



# Welcome to the 2024 Spring Forum!



## Today's Agenda

(details available online at [forum.ncbch.net](http://forum.ncbch.net))

7:30 AM – Networking Breakfast

8:45 AM – Welcome and Introductions

9:00 AM – Legal Update

9:30 AM – Leapfrog Safety and Quality Update

10:00 AM – Innovative Savings Strategies

11:00 AM – Obesity and Diabetes Panel

12:00 PM – Innovations in Employer Benefits

12:30 PM – Networking Lunch

1:30 PM – Culture of Wellbeing Award

2:00 PM – Addressing Mental Health

3:00 PM – Wrap-up



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# Legislative and Legal Update for Employers

**Lindsey Sommers, J.D.**



**Principal  
Regulatory Resources Group  
Mercer**





welcome to brighter

# Health & Benefits Compliance Update

March 15, 2024

Lindsey Sommers, JD  
Principal and East Market MercerGUIDE Practice Lead, Mercer

A business of Marsh McLennan

# Agenda

## **1. Legislation, litigation, and regulation involving prescription drugs and PBMs**

State regulation of PBMs

Copay assistance programs

Rx as essential health benefits

## **2. Plan Management and Oversight**

Time for a plan management review

Novel lawsuits over plan drug prices

## **3. Mental Health Parity – Ongoing enforcement and final rules**

Third CMS/DOL Report to Congress anticipated

MHPAEA – Awaiting final rules

## **4. Potpourri – Other developments to watch in 2024**

RxDC submission of 2023 data

Expiration of telehealth relief for HDHPs

Upcoming agency guidance

Inflation Reduction Act's impact on Part D creditable coverage calculations

## **5. Resources**

**Legislation, litigation,  
and regulation involving  
prescription drugs and  
PBMs**



# Senate work to continue on its own healthcare package

## **PBM reforms in the Pharmacy Benefit Manager Reform Act ([S 1339](#)) target employer plans, passed by Senate HELP committee last June**

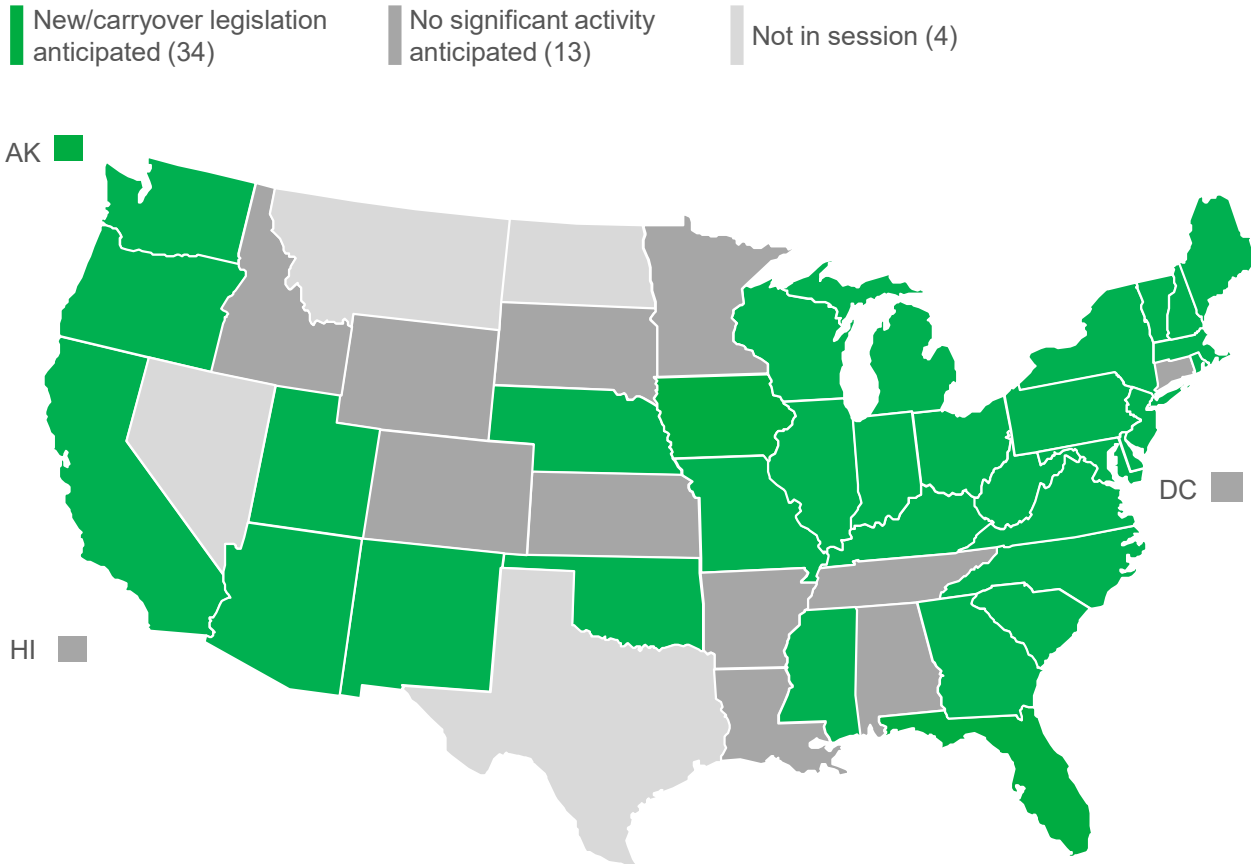
- Extensive new disclosures by PBMs to plan sponsors
- Require PBMs to pass through to health plans all rebates, fees, discounts and certain other remuneration
- Commercial market ban on spread pricing
- Department of Labor study on whether PBMs should serve as ERISA fiduciaries to plans

## **PBM reforms affecting public programs ([S 2973](#)), passed by Senate Finance committee last December**

- Delink list drug prices and PBM compensation in Medicare
- Require a study of how vertical integration in the pharmacy space is affecting Medicare drug costs and spending
- Ban spread pricing in Medicaid



# States focused on lowering rising drug costs in 2024



Updated Feb. 12, 2024

## Common bill provisions

1. Mandated reimbursement levels for some plan components such as dispensing fees
2. Prohibition on steerage to pharmacies (mail-order or retail) affiliated with the PBM
3. Mandatory sharing of all/portion of rebates to participants at the point-of-sale
4. Ban Coupon maximizer/accumulator programs (Ex: Prudent or SaveOn) by requiring third-party assistance to apply to plan cost sharing (deductible/out-of-pocket maximum)
5. Insulin cost-sharing caps
6. Spread pricing ban
7. Other restrictions on specialty pharmacies
8. Canadian importation
9. Prohibition on reimbursement "clawbacks"/ (Direct-indirect remuneration)

# Drug manufacturer financial assistance programs

## **Must plans count such assistance towards a plan's deductible and out-of-pocket maximum?**

2020 Notice of Benefit and Payment Parameters (NBPP) rule reinstated by court in *HIV and Hepatitis Policy Inst. v. HHS*

**2020 NBPP appears to require plans to accumulate drug manufacturer financial assistance to a plan's cost-sharing limits, unless the drug has a medically appropriate generic equivalent.**

The rule's [preamble](#) (p. 17545) states: "... the final regulation limits the discretion to exclude manufacturer coupons from counting towards the annual limitation on cost sharing for specific prescription brand drugs that have a generic equivalent...Where there is no generic equivalent available or medically appropriate...amounts paid toward cost sharing using any form of direct support offered by drug manufacturers must be counted toward the annual limitation on cost sharing. We have added language to the regulation text to address this clarification."

The [regulation text](#) states: "...Notwithstanding any other provision of this section, and to the extent consistent with state law, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to enrollees to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs that have an available and medically appropriate generic equivalent are not required to be counted toward the annual limitation on cost sharing ..."

**New rules expected** to address whether drug manufacturer financial assistance is "cost-sharing."

HHS informed the court that in the interim HHS does not intend to take **enforcement action** against plans/issuers that don't count drug manufacturer financial assistance towards a participant's deductible and out-of-pocket maximum

### **Implications for HDHPs**

Counting drug manufacturer financial assistance toward deductibles creates a compliance issue for HSA-qualifying HDHPs, as the agencies acknowledged in the [2021 NBPP](#) and [ACA FAQs Part 40](#).

# Prescription drugs as essential health benefits

## Implication of proposed changes

Proposed [2025 Notice of Benefit and Payment Parameters](#) clarifies that prescription drugs beyond a state's benchmark plan are usually essential health benefits (EHBs).

▶ To the extent that a health plan covers drugs, in any circumstance, **in excess of the benchmark, these drugs would be considered an EHB and would be required to count towards the annual limitation on cost sharing.** This policy would apply unless the coverage of the drug is mandated by State action... ▶

Proposal could jeopardize copay maximizer/accumulator programs that rely on reclassifying prescription drugs covered by a health plan as non-EHBs (and not counting amounts paid for such drugs towards the out-of-pocket maximum).

HHS is also [seeking input](#) on changing the EHB prescription drug standard from the US Pharmacopeia (USP) Medicare Model Guidelines (MMG) to the USP Drug Classification (DC) system, which would result in the reclassification of fertility and anti-obesity medications (among others) as EHBs.

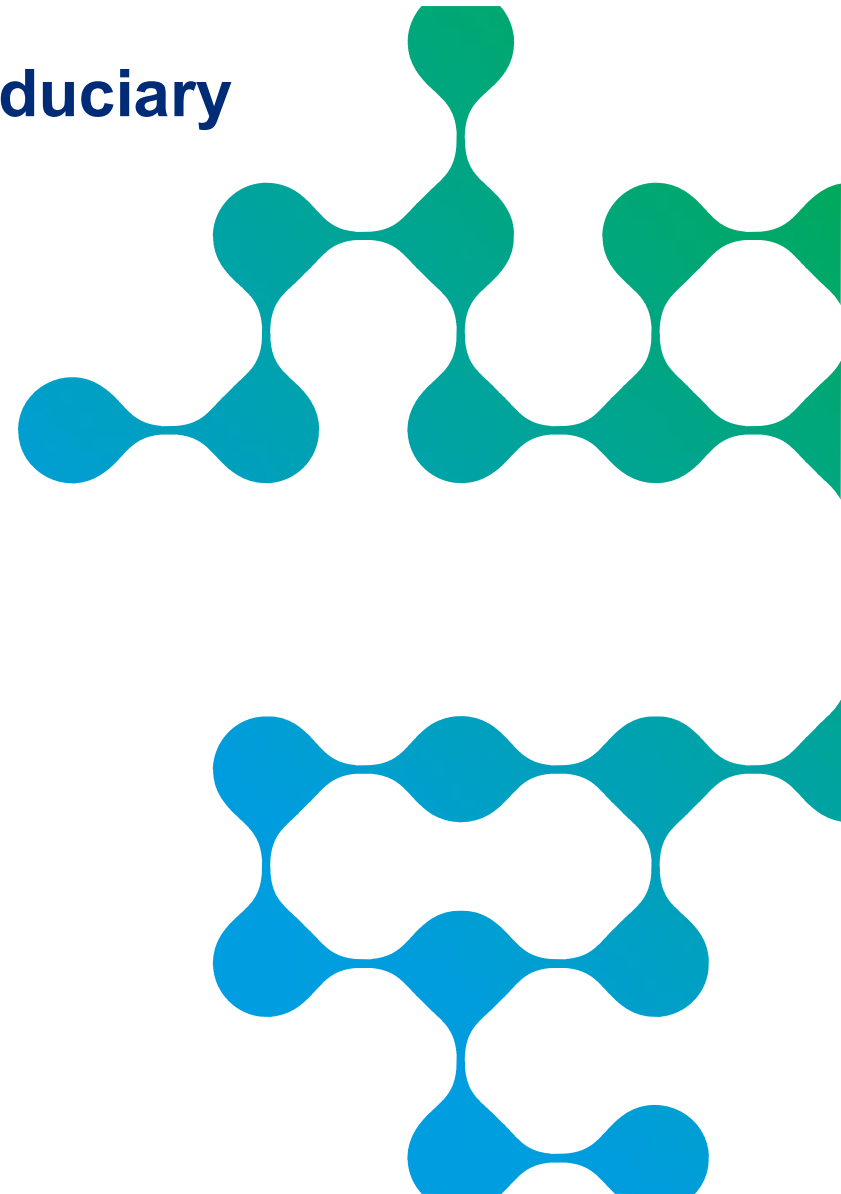
# Plan Management and Oversight

# 2

## Recent developments may heighten fiduciary risk for ERISA plan sponsors

While fiduciary risks for plan sponsors are not new, **health plan transparency requirements**, **high profile lawsuits**, and **an increase in DOL health plan audit activity**, may heighten fiduciary risk for ERISA plan sponsors.

**Now is an ideal time to reassess fiduciary roles, responsibilities, and how to manage risk.**



# Novel lawsuit related to group health plan drug prices

*Lewandowski v. Johnson & Johnson*, No. 1:24-cv-00671 (Feb. 5, 2024)

Lawsuit alleges large, self-funded health plan fiduciaries failed to prudently manage their prescription drug benefits plan, causing the ERISA plan and its members to overpay for benefits (higher prescription drug costs, premiums, deductible, coinsure and copays).

Plaintiff alleges **plan fiduciaries** caused overpayments for specialty drugs by:

- imprudently managing specialty drugs, especially generics
- steering members to mail, where prices were allegedly higher than retail for the generic specialty drugs
- failing to disincentivize use of brand drugs over lower-priced generics
- failing to engage in a prudent and reasoned decision-making process
- failing to adequately negotiate the contract with their PBM, and failing to prudently exercise their rights under the contract
- failing to adequately consider contracting with other PBMs, including pass-through PBMs
- failing to adequately consider carving out specialty drugs.

## Takeaways

- Allegations in a complaint should not be taken as fact unless or until proven true.
- This case may be the first of a new genre of ERISA class actions where employees sue over the cost of health plan benefits.

## Precautions

- Consider tracking case developments – including defendants' response – with counsel.
- Consider adding standard language to SPDs disclosing that lower cost drugs may be available outside the prescription drug plan, including through coupon programs, manufacturer assistance programs, charities, or otherwise.
  - Keep in mind that processing prescription drug claims outside the PBM benefit will bypass built-in safety edits for drug-drug and drug-disease interaction checks.

# It's a great time for a plan management review

## Reassess fiduciary duties

Ensure governance is up to date – fiduciary roles, responsibilities, delegations and processes.

Review the fiduciary insurance policy to make sure it is appropriate.

## Document plan management work

Document steps taken to meet fiduciary duties.

Update plan documents and communications as needed.

## Ensure timely reporting

Ensure timely compliance with ERISA's reporting and disclosure requirements.

Examples include, Form 5500, written MHPAEA comparative analysis and the annual gag clause attestation.

## Focus on service providers

Select and monitor service providers based on their qualifications, quality of services, and compensation.

Service providers should mitigate cybersecurity risks and make plan data available when required or requested.

## Analyze plan costs

Understand how increased plan costs affect participants.

Prepare to analyze those costs, as well as plan operations, using newly available transparency data.

