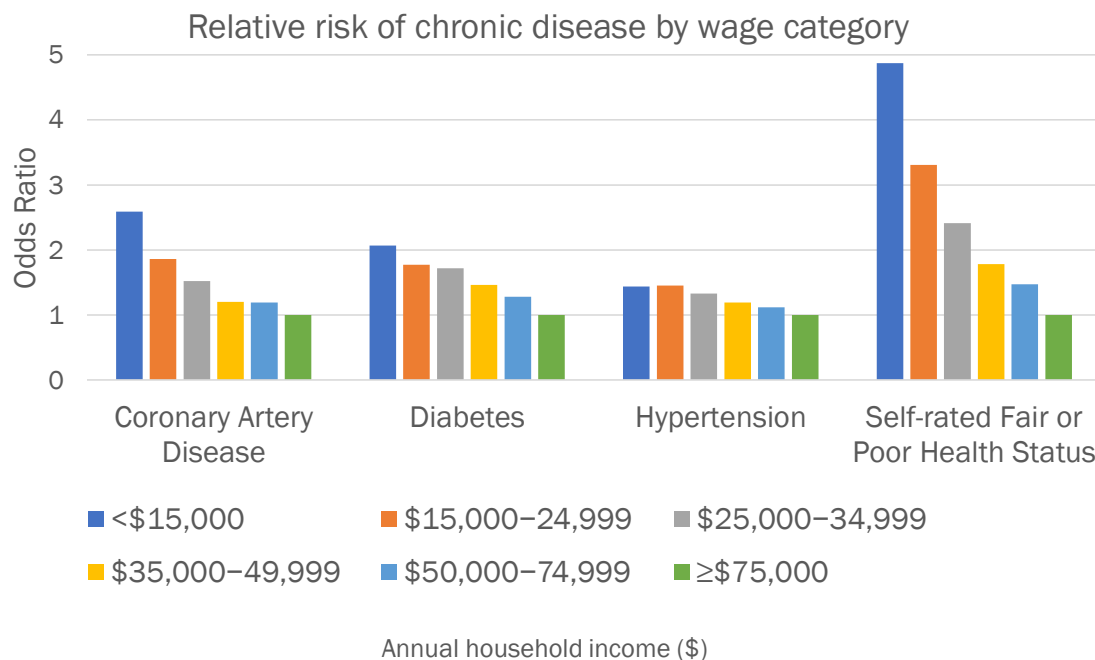
Socioeconomic status impacts health

- Low-wage workers:

- Highest prevalence of unhealthy behaviors and chronic conditions
- Highest proportion of healthcare costs as a percentage of wages

- Differences in:

- Prioritization of personal health concerns relative to other life priorities
- Health literacy and healthcare consumerism engagement
- Patterns of healthcare use

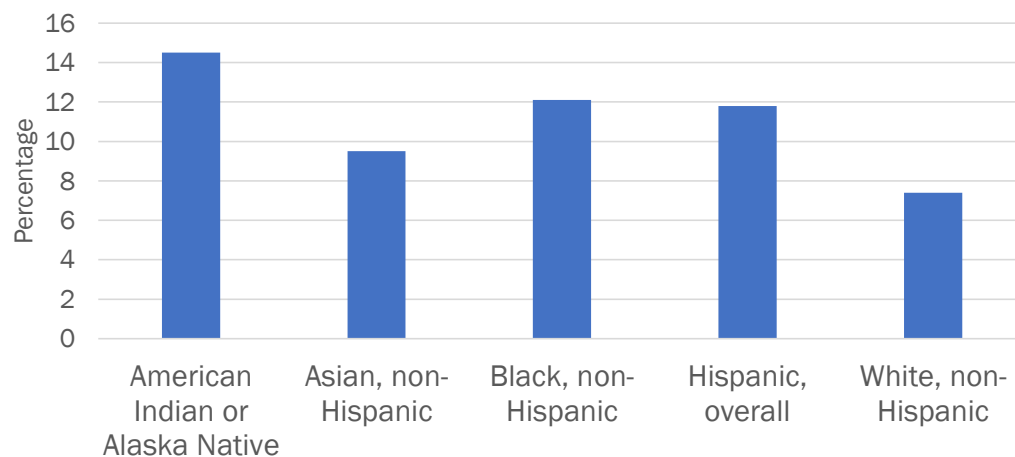


Harris, JR, et al. Low Socioeconomic Status Workers: Their Health Risks and How to Reach Them. J Occ Environ Med: [2011; 53\(2\):132-138](#).

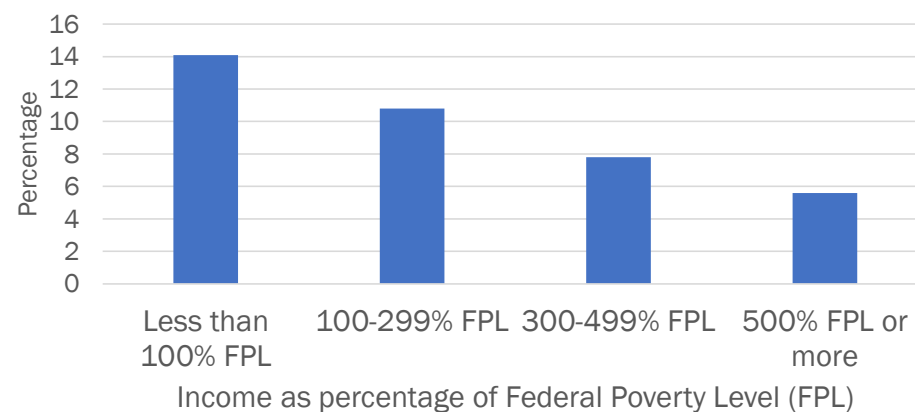


Diabetes prevalence varies by race and income

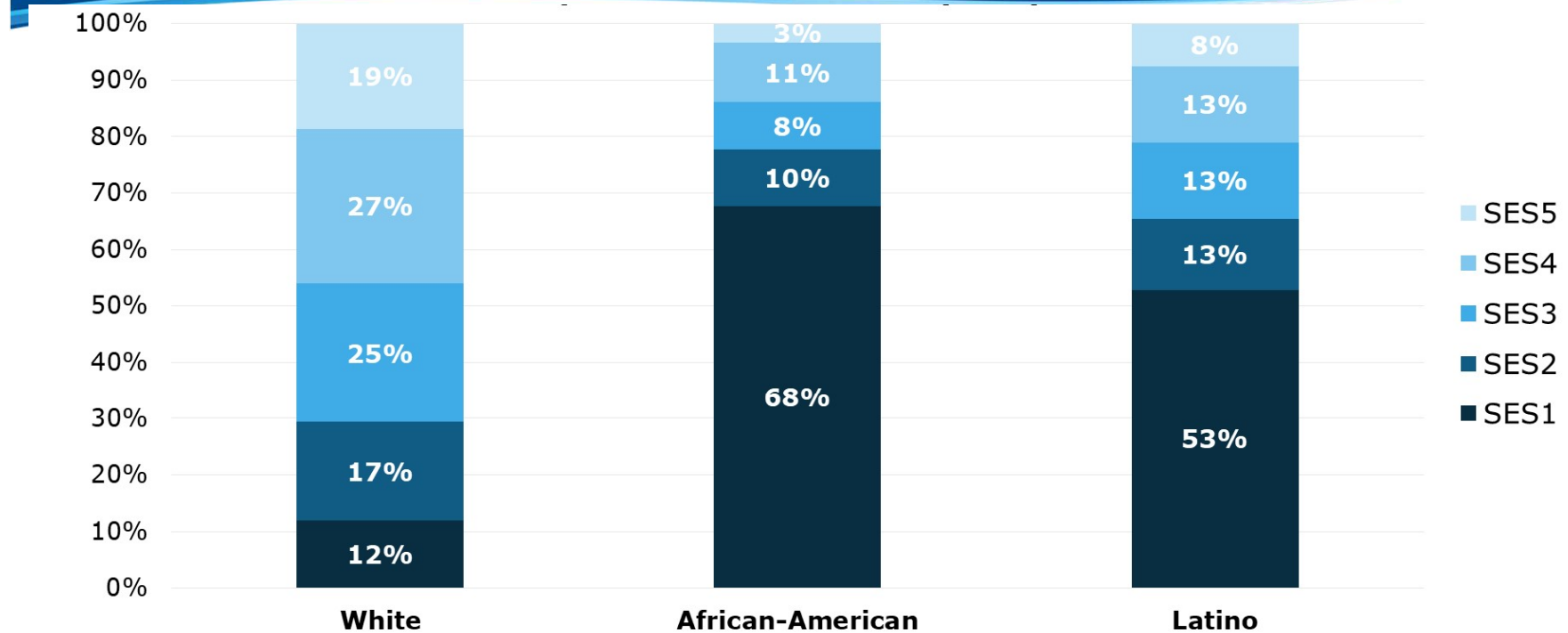
Adult Diabetes Prevalence by Race (%)



Adult Diabetes Prevalence by Income (%)



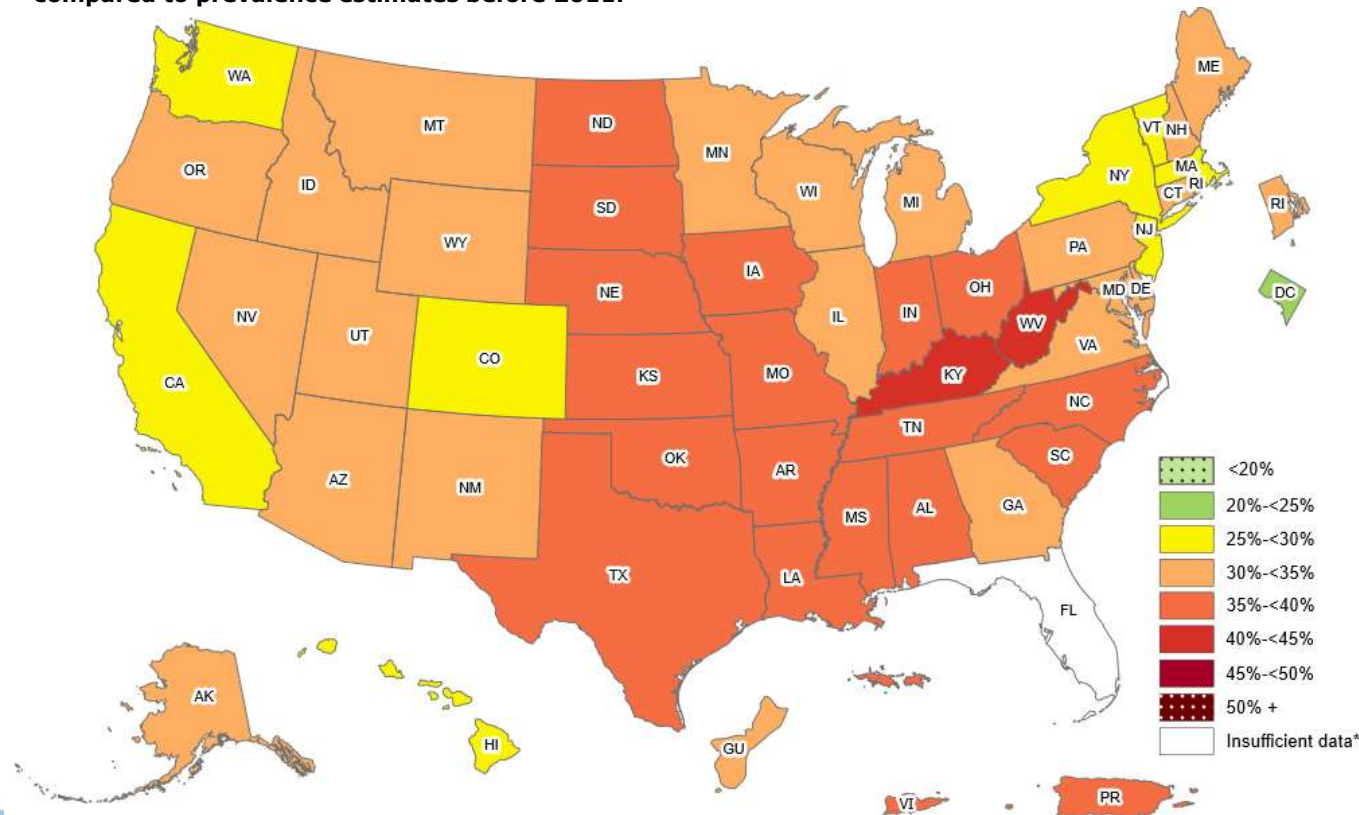
Relationship between race/ethnicity and socioeconomic status has been entrenched – but there's hope for equity



Source: American Community Survey; Common Ground Health analysis

Prevalence[†] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2021

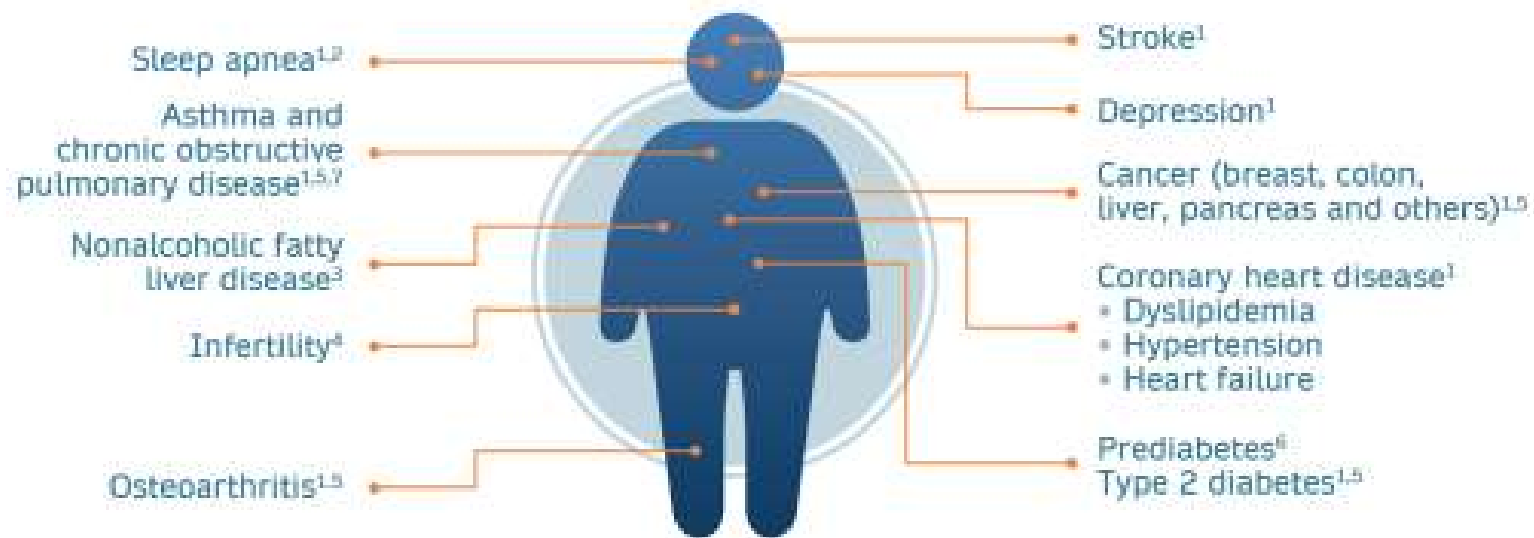
[†] Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



*Sample size <50, the relative standard error (dividing the standard error by the prevalence) $\geq 30\%$ or no data in a specific year.