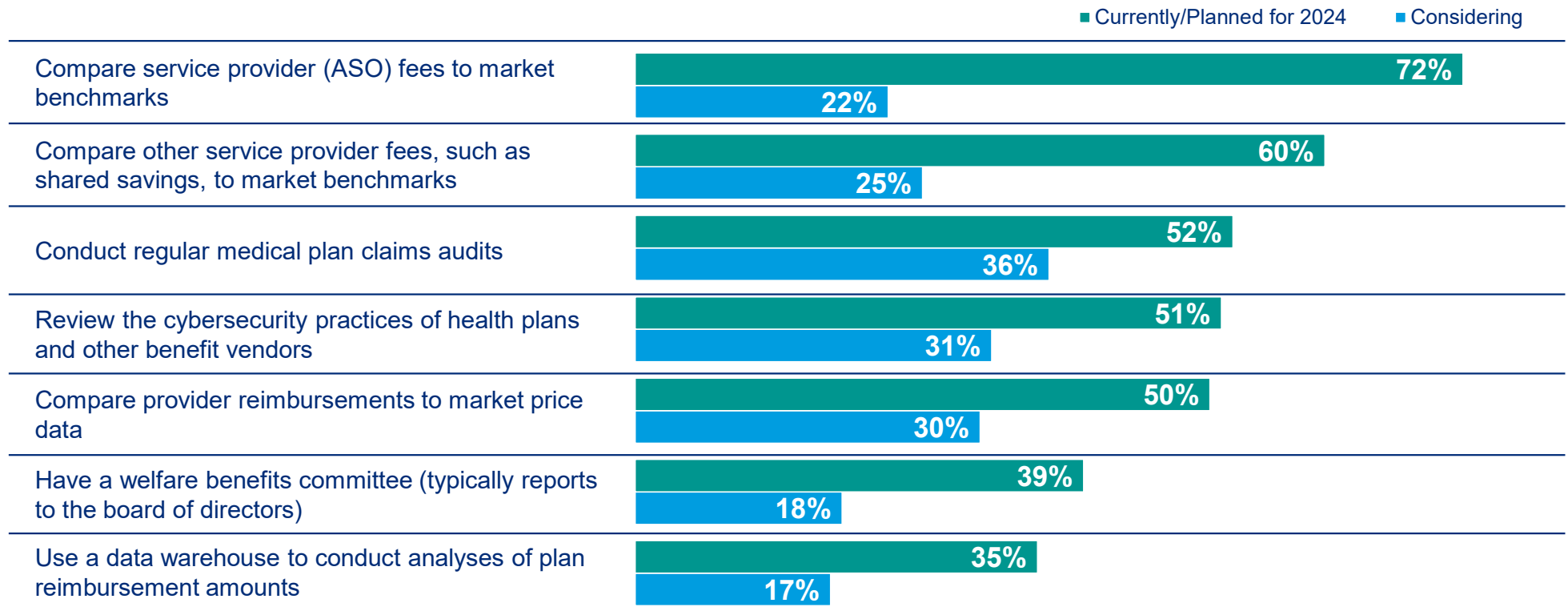
## Monitor litigation and enforcement

Track lawsuits and DOL enforcement efforts.

Some recent cases concern service provider fees (including "hidden" fees), cross plan-offsetting and plan failures to obtain data from service providers.

# Reassess fiduciary duties and revisit strategies to manage risk

## Employer actions taken to better meet health plan fiduciary responsibilities





# **Mental Health Parity – Ongoing enforcement and final rules**

# **3**

# Spotlight on mental health benefits

- The need for behavioral health care remains elevated post-pandemic.\*
- 76% of large employers that responded to Mercer's National Survey say that improving access to behavioral healthcare will be a priority over the next few years.
- Enforcement of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) continues to be a high priority for federal agencies.
- Individual and class action lawsuits continue to challenge behavioral health benefit denials.
- Sweeping changes to the MHPAEA rules have been proposed for 2025.

Three spotlights are positioned at the top of the slide, casting light onto a path that leads from the top right towards the bottom left. The path is a gradient of green and blue, and the spotlights are depicted as grey cones with white outlines. The background of the slide is a dark blue gradient.

▶ ...the Department of Labor has dedicated an unprecedented amount of time and resources to bringing health plans into compliance with mental health parity ▲

-Lisa Gomez, Asst. Secretary of Labor, Aug. 7, 2023 [blog](#)

\*Kaiser Family Foundation, [Mental health and substance use state fact sheets](#)

# Other enforcement and litigation

- 2022 MHPAEA Enforcement [Fact Sheet](#) details agency enforcement efforts beyond the NQTL comparative analysis review
  - DOL cited 20 MHPAEA violations in 11 investigations (CMS cited 7)
  - Violations included impermissible visit limits on nutritional counseling, higher copays for in-network outpatient MH/SUD benefits, and separate treatment limits for ABA therapy for autism
- Private litigation continues against plans and their service providers
  - Class actions and individual plaintiffs
  - Generally challenging coverage denials for residential treatment, wilderness therapy, and treatments for autism spectrum disorder



# Proposed MHPAEA rule

Departments propose sweeping changes to improve access to MH/SUD care, in-network providers

- Significant changes to NQTL analysis include:
  - New **three-part NQTL framework** includes numerical testing and mandatory data collection and analysis, with certain exceptions available; specific focus on **network composition** NQTLs
  - Numerous examples illustrate compliant/noncompliant NQTLs
  - Codifies written comparative analysis requirements, includes **new fiduciary certification**
- “**Meaningful benefit**” standard introduced
- Incorporates end of MHPAEA opt-out for nonfederal government plans

If finalized, **effective for 2025 plan year** and increased access is likely to result in cost increases.

▶▶ As a result of these proposals, the Departments anticipate changes in network composition and medical management techniques that would result in more robust mental health and substance use disorder provider networks and fewer and less restrictive prior authorization requirements for individuals seeking mental health and substance use disorder treatment. ▶▶

# MHPAEA – Awaiting final rules

No date [from DOL](#) for final action; June 2024 [according to IRS](#)

## Sample excerpts from [9,500+ stakeholder comments](#)

### Plan sponsors

“[T]he various tests and requirements in the proposed regulations (in particular, the ‘substantially all test,’ ‘predominant test,’ and the ‘relevant data and evaluation requirement’) are wholly unworkable...”

– [ERIC](#) (the ERISA Industry Committee)

“[O]ur members are concerned that plans and issuers could be forced to choose between accepting lower quality providers into networks, which could compromise outcomes and patient safety, or retain existing quality standards and be out of compliance.”

– [American Benefits Council](#)

### Insurers

“The proposed regulations have significant legal, policy, and operational flaws and should not be finalized. Perhaps more importantly, the proposed rules will not achieve the goals of increasing access to mental health care or substance use disorder treatment.”

– [AHIP](#) (America’s Health Insurance Providers)

### Patients

“We are particularly supportive of the requirement that insurers and health plans collect data and evaluate it for differences in outcomes for MH/SUD relative to M/S.”

“We strongly oppose the exceptions proposed in this rule for ‘independent professional medical or clinical standards’ and for ‘waste, fraud and abuse.’”

– [Cystic Fibrosis Foundation](#)

### Providers

“The AHA applauds the Administration for proposing these clear and specific provisions to improve oversight of MHPAEA....[T]his rule will further close coverage loopholes and help ensure that patients can access the care they need.”

– [American Hospital Association](#)

# Potpourri – Other developments to watch in 2024



# Upcoming Developments

## RxDC submission due June 1

- Updated instructions recently released
- Aggregation restriction applies
- No good faith compliance relief
- Deadline to submit falls on a Saturday and no weekend rule applies – work with vendors to ensure all filings submitted no later than Friday, May 31

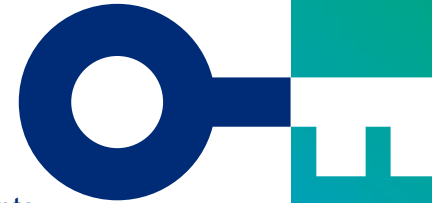
## Inflation Reduction Act (IRA) Impact on Part D Creditable Coverage

- Awaiting guidance that clarifies how plans determine Medicare Part D creditable coverage status determinations
- IRA includes enhancements that significantly increase the actuarial value of standard Part D coverage in 2025, leading to concerns that achieving creditable coverage status could be harder for group health plans (particularly HDHPs)

## Telehealth relief?

- Current relief for HDHPs offering telehealth below the statutory minimum high deductible expires Dec. 31, 2024 for calendar year plans and during 2025 for non-calendar year plans
- Congress considering legislation to permanently allow HDHPs with HSAs to cover telehealth/remote care on a pre- or no-deductible basis, but no action yet

# Upcoming agency guidance could include...



## Final rules addressing:

- **MHPAEA**
- **Independent dispute resolution (IDR)** operations
- Moral/religious exemptions to certain preventive services under the ACA **preventive care mandate**
- **Nondiscrimination** in health programs and activities (i.e., **section 1557**)
- HIPAA privacy requirements for **reproductive healthcare**
- **Hospital or other fixed indemnity insurance** as excepted benefits, tax treatment
- 2025 **Notice of Benefit and Payment Parameters**

## Proposed rules addressing:

- Additional **transparency** requirements (e.g., air ambulance reporting, agent and broker disclosures, and provider enforcement)
- **Cybersecurity** modifications to the HIPAA security rule
- **Provider nondiscrimination** requirements
- Contributions to and benefits from **paid family and medical leave programs**
- Nondiscrimination for confidentiality of **substance use disorder patient records**

*Currently under review at Office of Management and Budget*

Expecting sub-regulatory guidance, including:

- Updated MHPAEA self-compliance tool
- Implementation guidance about Rx MRFs
- Part D redesign program instructions; impact on creditable coverage determinations



# Resources

5

# Law & Policy resources on mercer.com

- [Practice of prior authorization draws increased scrutiny](#) (Feb. 29, 2024)
- [IVF uncertainty in Alabama: What can employers do?](#) (Feb. 29, 2023)
- [Roundup: Employer resources on DOL's final independent contractor rule](#) (Feb. 26, 2024)
- [Reviewing San Francisco contractor-lessee health plan, pay rules](#) (Feb. 22, 2024)
- [Mercer projects 2025 HSA, HDHP and excepted-benefit HRA figures](#) (Feb. 16, 2024)
- [New RxDC reporting instructions: Headaches or opportunities?](#) (Feb. 15, 2024)
- [Summary of 2024 benefit-related cost-of-living adjustments](#) (Feb. 8, 2024)
- [Paid family and medical leave — snapshots across the US \(slide deck\)](#) (Feb. 6, 2024)
- [Roundup of selected state health developments, fourth-quarter 2023](#) (Feb. 5, 2024)
- [As virtual care becomes more clinical, there are more rules to follow](#) (Feb. 1, 2024)
- [2024 state paid family and medical leave contributions and benefits](#) (Jan. 31, 2024)
- [What to expect from the states in 2024](#) (Jan. 25, 2024)
- [The practical impact of Florida drug importation from Canada](#) (Jan. 18, 2024)
- [2024 federal poverty levels can impact ESR affordability](#) (Jan. 17, 2024)



## Law & Policy resources on mercer.com (cont'd.)

- [2024 quick benefit facts](#) (Jan. 15, 2024)
- [DOL sets 2024 penalties for health and welfare benefit plan violations](#) (Jan. 11, 2024)
- [Make cybersecurity part of your 2024 New Year's resolutions](#) (Jan. 4, 2024)
- [New York announces 2024 HCRA covered-lives assessment rates](#) (Jan. 3, 2024)
- [House passes package of PBM, price transparency, billing reforms](#) (Dec. 14, 2023)
- [Employers weigh start of RSV immunization coverage](#) (Dec. 14, 2023)
- [Some states require group health plan sponsor reporting](#) (Dec. 11, 2023)
- [Moving targets: Rx legislative activity to watch in 2024](#) (Dec. 7, 2023)
- [Lifestyle spending accounts offer flexibility, personalization](#) (Dec. 7, 2023)
- [What plan sponsors should know about DOL's new fiduciary proposal](#) (Dec. 6, 2023)
- [ERISA plan sponsors are responding to heightened fiduciary risk](#) (Nov. 22, 2023)
- [Broad coalition urges Senate action on PBM reforms](#) (Nov. 16, 2023)
- [Roundup of selected state health developments, third-quarter 2023](#) (Nov. 15, 2023)





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# Hospital Safety & Quality Update



**Jill Berger**

**Director of Employer and Payor Relations  
The Leapfrog Group**



# The North Carolina Business Coalition on Health

March 2024



# OIG report found 1 in 4 Medicare Patients Harmed

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New report in NEJM also found 1 in 4 harmed but different analysis/data set



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**Bank of America Stadium has a capacity of 74,867**





# 3<sup>rd</sup> leading cause of death

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# The cost

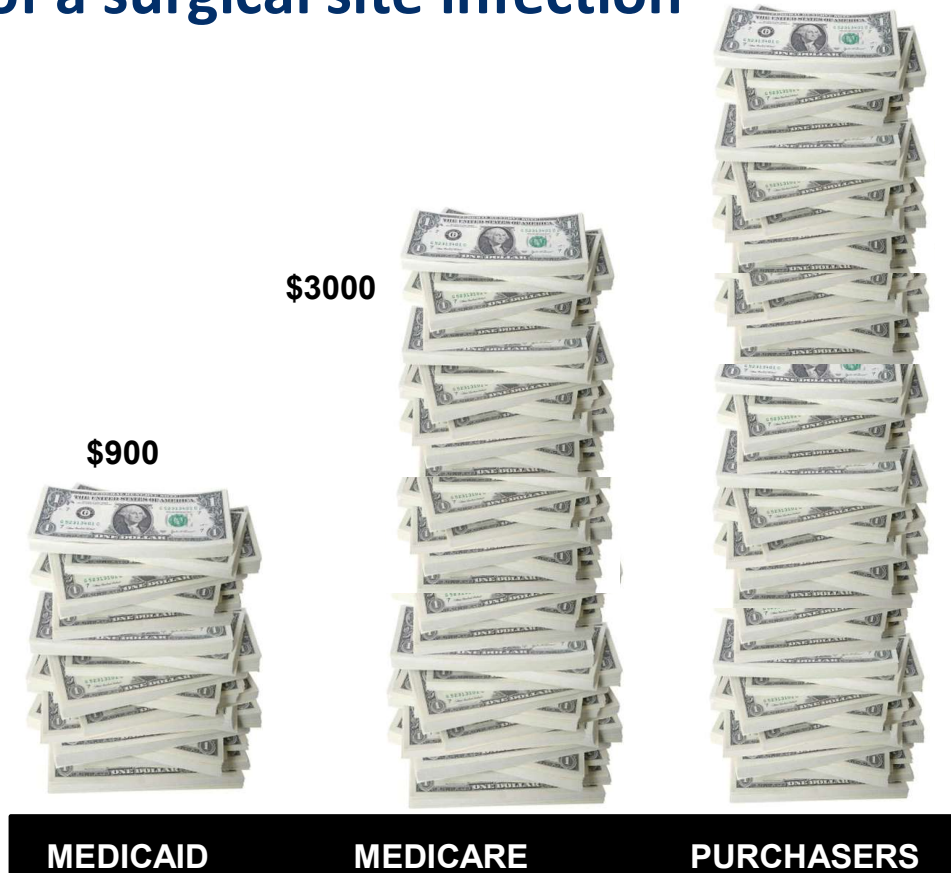
**JAMA**<sup>®</sup>  
The Journal of the American Medical Association

Eappen S, Lane BH, Rosenberg B, et al.  
Relationship Between Occurrence of Surgical  
Complications and Hospital Finances. *JAMA*.  
2013;309(15):1599-1606.  
doi:10.1001/jama.2013.2773.

2



# The cost of a surgical site infection





**\$39,000**

**PURCHASERS**

# Leapfrog: The Employer Voice

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- Founded by purchasers in 2000 in response to 1999 IOM Report *To Err is Human*
- Premier purchaser-driven nonprofit for safety and transparency—and structuring payment to reward excellence
- Our mission: **Giant Leaps for Patient Safety**
- Collects and publicly reports hospital and ASC quality and safety
- Gold standard for health care transparency



# Regional Leaders: The Heart and Soul of Leapfrog

**Kansas Business Group on Health**

**HEALTHCARE PURCHASER ALLIANCE OF MAINE**

**health action council**  
Enhancing Business. Enlightening Lives. Enriching Communities.

**DFW BUSINESS GROUP ON HEALTH DFWBGH**

**PB GH Purchaser Business Group on Health**

**EAM ECONOMIC ALLIANCE FOR MICHIGAN**

**NEW JERSEY HEALTH CARE QUALITY INSTITUTE**

**FLORIDA ALLIANCE FOR HEALTHCARE VALUE**

**COLORADO BUSINESS GROUP ON HEALTH**

**bhc BUSINESS HEALTH COALITION**  
St. Louis Area  
employer partners in healthcare

**W-A WASHINGTON HEALTH ALLIANCE**

**HEALTH POLICY CORPORATION OF IOWA**

**Well OK**

**NHPGH NH Purchasers Group on Health**

**GPBCH Greater Philadelphia Business Coalition on Health**  
DRIVING INNOVATION AND VALUE IN HEALTHCARE

**THE ALLIANCE**  
Employers moving health care forward

**MBGH Midwest Business Group on Health**

**HC/TN HealthCareTN**  
One Voice. One Focus. Leading Employers.

**GEORGIA WATCH**  
PROTECTING CONSUMERS. PROMOTING TRANSPARENCY. EMPOWERING CITIZENS.

**VBCH VIRGINIA BUSINESS COALITION ON HEALTH**

**MAHCP**

**KHC Kentuckiana Health Collaborative**  
Building a Bridge to Better Health, Better Care and Better Value

**CONSUMERS' CHECKBOOK**

**Nevada Business Group ON HEALTH**

**LVBCH**  
Employers for Healthcare Value Since 1980

**THE LEAPFROGGROUP**  
Giant Leaps for Patient Safety

**PB GH Pittsburgh Business Group on Health**

**HBCII Houston Business Coalition on Health**

**AEHC Alabama Employer Health Consortium**

**LBGH LOUISIANA BUSINESS GROUP ON HEALTH**

# Leapfrog Programs

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Collection of Data



Analysis of Data



## Who Submits Data?

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- **Nationally, over 64% of hospitals (more than 2,200)** participate in the Leapfrog Hospital Survey, representing 73% of U.S. hospital beds
- North Carolina has 91% of hospitals participating!

*Data is publicly reported by hospital and used by national health plans, many publishers*



## Why 2,200+ Hospitals and ASCs Submit Data






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By participating in the Leapfrog Hospital Survey, hospitals can:

- Respond to requests of purchasers
- Benchmark performance
- Galvanize improvement through transparency
- Predict their status in value-based purchasing programs (i.e., CMS, health plans, etc.)
- Offer more comprehensive information for use in the Hospital Safety Grade

# Novant Health Presbyterian Medical Center

## Maternity Care

Measure name	Leapfrog's Standard	Hospital's Progress
High-Risk Deliveries	Hospitals should deliver at least 50 very-low birth weight babies per year OR the hospital must maintain a lower-than-average morbidity/mortality rate for very-low birth weight babies.	 <p>ACHIEVED THE STANDARD</p>
<a href="#">▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼</a>		
Cesarean Sections	This is defined as first-time mothers giving birth to a single baby, at full-term, in the head-down position who deliver their babies through a C-section. Hospitals should have a rate of C-sections of 23.6% or less.	 <p>ACHIEVED THE STANDARD</p>
<a href="#">▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼</a>		
Early Elective Deliveries	This is defined as mothers being scheduled for cesarean sections or medication inductions prior to 39 weeks gestation without a medical reason. Hospitals should have a rate of early elective deliveries of 5% or less.	 <p>ACHIEVED THE STANDARD</p>
<a href="#">▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼</a>		
Episiotomies	This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.	 <p>ACHIEVED THE STANDARD</p>
<a href="#">▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼</a>		
Screening Newborns for Jaundice Before Discharge	Hospitals should screen at least 90% of babies for jaundice.	 <p>ACHIEVED THE STANDARD</p>

## New This Year

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**Number of Live Births**      The hospital had **6,030** live births (i.e., liveborn infants) at this hospital location for the reporting time period.

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**Midwives**      This hospital **does** have certified nurse-midwives and/or certified midwives deliver newborns.

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**Doulas**      This hospital allows patients to bring their own doulas.

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**Lactation Services**      This hospital offers lactation services in the hospital and outpatient setting.

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**Vaginal Delivery After  
Cesarean Section (VBAC)**      This hospital **does** offer vaginal delivery after cesarean section (VBAC).


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**Tubal Ligation**      This hospital **does** offer tubal ligation during the labor and delivery admission.

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# Health Equity


*“Even when admitted to the same hospital, Black patients experience **higher rates of hospital-acquired injuries or illnesses** occurring during or shortly after surgical procedures relative to white patients”*




## Racial, Ethnic, and Payer Disparities in Adverse Safety Events: Are there Differences across Leapfrog Hospital Safety Grades?

**Authors:**  
Anuj Gangopadhyaya, Urban Institute  
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Matt Austin, Armstrong Institute for Patient Safety and Quality  
Alexandra Campione, The Leapfrog Group  
Missy Danforth, The Leapfrog Group

**A Report From:**  
  
THE LEAPFROGGROUP  
Giant Leaps for Patient Safety

**In Partnership With:**  


**Funded by:**  


# Without Leapfrog, we don't know about...

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## Maternity care

- C-section rate, early elective deliveries, episiotomies, high-risk deliveries, and maternity care processes

## Hospital policy on Never Events

## Bar code medication administration

## Pediatric care

- Patient experience of children and their parents (CAHPS Child Hospital Survey) and radiation doses

## Inpatient Surgery

- Volume of high-risk procedures and appropriateness of care policies

# Leapfrog ASC Survey

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- Compare ASCs and hospital outpatient departments
- Collect data and publicly report on information that is of particular interest to employers, purchasers, and consumers
- Keep the reporting burden as low as possible
- Alignment with other performance measurement groups
- Include cutting-edge measures not publicly reported by any other national organization
- Maintain consistent measurement structure for benchmarking and quality improvement

# Leapfrog Safety Grade

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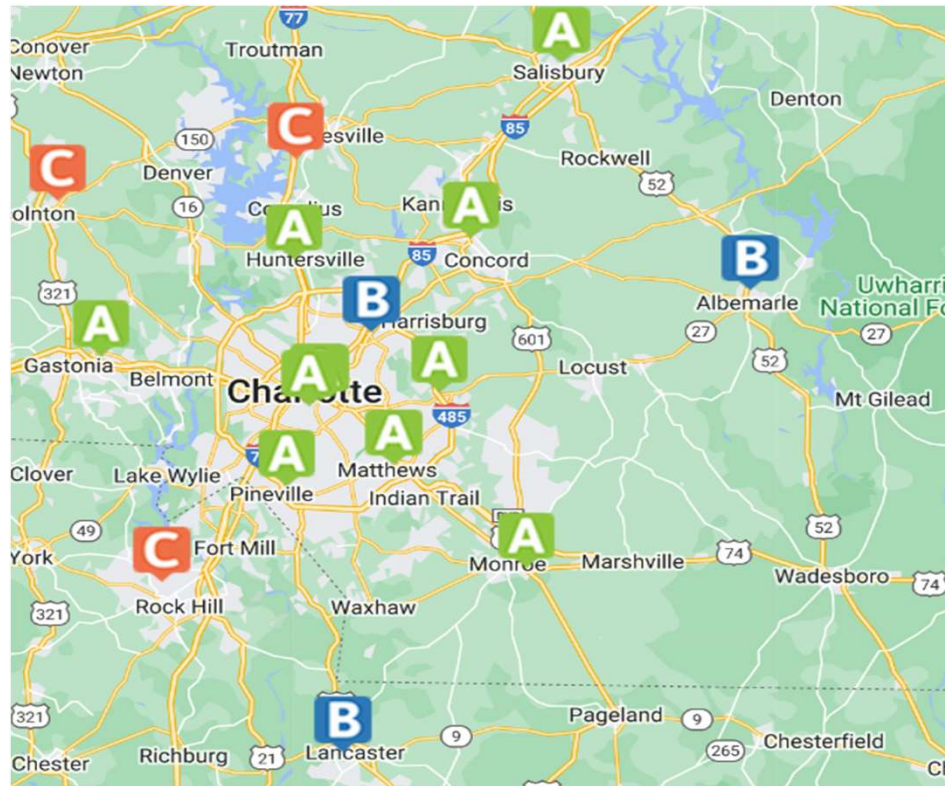
- 28 measures of **patient safety only** (errors, injuries, accidents, and infections)
- Updated every 6 months (Fall and Spring)
- Assigned to over 2,600 general acute-care hospitals
- Methodology advised by National Expert Panel & monitored for validity and reliability by faculty at Johns Hopkins Medicine

LEAPFROG  
**HOSPITAL**  
SAFETY GR**A**DE



# Charlotte, NC

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# How Does North Carolina Rate?

States by A Grade Rate on the Leapfrog Hospital Safety Grade

Fall 2023			Spring 2023	
Ranking	State	% "A" Hospitals	Ranking	% "A" Hospitals
1	Utah	51.9%	3	48.1%
2	Virginia	50.7%	9	38.6%
3	North Carolina	47.7%	6	42.0%
4	Pennsylvania	44.1%	4	46.5%
5	South Carolina	43.1%	7	41.2%

# Novant Health Presbyterian Medical Center



Hospital Performs Worse Than Average ■ ■ ■ Better Than Average

**This Hospital's Score:**

0.894

**Best Hospital's Score:**

0.000

**Average Hospital's Score:**

0.927

**Worst Hospital's Score:**

3.653

## MRSA infection

Staph bacteria are common in hospitals, but Methicillin-resistant Staphylococcus aureus (MRSA) is a type of staph bacteria that is resistant to (cannot be killed by) many antibiotics. MRSA can be found in bed linens or medical equipment and can be spread if providers do not properly wash their hands between patients. MRSA can cause life-threatening bloodstream infections, pneumonia and surgical site infections.

*This number represents a comparison of the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given the number of patients they care for on a daily basis and how widespread MRSA infection is in their local community. A number lower than one means fewer infections than expected; a number more than one means more infections than expected. [For details on sources, click here.](#)*

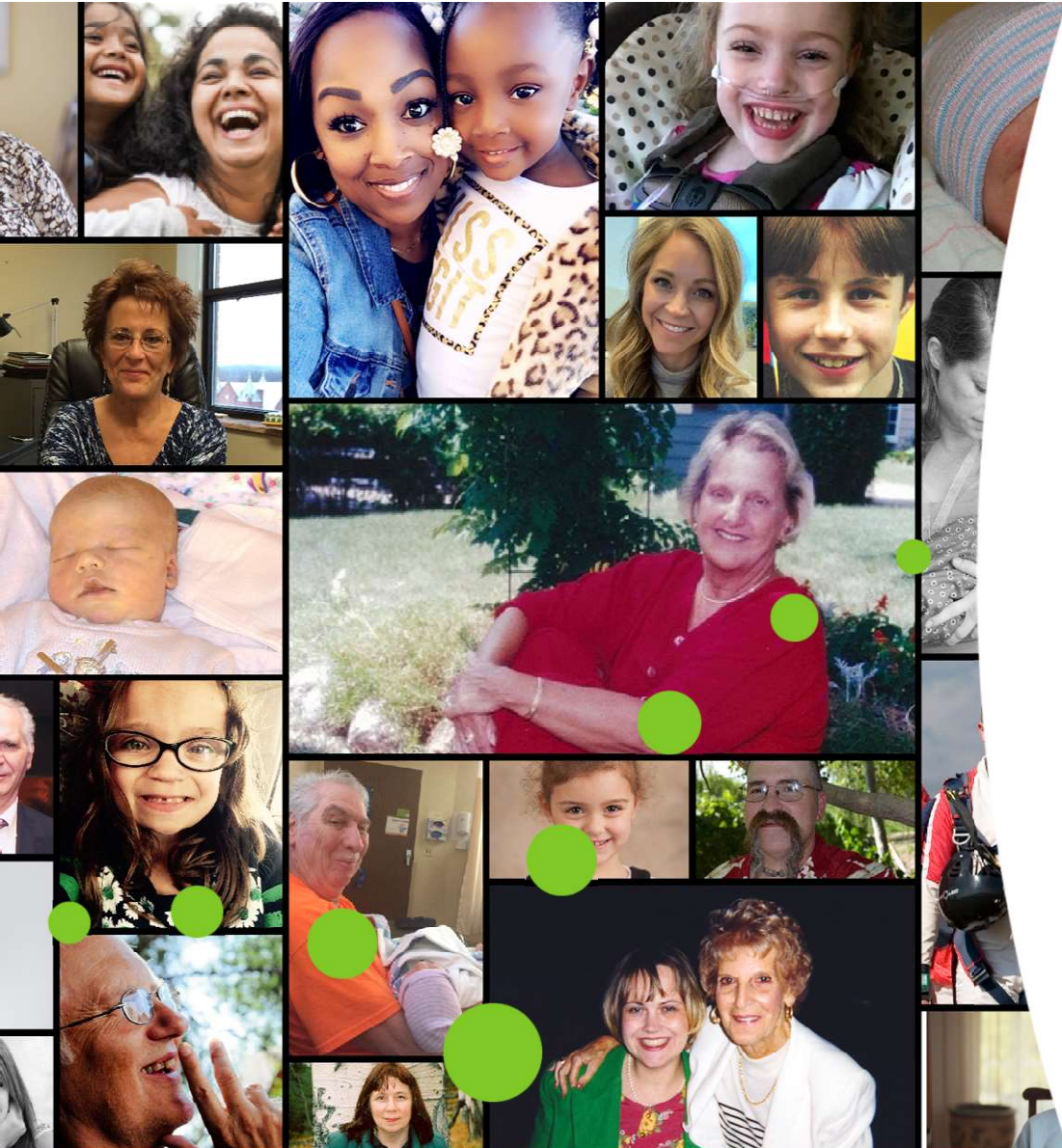
## What safer hospitals do:

Doctors and nurses should clean their hands after every patient. Hospital rooms and medical equipment should be thoroughly cleaned often. Safer hospitals will also have patients separate from other patients and require visitors to wear gloves and gowns around these patients.