Chronic diseases and complications impacted by obesity



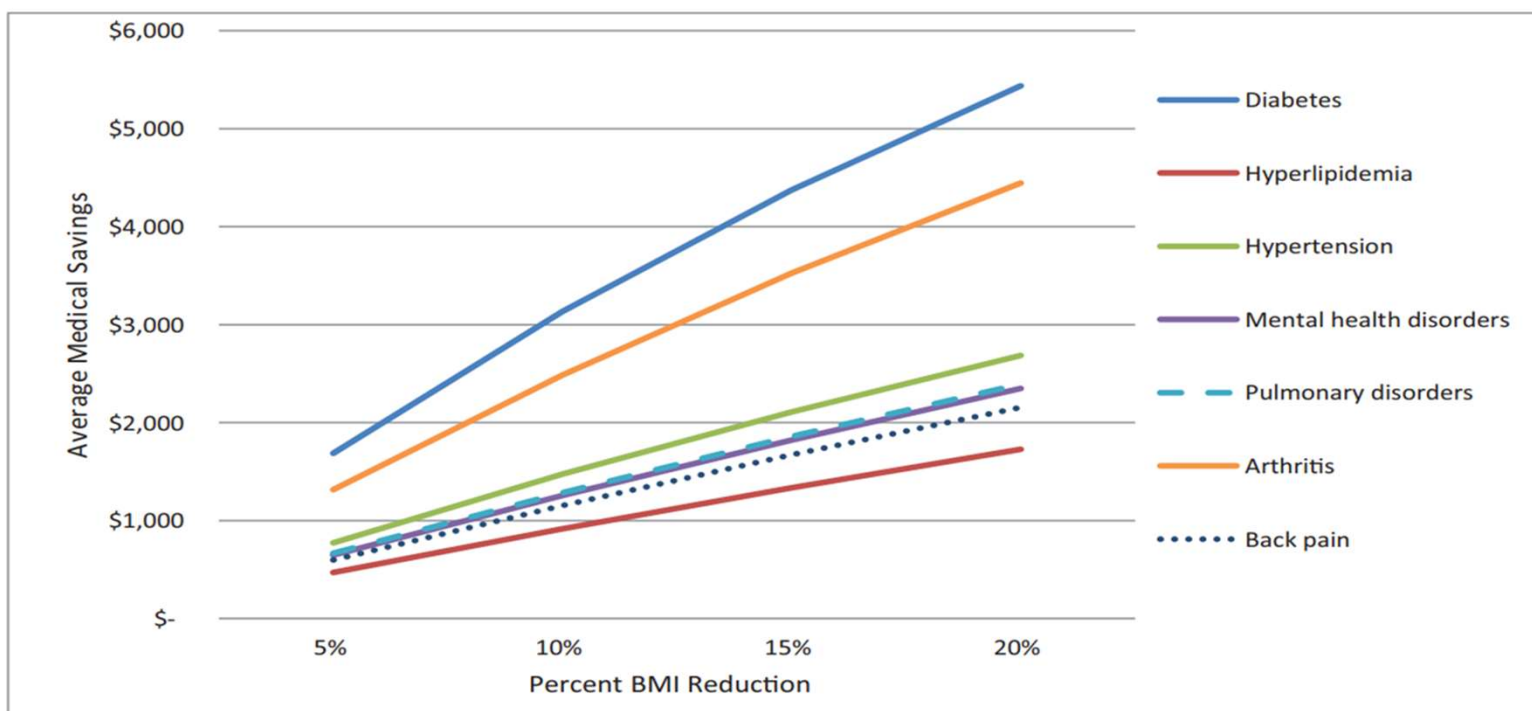
References: 1. National Institutes of Health. *Obes Res*. 1998;6 Suppl 2:515-2095. 2. Li C et al. *Prev Med*. 2010;51(1):18-23. 3. Church TS et al. *Gastroenterology*. 2006;130(7):2023-2030. 4. Esmaeilzadeh S et al. *Arch Med Sci*. 2013;9(3):499-505. 5. Guh DP et al. *BMC Public Health*. 2009;9:88. 6. Shaikh S et al. *Int J Diabetes Dev Ctries*. 2011;31:65-69. 7. Liu Y et al. *Respir Med*. 2015; 109(7):851-859.

Obesity and diabetes as healthcare cost drivers

- Increasing prevalence rates for both conditions
- Medications
 - Expanded indications for GLP-1 and SGLT-2 medications in management of diabetes
 - GLP-1: semaglutide (Ozempic/Rybelsus), liraglutide (Saxenda/Victoza), exenatide (Byetta), dulaglutide (Trulicity)
 - SGLT-2: canagliflozin (Invocana), dapagliflozin (Farxiga), empagliflozin (Jardiance)
 - GLP-1 medications also appear useful for treatment of obesity
 - Broad coverage of these medication classes for diabetes, with off-label or non-formulary use for treatment of obesity
- Affordability concerns limiting compliance with care



Healthcare cost changes associated with weight loss

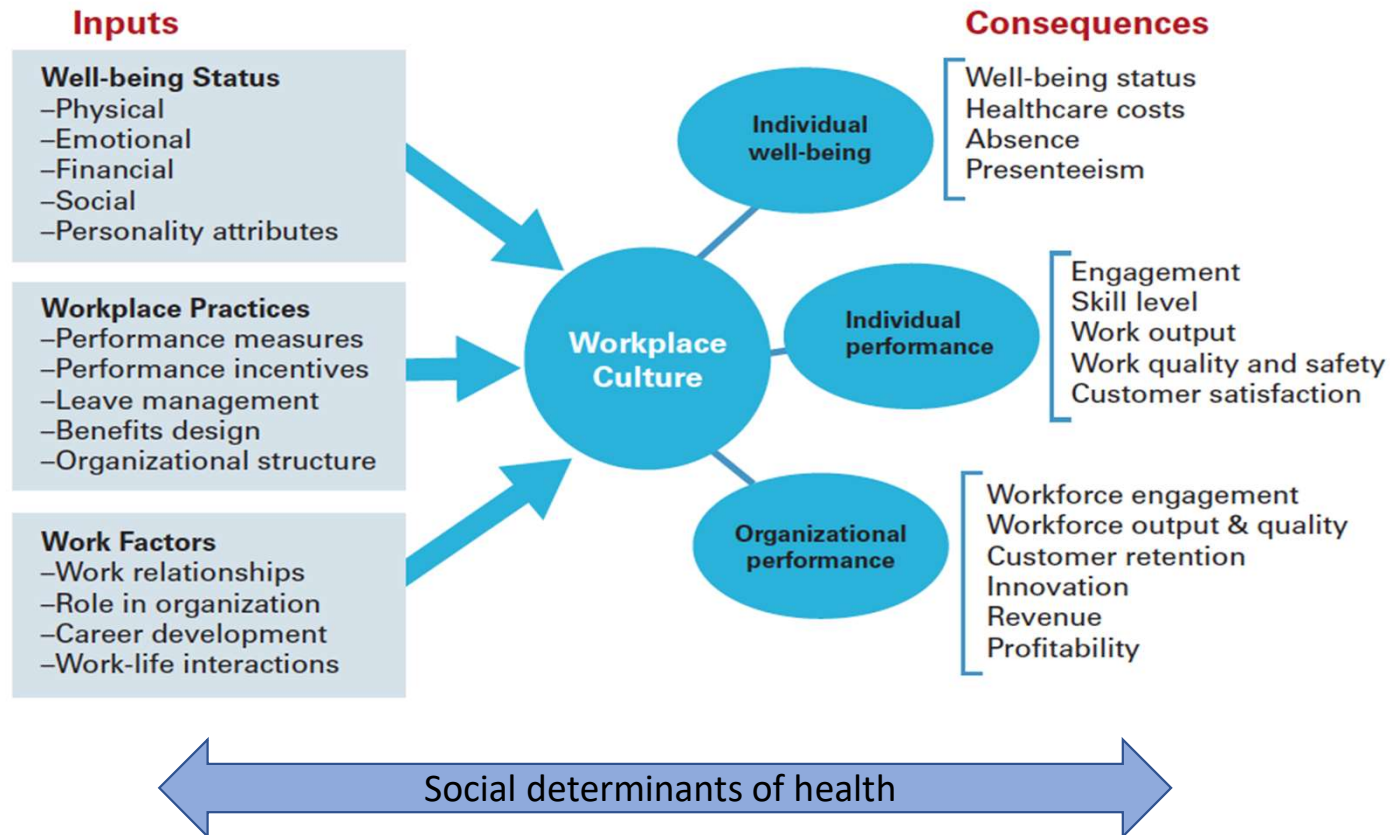


Thorpe K, et al. Weight Loss-Associated Decreases in Medical Care Expenditures for Commercially Insured Patients With Chronic Conditions. J Occ Environ Med 2021



Workforce human capital management business impact model

SOCIAL DETERMINANTS OF HEALTH ARE A MEDIATOR OF OUTCOMES

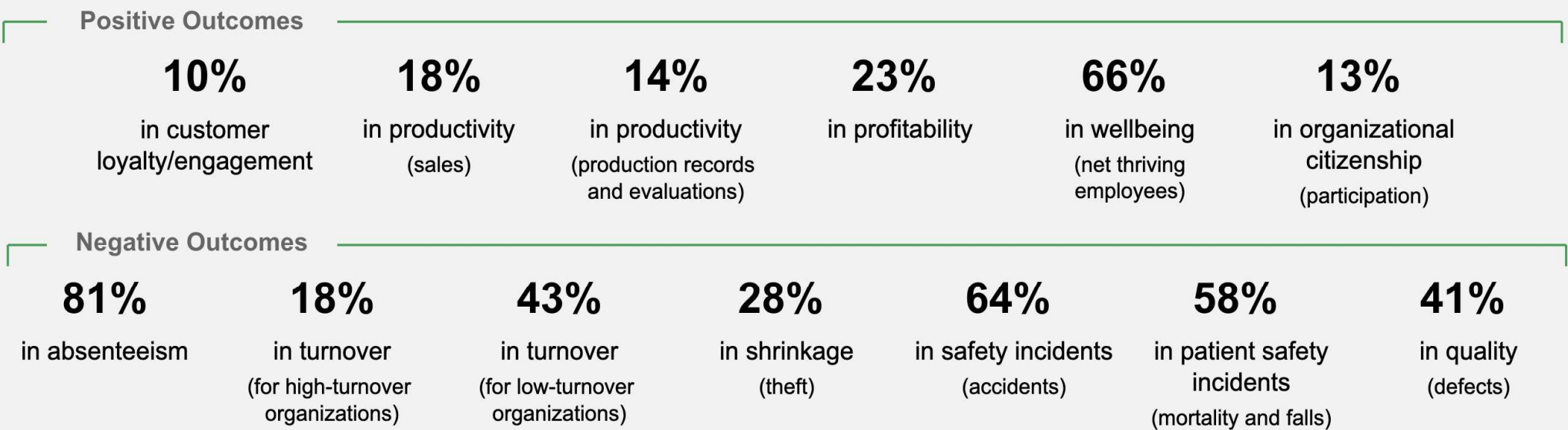


Sherman B, Lynch W. Am J Manag Care, 2014.

The Business Impact of Highly Engaged Business Units and Teams

Gallup’s research of more than 112,000 teams — over 2.7 million employees — revealed that teams in the top quartile of employee engagement achieved higher performance on positive outcomes (customer loyalty, sales, productivity, profitability, wellbeing and organizational citizenship) and realized fewer negative outcomes (absenteeism, turnover, shrinkage, safety incidents and quality defects) than those in the bottom quartile.

When comparing employee engagement levels, Gallup found that top- and bottom-quartile business units and teams had the following differences in business outcomes*:



Source: *The Relationship Between Engagement at Work and Organizational Outcomes: 2020 Q12® Meta-Analysis: 10th Edition*
*The above figures are median percent differences across companies in Gallup’s database. High-turnover organizations are those with more than 40% annualized turnover. Low-turnover organizations are those with 40% or lower annualized turnover.

Opportunities for employers

- Evolving care management approaches hold promise
- Understand your data – and the unmet needs of your employees
- Explore health plan and third-party vendor options for chronic condition management offerings
- Implement outcomes-based benefits contracting to align better patient outcomes and program costs
- Develop and implement a comprehensive management plan for obesity
- Accepting the status quo may overlook innovative approaches



Panel: Innovations in Care for Sustainable Outcomes



Moderator

Bruce Sherman, MD, Medical Director, NCBGH

Panelists



Raj Singla, MD. , Lead Medical Director, Blue Cross NC



Scott Honken, PharmD., Chief Commercial Officer, Calibrate



Lisa Shah, MD., Chief Medical Officer, Twin Health



Christina Fath, Benefits Division Manager, City of Charlotte





Innovations in Care for Sustainable Outcomes

Raj Singla, M.D.
Lead Medical Director
Blue Cross NC



April 28, 2023

Holistic Approach to Managing Diabetics



PREVENTION

- + Pre-diabetes Predictive Modeling
- + Lifestyle Support
- + Investing \$5 million in Diabetes Free NC



MANAGEMENT

- + Nurse and Health Coach Support
- + Device Management
- + Care Gap Outreach
- + Blue Rewards



BENEFIT DESIGN

- + Custom Benefit Design Options
- + Deductible Waiver Program

Food insecurity

Food is medicine.

And now Blue Cross NC has the data to prove it.

We partnered with Pack Health, a Quest Diagnostics company, to provide health coaching and twice-monthly healthy food box delivery for participants across NC who were at high risk for food insecurity.

In just six months we've seen:

 **49%**
reduction in food
insecurity rates

 **26%**
improvement for participants
scoring at or above U.S. average
measures for physical health

 **15%**
reduction in obesity

 **13%**
improvement for participants
scoring at or above U.S. average
measures for mental health

Source: NEJM Catalyst Innovations in Care Delivery, published March 15, 2023



Building a healthier North Carolina

Blue Cross NC is committed to addressing food insecurity across our state to improve the health of our members and communities.

Early detection of Chronic Kidney Disease



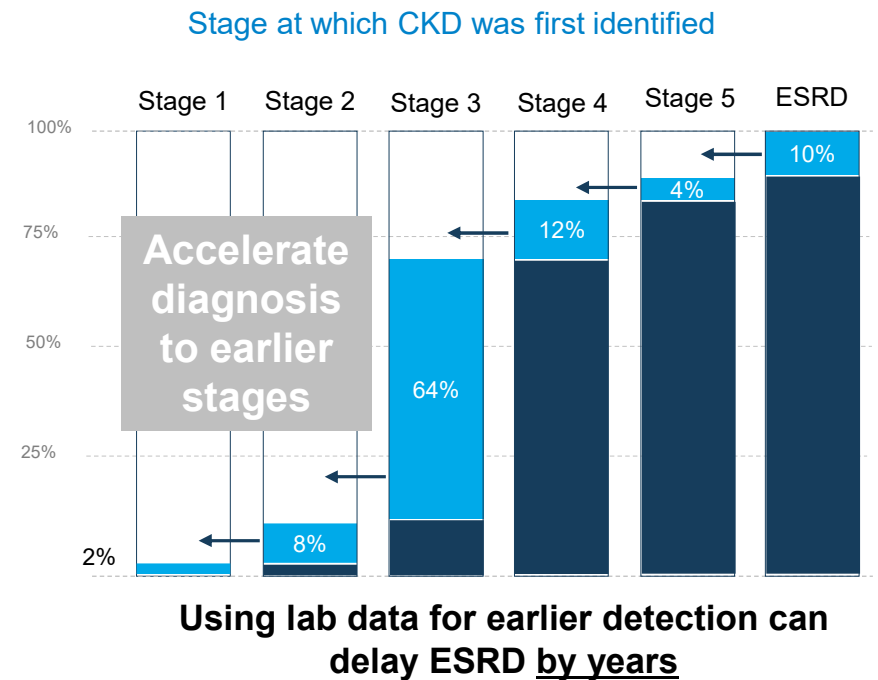
CKD by the Numbers

- Kidney diseases are a **leading cause of death** in the United States.
- About **37 million** US adults are estimated to have CKD, and most are undiagnosed.
- **40%** of people with severely reduced kidney function (not on dialysis) are not aware of having CKD.
- Every 24 hours, **360** people begin dialysis treatment for kidney failure.
- In the United States, diabetes and high blood pressure are the leading causes of kidney failure, accounting for **3 out of 4 new cases**.
- In 2019, treating Medicare beneficiaries with CKD cost **\$87.2 billion**, and treating people with ESRD cost an additional **\$37.3 billion**.

Early detection of Chronic Kidney Disease



- Pilot program using existing lab data
- Undiagnosed patients
 - 3.86% were diagnosed and staged
 - Most (66%) fell into stage 3
 - 30% had type 2 diabetes
 - 39% had HTN





Calibrate

PERSONALIZED OBESITY CARE
PROVEN TO TRANSFORM LIVES

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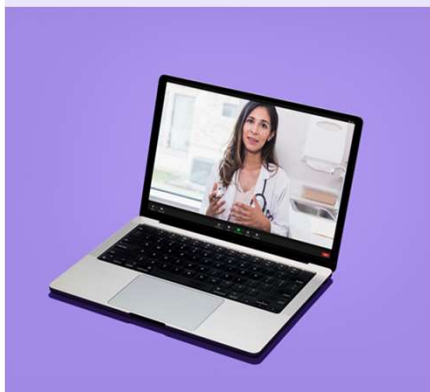
▼ CALIBRATE VALUE PROPOSITION

Calibrate solves for both costs and outcomes.

The right program so the right member, gets the right medication, for the right amount of time.

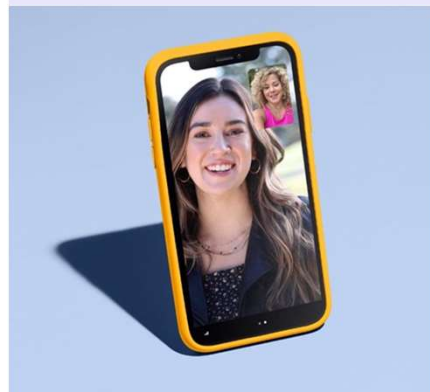
THE CALIBRATE TWO-YEAR METABOLIC RESET

GLP-1 CONTINUOUS AUTHORIZATION



+

INTENSIVE LIFESTYLE INTERVENTION



SUSTAINABLE RESULTS AFTER MEDICATION

15%

AVG WEIGHT LOSS SUSTAINED AT 12, 18, AND 24 MONTHS

7%

AVG WEIGHT LOSS ACHIEVED WITHIN 3 MONTHS

80%

OF MEMBERS WITH BMI 35+ ACHIEVE >10% WEIGHT LOSS BY MONTH 12

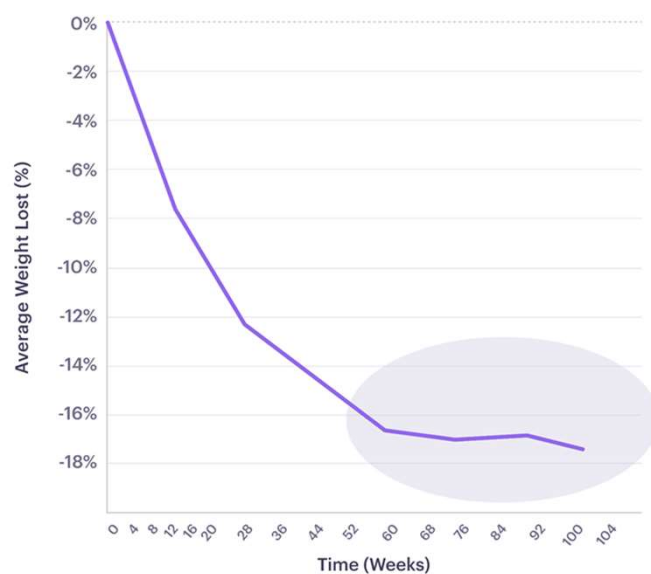
93%

OF MEMBERS SUSTAIN >10% WEIGHT LOSS AFTER GLP-1 TAPER

▼ SIGNIFICANT, SUSTAINED OUTCOMES

Weight loss results are **1.5x to 2x better than medication alone.**

Mean Percent Body Weight Change From Baseline



Month	3	6	9	12	15	18	24
# of Participants	2,641	2,633	2,617	2,397	1,319	569	38
% Lost	7.3	11.6	13.7	15.6	15.9	15.8	16.8

15%

WEIGHT LOSS
AVERAGE DECREASE FROM BASELINE

Completers of program Year 1 (n=2,641) and out to 24 months for earlier cohorts
(very few members utilized Wegovy or Mounjaro)

▼ SIGNIFICANT, SUSTAINED OUTCOMES

Results are sustained after members are tapered off medication.

Calibrate GLP-1 Taper Analysis¹

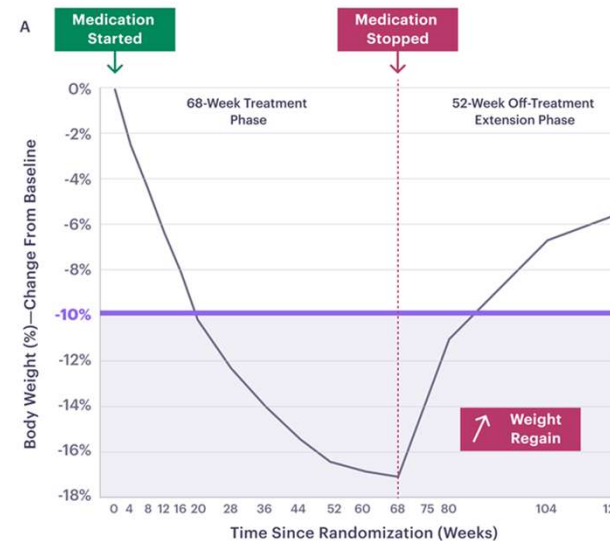
Percent Weight Lost from Calibrate Starting Weight to Current Taper Weight



n=519 Members: **95.5% Continue To Have >10% Weight Loss**
 n=160 Members Tapered >26 Weeks: **93.1% Continue To Have >10% Weight Loss**

Comparator Pharma Study

STEP-1 Trial—Semaglutide 2.4 mg²



n=197 Members: **Weight Regain To 5.6% Net Weight Loss Within 52 Weeks**

¹ Calibrate GLP-1 Early Taper Analysis. Jan 2023.

² Wilding, J.P.H., et al. Weight regain and cardiometabolic effects after withdrawal of semaglutide. The STEP 1 trial extension. April 2022; DOM Journal.

▼ CLIENT & MEMBER VALUE

Personalized obesity care **proven to transform lives**

IMMEDIATE IMPACT

- Enhanced **control of GLP-1 medication** utilization and costs
- Clinically-significant weight loss **within three months** results in near-term ROI

PERSONALIZED CARE

- Members select from our **diverse clinical and coaching teams**
- **Increased access** to quality medical care through our virtual + digital model

BUSINESS VALUE

- Significant **15% weight loss** sustained after medication drives health & productivity
- Valued benefit leads to happy employees and **increased retention**



Before Calibrate, I was stuck. I had tried everything I could to lose weight and was ready to give up. **If you're willing to put in the effort, Calibrate is an incredible program that delivers real, long-lasting results.**

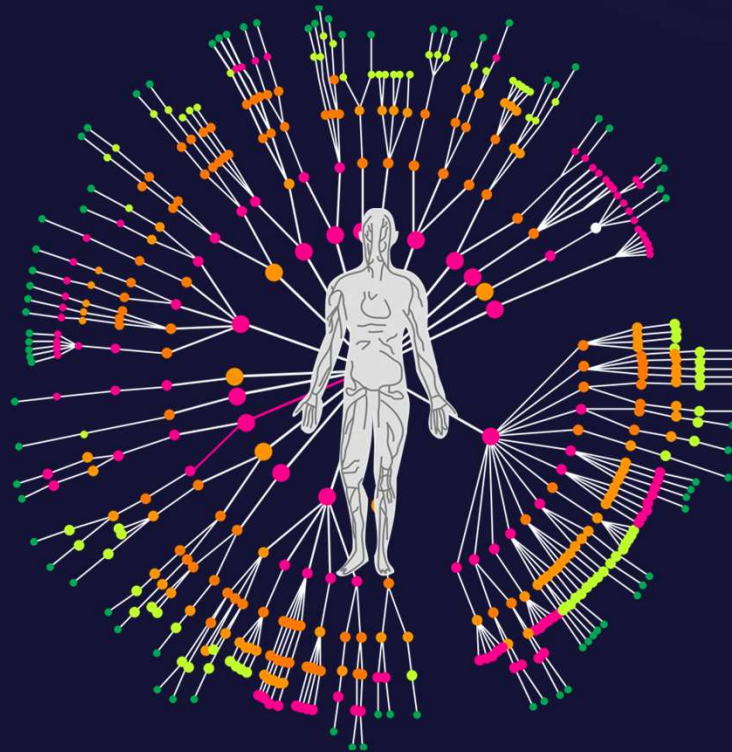


solving the **root cause** of
chronic metabolic diseases

Whole Body Digital Twin



- » Whole-person clinical, behavioral, social health data
- » Personalized digital metabolic profile

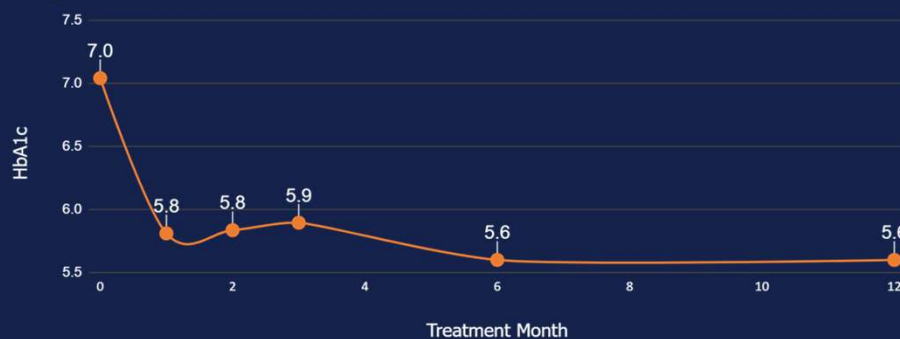


- » Identifies unique causes of metabolic dysfunction
- » Precise Recommendations Unique to Each Person

Sustained Results

Sustained A1c Reduction

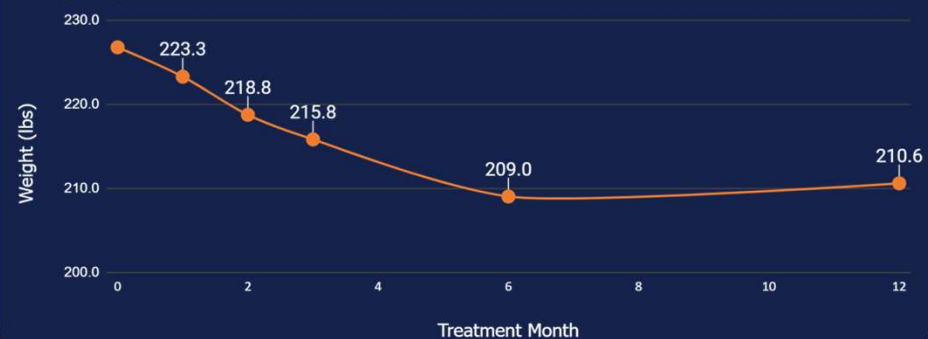
Average A1c vs. Months of Treatment



Twin's clinical outcomes

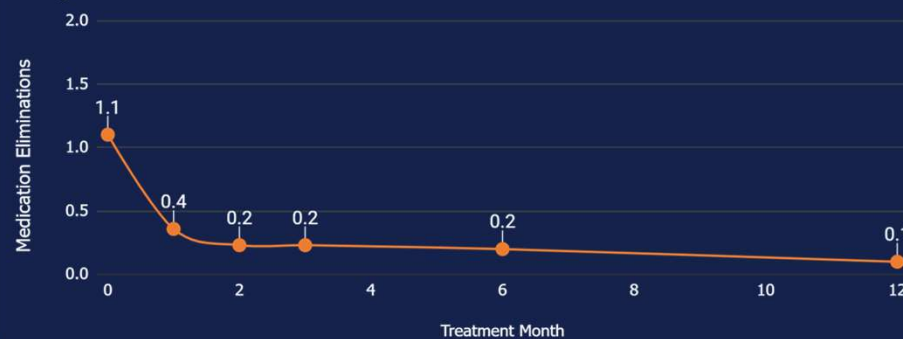
Sustained Weight Loss (lbs)

Average Weight vs. Months of Treatment



Sustained Medication Elimination

Average Medication Count vs. Months of Treatment



Berry

Gates

MEDLINE



LSEG

Signature
AVIATION



invitation homes

DE NORA
our research - your future

LEGENCE

Lendmark
Financial Services

INTERNATIONAL
MARKET CENTERS

twin

Panel: Innovations in Care for Sustainable Outcomes



Moderator

Bruce Sherman, MD, Medical Director, NCBGH

Panelists



Raj Singla, MD. , Lead Medical Director, Blue Cross NC



Scott Honken, PharmD., Chief Commercial Officer, Calibrate



Lisa Shah, MD., Chief Medical Officer, Twin Health



Christina Fath, Benefits Division Manager, City of Charlotte



Culture of Wellness Award

In honor of NCBGH's founder, Chris Coté...

The first annual
Culture of Wellness Award
in honor of
Chris Coté, NCBGH Founder

*A statewide award recognizing the
best employer wellness programs*



Culture of Wellness Award

7 Award Components

- Leadership Commitment
- Culture, Foundation, Policies
- Program Offerings/Tools/Incentives
- Strategic Planning/Communications
 - Reporting Metrics/Evaluation
 - Organization Engagement Data
 - Innovation/Technology



Culture of Wellness Award

2022 1st annual award recipients:

Small/Midsize Employer
Cleveland County Government

Large Employer
Alex Lee



2023 Award Winners

Small/Midsize Employer

Honorable Mention

Bassett Furniture Industries, Inc.
Children's Home Society of North Carolina
City of Rocky Mount
DAK Americas



Culture of Wellness Award 2023 Winner

Small/Midsize Employer

Congratulations to

Glen Raven, Inc



*Carrie Sheets
Division Wellness Manager*



2023 Award Winners

Large Employer

Honorable Mention

Compass Group USA, Inc

Cone Health

Volvo Group NA



Culture of Wellness Award 2023 Winner

Large Employer

**Congratulations to
City of Charlotte**



*Nan Mann
Wellness Administrator*



Innovations in Employer Health/Wellness Benefits

Quick Rounds

4 Innovators for Employer Health

Format

Each speaker will have only 5 minutes to convey their innovative product/service



(We don't have a "stage hook",

so instead, microphone will cut off when time runs out!)



Innovator #1: Grail

GRAIL





A Breakthrough for Cancer Detection & Overall Employee Health

The Galleri[®] multi-cancer early detection (MCED) test

Prepared for: NCBGH

Mark Russo, Director – Employer Partnerships

3/7/23



Employees face a health challenge: there are only recommended screenings for ~30% of cancers



Cancers with screenings

Cancers without screenings

Breast - Cervical - Colorectal - Lung (smokers at risk) - Prostate

The Galleri[®] multi-cancer early detection test

**Now you can screen for multiple cancers
with a simple blood draw.¹**

**The Galleri MCED test looks for many cancers not
commonly screened for today.**

It is also the #1 employee-ranked health benefit.^{2*}

(Recommended for use in adults with an elevated risk for cancer, such as those aged 50 or older)

Galleri does not detect all cancers and all cancers cannot be detected in the blood. False positive and false negative results do occur. The Galleri test does not detect all cancers, nor does it measure your genetic risk of developing cancer in the future. It should be used in addition to routine screening tests your healthcare provider recommends.

**Study demographics included 1,000 respondents, age 40+, who are employed full-time at larger organizations.*



1: Klein EA, Richards D, Cohn A, et al. Clinical validation of a targeted methylation-based multi-cancer early detection test using an independent validation set. Ann Oncol. 2021;32(9):1167-1177. Doi: 10.1016/jannonc.2021.05.806. 2. Market research data on file GA-2022-0089

While the war on cancer is often *preventive* or *reactive*, Galleri is *proactive*, helping detect cancer early

Preventive

What could help **predict or prevent** future cancer?

Cancer risk factor mitigation

Quit Genius



Genetic risk testing



Proactive

Do I have cancer today
and can I find it early enough to act?



Single-cancer screenings
Mammography, colonoscopy,
etc.

Early detection of many cancers,
with a focus on **actionable next steps**
to diagnosis, hasn't been possible -
until now.

Reactive

I've already been diagnosed
with cancer. What can be done now?

Medical opinion for
diagnosis & treatment



Memorial Sloan Kettering
Cancer Center



The Galleri test should be used in addition to recommended screening options, such as: mammography, colonoscopy, PSA, or cervical cancer screening.

Galleri is recommended for use in adults with elevated risk for cancer, such as those aged 50 or older. Technology/benefits listing is not an exhaustive list by category. They are examples for reference purposes.



Prioritize employee health with the Galleri test

As recommended screenings cover only ~30% of cancers,¹ **Galleri helps fill this gap with a multi-cancer early detection test.**

Detects a signal shared across
50+ cancers²



Physical Health

A benefit that could be life-changing, **catching cancer early**

Mental Health

Supports addressing the **#1 medical fear for Americans: cancer³**

Financial Health

Targets earlier detection,⁴ when treatment costs are lower^{5,6} for employers and employees

Health Equity

Prioritizes access to healthcare, via testing through just 1 blood draw in your workplace, community, or via a home visit

Galleri does not detect all cancers. False positive and false negative results do occur.

1. Incident cancers with USPSTF A or B recommended screening. SEER Stat Database: Incidence - SEER 18 Regs Research Data, Nov 2017 Sub. Includes persons aged 50+ diagnosed 2006-2015.

2. Klein EA, Richards D, Cohn A, et al. Clinical validation of a targeted methylation-based multi-cancer early detection test using an independent validation set. Ann Oncol. 2021;32(9):1167-1177. Doi: 10.1016/j.annonc.2021.05.806. 3. MedicareAdvantage.com. [What Medical Condition Are You Most Afraid Of?](#). Published May 5, 2021. 4. Hubbell, et al. Cancer Epidemiol Biomarkers Prev. 2021;30(3):460-468. doi: 10.1158/1055-9965.EPI-20-1134

5. Based on stage II and stage IV breast, colorectal, and lung cancer, and metastatic/non-metastatic pancreatic cancer. 6. Banegas MP, Yabroff KR, O'Keeffe-Rosetti MC, et al. Medical Care Costs Associated With Cancer in Integrated Delivery Systems. J Natl Compr Canc Netw. 2018;16(4):402-10.