# The road ahead in health care

---





**Patients Come First.  
No compromise.**



# Errors Are Easy



Missed a dose

Missed the lab test report

Didn't have time to wash hands

Forgot something

Gave it to the wrong patient

Didn't tell the nurse to watch for that

Patient fell

Left a sponge in

Distracted, very busy

Etc etc etc...

# Leapfrog Hospital Survey Sections

---

## 1. Ethics

- Billing Ethics
- Health Equity
- Patient Consent

## 2. Medication Safety - CPOE

## 3. Inpatient Surgery

- Hospital and Surgeon Volume
- Surgical Appropriateness

## 4. Maternity Care

- Maternity Care Volume
- Early Elective Deliveries
- Cesarean Birth
- Episiotomy
- Process Measures of Quality
- High-Risk Deliveries

## 5. ICU Physician Staffing (IPS)

## 6. Patient Safety Practices

- Culture of Safety Leadership Structures and Systems
- Culture Measurement, Feedback, and Intervention
- Nursing Workforce
- Hand Hygiene
- Nurse Staffing Skill Level

## 7. Managing Serious Errors

- The Leapfrog Group “Never Events” Policy Statement
- Healthcare-Associated Infections

## 8. Medication Safety

- Barcode Medication Administration
- Medication Reconciliation
- Opioid Prescribing

## 9. Pediatric Care

- Patient Experience
- Pediatric Computed Tomography Radiation Dose

## 10. Outpatient Procedures

- Basic Information of Outpatient Department
- Medical, Surgical, and Clinical Staff
- Volume and Safety of Procedures
- Medication Safety for Outpatient Procedures
- Patient Experience

# Leapfrog's Never Events Policy: Ethical Principles

---



**Never events** are extremely rare medical errors that should never happen to a patient, such as surgery performed on the wrong body part or leaving a foreign object inside a patient after surgery.

A hospital "fully meets" Leapfrog's standard if they agree to all of the following if a Never Event occurs within their facility:

- **Apologize** to the patient and family
- **Waive all costs** related to the event
- **Report** the event to an external agency and conduct a **root-cause analysis**
- **Interview patients and families** and inform them of action(s) hospital will take
- **Provide support for caregivers**
- **Ensure compliance** and make this policy available to patients

*79% hospitals fully met Leapfrog's standard in 2022*





**This is personal.**

# The Judie Burrows Education Institute

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The Judie Burrows Education Institute is the educational arm of The Leapfrog Group and officially launched in March of 2022. The Institute will equip people to hit the accelerator and make change:

- Employers and other purchasers, who use Leapfrog data to drive for the best care for their employees;
- Health care leaders, clinicians, and business leaders who need to work together to achieve improvements for patients;
- All of us, whether we have been a patient or not, because we need information on how to find the best care and advocate for our loved ones.



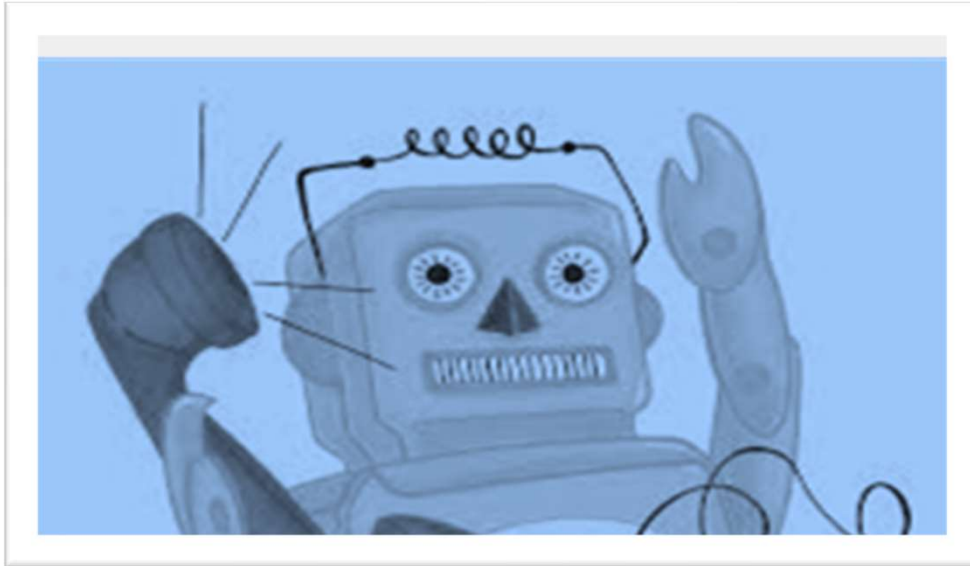


**The future of  
technology is really  
about patient safety.**

# Generative AI

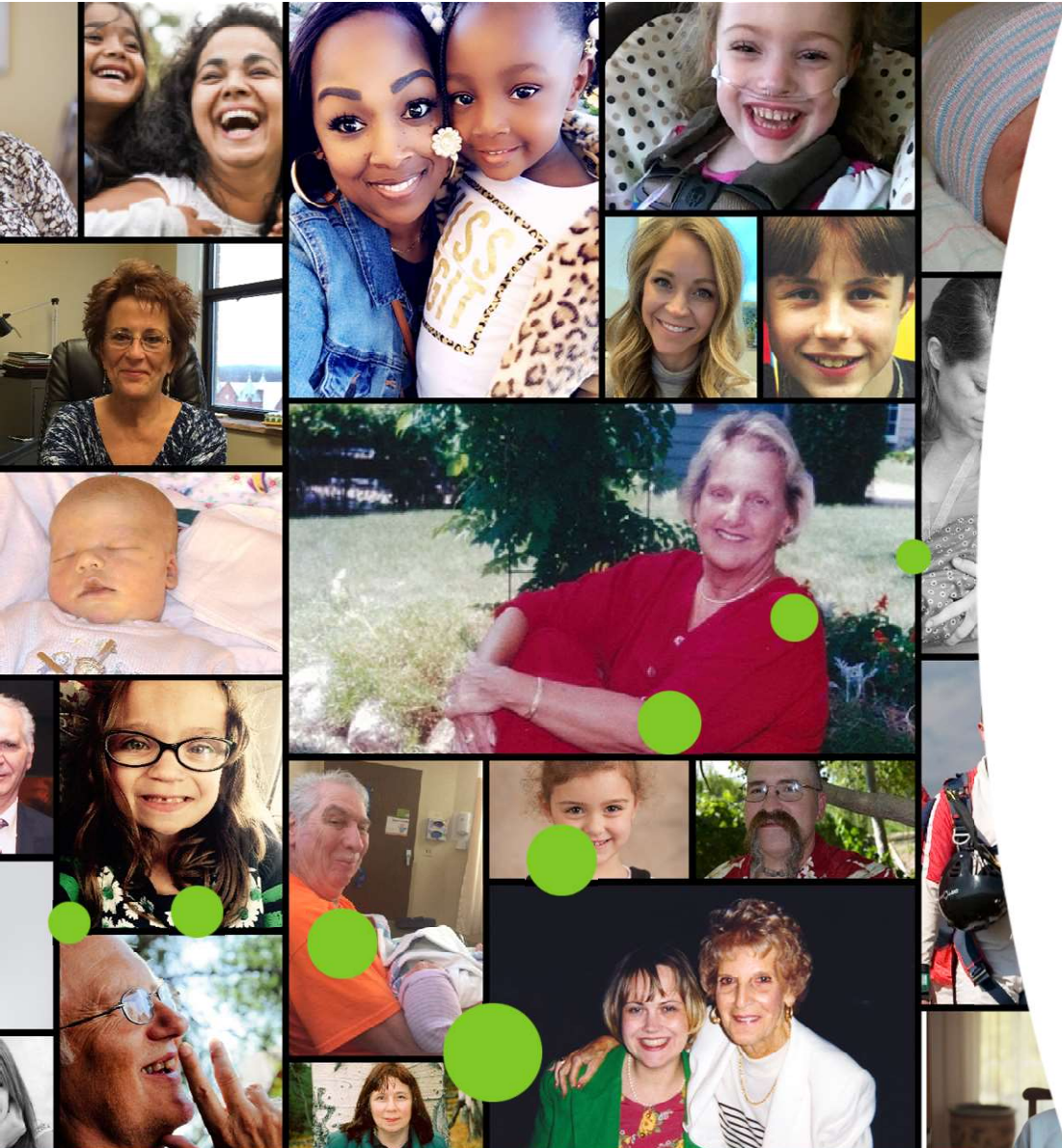
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Bad ideas



Good Ideas





**Transparency is the  
indispensable force.**

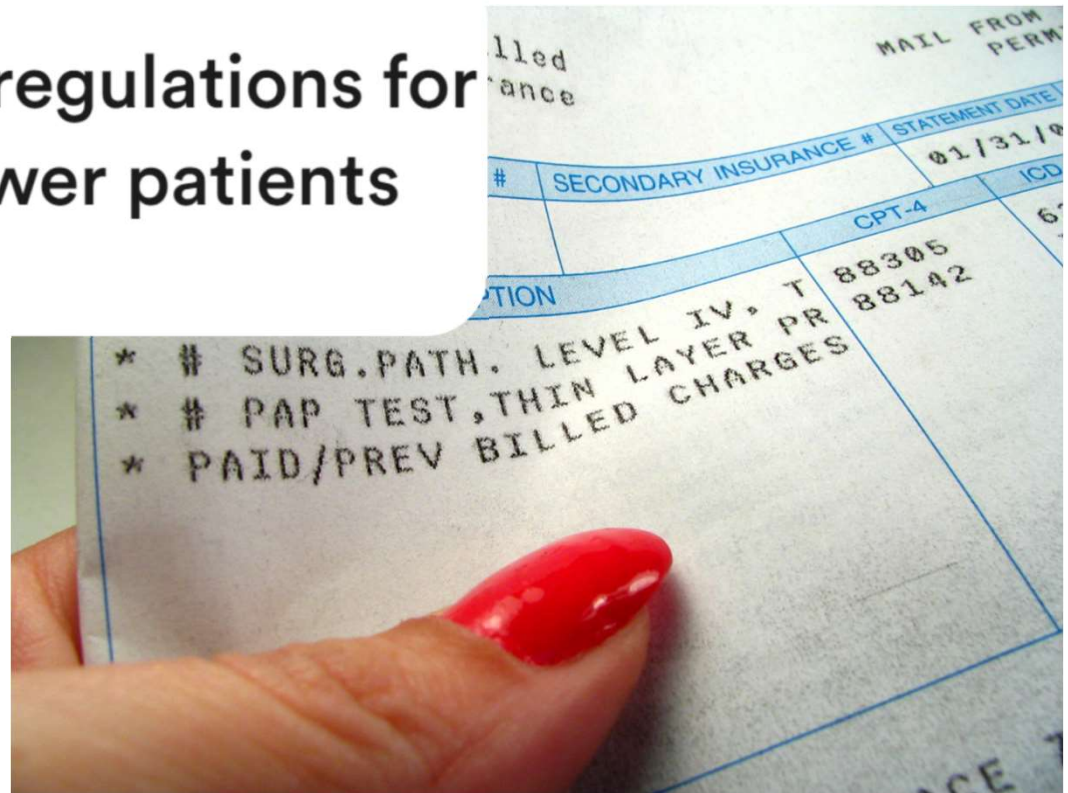


It's often mandatory.

STAT

## New price transparency regulations for hospitals, insurers empower patients

By Seema Verma and Aneesh Chopra July 22, 2022



# The Consolidated Appropriations Act

Forbes

## This Federal Law Will Completely Overhaul Company Health Benefits. Nobody Is Ready.

Leah Binder Contributor

Follow

Feb 28, 2022, 10:18am EST

LEAP 38' 3033' 1018PM E21

Leah Binder Contributor

Follow

Compliance involves extensive new rules and responsibilities, including:

- Removal of contract gag clauses
- Access to claims and data
- Price transparency
- Disclosure of direct and indirect compensation
- Mental health and substance use disorder parity
- **Employer is accountable for value**



# Hospitals Know

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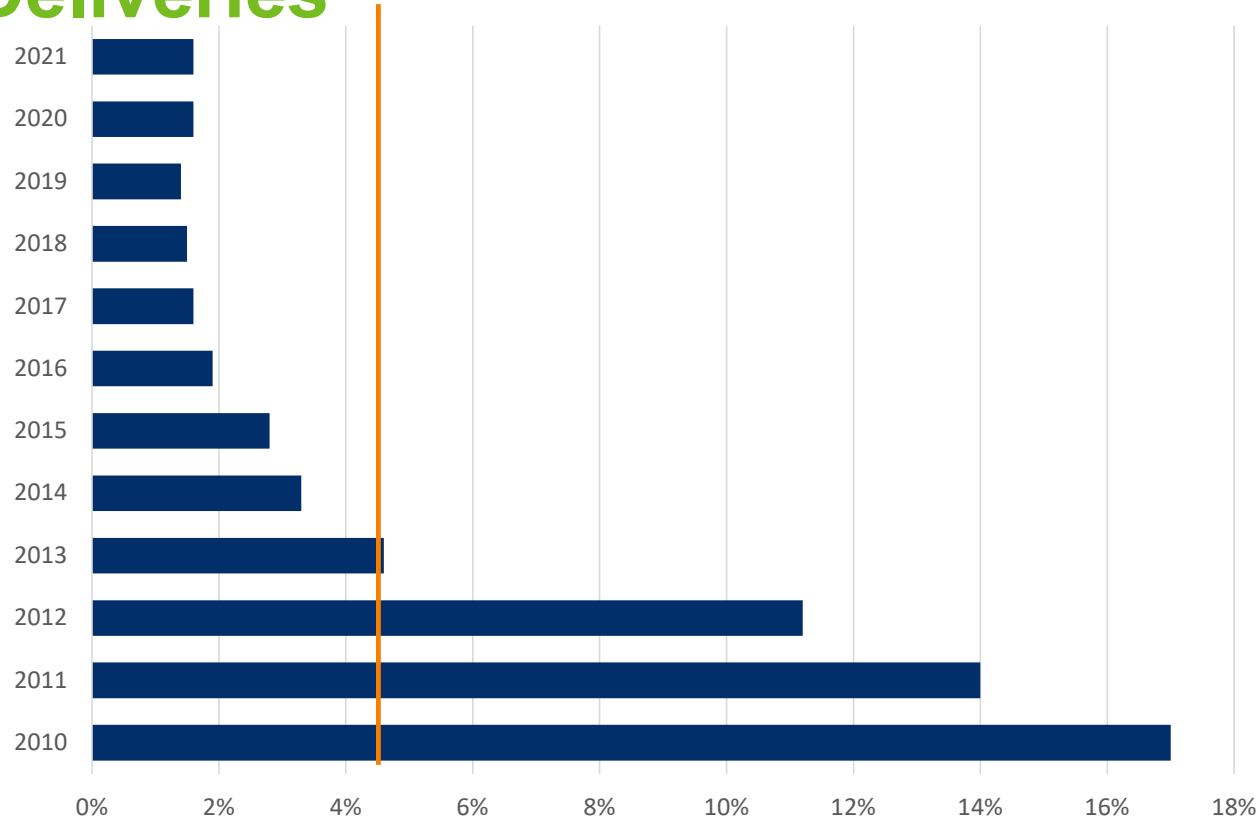