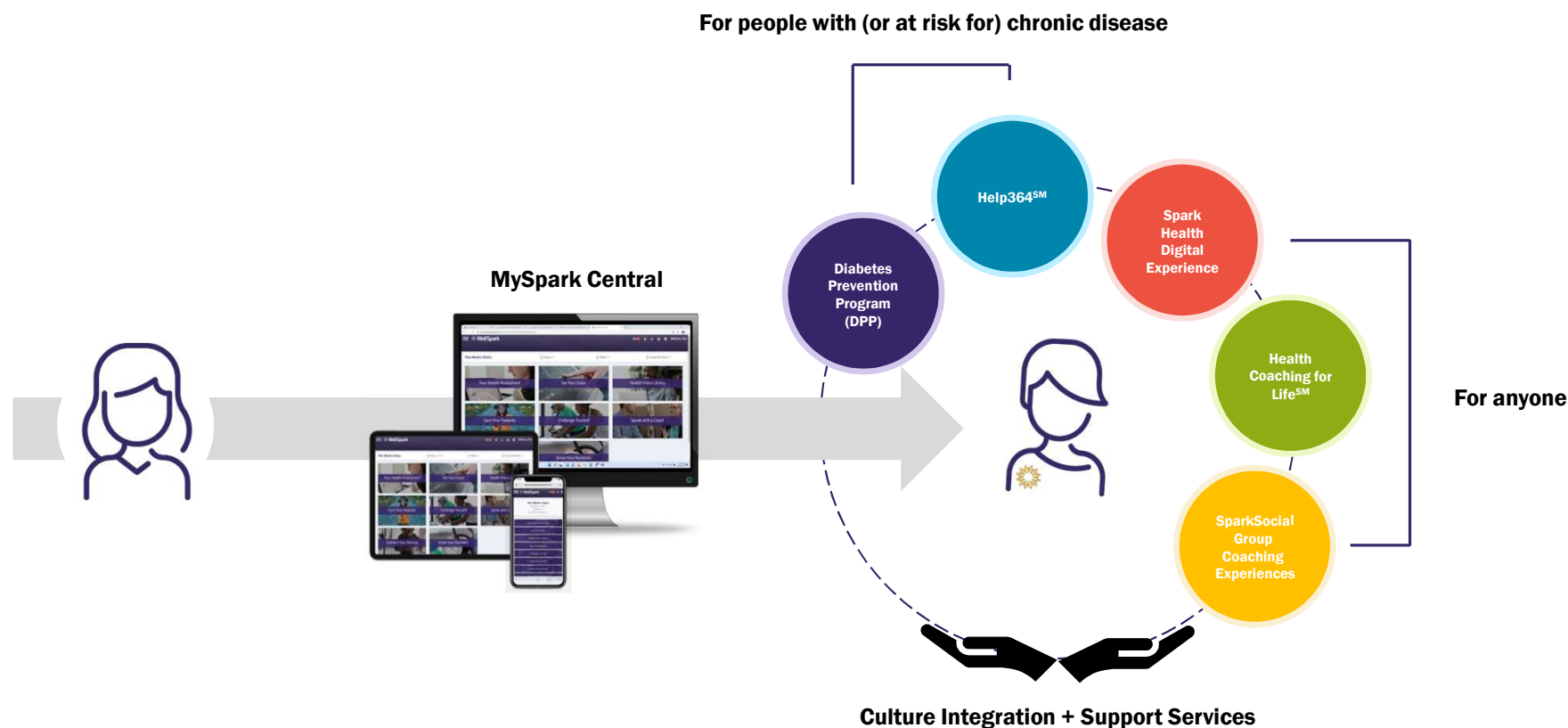
Innovator #2: WellSpark





Lasting Change **for the Whole Person**

How WellSpark **delivers whole-person wellbeing support**



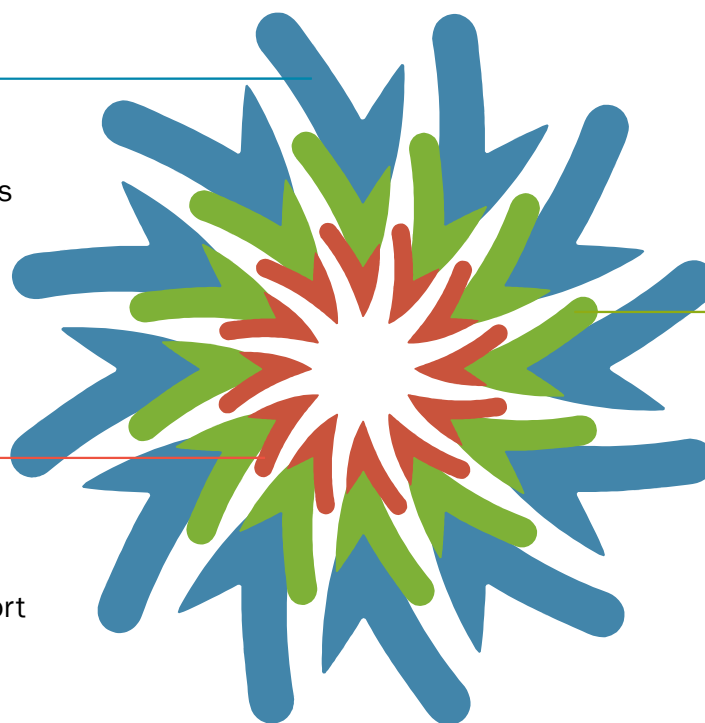
The power of WellSpark's **life-dimensional approach**

Biological Factors

- + Chronic conditions
- + Lab results
- + Medical and surgical procedures
- + Prescriptions
- + Diet and exercise
- + Sleep challenges

Social Factors

- + Caregiving
- + Family
- + Work
- + Financial, legal and other support resources



Psychological Factors

- + Coping
- + Disease distress
- + Grief
- + Resilience
- + Depression
- + Anxiety

Why employers **choose WellSpark**



Engage
participants



Reach the
hard to reach



Digital when
wanted, human
when needed



Meet people
where they are



Support a
wellbeing culture



Deliver
results





WellSpark

MICHAEL IACOVELLI

Director National Business Development

Miakovelli@wellsparkhealth.com

860-798-4908

Innovator #3: Hinge Health





NCBCH
NC BUSINESS COALITION ON HEALTH

Simple, complete & personalized musculoskeletal care

We help members move beyond pain.

Hinge Health Team



Ron Cox
RVP, Southeast



Dr. Bijal Toprani, DPT
Doctor of Physical Therapy

Simple, complete & personalized care for different MSK needs



Simple access to a digital joint & muscle clinic gets members moving when and where they want.

Clinically complete care team and technology suite manage pain and remove barriers to recovery.

Intelligently personalized care gets smarter with every move – and intervenes earlier to reduce unnecessary utilization.

MSK care for every body. And every body part.

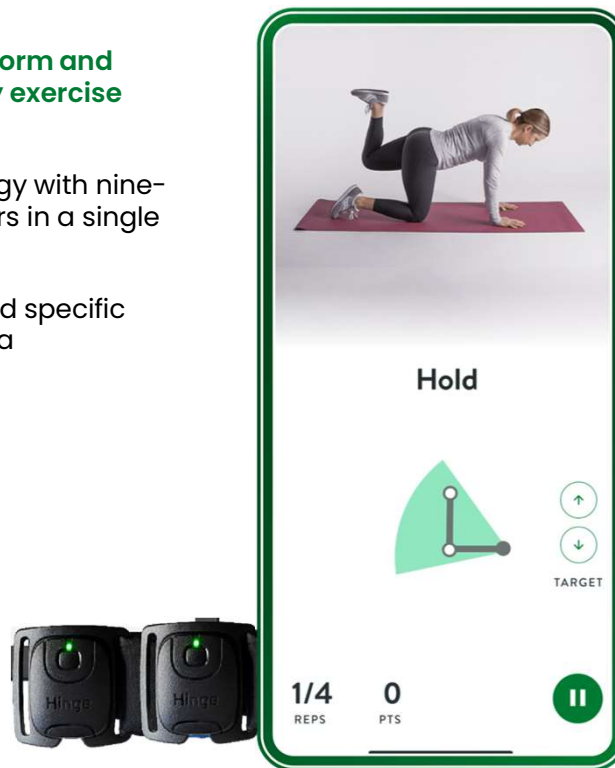


Wearable motion sensors

Enables real-time correction and support during exercise therapy

Real-time feedback corrects form and builds confidence during daily exercise therapy

- Pioneering sensor technology with nine-axis motion-tracking sensors in a single wearable chip
- Providing a tactile guide and specific feedback at the painful area

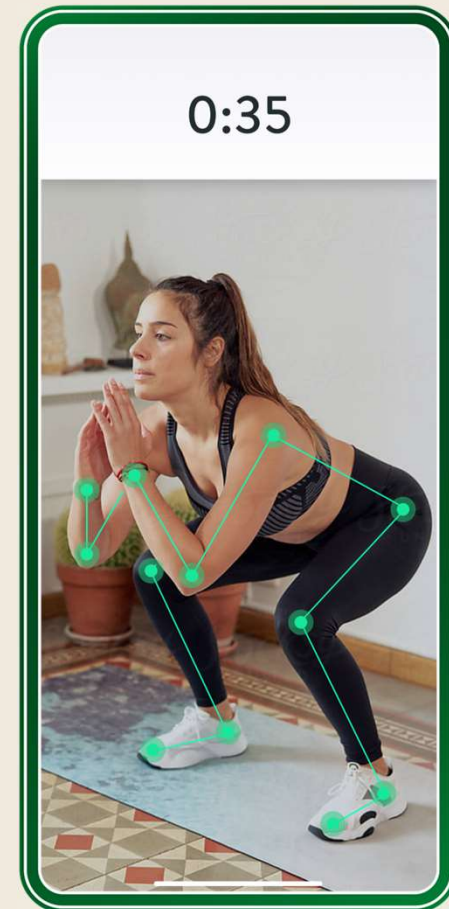


Most advanced computer vision for human motion tracking

Complements motion sensors for a full body assessment in 3D

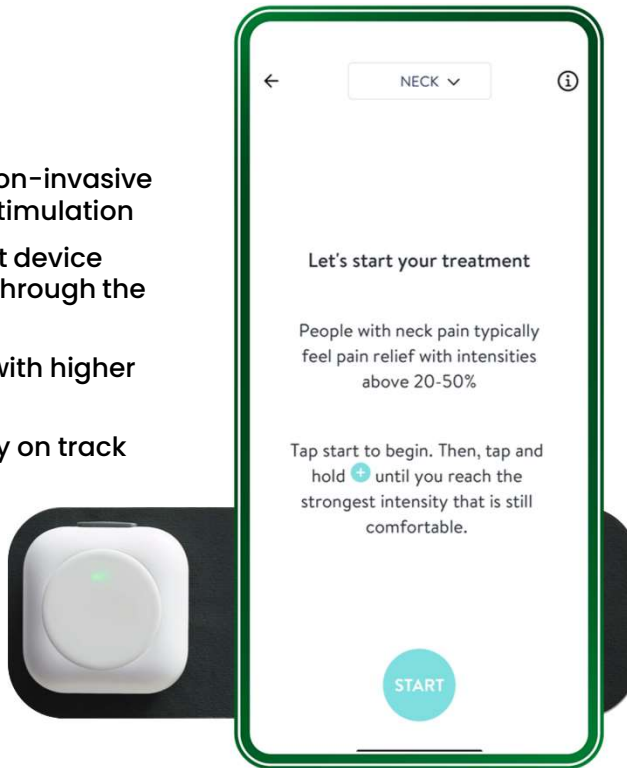
Tracks 87 joints and body points — 3x more than any other solution

Captures and interprets human movement and posture for form feedback and correction

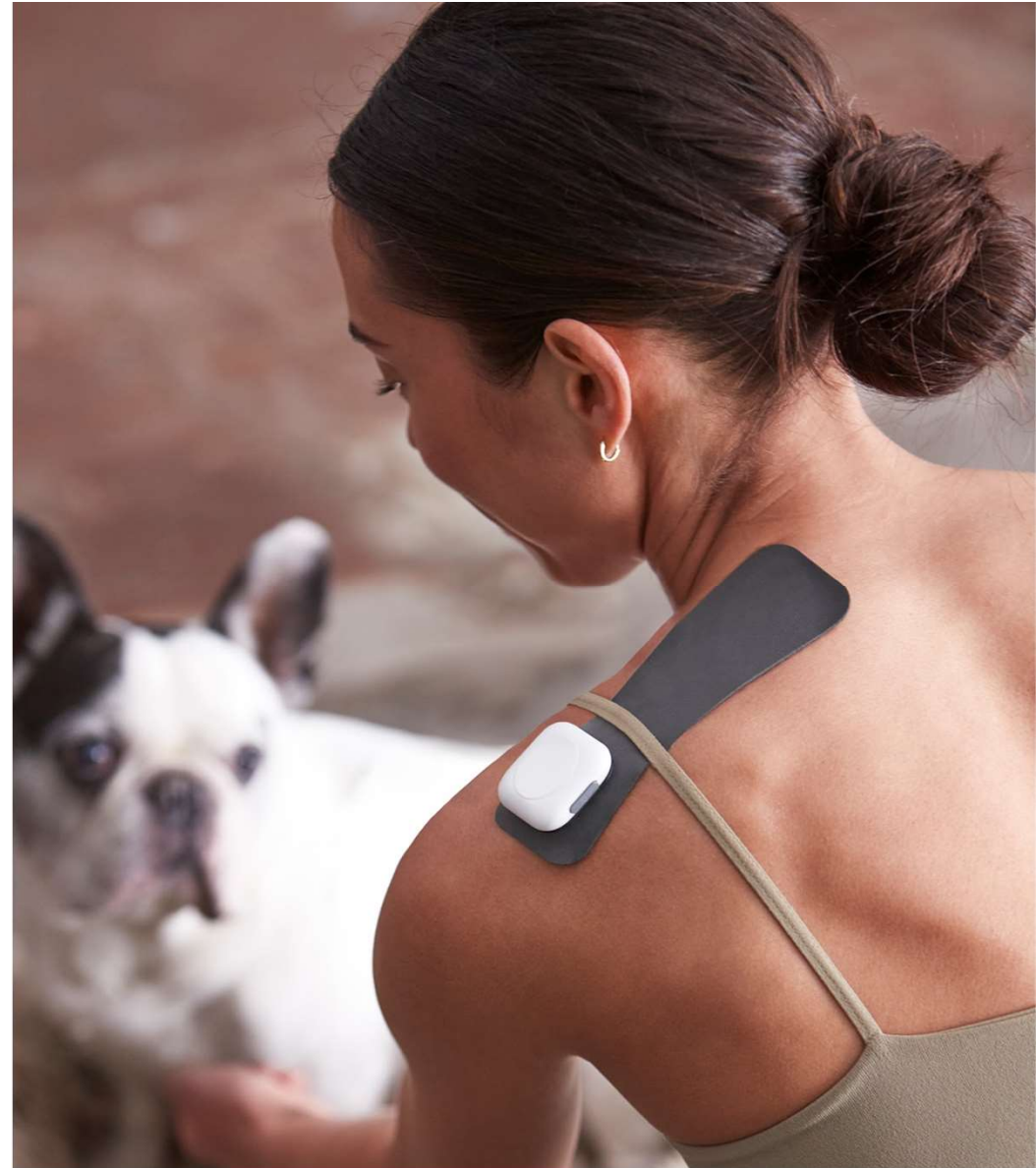


Enso provides pain relief without drugs or surgery

- Non-addictive, non-invasive electrical nerve stimulation
- Small, lightweight device accessed easily through the app
- Helps members with higher levels of pain
- get relief and stay on track



© Hinge Health Confidential





Thank you

Innovator #4: Calibrate

Calibrate



Calibrate

PERSONALIZED OBESITY CARE PROVEN TO TRANSFORM LIVES



▼ SIGNIFICANT, SUSTAINED OUTCOMES

Obesity is a complex, chronic disease with
multiple contributing factors



Food & Nutrition



Genetics



Mental Health



Lifestyle & Wellness



Biology



Environment

Legacy Focus

Comprehensive Expanded View

Obesity Impact

42%

Prevalence

2x

Higher Medical Costs

77%

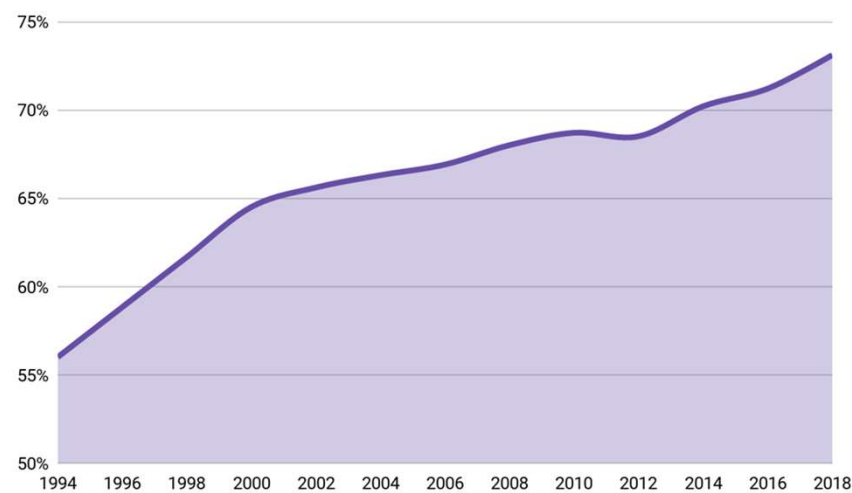
Increase In
Missed Work Days

▼ MEDICAL COST IMPACT

Obesity is the largest category of chronic disease, and it's going to bankrupt the healthcare system.

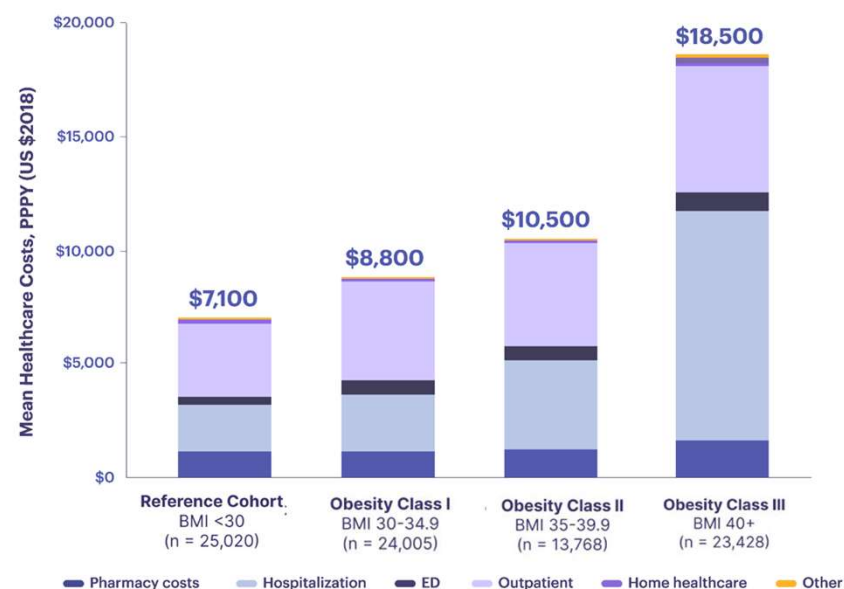
Driven by a perfect storm of our genetics, our environment, and our shifting biology, obesity rates and costs are skyrocketing, setting up the greatest healthcare debate of a generation.

Obesity rates have skyrocketed...



% US adults with obesity or overweight (BMI > 25) Source: CDC

...driving significant incremental healthcare costs.



▼ PHARMACY COST IMPACT

New obesity medications have been approved and they are highly effective, but incredibly expensive.

GLP-1s improve metabolic health, treating the root cause of obesity and delivering unprecedented weight loss. Consumer demand has led to dramatic growth, with analysts forecasting this as the largest pharma category ever.



Patients Taking Experimental Obesity Drug Lost More Than 50 Pounds, Maker Claims

Are drugs the answer to the world's obesity problem?

More than half the world's population could be overweight in the next decade or so

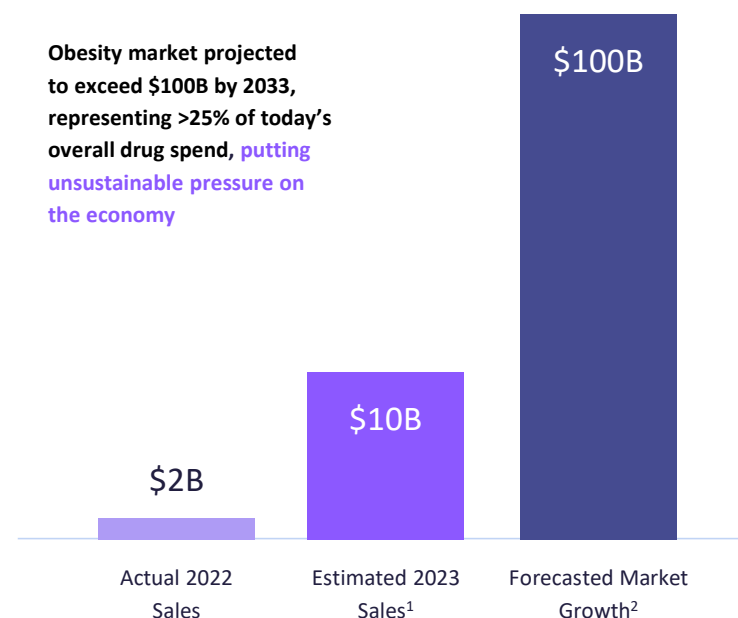
The Weight-Loss-Drug Revolution Is a Miracle—And a Menace

BUSINESS | HEALTH CARE | HEALTH

Why You Can't Find Wegovy, the Weight-Loss Drug

Novo Nordisk underestimated demand for drug that went viral on TikTok and YouTube

Obesity market projected to exceed \$100B by 2033, representing >25% of today's overall drug spend, putting unsustainable pressure on the economy



1 Riding the Wegovy wave.. (2023). Morgan Stanley Research.

2 Feedback to our obesity market update. (2023). Barclays Equity Research.

▼ THE CALIBRATE SOLUTION

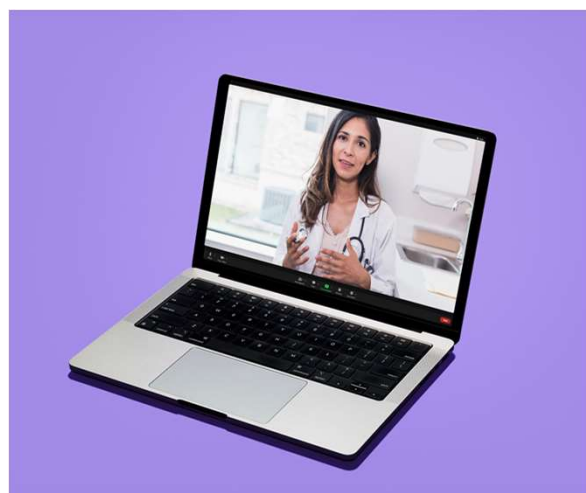
A fundamentally different approach to **treat obesity**.

Calibrate is defining the new standard of care for obesity treatment: identifying the right people, to take the right medication, for the right amount of time, to sustain results while delivering a total cost of care that works.

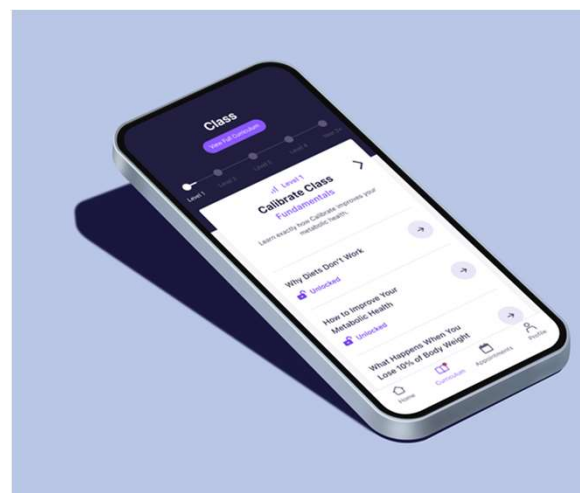
Medication Continuous Authorization

Intensive Lifestyle Intervention

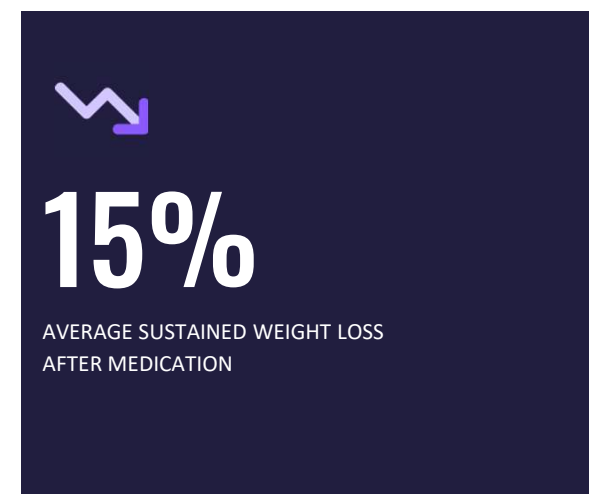
Significant, Sustained Outcomes



+



=



Our virtual center of excellence provides comprehensive clinical support to members.

Right Program: Personalized & Cost-Effective Obesity Treatment

Right Member

Right Medication

Right Time



Medical Team 1:1 video visit
+ Rx for clinically-
appropriate medication



Pharmacy benefit
coordination and prior
authorization integration



Dose optimization, side-
effect navigation, and
progress monitoring

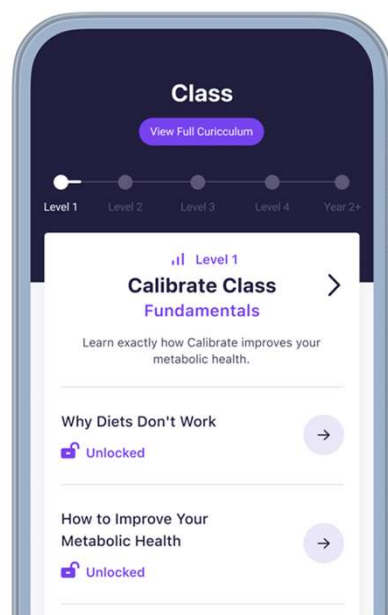


Medication tapering for
eligible members after a
significant, sustained
outcome

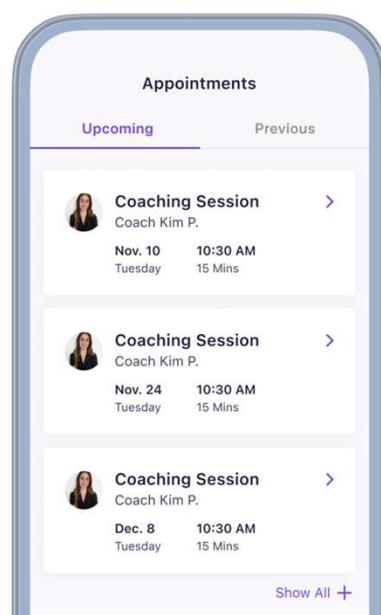
▼ INTENSIVE LIFESTYLE INTERVENTION

Intensive lifestyle intervention catalyzes physiological changes.

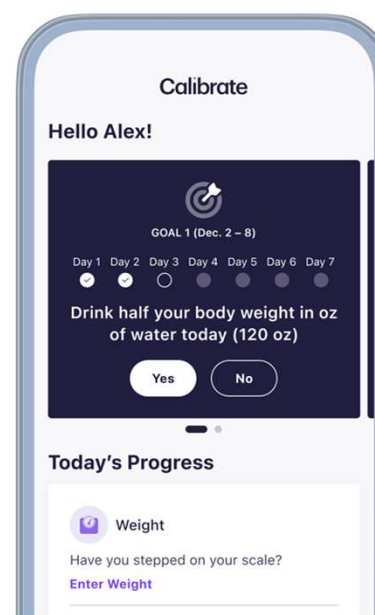
Research-Based Curriculum



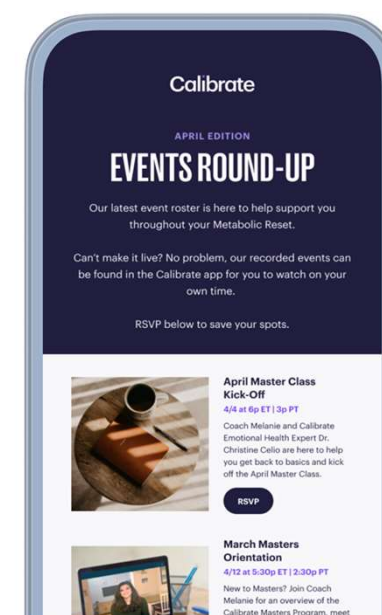
Accountability Coaching



Health Metrics Tracking



Community Support

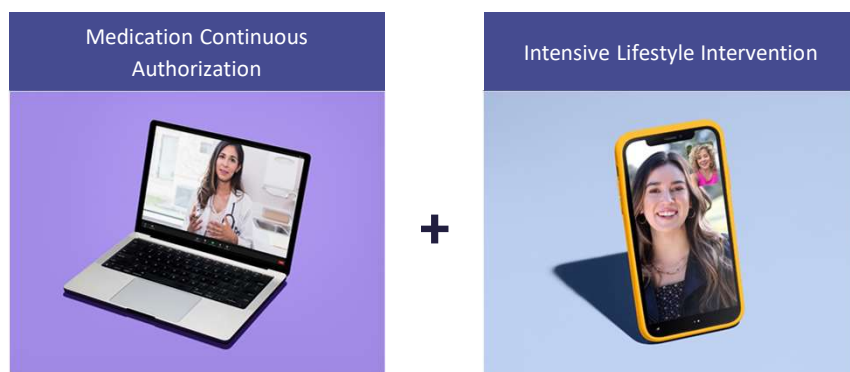


▼ CALIBRATE VALUE PROPOSITION

Calibrate solves for both costs and outcomes.

The right program so the right member, gets the right medication, for the right amount of time.

The Calibrate Solution



Why Calibrate?



Immediate Impact: 50% of members avoid or delay use of GLP-1s plus immediate impact on total medical expense from metabolic health improvements



Personalized Care: Diverse team delivering tailored obesity care so the right members have access to life-changing care



Business Value: Strong ROI + Member Satisfaction

Sustainable Results After Medication

15%

Average weight loss sustained at 12, 18, and 24 months

93%

of members sustain >10% weight loss 6+ months after initiating GLP-1 medication taper

Personalized Care With Proven Value

3:1

Projected ROI based on pharmacy and medical claims savings

1.8

Program interactions per member each day

Weight loss outcomes drive dramatic metabolic health improvement.

	<div>Hemoglobin A1C</div> <div>81%</div> <div>OF MEMBERS HAD A DOWNWARD SHIFT IN DIABETES/PREDIABETES CATEGORY</div>	<div>Waist Circumference</div> <div>6"</div> <div>AVERAGE REDUCTION FROM BASELINE THAT RESULTED IN 32% OF MEMBERS IMPROVING FROM AT RISK TO NORMAL</div>	<div>Low-Density Lipoprotein (LDL)</div> <div>61%</div> <div>OF MEMBERS HAD IMPROVED LDL FROM BASELINE</div>	<div>Inflammation</div> <div>81%</div> <div>AVERAGE DECREASE AS MEASURED BY HIGH SENSITIVITY C-REACTIVE PROTEIN</div>	
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Thank you!

[Read Donya's Story →](#)



[Read Craig's Story →](#)



[Read Cristina's Story →](#)



State Transformation Collaborative

Rebecca Whitaker, PhD



**Research Director
Duke-Margolis Center for Health Policy**



North Carolina State Transformation Collaborative: Opportunities for Employer Engagement

Presentation to North Carolina Business Group on Health
Spring Forum 2023

Rebecca Whitaker, PhD, MSPH

Research Director, Duke-Margolis Center for Health Policy

Presentation Overview

- **Introduce Duke-Margolis**
- Illustrate a role for employers in health care reform
- Share momentum around and importance of multipayer action on health reforms in NC
- Identify opportunities for employer involvement

What is Duke-Margolis?

Mission

Improve health, health equity, and the value of health care through practical, innovative, and evidence-based policy solutions.

Vision

To catalyze Duke's leading capabilities, including interdisciplinary academic research and capacity for education and engagement, to inform policy making and implementation for better health and health care.

Our Interdisciplinary Approach



Presentation Overview

- Introduce Duke-Margolis
- **Illustrate a role for employers in health care reform**
- Share momentum around and importance of multipayer action on health reforms in NC
- Identify opportunities for employer involvement

Employer Leadership in Health Reform Needed Now

- Annual premium for employer-sponsored health insurance for families has increased 55% since 2010 and 22% since 2015
- Only 55% of privately insured individuals report a regular, office-based source of care
- Minority of employees have access to convenient, affordable, coordinated care that keeps individuals and families healthy
- Potential for driving system-wide progress by moving away from “fee-for-service” health care reimbursement toward alternative payment models

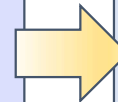
Power in market share: 46% of North Carolinians have health insurance coverage through an employer

Importance of Employer Efforts in Transforming Health Care

Employers can help shift health care payments away from fee-for-service by investing in advanced, comprehensive primary care models that better address employee needs.

Advanced Primary Care to Enable Comprehensive, Coordinated Care

- Advanced data analytics
- Home-based, virtual care
- After-hours and weekend access
- Perform moderately intense care in an out-patient, non-ER setting
- Timely and rapid specialist referrals
- Culturally competent care
- Builds relationships with community organizations
- Team-based care approach

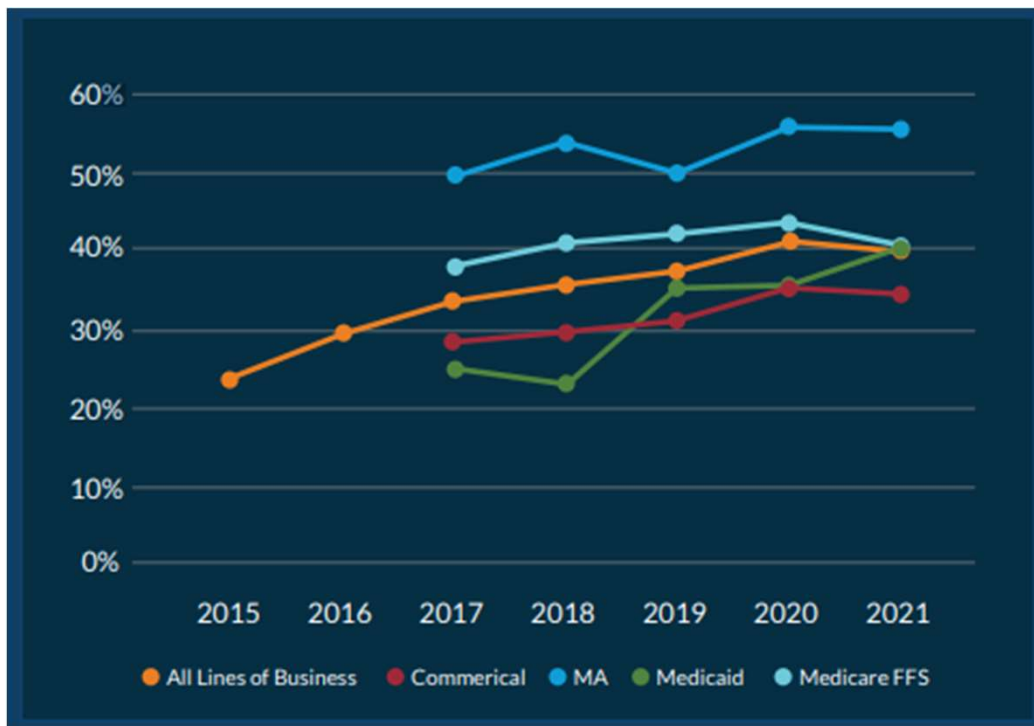


Better Outcomes & Lower Costs

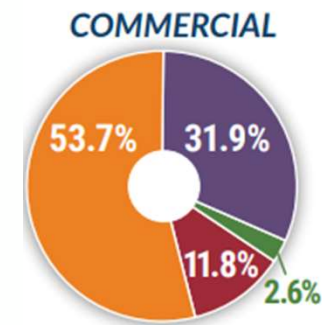
- Affordable and sustainable
- Supports individual and family health
- Access to office-based and virtual care
- Coordinates with specialized care
- Reduces disparities

Room to Grow for Commercial Payer Value-Based Purchasing

Health Plan Spending in Alternative Payment Models, 2015-2021



53.7% of commercial spending through fee-for-service contracts with no link to quality and value



Opportunity for Employer-Sponsored Reforms to Synergize with Centers for Medicare & Medicaid Services Strategy



Source: Innovation At The Centers For Medicare And Medicaid Services: A Vision For The Next 10 Years

Public-Private Collaboration to Advance Payment and Care Reform



“The Health Care Payment Learning & Action Network (HCPLAN or LAN) is an active group of public and private health care leaders dedicated to providing thought leadership, strategic direction, and ongoing support to accelerate our care system’s adoption of alternative payment models (APMs).”