St. Bernard Hospital, an important safety net hospital in South Chicago

Comparing pre-pandemic and post-pandemic data, the hospital saw:

- **100% REDUCTION in CLABSI and CAUTI**
- **72% REDUCTION in MRSA**
- **Improvements across the Board**

# Transparency Galvanizes; Early Elective Deliveries



# Transparency is indispensable

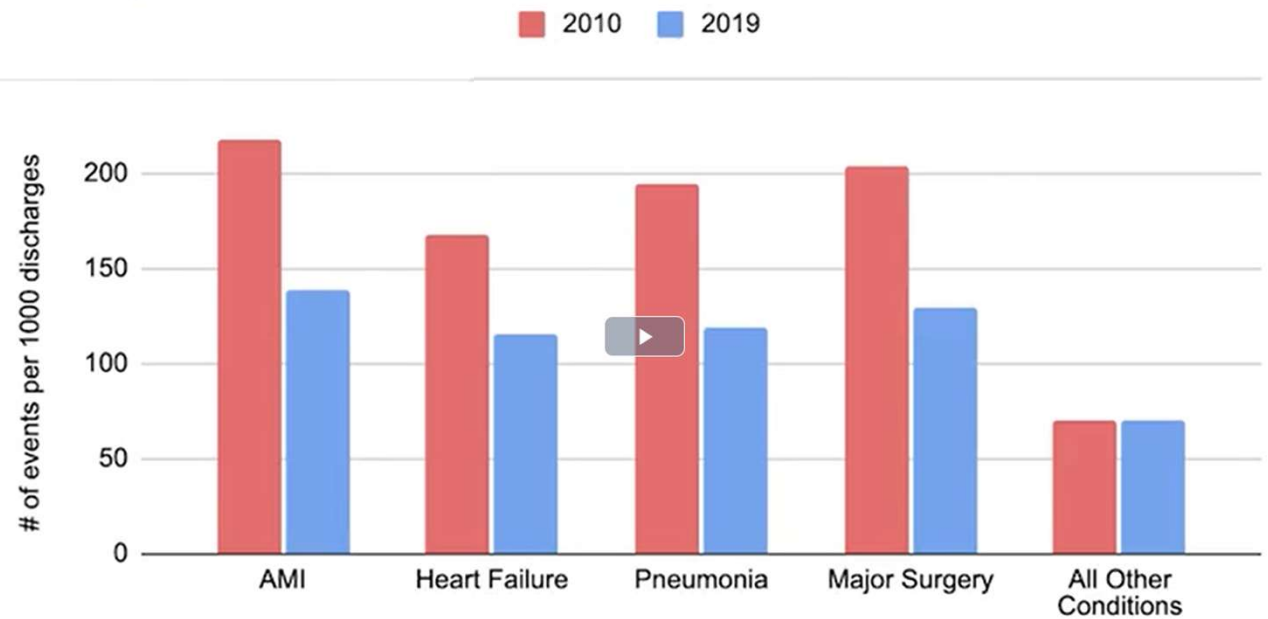
DIVE BRIEF

## Hospital adverse event rates decline over a decade, JAMA study finds

Published July 12, 2022

<https://www.medpagetoday.com/hospitalbasedmedicine/riskmanagement/100190>

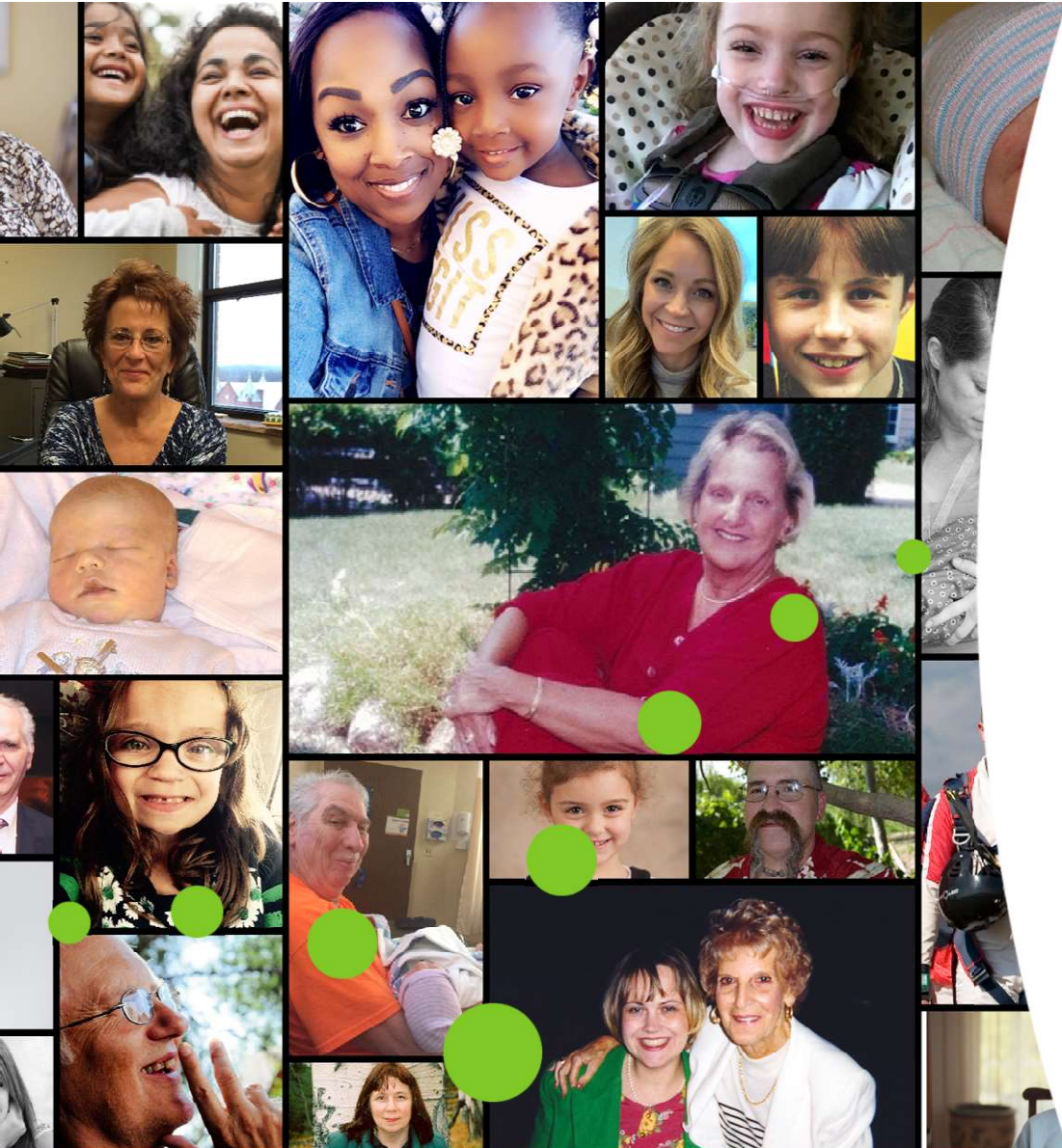
Study analyzed data from 2010-2019



Adverse events by type

© The Leapfrog Group 2022

67



**Patients come first.  
No compromise.**



## Employers Can Champion Patients.



- Commit to transparency in all contracts, with all third parties (PBMs, consultants, TPAs, etc)
- Insist on campaign for transparency
- Give employees as much information as possible to make decisions about their care. Use Leapfrog to help.
- Push for 100% participation in Leapfrog Hospital Survey & Leapfrog ASC Survey
- Use the data in purchasing, contracting, public reporting

# All roads true north.

---

- Patients come first. No compromise.
- This is personal.
- The future of technology is really about patients.
- Transparency is the indispensable force for change. It's about patients.
- Patients come first. No compromise.



# Appendix

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# 5 Step Verification

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Leapfrog has several protocols in place to verify the accuracy of our results, including:

- **Affirmation of Accuracy**
- **Warnings in the Online Survey Tool**
- **Extensive Monthly Data Verification**
- **Monthly Documentation Requirements**
- **On-Site Data Verification**

# Medical and Rx Innovative Savings Strategies



# Medical Savings by Traveling

**William Howard**  
Senior Vice President,  
Bernhardt Furniture Company

**Rajesh Rao**  
CEO  
IndusHealth

**Chad Adams**  
Senior Executive/Strategic Development  
IndusHealth





# INDUS HEALTH

GLOBAL HEALTHCARE OPTIONS

## WHERE WE ARE

- Premiums for employer plans climbed roughly 7% in 2023 and over 8% for 2024 to reach \$24k for family plans and nearly \$8.5k for individuals according to Kaiser Family Foundation (KFF)



# WHAT IS INDUSHEALTH?



THE leader in the corporate  
medical travel industry



Serves self-insured  
employers w/100 to over  
30,000 employees in size



19 years of proven  
experience

# HOW THE PROGRAM WORKS

- Plan bolted on to existing plan at zero cost
- Benefit available to employees and families covered
- Employees internally informed about plan
- Employee contacts Indus when procedure needed
- Case manager assigned
- Simplified billing and reporting



# WORKS FOR EMPLOYEES



100% optional, NO deductible, NO bills



Nurse advocates assist patients with all aspects of procedures



2<sup>nd</sup> opinion prevents incorrect/unnecessary surgeries



Cash incentives based on shared savings



Companion travel included



Return to work quicker with less pain



# BENEFITS AND RESULTS

- Cost savings from around ~\$20k to over \$100k per procedure
- Annual cost savings >\$250k per 1,000 employees
- Annual costs savings up to \$800k when including pharma
- Reduces stop-loss and workers comp claims
- No monthly fees
- Proven and time-tested risk mitigations strategies



# SURGICAL SAVINGS

Procedure	Package Cost Range
Total Knee Replacement	\$19K - \$26K
Total Hip Replacement	\$20K - \$27K
Rotator Cuff Repair	\$13K - \$18K
Gastric Bypass	\$19K - \$25K
Gastric Sleeve	\$17K - \$23K
Hernia Repair	\$13K - \$17K
Lumbar Fusion	\$24K - \$33K
Cervical Disc Replacement	\$26K - \$39K
Hysterectomy	\$14K - \$20K

**NOTE:** Package costs are all-inclusive and can vary depending on destinations, procedure variations, and travel/stay related expenses incurred

**Average net savings of \$20K-\$25K per surgery**



# PHARMACEUTICAL SAVINGS

Specialty Rx	Annual Savings
Actemra	\$31K
Cosentyx	\$30K
Enbrel	\$26K
Epclusa	\$27K
Humira	\$27K
Humira (High Dose)	\$64K
Ocrevus	\$15K
Orencia	\$17K
Rituxan	\$18K
Stelara	\$33K
Stelara (High Dose)	\$146K
Viekira Pak	\$26K
... and more	

Annual net savings of \$400K-\$800K

**NOTE:** Package costs are all-inclusive and can vary depending on destinations, procedure variations, and travel/stay related expenses incurred





# INDUS HEALTH

GLOBAL HEALTHCARE OPTIONS

# **Innovative Strategies for Pharmacy Spend**

## **Jason Sorrells**

**Rx Sales Director  
Healthcare Bluebook**



Locked into your PBM contract ...what can you do to help your plan and your members save \$?



# Agenda

- 1 Understanding your existing PBM contract
- 2 Maximizing opportunities within existing PBM contract
- 3 Savings opportunities outside of PBM
- 4 Next Steps

# Understanding your existing PBM contract



# Understand your existing pharmacy contract

Ask your consultant to help you understand the critical components of your contract

- ✓ Identify specific **Exclusions** and understand how they are impacting your plan
- ✓ Know **Drug definitions** can significantly impact contract performance
- ✓ When are you allowed a **Market Check** to improve outdated contract terms
- ✓ Ensure your broker/consultant completes annual **Reconciliation** of contract guarantees

## Example Contract Reconciliation

Discounts						
Channel	Claim Count	Ingredient		Guarantee	Achieved	Shortfall/Surplus
		AWP	Cost			
Retail 30 Brand	2,609	\$2,447,160	\$1,973,390	17.50%	19.36%	\$45,517
Retail 30 Generic	9,456	\$2,347,496	\$405,178	84.00%	82.74%	(\$29,578)
Retail 90 Brand	260	\$336,177	\$262,285	21.25%	21.98%	\$2,454
Retail 90 Generic	1,296	\$513,956	\$74,883	87.40%	85.43%	(\$10,125)
Mail Brand	17	\$21,981	\$17,154	21.25%	21.96%	\$156
Mail Generic	89	\$33,138	\$3,990	85.40%	87.96%	\$848
Specialty	298	\$1,870,757	\$1,486,691	20.25%	20.53%	\$5,238
<b>TOTAL</b>	<b>14,026</b>	<b>\$7,570,664</b>	<b>\$4,223,570</b>			<b>(\$39,703)</b>

Dispensing Fees					
Channel	Claim Count	Dispensing	Guarantee	Achieved	Shortfall/Surplus
Retail 30 Brand	2,609	\$2,217	\$0.70	\$0.85	(\$391)
Retail 30 Generic	9,456	\$5,296	\$0.70	\$0.56	\$1,324
Retail 90 Brand	260	\$169	\$0.70	\$0.65	\$13
Retail 90 Generic	1,296	\$739	\$0.70	\$0.57	\$168
Mail Brand	17	\$0	\$0.00	\$0.00	\$0
Mail Generic	89	\$0	\$0.00	\$0.00	\$0
Specialty	298	\$45	\$0.00	\$0.15	(\$45)
<b>TOTAL</b>	<b>14,026</b>	<b>\$8,465</b>			<b>(\$436)</b>

Rebates				
Channel	Claim Count	Total	Total	Shortfall/Surplus
		Guarantee	Received	
Retail 30 Brand	2,169	\$520,560	\$507,641	(\$12,919)
Retail 90 Brand	185	\$134,125	\$137,236	\$3,111
Mail Brand	13	\$9,425	\$9,498	\$73
Specialty	185	\$407,000	\$382,103	(\$24,897)
<b>TOTAL</b>	<b>2,552</b>	<b>\$1,071,110</b>	<b>\$1,036,478</b>	<b>(\$37,816)</b>

Complete **RECONCILIATION** of annual performance with pharmacy contract guarantees

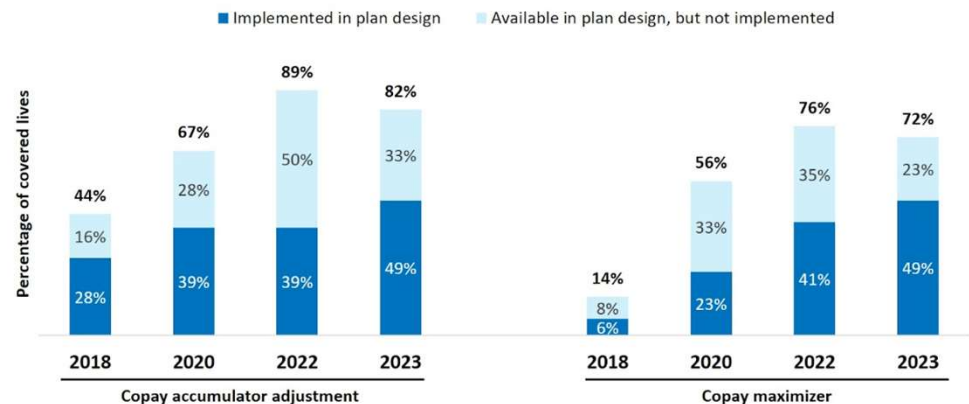
- ✓ Claim level
- ✓ \$ for \$ reimbursement
- ✓ No 'off setting'