- Focus on specific actions to support advanced, accountable care that achieves improvements in outcomes, spending, and equity
- Goal of advancing synergistic payment and care reforms by engaging communities and states

Presentation Overview

- Introduce Duke-Margolis
- Illustrate a role for employers in health care reforms
- **Share momentum around and importance of multipayer action on health reforms in NC**
- Identify opportunities for employer involvement

Status of Health Care Transformation in NC

Steps toward supporting better population health – **primary care payment reforms, availability of telehealth, social services data sharing, public health/health care collaboration** – helped NC achieve relatively good results relative to other states in terms of limiting deaths and disparities in the pandemic

NC DHHS, Medicare, and other health insurers remain committed to the **transformation goals of improving equity, outcomes, and affordability** – while recognizing complications caused by COVID-19 and economic disruptions

Health care systems are stressed with **staffing shortages and rising costs** – need to focus on steps that can reduce the workforce burdens and inefficiencies in care delivery

Recognizing the importance of federal-state and multi-stakeholder alignment to address these challenges, CMS is supporting a new **State Transformation Collaborative** in North Carolina to support NC reform and to inform its national strategy on advancing comprehensive care and equity

State Transformation Collaboratives

*A private-public and state-federal partnership to continue to shift the economic drivers away from fee-for-service to a value-based, person-centered approach to health through **Medicaid, Medicare, and commercial** collaboration and partnership.*



Comprised of payers, purchasers, providers, health systems, payers, patient advocates, and community organizations



Identifying commonalities in locally-driven approaches to enable cross-state learning and implementation of alternative health care payments

Four distinct working groups:



North Carolina



Arkansas



Colorado



California

Multi-stakeholder Alignment Can Help Advance Health Reform Efforts



Accelerate participation in new payment and delivery models and improve provider performance.



Reduce variability and administrative burden by creating a single set of expectations that helps providers pursue the same goals for all patients, regardless of which payer or program insures them.



Improve health system capabilities, including addressing rising costs and disparities, identifying and tracking data that can improve provider performance, building technical infrastructure, and sharing best practices.

Duke

MARGOLIS CENTER
for Health Policy



NCDHHS



HCPLAN
Health Care Payment Learning & Action Network

State Transformation Collaborative

Our Goals

Improve
Population
Health

Advance
Health
Equity

Enhance
Patient
Experience

Relieve
Provider
Burden

Reduce
Cost

Our Strategies

Strengthen
Primary Care

Align Quality
Measures

Enhance Health
Equity Data

Improve Data
Infrastructure

Our Vision

An innovative North Carolina health care delivery system that rewards better health outcomes, integrates physical and behavioral health, and invests in non-medical interventions aimed at reducing costs and improving the health of North Carolinians.

STC ROLE

Securing and implementing an agreed path forward for alignment and action.

Sign up on our website to receive regular updates about this initiative: <https://healthpolicy.duke.edu/ncstc>

Duke

MARGOLIS CENTER
for Health Policy

Proposed Next Steps for the NC State Transformation Collaborative

- Identify a small set of high-priority primary care performance measures where we know persistent disparities exist for voluntary adoption across payers and lines of business



Maternity Care



Cardiovascular
Disease



Behavioral Health



Patient-
Reported
Measures



Child
Immunizations

- Streamline the measurement process across payers to reduce burden on providers and give them more time for patient care
- Develop a consistent approach for measuring and identifying disparities
- Build data infrastructure to support improvements on performance measures and health disparities

Longer-term goal: Leverage these streamlined, multi-stakeholder approaches to encourage adoption of advanced, coordinated primary care models that can improve health and health equity for patients.

Presentation Overview

- Introduce Duke-Margolis
- Illustrate a role for employers in health care reforms
- Share momentum around and importance of multipayer action on health reforms in NC
- **Identify opportunities for employer involvement**

Employer Engagement in the NC STC

Employers in North Carolina can help drive progress on care and payment reforms that support the health of their workforce, population health, and health care affordability.

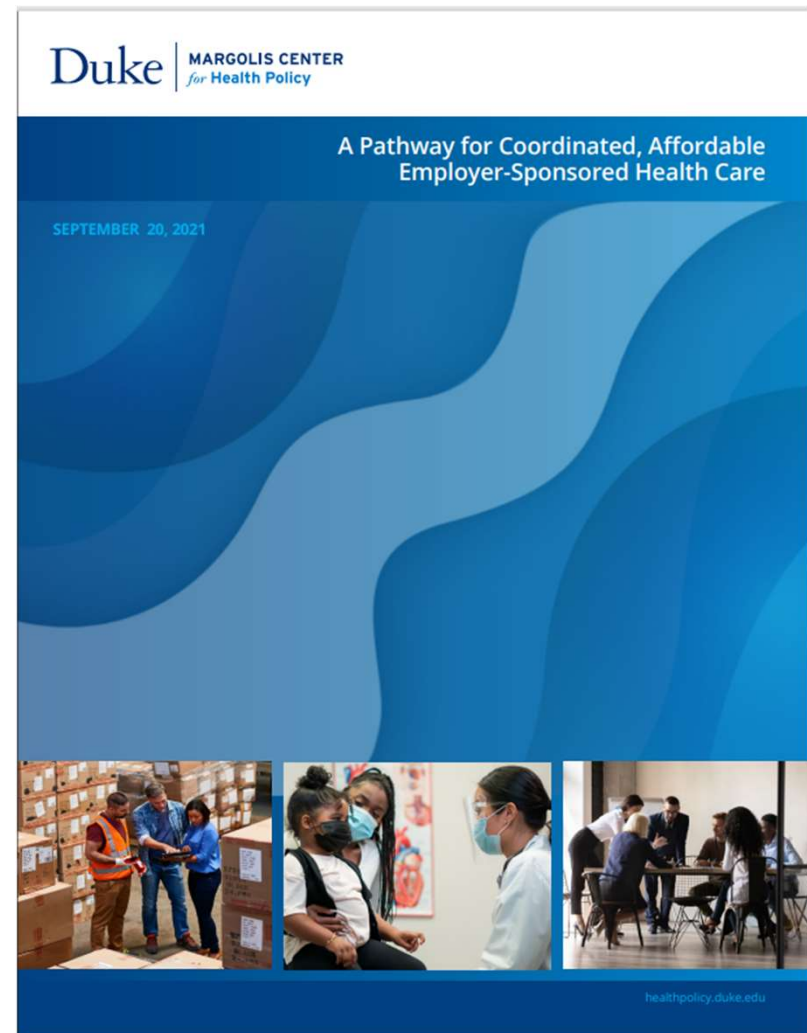
Based on stakeholder feedback for early action steps, employer feedback needed on:

- Vision for a high-value primary care system for their employees
- Common measures used to identify and support advanced primary care practices for employees and their families
 - Cancer screening, immunizations, diabetes, depression/behavioral health, maternal health outcomes, patient experience, hospital utilization, total cost of care
 - Health equity
- Strategies for greater data supports that can be leveraged for targeted health improvement and building high-value networks of providers

Opportunities to Collaborate beyond the NC STC

- Identifying potential partners for accelerating implementation of innovative contracting and care delivery approaches, especially related to primary care and behavioral health
 - Along with specific technical assistance and support to accelerate implementation
- Generating and disseminating evidence on the impact of employer-driven efforts to transform health care – to increase uptake and support
 - Including role of point solutions in enabling coordinated, affordable employer-sponsored health care

- Provides additional detail on opportunities for employers to build comprehensive partnerships with health care providers to deliver better care
- Available on Duke-Margolis and Morgan Health websites



<https://healthpolicy.duke.edu/sites/default/files/2021-09/Pathway%20for%20Coordinated%2C%20Affordable%20Employer-Sponsored%20Health%20Care..pdf>

Thank You

Contact Us



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1201 Pennsylvania Avenue, NW, Suite 500
Washington, DC 20004



healthpolicy.duke.edu



Subscribe to our monthly newsletter at
dukemargolis@duke.edu



Durham office: 919-419-2504
DC office: 202-621-2800

Follow Us



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@dukemargolis



@dukemargolis



Duke Margolis

Community & Clinical CONNECTIONS for Prevention & Health Branch

NORTH CAROLINA
DIVISION OF PUBLIC HEALTH

Courtney Ramsey-Coleman

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CONNECTIONS
for Prevention & Health
Branch NORTH CAROLINA
DIVISION OF PUBLIC HEALTH

NC Business Group on Health Spring Forum
April 28, 2023

Courtney Ramsey-Coleman, MS, RDN, LDN

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**Please hold all questions
until the end of the
presentation**



Supporting Breastfeeding in the Workplace

1

Less missed work: Breastfed babies have less illness overall and less hospitalization which means parents can **miss up to six times LESS work hours**

2

Healthier workforce: Women who breastfeed can have **reduced risk** for breast cancer, ovarian cancer, type 2 diabetes, and heart disease

3

Healthier communities: Breastfed infants have **reduced risks** for asthma, obesity, type 1 diabetes, ear infections, sudden infant death syndrome, and gastrointestinal infections

Why is breastfeeding important in the workplace?



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Workplace Breastfeeding Policy

How can you help?

1

Develop a workplace breastfeeding policy



2

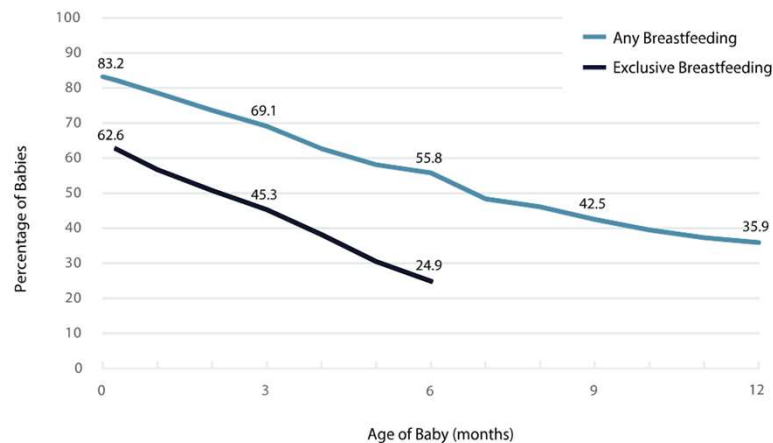
Provide break time and a private, comfortable space for pumping



FYI

Accommodating lactating mothers is the law, check out the **PUMP Act**

Figure 1. Percentage of Babies Receiving Any and Exclusive Breast Milk During the First 12 Months, Among Children Born in 2019

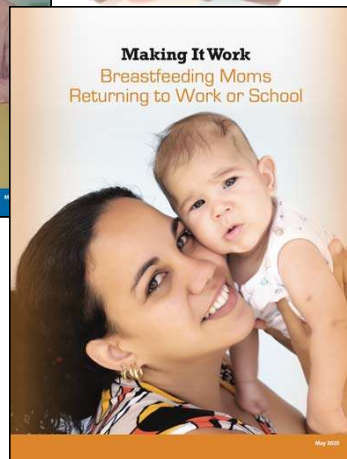
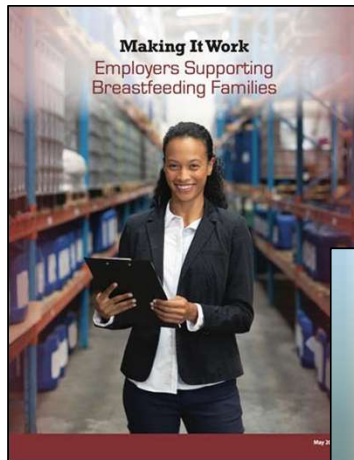


cdc.gov/breastfeeding/data/reportcard.htm



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Resources



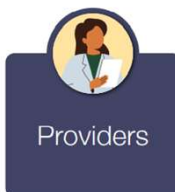
WORK
well NC

NC Making It Work Tool Kit

- Employers Supporting Breastfeeding Families
- Supporting Worksite Lactation Accommodations
- Breastfeeding Moms Returning to Work or School

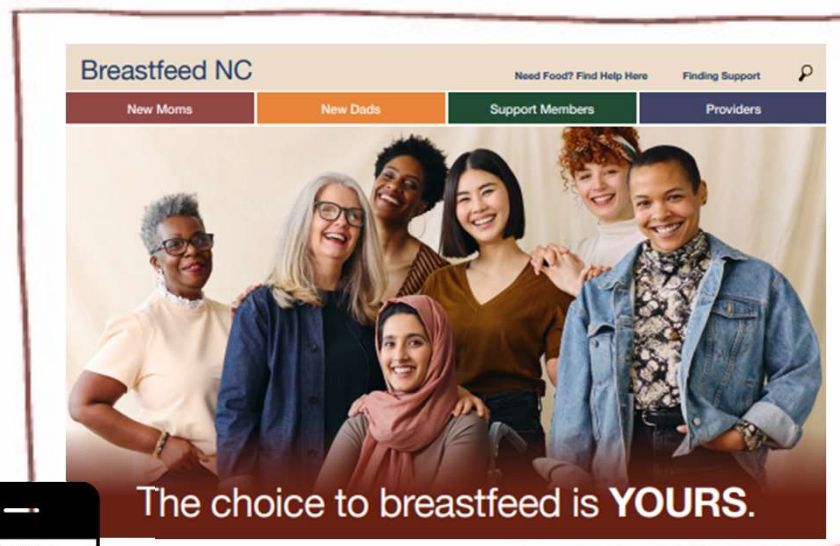
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Resources, Support, and Trainings



**STRONG
START**

Dad's Role
in Supporting
Breastfeeding



BreastfeedNC.com

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Action Items



Action 1
Commit to supporting breastfeeding



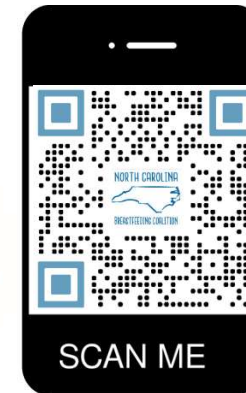
Action 2
Provide a space for breastfeeding employees



Action 3
Adopt a breastfeeding policy



Action 4
Become a breastfeeding-friendly employer



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NORTH CAROLINA
DIVISION OF PUBLIC HEALTH



www.EatSmartMoveMoreNC.com

Encouraging Wellness in the Workplace

Free resources to promote healthy eating and active
living from Eat Smart, Move More NC

Eat Smart, Move More NC is a statewide movement promoting opportunities for healthy eating and physical activity by focusing on 8 key strategies.



Move more



**Eat more healthy foods,
less junk and fast food**



**Eat more fruits
and vegetables**



Drink more water



Sit less



**Start and continue
to breastfeed**



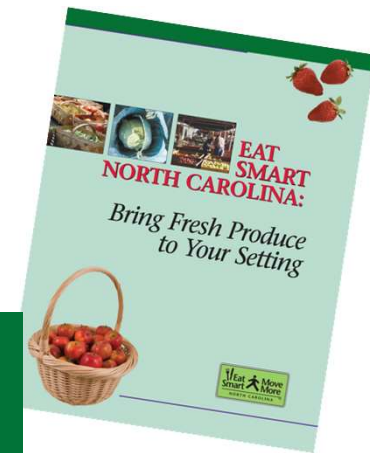
Get enough sleep



Manage stress

Free printable resources on each of these strategies to use with your team.

Including colorful handouts with recipes, videos, posters, and resource guides:



eatsmartmovemorenc.com

A group of diverse children are playing on a green grassy field. In the foreground, a boy in a red and white striped shirt is smiling and holding a stick. Behind him, a girl in a pink shirt and another boy in a white shirt are also playing. The background shows more children and a colorful playground structure.

JOIN THE MOVEMENT!



Our statewide collaborative provides access to healthy eating and active living resources, education, and networking opportunities to enhance local action and statewide impact.



Claudia Giraldo

Diabetes Program Assistant

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DIABETES**FREE** NC

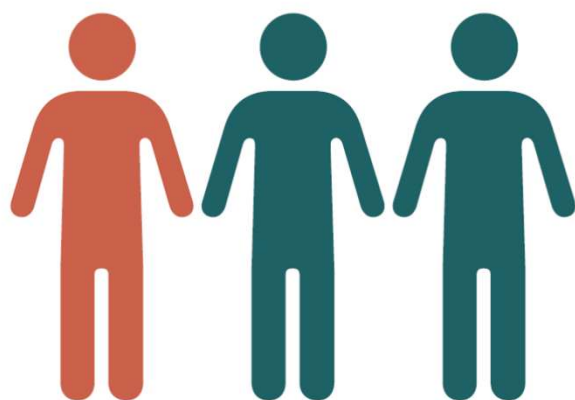
Reducing the risk of type 2 diabetes for North Carolinians

What is Prediabetes?

Prediabetes is a condition whereby people have higher than normal blood glucose (sugar) levels, but not yet high enough to be diagnosed as diabetes.



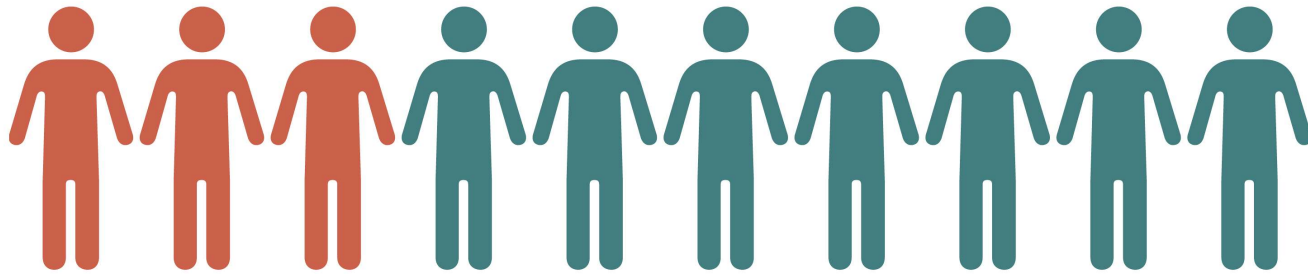
Prediabetes



1 out of 3
adults has
prediabetes.

DIABETES**FREE** NC

Prediabetes



Without intervention, **up to 30%** of people with prediabetes will develop type 2 diabetes within 5 years.

Cost of Diabetes



TOTAL MEDICAL COST IN
LOST WORK AND WAGES FOR
PEOPLE WITH DIABETES



EMPLOYEES WITH DIABETES
COST EMPLOYERS \$7,500
MORE ANNUALLY

DIABETES**FREE** NC

Prevention



A structured lifestyle change program can help cut the risk for developing type 2 diabetes by **58%** for people with prediabetes.

National Diabetes Prevention Program

A key part of the National DPP is a **lifestyle change program** that provides:



**A trained
lifestyle
coach**



**CDC-approved
curriculum**



**Group
support**

Yearlong program designed to empower people at risk for prediabetes to take charge of their health and well-being. Research has proven this to be a successful and sustainable lifestyle change program.

DIABETES**FREE** NC

National Diabetes Prevention Program

Participants learn strategies to...



Eat healthy



Incorporate
physical activity
into daily routine



Manage stress



Solve problems
that get in the way
of healthy changes

Classes are held in small group settings facilitated by a lifestyle coach.

DIABETES**FREE** NC

DIABETES**FREE** NC Partners Working to Increase Enrollment in the National DPP

National Partners



State Partners



NC WISEWOMAN



North Carolina Medical Society
FOUNDATION
Opening Doors to Quality Health Care



Recognized DPP Leaders



**NC Minority
Diabetes Prevention Program**

NC DPP Providers

All DPPs supported by DiabetesFreeNC are CDC-recognized programs.

Classes can be online, in-person, or a combination.

Visit **DiabetesFreeNC.com** to
find a program in your area.



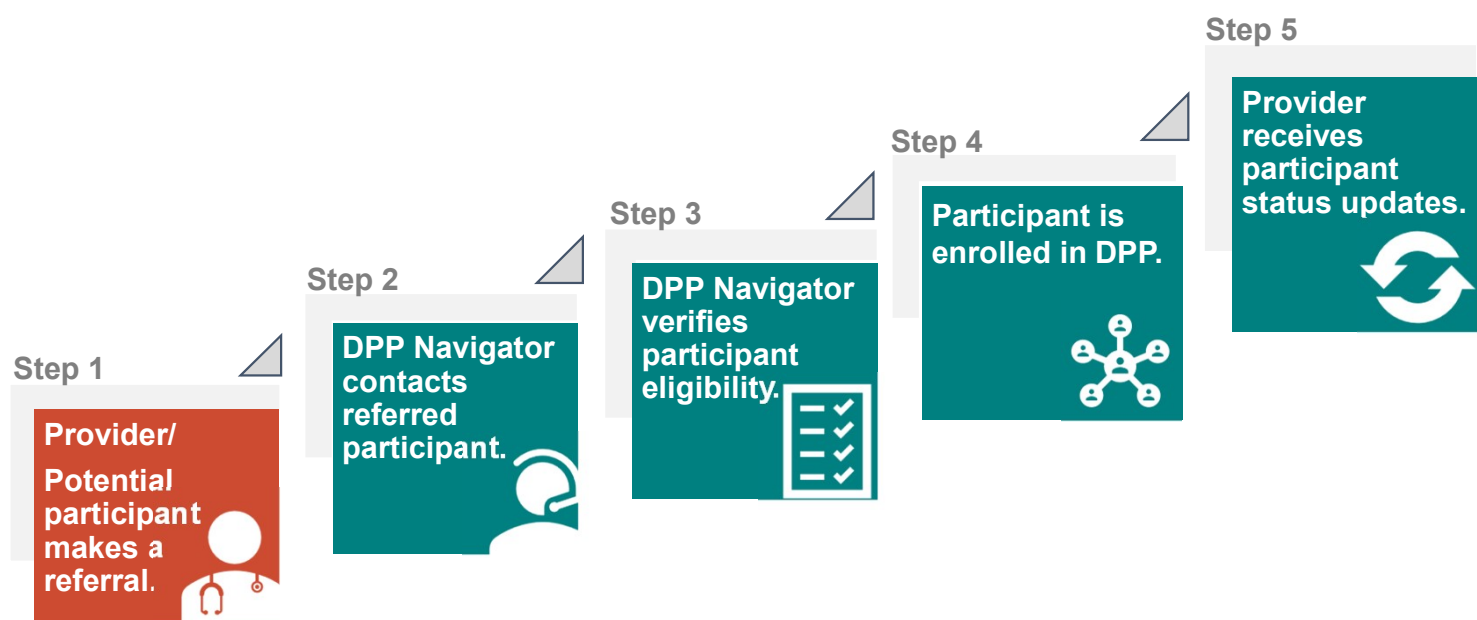
DIABETES**FREE** NC

DIABETES**FREE** NC



Connecting North Carolinians who have prediabetes or at risk of developing type 2 diabetes to a Diabetes Prevention Program (DPP)

DiabetesFreeNC DPP Referral Process





Step 1: Participant makes a self-referral



Information Card

844-348-0021

Anyone can call the DPP Navigator line to inquire about DPPs.

DIABETES**FREE** NC



Step 2: DPP Navigator contacts referred participant



DIABETES**FREE** NC



Step 3: DPP Navigator verifies participant eligibility



18 YEARS
AND OLDER

AND



OVERWEIGHT

AND



DIAGNOSED
WITH PREDIABETES

OR



PREVIOUSLY
DIAGNOSED WITH
GESTATIONAL
DIABETES



Step 3: DPP Navigator verifies participant eligibility

Must meet at least **one** of the following:

- Prediabetes risk test score of 5 or higher
- Previous gestational diabetes diagnosis
- Positive blood test within the past year
 - Fasting Blood Glucose (100-126mg/dL)
 - Two-hour OGTT (140-199 mg/dL)
 - HbA1c (5.7-6.4%)

DIABETES**FREE** NC

Prediabetes Risk Test

NATIONAL DIABETES PREVENTION PROGRAM

1. How old are you? Write your score 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 (0 points) No (1 point)

7. What is your weight category?

(See chart at right)

Total score:

Height Weight (lbs.)

Height	Weight (lbs.)
4'10"	119-142 143-190 191+
4'11"	124-147 148-197 198+
5'0"	128-152 153-203 204+
5'1"	132-157 158-210 211+
5'2"	136-163 164-217 218+
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"	159-190 191-254 255+
5'8"	164-196 197-261 262+
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"	189-226 227-301 302+
6'2"	194-232 233-310 311+
6'3"	200-239 240-318 319+
6'4"	205-245 246-327 328+

1 Point 2 Points 3 Points

You weigh less than the 1 Point column (0 points)

If you scored 5 or higher

You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, Asian Americans, and Pacific Islanders.

Higher body weight increases diabetes risk for everyone. Asian Americans are at increased risk for type 2 diabetes at lower weights (about 15 pounds lower than weights in the 1 Point column).

You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent type 2 diabetes through a CDC-recognized lifestyle change program at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.

American Diabetes Association CDC



Step 4: If eligible, enroll participant in a DPP



Participant Guide

Introduction to the Program



Ways to Get Active

There are so many great ways to get active. You're sure to find at least one that you enjoy. Here are just a few ideas.

1. After you read six pages of a book, get up and move a little.
2. Dance to your favorite music.
3. Pace the sidelines at your children's or grandchildren's sports events.
4. Play actively with your children or pets for 15 to 30 minutes a day.
5. Replace Sunday drives with Sunday walks.
6. Run or walk fast when you do errands.
7. Start a new active hobby, such as biking or hiking.
8. Take a walk after dinner with your family or by yourself.
9. Track your steps with a pedometer. Work up to 10,000 steps or more a day.
10. Walk around whenever you talk on the phone.
11. Walk briskly when you shop.
12. Walk up and down escalators instead of just riding them.
13. Walk your dog each day.
14. When you watch TV, stand up and move during the ads, or do chores.

How do you plan to get active?

Source: American College of Sports Medicine (<https://www.acsm.org/locations/franchises/reducing-sedentary-behavior-why-its-why-and-moving-more.pdf>) and Heart Foundation (<https://heartfoundation.org.au/images/uploads/publications/PK-Sitting-Less-Adults.pdf>)

Participant Guide: Get Active to Prevent 2



Guía del participante

Introducción al programa



Actividad física

¿Qué no son saludables y con calorías, tales como los helados?

Mis Opciones
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

¿Cómo decir cuántos minutos?

¿Cuánto tiempo?

¿Dónde?

¿Cómo lo hace?

- Cuaderno.
- Grabadora de voz.
- Hoja de cálculo.
- Herramientas en su teléfono o computadora.

Una forma sencilla es usar la hoja de registro de actividad física del programa.

Guía del participante: Lleve un registro de su actividad física



Step 5: Referring provider receives participant updates

Bi-Directional Feedback

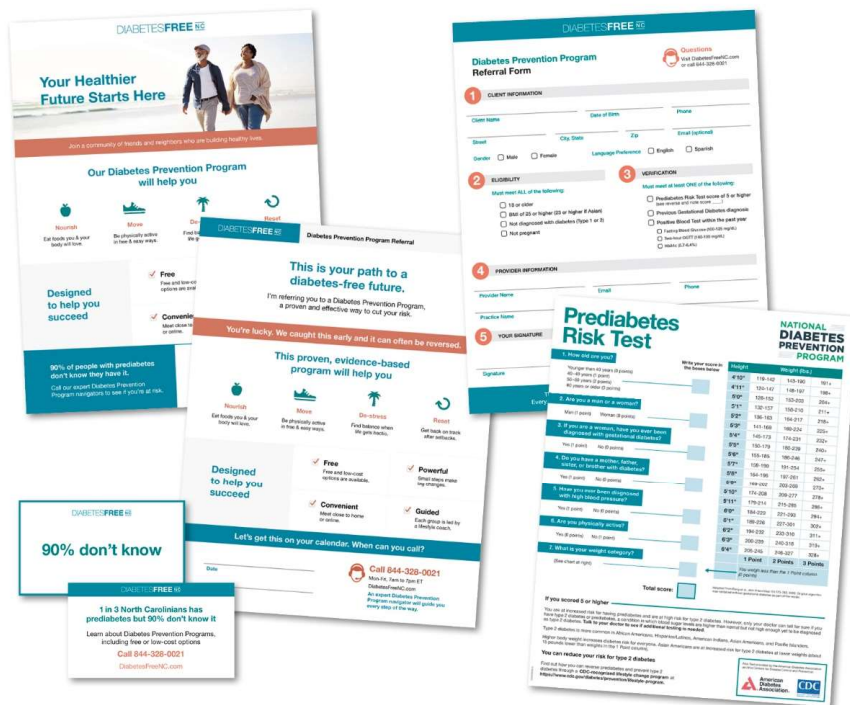
Navigator periodically requests participant updates from DPP Lifestyle Coaches on the following schedule:

- 30 days
- 6 months
- 12 months

Physicians are sent feedback on their patients if/when patient:

- Enrolls in a DPP
- At any point decline program participation/are lost to follow up/ become ineligible
- Complete the 12-month DPP Program

DIABETESFREE NC Toolkit



Available now at DiabetesFreeNC.com

Your Healthier Future Starts Here

Join a community of friends and neighbors who are building healthy lives.

Our Diabetes Prevention Program will help you

Nourish
Eat foods you & your body will love.

Move
Be physically active in free & easy ways.

De-stress
Find balance when life gets hectic.

Reset
Get back on track after setbacks.

Designed to help you succeed

Free
Free and low-cost options are available.

Powerful
Small steps make big changes.

Convenient
Meet close to home or online.

Guided
Each group is led by a lifestyle coach.

90% of people with prediabetes don't know they have it.

Call our expert Diabetes Prevention Program navigators to see if you're at risk.

Call 844-328-0021 to save your spot.
Mon-Fri, 7am to 7pm ET
DiabetesFreeNC.com

DPP Navigator Benefits



Real-time, live interaction with a DPP Navigator



Established relationships with DPP lifestyle coaches

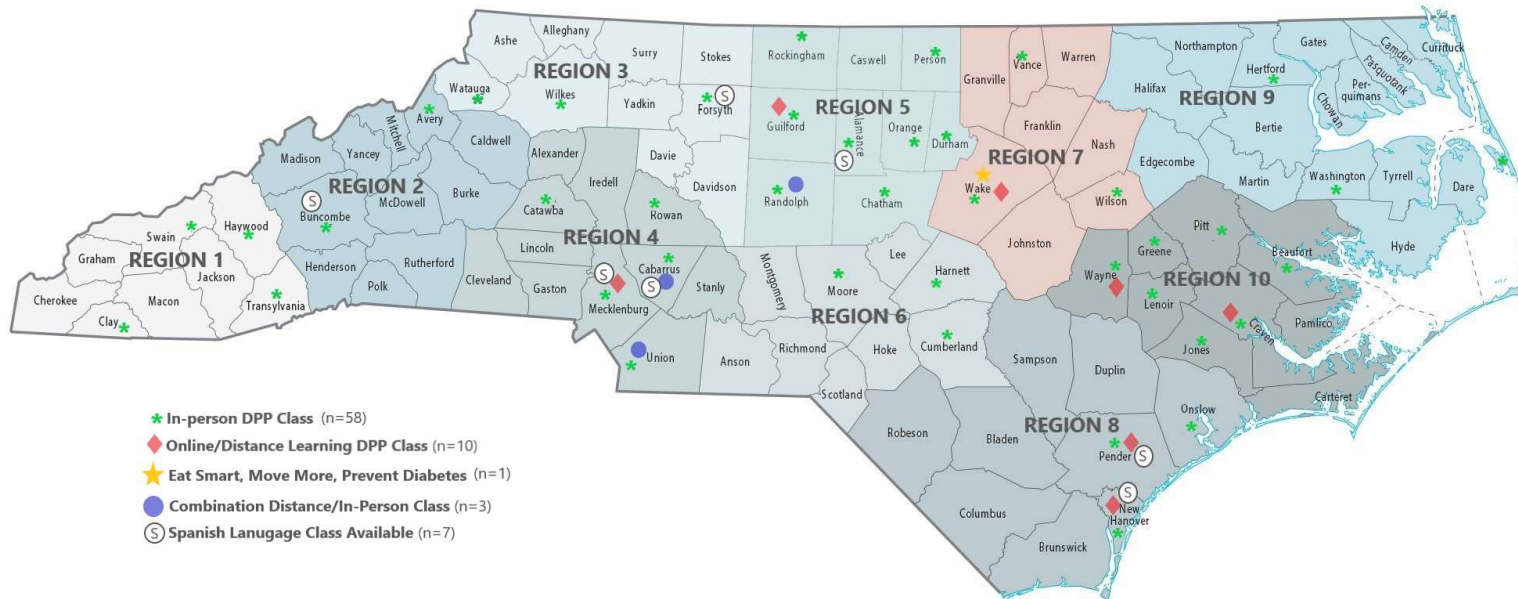


Bidirectional feedback for providers



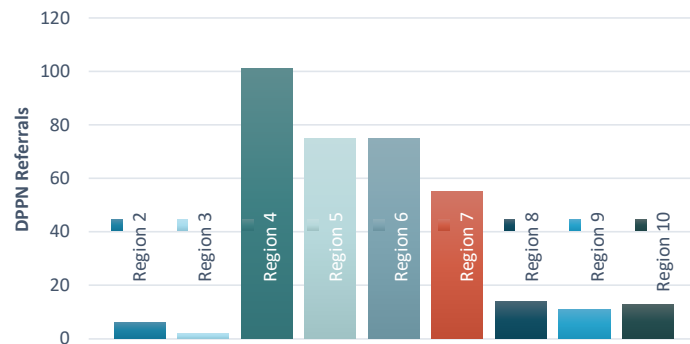
Eliminates the barrier of searching for a DPP

CDC Recognized Diabetes Prevention Programs in NC

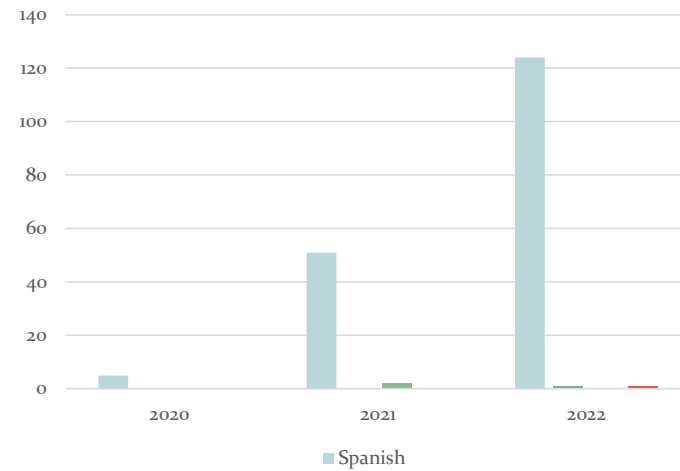


DPP Navigator Referrals

2022 DPPN Referrals by Health Department Region



DPPN Clients with Preferred Language of Spanish





Contact Us

Diabetes Prevention Program Navigators

North Carolina Department of Health and Human Services

Division of Public Health

Community and Clinical Connections for Prevention and Health Branch

844-328-0021 DPP Referral Hotline

866-336-2329 fax

dppreferral@dhhs.nc.gov

Claudia Giraldo

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DIABETES**FREE** NC

Kelly Nordby, MPH, RDN, LDN

Eat Smart, Move More Weigh Less Coordinator

Eat Smart, Move More, Prevent Diabetes Coordinator

NC State University



NC STATE UNIVERSITY



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

NATIONAL
**DIABETES
PREVENTION**
PROGRAM

Recognized as a provider of the
Centers for Disease Control and
Prevention's (CDC) National Diabetes
Prevention Program (NDPP)



Eat Smart | Move More
Prevent Diabetes®



Achieved **Full**
CDC recognition

Program Team



Diabetes Prevention Program

A key part of the National DPP is a **lifestyle change** program that provides:



A trained
lifestyle
coach



CDC-approved
curriculum



Group
support

**Yearlong program designed to empower people at risk
for prediabetes to take charge of their health and well-being**

esmmpreventdiabetes.com

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CDC Eligibility Requirements for DPP



18 years
and older

AND



Overweight

AND



Diagnosed with
prediabetes

OR



Previously
diagnosed with
gestational
diabetes

esmmpreventdiabetes.com

© 2020


Eat **Smart** | Move **More**
Prevent Diabetes
Online

Diabetes Prevention Program

Participants learn strategies to...