# Maximizing opportunities within your existing PBM contract

# Additional PBM programs available to consider?

- **Coupon Maximizer Programs**
  - PrudentRx (CVS)
  - SaveOnSP (ESI)
  - Variable Copay (Optum)
- **Copay Accumulator Program**

Copay Accumulator Adjustment and Copay Maximizers, Prevalence and Use in Commercial Insurance, 2018 to 2023



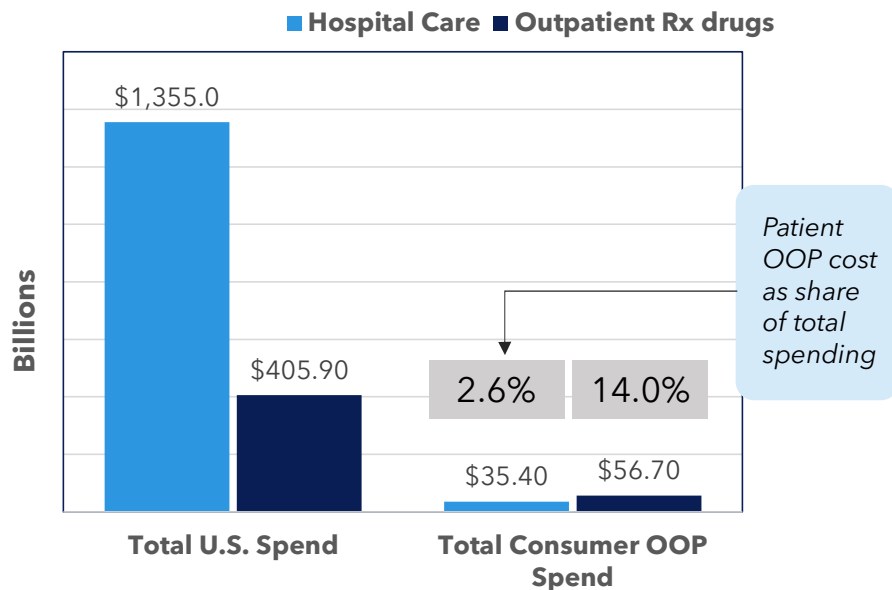
Source: Drug Channels Institute analysis of MMIT data; Drug Channels Institute estimates. Sample for 2018 includes 49 PBMs and payers representing 147 million commercially insured covered lives. Sample for 2020 includes 50 PBMs and payers representing 127.5 million commercially insured covered lives. Sample for 2022 includes 35 PBMs and payers representing 121.5 million commercially insured covered lives. Sample for 2023 includes 35 PBMs and payers representing 117.8 million commercially insured covered lives.

Source: Drug Channels Institute research. This chart appears as Exhibit 143 in *The 2024 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers*.

# Savings opportunities for plan and members outside of PBM

# Rx costs continue to rise - what can employers and members do to help curb costs?

## Hospital Care vs Prescription Drugs



\*Outpatient Rx figures exclude inpatient Rx drug spending within hospitals and nearly all provider-administered outpatient drugs

Source: Drug Channels Institute analysis of National Health Expenditure Accounts, 2023

- Member out-of-pocket pharmacy spending is significantly higher (60%) compared to OOP medical spending
- Patients pay for a greater share of the cost due to Rx plan designs and growth of coinsurance arrangements for pharmacy
- Higher list prices drive higher rebate values
- Most plan sponsors use rebates to offset premiums, but member's OOP is still increasing

# Mark Cuban Cost Plus Pharmacy



**Cost Plus Drugs  
Team Cuban  
Card**

## Cost Plus Drugs is Now Available at Your Local Pharmacy

Sign up for Team Cuban Card to get our low drug prices at...



...and many independent pharmacies!

# How does it work?

## How the Team Cuban Card Works

### 1. Find Your Medication



Tap above to search our medication list for the medications you take. If you see your medication, it is available through Team Cuban Card.

### 2. Find a Pharmacy



We work with pharmacies in most states. Click above to find a Cost Plus Drugs Affiliate Pharmacy near you!

### 3. Request Prescription



Your doctor's office can send your Rx to a Cost Plus Drugs Affiliate Pharmacy as the fastest way to get started!

### 4. Show Team Cuban Card



Tell the pharmacy you are a Team Cuban Card member when you visit and show your Team Cuban Card at checkout. Print or save to your device.






# MCCPP Savings Examples


## Generic Lipitor

We think you should know how much your medications cost and why.  
A 90 count supply of 10mg Atorvastatin will cost:

Your drug cost with us	\$6.80
+ + You save \$158.80 on your medication	
Retail price at other pharmacies	\$165.60

*Your final cost will include shipping and taxes, which vary by location.*

	...		...	
Manufacturing		15% Markup		Pharmacy Labor
\$0.90		\$0.90		\$5.00



\*Additional cost at checkout  
Standard Shipping  
\$5.00




[Learn more about our drug costs](#)


## Generic Truvada

We think you should know how much your medications cost and why.  
A 3 count supply of 200mg - 300mg Emtricitabine-Tenofovir DF will cost:

Your drug cost with us	\$38.30
+ + You save \$5503.93 on your medication	
Retail price at other pharmacies	\$5542.23

*Your final cost will include shipping and taxes, which vary by location.*

	...		...	
Manufacturing		15% Markup		Pharmacy Labor
\$28.95		\$4.35		\$5.00



\*Additional cost at checkout  
Standard Shipping  
\$5.00

[Learn more about our drug costs](#)

## **Integrated Health Management (340b program)**

Improved Care, Lower Costs

**\$0 patient  
out-of-pocket  
cost**

**Enhanced care  
management  
through our  
pharmacy team  
and providers**

**Improve outcomes  
for patients with  
diabetes and  
specialty drug needs**

**Savings  
average from  
45-75% on the  
cost of care and  
treatment**

**Implement IHM at anytime, MakoRx will work with the Employer and existing PBM to carve out the medications covered by IHM and provide immediate savings without the hassle of switching PBMs.**

**Conditions include: Diabetes, Migraine, Blood Thinner, COPD, Mental Health and Specialty Meds.**

## Integrated Health Management (IHM)

Treating chronic conditions can require expensive medications that significantly impact both patient and employer costs.

MakoRx created our Integrated Health Management programs to capitate and control ever-increasing chronic conditions costs by bundling care and medication into a fixed monthly cost per employee.

**Diabetes Bundle:** One of the most prevalent and costly conditions on any health plan is diabetes care. Between the popularity of GLP-1 medications like Ozempic® or Mounjaro® and the cost of branded drugs and insulins, employers can significantly reduce health costs associated with diabetes by moving to a bundled care model.

IHM provides all the testing, supplies, medications, virtual doctor visits and care team management for your participants with diabetes for the following costs:

IHM Diabetes Bundle	Average Per Patient Monthly Plan Spend	MakoRx Per Patient Monthly Pricing	Average Per Patient Monthly Savings
Standard Diabetes Bundle	\$783	\$295	\$488
Standard Ozempic	\$1,473	\$669	\$804
Standard Mounjaro	\$1,746	\$1034	\$712
Standard Rybelsus	\$1,415	\$610	\$805
Standard Trulicity	\$1,560.25	\$876	\$684
Standard Bydureon	\$1,326.29	\$582	\$744

# Bluebook Rx Guides Members to Cost Savings

More than one way to achieve high-quality, low-cost results

**Key Stat: Drug class changes, while only 23% of total switches, deliver 59% of the financial savings**

Personalized Rx savings recommendations

Generic Switch	OTC Option
Drug Class Change	Pill Splitting
Brand Alternative	Separating



# Empower your members with data to be better consumers

**Healthcare Bluebook**

Rx Recommendations | Medication Search

Archived Medications | Saved Searches

find medications

**Lipitor (Atorvastatin Calcium)**

Save search

You searched for:  
Lipitor 80 mg, Tablet  
Quantity: 90  
Average Cost before / after deductible: \$687 / \$30  
[Change form, dosage, quantity](#)

Lower Priced Option  
Atorvastatin Calcium 80 mg, Tablet  
Quantity: 90  
Average Cost before / after deductible: \$87 / \$10  
Savings strategy: [Generic](#)

Powered By **SCRIPTA**

Search | Pharmacy | My Doctors | Rewards | More

**Jaleesa**  
General

Hi, thank you for chatting in with Healthcare Bluebook! My name is Jaleesa. How can I help you today?

Hi, I just received my Rx Savings Report and I noticed that I have an opportunity to save on one of my prescriptions. Can you help me with this?

Of course! I'm happy to assist you. Allow me one moment so that I can pull up your savings report.

Thank you

Your message...

**BluebookRx**

Jacob, view your personalized savings opportunities:

Save Up to **\$188.85** Monthly

You can save on your medications monthly by switching your prescriptions

Need Help? [healthcarebluebook.com/rxsupport](https://healthcarebluebook.com/rxsupport)

Current Medication	Average Copay	Lower Priced Options	Savings Type	Average Copay	AVERAGE SAVINGS	Available Reward
Celecoxib 200mg	\$21.36 Monthly	Naproxen 500mg	Alternate Generic	\$0.70 Monthly	\$20.66 Monthly	
		Or Meloxicam 15mg	Alternate Generic	\$0.88 Monthly	\$20.48 Monthly	
Zolpidem tartrate 6.25mg	\$21.37 Monthly	Zolpidem 5mg	Alternate Generic	\$0.38 Monthly	\$20.99 Monthly	
Nucynta 100mg	\$60.00 Monthly	Tramadol 50mg	Generic	\$10.00 Monthly	\$50.00 Monthly	\$75.00
		Or HYDROcodone-Acetaminophen 5-325mg	Generic	\$10.00 Monthly	\$50.00 Monthly	

# Data supporting the consumer during each step of the care journey



## AOC

Improves patient safety and reduces cost through elimination of wasteful care



## Quality

Assesses clinical outcomes to empower members shopping for care



## Cost

Identifies Fair Price™ providers based on national dataset of commercial claims



## Rx

Leverages claims identifying savings opportunities to lower spend and improve employee well-being



**Refreshed  
monthly - annually**



**Simplified for  
member  
consumption**

# Prescription Advocacy Programs

- Work with manufacturers, doctors, charitable organizations, etc.
- Can help lower costs for patients
- Can work with commercially insured patients
- Typically charge small fee to patient (only if able to save them \$)
- Rx Help Centers is an example



## Next Steps for Plan Sponsors to Consider

- ✓ Consult with your broker/consultant
- ✓ What are you doing to solve Rx challenges currently?
- ✓ How are those choices impacting your members ability to navigate their pharmacy benefit?
- ✓ How are they controlling your annual trend?
- ✓ What reporting are you receiving from your PBM to validate member engagement and savings?





THANK YOU!

# Panel: Addressing Obesity and Diabetes

## Moderator

**Katherine Saunders, MD**

*Obesity Physician, Weill Cornell Medicine, and Co-Founder of Intellihealth*

## Panel

**Anoop Sangha, MD**

*VP of Clinical Programs, Transcarent*

**Tracy Sims**

*Director of Corporate Affairs, Eli Lilly and Company*

**Tracy Zvenyach, PhD**

*Director of Policy Strategy and Alliances, Obesity Action Coalition*



# Optimization of Obesity Care in the Employer Space

Presented by

**Katherine H. Saunders, MD, DABOM**

**Obesity Medicine Physician, Weill Cornell  
Medicine**

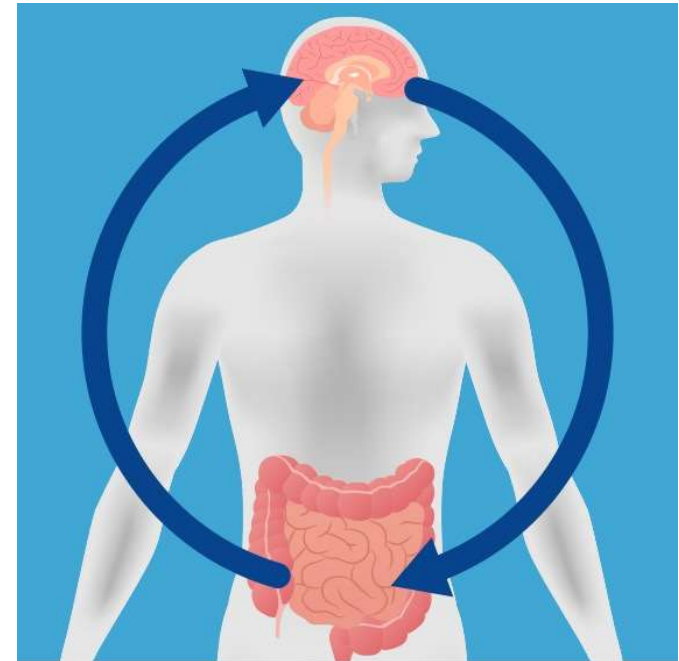
**Co-Founder, Intellihealth**



**NCBCH**  
NC BUSINESS COALITION ON HEALTH

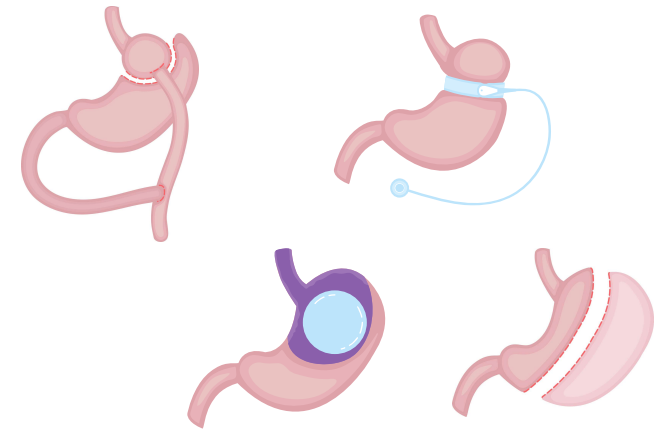
## Definition of Obesity / Terminology

- A **chronic, relapsing, multifactorial, neurobehavioral disease**, wherein an increase in body fat promotes adipose tissue **dysfunction** and abnormal fat mass physical forces, resulting in **adverse metabolic, biomechanical, and psychosocial health consequences**
- **“anti-obesity medication” NOT “weight-loss drug”**
- **“individual WITH obesity” NOT “obese person”**



Pic reference: <https://www.health.harvard.edu/blog/brain-gut-connection-explains-why-integrative-treatments-can-help-relieve-digestive-ailments-2019041116411>

# A Large Armamentarium is Necessary to Treat this Complex Disease



# The Conversation has Changed from Raising Awareness to COST....

↑ **200**

Chronic conditions related to obesity



74% of the population has overweight or obesity & only 4% are being treated.

How can health plans and employers **AFFORD** obesity treatment?