Eat
healthy



Incorporate
physical activity into
daily routine



Manage
stress



Solve problems
that get in the way
of healthy changes

esmmpreventdiabetes.com

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What is Eat Smart, Move More, Prevent Diabetes?



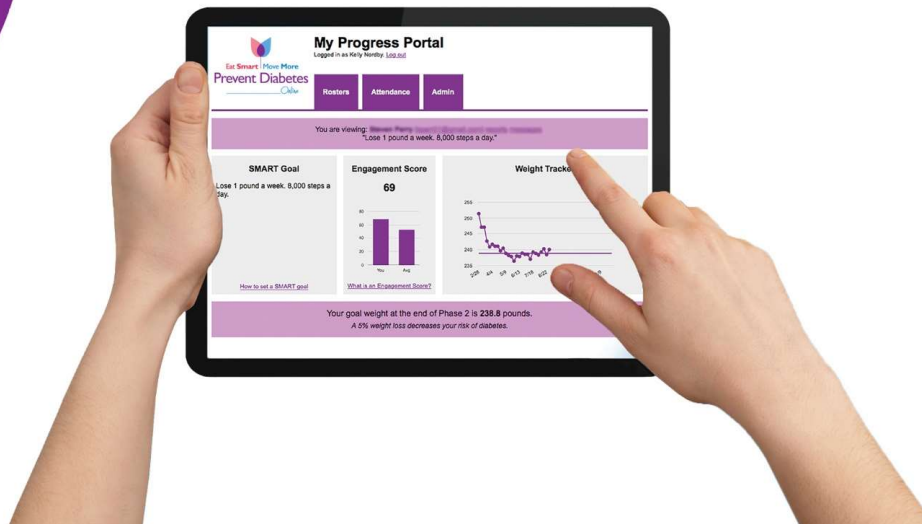
A 12-month online program delivered in real-time with a **live** instructor. Participants can see and hear their instructor while interacting with classmates.



What is Eat Smart, Move More, Prevent Diabetes?

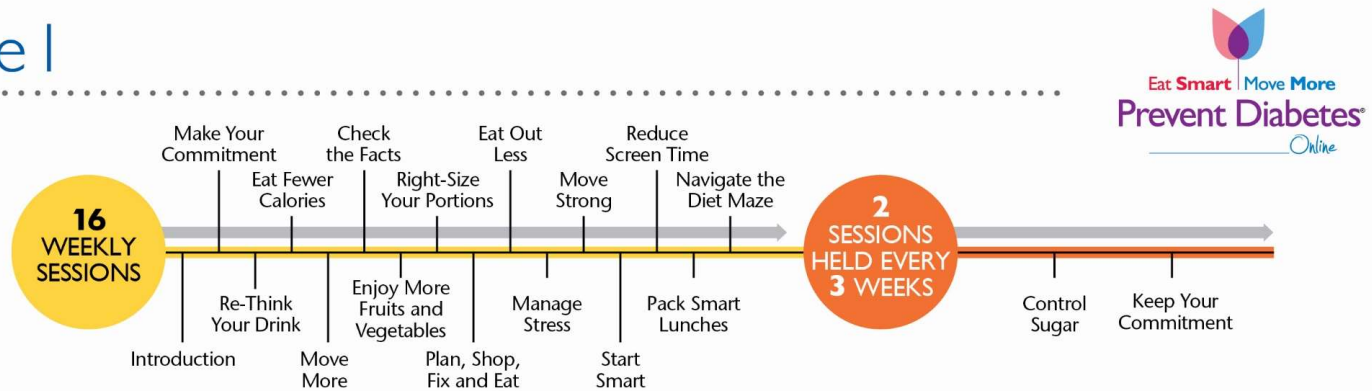


One-on-one support is provided through a **secure online portal**. Participants use the portal to track their progress and communicate with their instructor.



Eat Smart, Move More, Prevent Diabetes Timeline

Phase I



Phase II



What makes Eat Smart, Move More, Prevent Diabetes **unique**?

Ideal for those who
don't have an onsite
program available.



What makes Eat Smart, Move More, Prevent Diabetes **unique?**



© 2018

Appeals to those that prefer the convenience of an online program.



What makes Eat Smart, Move More, Prevent Diabetes **unique**?

Allows frequent program offerings throughout the year minimizing wait time to start a program.



© 2018

What makes Eat Smart, Move More, Prevent Diabetes **unique**?

ESMMPD 2023 Series Schedule	Jan 2023	Feb 2023	March 2023	April 2023	May 2023	June 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023
Starting Week	01/15/23	02/19/23	03/19/23	04/16/23	05/14/23	06/11/23	08/13/23	09/10/23	10/08/23	11/12/23



© 2018

What makes Eat Smart, Move More, Prevent Diabetes **unique**?



Provides lunchtime
and early to late
evening classes.



Program Enrollments

More than **4,000** participants
have enrolled in Eat Smart,
Move More, Prevent Diabetes.



Participant Incentives



© 2021



Several incentives are provided during the yearlong program for meeting attendance milestones, such as t-shirt, oven mitts, meal planner, and cutting board.



Program Cost



NC residents pay \$30 at
registration with a FULL
REFUND for meeting
attendance and tracking
requirements

(program valued at \$449)

NC STATE UNIVERSITY



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health



MARKETING MATERIALS

Flyers



Email announcements





CONTACT US: administrator@esmmweighless.com

NC STATE UNIVERSITY

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

Franklin Walker, MBA

Vice President, Solutions

Executive Director, Community Practitioner Program

Executive Director, Project OBOT NC

Executive Director, Our Community Health Initiative (OCHI)

North Carolina Medical Society Foundation

FWalker@ncmedsoc.org



NCMSF & AMA 3-year initiative – 5 physician champions

Strategy	Activities	Champion Led Efforts
Awareness	Support marketing campaigns and ongoing communications efforts	<ul style="list-style-type: none"> • AMA News articles • Social media, video testimonials • Amplification through partners (NCAFP, NCDPH, LabCorp)
Education	Provide physicians and care teams with clinical content to support diabetes prevention	<ul style="list-style-type: none"> • Virtual NCMS Power Hour, virtual roundtables • Webinars and events (NCMS Lifestyle Medicine, NCAFP, ACP) • Grand Rounds at health systems (Atrium, ECU)
Impact	Drive referral and enrollment to a DPP lifestyle change program	<ul style="list-style-type: none"> • Local health director engagement • Integrating referrals into clinical workflow • Clinical- community linkages
Feedback	Provide gaps observed, and key successes to NCMS and AMA	<ul style="list-style-type: none"> • CDC strategic planning meetings • Check in meetings with AMA and NCMS

Highlights

Built OCHI a digital health platform(EHR) to manage both groups and individuals with assessment data digitally transferred to and from a patient's provider.

Duke University Medical Center (DUMC) became the first HCO to use direct messaging from EPIC to refer patients to the DPP lifestyle programs at the YMCA of the Triangle, using the OCHI platform.

In 2021, 798 referrals were sent through the OCHI software platform, in 2022 this increased to 1472(84% increase).

Duke University Medical Center and Duke affiliated practices referred 875 patients using direct messaging from EPIC to the YMCA of the Triangle, using the OCHI platform.

Launched a DPP initiative with Carolina Complete Health Network (Medicaid MCO) in Medicaid regions 3, 4 and 5.

New marketing strategy; development and distribution of QR code flyers to physicians for use in their office.



NCMS Splash Page

Campaigns directed physicians to a joint page with informational resources and digital toolkit.

- Champion videos
- Practice materials
- Patient facing materials
- Pledge form

Join the movement of clinicians already taking a stand. It's time for a healthier North Carolina. [TAKE THE PLEDGE](#)

North Carolina Medical Society
FOUNDATION
Opening Doors to Quality Health Care

AMA
AMERICAN MEDICAL ASSOCIATION

**1 in 3 adults has prediabetes.
It's time to take a stand.**

Every year in North Carolina, more than 50,000 adults are diagnosed with type 2 diabetes. You can help your patients prevent this by referring them to a CDC-recognized National Diabetes Prevention Program (National DPP) lifestyle change program. [Learn more](#)

Join the movement of clinicians already taking a stand.

It's time for a healthier North Carolina.

[TAKE THE PLEDGE](#)

Patricia Harper
Victor Mc Neill
Shirley Smith
Vonnice Cooper
Holly Biola, MD
Pamela Love
Jennifer Phifer, MD

116 physicians pledged

Physician Champions



Karen Smith, MD

Karen Smith, MD Diabetes Prevention
Program Physician Champion



Brian Klausner, MD

Brian Klausner, MD Diabetes Prevention
Program Physician Champion



Bonnie Coyle, MD

Bonnie Coyle, MD Diabetes Prevention
Program Physician Champion



Shivajirao Patil, MD

Shivajirao Patil, MD Diabetes Prevention
Program Physician Champion



Rivers Woodward, MD

Rivers Woodward, MD Diabetes Prevention
Program Physician Champion

Patient Facing Prediabetes Flyer – QR Code

The team developed a one-page flyer that could be given to patients and allow them to scan a QR code to take the prediabetes risk test

- Based on champion feedback, the flyer is useful in practice waiting and exam rooms
- Initially developed for use in mass vaccination clinics and pharmacies
- Awareness tool to facilitate conversations with health care provider and refer to a DPP

COULD YOU HAVE PREDIABETES?

More than **1 in 3** American adults have prediabetes, and most don't know they have it. Could this be you? Find out if you could have prediabetes now, and let your health care provider know during your visit.

DID YOU KNOW?

Having prediabetes means your blood glucose (sugar) levels are higher than normal but not high enough yet for a diagnosis of type 2 diabetes. Having prediabetes raises your risk of type 2 diabetes, heart disease, and stroke.

**STEP 1
TAKE THE PREDIABETES RISK TEST**

Take the 1-minute prediabetes risk test or find a CDC-recognized diabetes prevention program location near you while waiting for your health care provider, by using the QR code or URL below. If you have prediabetes, the sooner you know, the sooner you can take action to reverse it and prevent or delay type 2 diabetes.

www.diabetesfreenc.com/learn-about-prediabetes/

**STEP 2
WHAT DOES YOUR SCORE MEAN?**

If you scored 5 or higher on the prediabetes risk test, you likely have prediabetes and are at increased risk for type 2 diabetes.

**STEP 3
TALK TO YOUR HEALTH CARE PROVIDER**

The National Diabetes Prevention Program (National DPP) lifestyle change program is proven to prevent or delay type 2 diabetes in people who have prediabetes or are at high risk for type 2 diabetes. Share your results with your health care provider and ask about a referral to enroll in an in person or online lifestyle change program. The best time for prevention is now!

The Diabetes Prevention Program (DPP) Navigator is a free referral and enrollment service designed by the North Carolina Division of Public Health. The service helps connect North Carolinians at risk for developing type 2 diabetes to a lifestyle change program in North Carolina in person or online.

You or your health care provider can contact the DPP Navigator at 844-328-0021 with any questions about the lifestyle change program, or visit <https://www.diabetesfreenc.com/>.

**North Carolina Medical Society
FOUNDATION**
Opening doors to quality health care

Innovative Initiatives

Champions have led and supported innovative initiatives to accelerate diabetes prevention referrals and enrollments that have potential for scale

Medicaid Transformation



Community Engagement



Clinical Practice Improvement



Health Care Organization Engagements

13 health care organization engagements in North Carolina

Examples of Engagements:

- Duke Health – Development of e-referral through OCHI referral platform and provided physician engagement resources
- Atrium Health – Re-invigorated DPP classes and supported application to CMS to become an MDPP supplier
- Cone Health – Development of prediabetes registry
- RCCHC and Blue Ridge Health – Created referral process to local DPP



Marketing and Communications

Goal was the reach all primary care physicians in North Carolina and provide relevant and actionable content to guide them from initial awareness of prediabetes to ultimately referring eligible patients to a DPP.



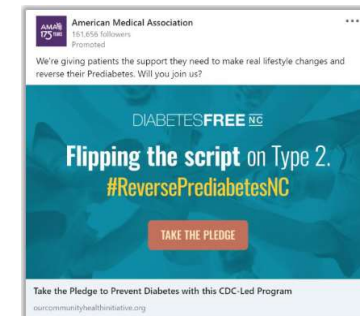
Marketing: Paid LinkedIn

2022 Results:

- Flights: 4/15-5/31
- Impressions: 695,279
- Clicks: 3,907

Insights:

- Did not drive pledges
- Lifestyle change language performed higher
- Johnston Health employees highest engaged with 176 clicks



Marketing: Email

2022 Results:

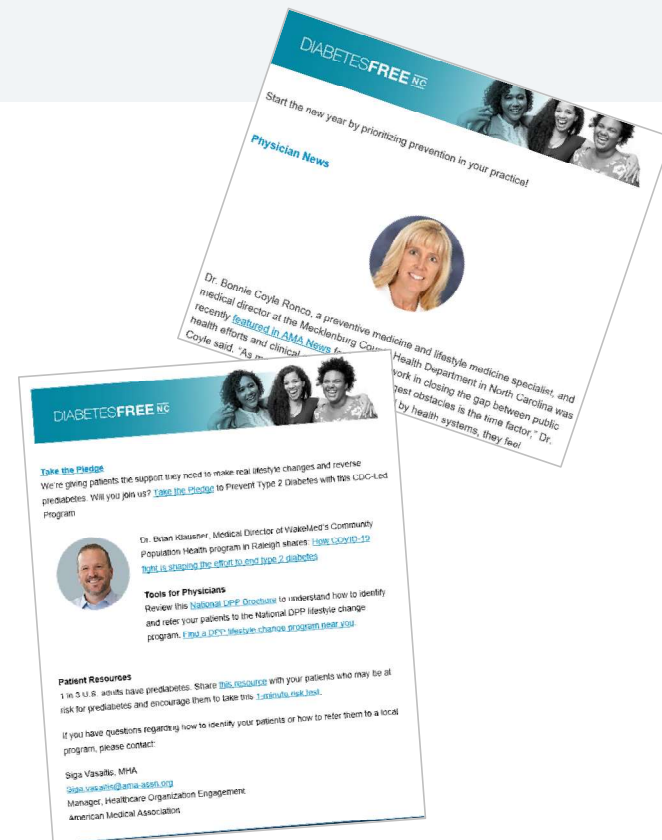
- Pledges: 43.9% average open, 21% CTO
- Non-Pledges: 38% average open, 3.31% CTO

Insights:

- Did not drive pledges
- Those that pledge & those that have not are just as likely to open emails but not click on resources

Recommendation:

- Bring resources to the top of emails and pledge 2nd or 3rd



Referral Entities

297 practice entities

165 system based – 1915 referrals

132 independent practices – 355 referrals

Duke 877

Novant 19

UNC 88

Wake Med 91

Future Opportunities

Statewide initiatives that could support diabetes prevention:

1. Healthy NC 2030
2. NC Healthy Opportunities Pilot
3. Blue zones

Other prevention that could build on the work of DiabetesFreeNC:

1. Hypertension
2. Obesity
3. Lifestyle change



thank you

Next Step Considerations for Employers

Bruce Sherman, MD



**Medical Director
NCBCH**



Employer opportunities

- Diabetes and obesity:
 - Evolving care management approaches hold promise – with sustainable outcomes in mind
 - Consider approaches to put diabetes in remission
 - Develop and implement a comprehensive management plan for obesity
 - Include consideration for how GLP-1 medications are used
- Health equity:
 - Understand your data – particularly in relation to sub-population experience
 - Involve employees in discussion to understand unmet health/well-being needs
 - Consider outcomes-based benefits contracting to align better patient outcomes and program costs



2nd Annual Culture of Wellness Award **Applications open January 2nd**

Join us for the FALL Forum
September 14th – 15th