**Ozempic**<sup>®</sup>

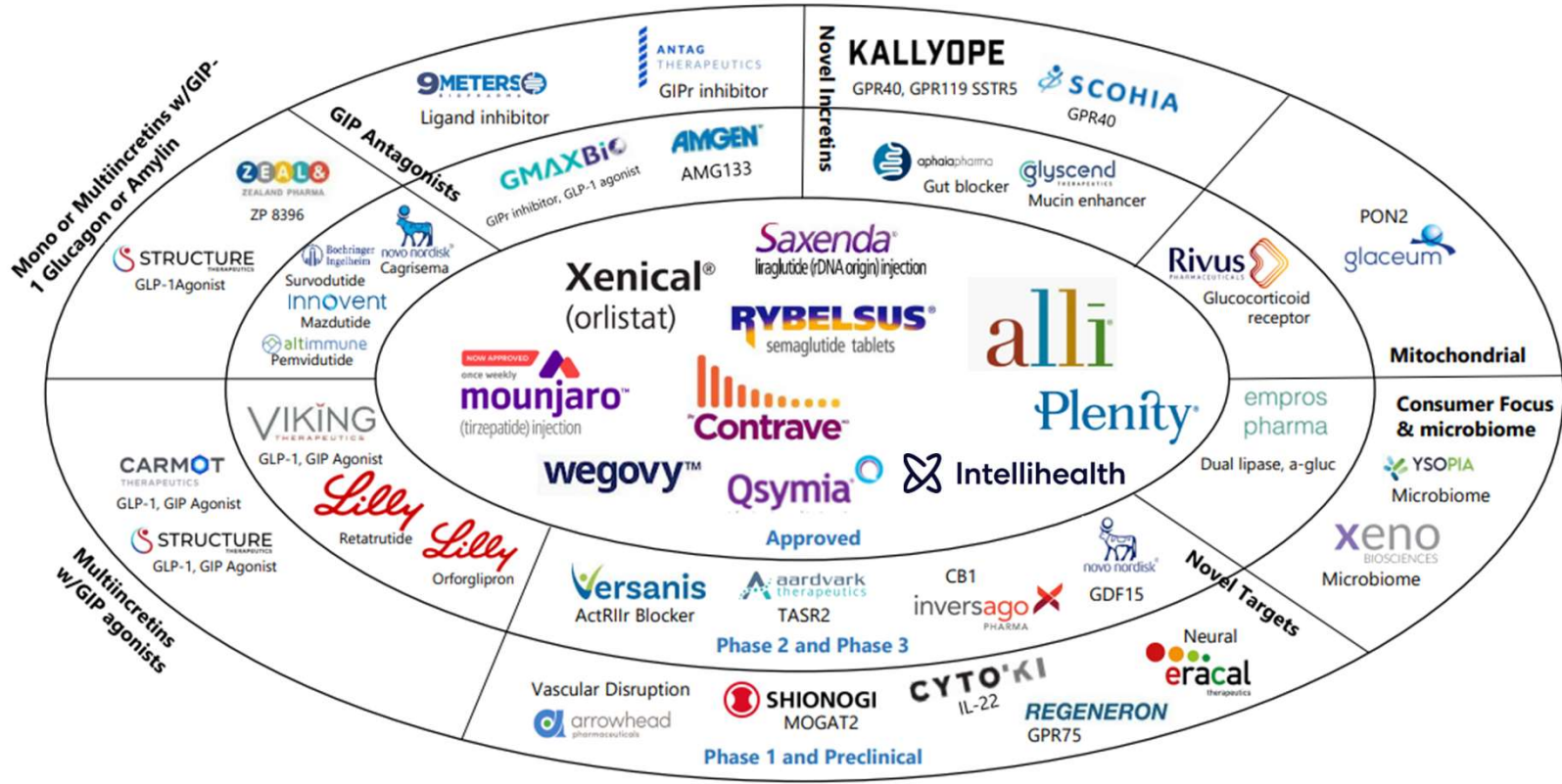
**wegovy**

brand name  
**mounjaro**<sup>®</sup>

**zepbound**<sup>™</sup>

# Market Analysis

## Anti-Obesity Pipeline



The landscape is growing dramatically.

Many companies are **not yet covering** obesity care for their employees while others have **rescinded coverage** due to overspend.

Is there a middle ground  
and how do you determine  
what your employees need?



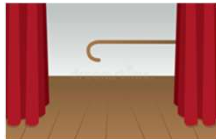
# Innovations in Employer Health/Wellness Benefits

## \*Quick Rounds\*

### 6 Innovators for Employer Health

### Format

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

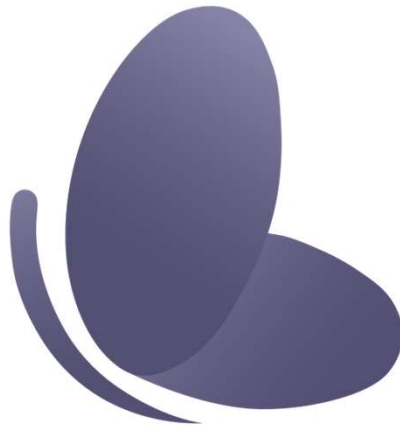


*(We don't have a "stage hook",*

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



# Innovator #1: Ciba Health



**ciba health**





Whole-person care and root-cause  
medicine to prevent and reverse  
chronic disease

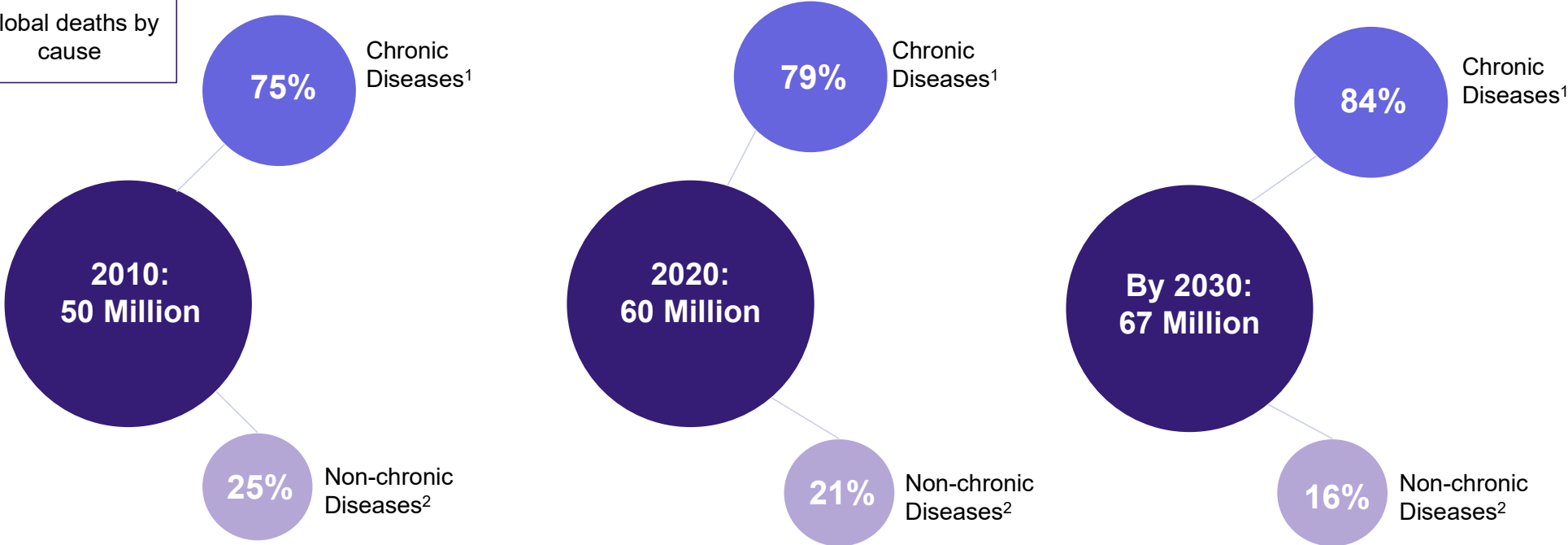


ciba health

Where transformation begins

# The Burden of Chronic Disease

Global deaths by cause



<sup>1</sup>Includes diabetes, cardiovascular disease, cancer dementia, kidney disease, liver disease, and respiratory disease.

<sup>2</sup>Includes respiratory infections, road injuries, and tuberculosis

Source: Global Burden of Disease, Institute for Health Metrics and Evaluation, Dec 2022



# Treating the Root Cause



## Symptoms

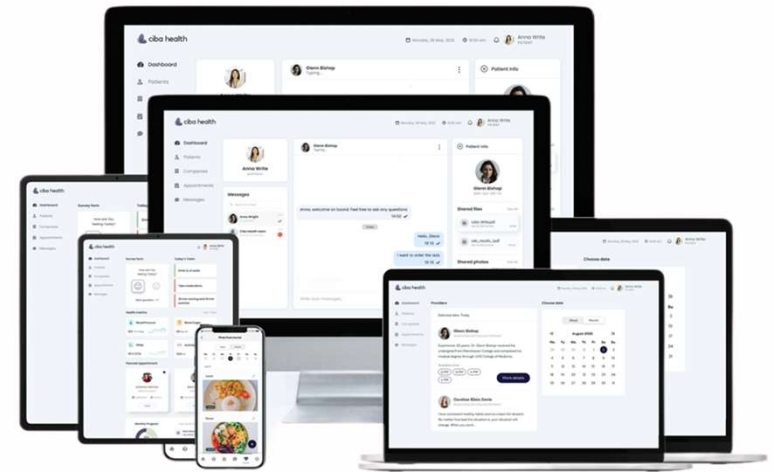
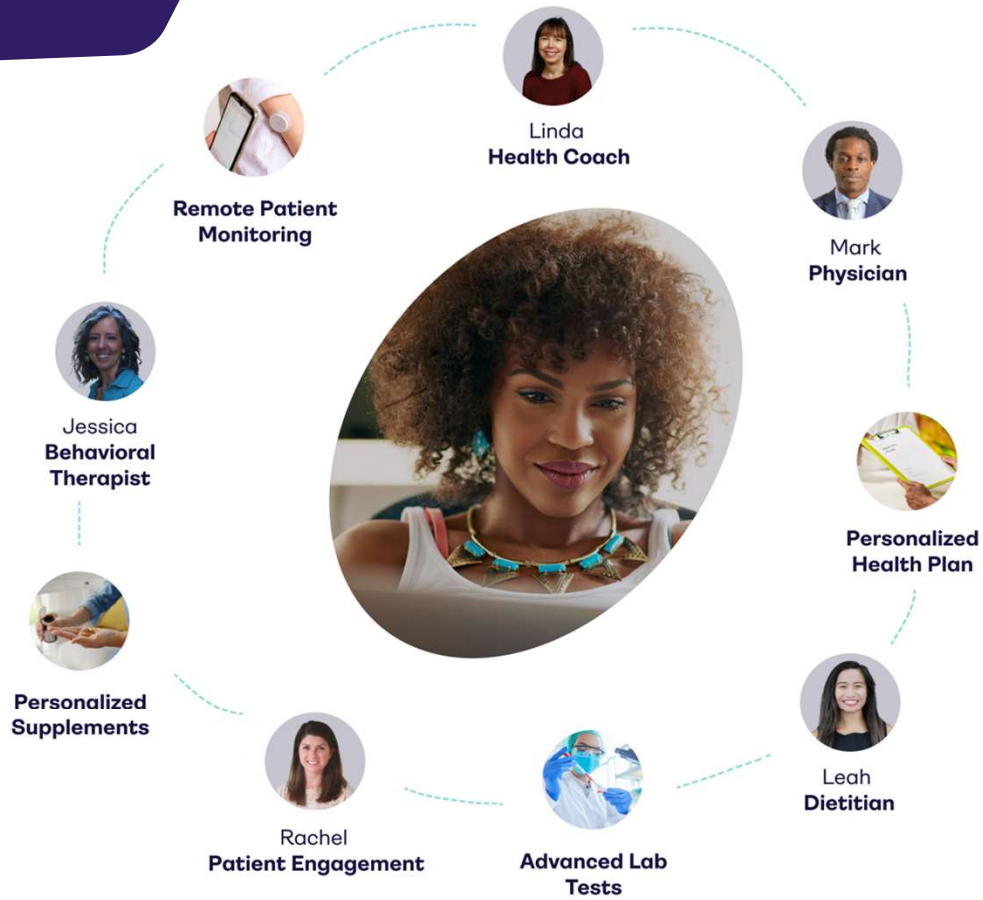
Diabetes  
High Blood Pressure  
Infertility  
Depression  
Anxiety  
Cancer  
PCOS  
High Cholesterol  
Irritable Bowel  
Autoimmune Disease  
Chronic Fatigue  
Hormone Imbalances  
Thyroid Issues  
Obesity

## Root Cause

Inflammation  
Stress  
Poor Diet  
Toxins  
Lack of Sleep  
Unhealthy Relationships  
Nutrient Deficiencies  
Lack of Exercise  
Negative Thoughts  
Trauma  
Genetics  
Poor Digestion  
Lifestyle Choices  
Side effects of Rx



# A Comprehensive Approach





## The Ciba Health Advantage

Unlike point solutions, Ciba Health can cater to a variety of organizational needs:

- A stand alone to address specific high cost populations, like those with diabetes and obesity.
- A complement to existing programs for more challenging cases.
- A benefit to all who deserve a higher, more personalized standard of care.



## Our Impact

**98% chronic disease reversal**

75% Program Completion

Below 5.7 All Patients have an A1C Reduction

30lbs Average Weight Loss

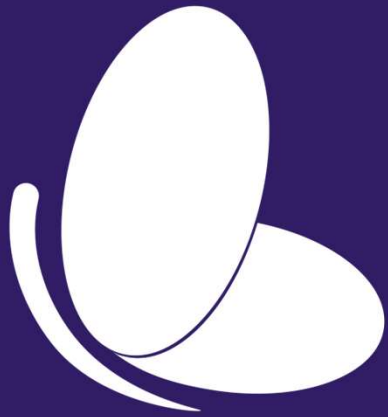
78% Oura Sleep Score Improvement

85% Medication Reduction

80 Net Promoter Score (Patient Satisfaction)







ciba health

**Thank you!**

Nate Cress  
(651) 285-8868  
[ncress@cibahealth.com](mailto:ncress@cibahealth.com)

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## Innovator #2: Grail

GRAIL





NCBCH



Educate, Advocate, Innovate

# A Breakthrough for Cancer Screening & Overall Employee Health

The Galleri<sup>®</sup> multi-cancer early detection (MCED) test

Lisa Krause - Director of Employer Partnerships

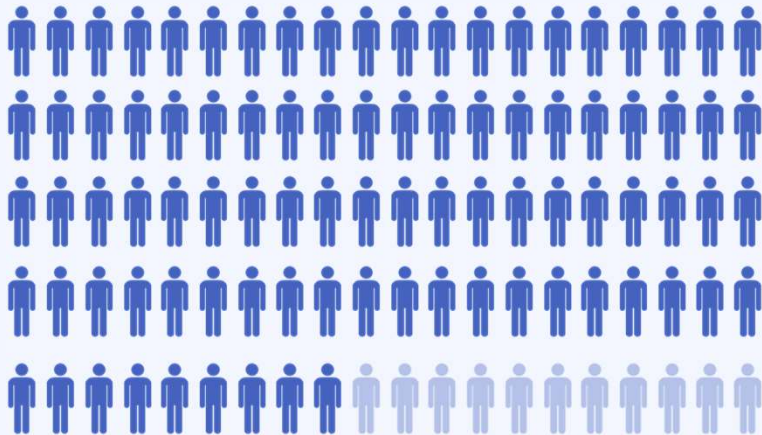


## EARLY vs. LATE

# Detecting cancer early can dramatically improve 5-year cancer survival

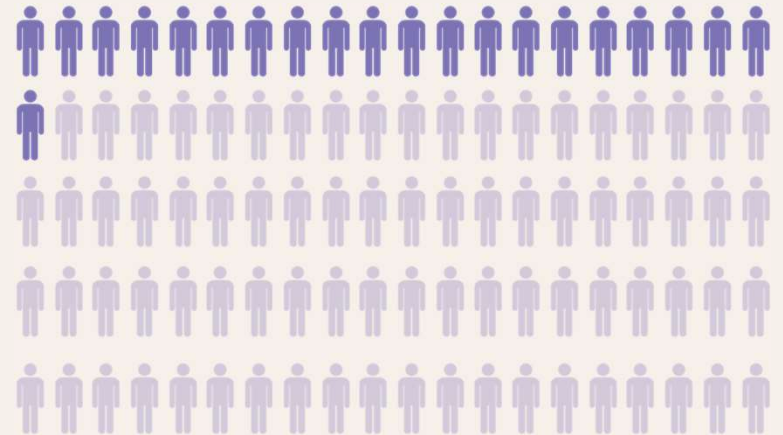
# 89%

## Survival rate when diagnosed EARLY



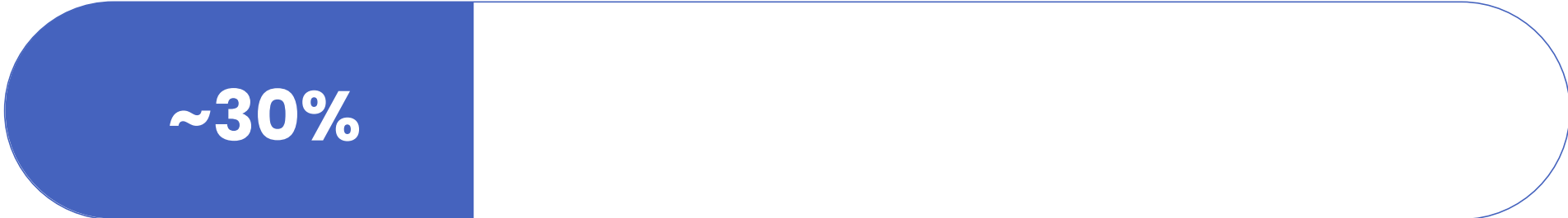
# 21%

## Survival rate when diagnosed LATE



"Early/Localized" includes invasive localized tumors that have not spread beyond organ of origin, "Late/Metastasized" includes invasive cancers that have metastasized beyond the organ of origin to other parts of the body.

# 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<sup>®</sup> multi-cancer early detection test

**Now you can screen for a signal shared by 50+ cancers, with a simple blood draw.<sup>1</sup>**

**The Galleri test is also the #1 employee-ranked health benefit.<sup>2\*</sup>**

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

The Galleri test does not detect a signal for all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur. The Galleri test looks for a signal associated with active cancer and does not predict future genetic risk for cancer. Galleri should be used in addition to healthcare provider recommended screening tests.

\*Market research included 1,000 respondents who were full-time employees working at companies with at least 3000 employees; 15% of sample aged 65+, 70% of sample aged 50-64; 15% aged under 50 with cancer risk factors. Respondents were a representative mix across gender, region, race, ethnicity.



# Galleri was able to detect a signal shared by 50+ cancer types in clinical studies – including 45 cancer types without recommending screening

Breast	Lung	Cervical	Colorectal Prostate
Adrenal Cortical Carcinoma Ampulla of Vater Anus Appendix, Carcinoma Bile Ducts, Distal Bile Ducts, Intrahepatic Bile Ducts, Perihilar Bladder, Urinary Bone Esophagus and Esophagogastric Junction Gallbladder Gastrointestinal Stromal Tumor Gestational Trophoblastic Neoplasms Kidney Larynx Leukemia	Liver Lymphoma (Hodgkin and Non-Hodgkin) Melanoma of the Skin Merkel Cell Carcinoma Mesothelioma, Malignant Pleural Nasal Cavity and Paranasal Sinuses Nasopharynx Neuroendocrine Tumors of the Appendix Neuroendocrine Tumors of the Colon and Rectum Neuroendocrine Tumors of the Pancreas Oral Cavity Oropharynx (HPV-Mediated, p16+) Oropharynx (p16-) and Hypopharynx Ovary, Fallopian Tube and Primary Peritoneum Pancreas, exocrine Penis	Plasma Cell Myeloma and Plasma Cell Disorders Small Intestine Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs Soft Tissue Sarcoma of the Head and Neck Soft Tissue Sarcoma of the Retroperitoneum Soft Tissue Sarcoma of the Trunk and Extremities Soft Tissue Sarcoma Unusual Histologies and Sites Stomach Testis Ureter, Renal Pelvis Uterus, Carcinoma and Carcinosarcoma Uterus, Sarcoma Vagina Vulva	

The Galleri test does not detect a signal for all cancers and all cancers cannot be detected in the blood. False positive and false negative results do occur.



<https://www.galleri.com/the-galleri-test/types-of-cancer-detected>

Klein E, 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.

Amin MB, Edge S, Greene F, et al. (Eds.). *AJCC Cancer Staging Manual* (8th edition). Springer International Publishing: American Joint Commission on Cancer; 2017

# Cancer benefits have historically been *preventive or reactive*, with imperfect adherence rates to recommended screenings

## Preventive

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

**Cancer risk factor mitigation**

Quit Genius  Health Solutions

 OPTUM® | Quit For Life®

**Genetic risk testing**




 color  INVITAE

## Proactive

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

**Single-cancer screenings**  
Mammography, colonoscopy,  
etc.

Screening adherence rates<sup>1</sup>

		
<b>29.5%</b>	<b>63.8%</b>	<b>64.4%</b>

## Reactive

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

**Medical opinion for diagnosis & treatment**

 Memorial Sloan Kettering Cancer Center
  carrumhealth

 access hope
  Included HEALTH



Breast (mammography), Cervical (pap/HPV test), Colorectal (colonoscopy, FIT, FOBT, flex sig, or sDNA)  
 1: National average screening rates reference: Kim A, et al. Poster presented at: AMCP Nexus 2021 Annual Meeting; Oct 18-21, 2021; Denver, CO. Abstract 10550.



# The high cost of cancer often occurs in later stages<sup>1,2</sup> and affects everyone in your organization

Late stage cancer can cost **~3X** more than early stage cancer<sup>3</sup>

## Employees

**In 2018 alone, cancer patients in the U.S. paid \$5.6 billion out of pocket for cancer treatments.**<sup>4</sup>

## Employers

**For the first time in the history of BGH's annual health care survey, cancer has overtaken musculoskeletal conditions as the #1 cost driver for employers.**<sup>5</sup>

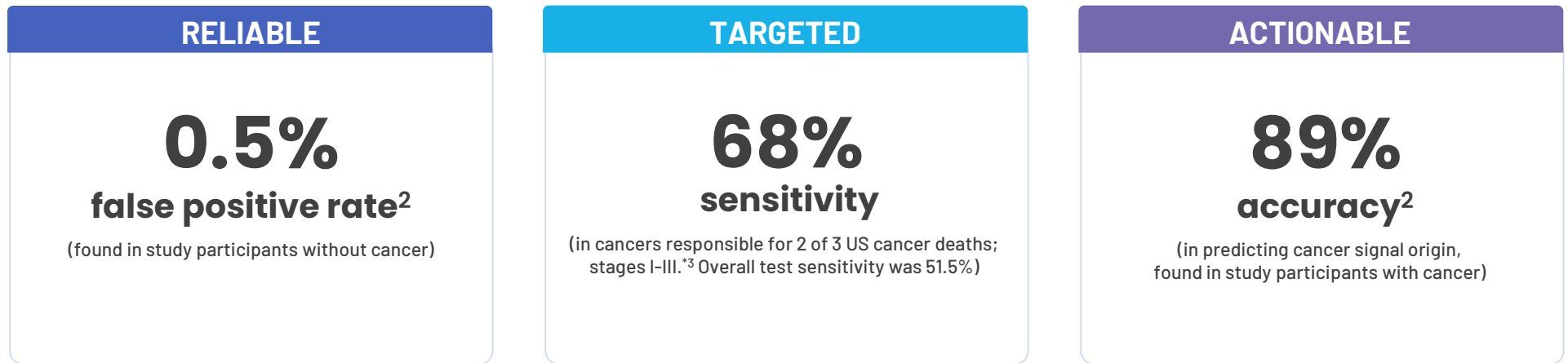
1. Based on stage II and stage IV breast, colorectal, and lung cancer, and metastatic/non-metastatic pancreatic cancer. 2. Banegas MP, Yabroff KR, O'Keeffe-Rosetti MC, et al. Medical Care Costs Associated With Cancer in Integrated Delivery Systems. J Natl Compr Canc Netw. 2018;16(4):402-10. 3 Reddy SR. Curr Med Res Opin. 2022;38(8):1285-1294. doi: 10.1080/03007995.2022.2047536. 4. <https://www.fightcancer.org/sites/default/files/National%20Documents/Costs-of-Cancer-2020-10222020.pdf>. Data retrieved from the Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey, 2018. <https://meps.ahrq.gov/mepsweb/> 5. Business Group on Health. 2023 Large Employers' Health Care Strategy and Plan Design Survey. August 2022. Available at: <https://www.businessgrouphealth.org/resources/2023-large-employers-health-care-strategy-survey-intro>

## Slide 129

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- 1 @lkrause@grailbio.com consider removing and voicing over in your intro on unmet need  
\_Assigned to lkrause@grailbio.com\_  
Ailene Bui, 3/12/2024

# Galleri is supported by robust clinical data, helping with the #1 ranked medical fear for Americans: cancer<sup>1</sup>



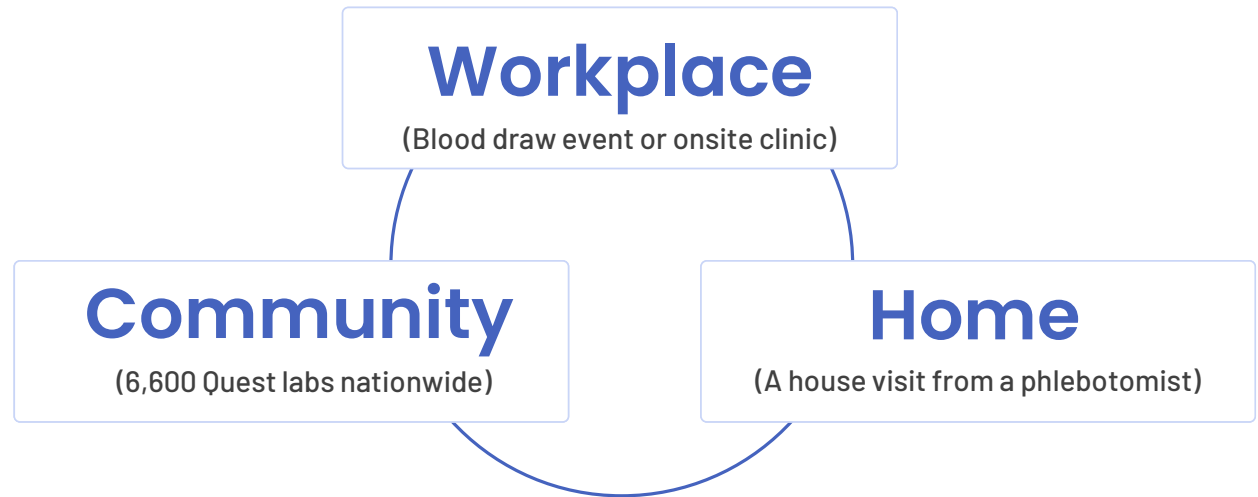
The Galleri test does not detect a signal for all cancers. False positive and false negative results do occur.

\*The group of cancers responsible for two-thirds of annual US cancer deaths included anus, bladder, colon/rectum, esophagus, head and neck, liver/bile-duct, lung, lymphoma, ovary, pancreas, plasma cell neoplasm, and stomach.

In the Circulating Cell-free Genome Atlas sub-study (CCGA3), a prospective, case-controlled, observational study that included cancer (n=2823) and non-cancer (n=1254) participants without a history of cancer, a Cancer Signal Origin (CSO) prediction accuracy was **88.7% for cancer participants with a cancer signal detected**

1. MedicareAdvantage.com. [What Medical Condition Are You Most Afraid Of?](#). Published May 5, 2021. 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. Amin MB, et al (Eds). *AJCC Cancer Staging Manual* (8th edition). Springer International Publishing: American Joint Commission on Cancer; 2017.

Helps to address barriers to *access* regardless of location, race, or background: just 1 blood draw, available almost anywhere



Galleri should be used in addition to healthcare provider recommended screening tests.

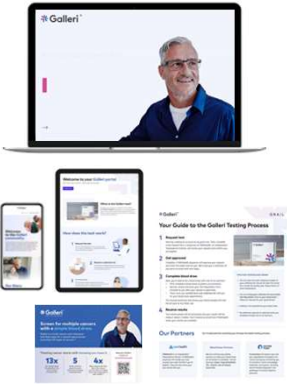


**"We believe *healthcare is a fundamental right*, and we want to do our part to make sure our people have access to the highest-quality care possible"**


- Senior VP, Total Rewards Experience, Paramount

# The Galleri test is part of a comprehensive and employee-oriented experience

**1 Awareness & Education**




**2 Test Request, Order, & Blood Draw**



(Test is requested and then, if approved, prescribed by a healthcare professional)

**3 Return of Results to Provider**



Sample Test Reports

**4 Support Services for "Cancer Signal Detected" Results**



Based on a clinical study of people ages 50 to 79 around 1% are expected to receive a cancer signal detected result. After diagnostic evaluation, around 40% of these people are expected to have a confirmed cancer diagnosis.

**Additional Ecosystem Providers Available:**



**There are no recommended screenings for  
~70% of cancers.**

**By adding Galleri to recommended screenings, your  
employees can go further –  
from screening for 5 cancers to screening for 50+.**

The Galleri test does not detect a signal for all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur. Galleri should be used in addition to healthcare provider recommended screening tests.



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.

<https://www.galleri.com/the-galleri-test/types-of-cancer-detected>

Klein E, 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.

Amin MB, Edge S, Greene F, et al. (Eds.). *AJCC Cancer Staging Manual* (8th edition). Springer International Publishing: American Joint Commission on Cancer; 2017

United States Preventive Services Task Force (USPSTF) recommended cancer screening.

[https://uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results?](https://uspreventiveservicestaskforce.org/uspstf/topic_search_results?)

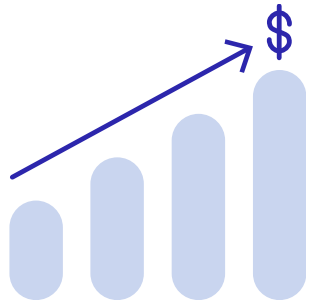
# Innovator #3: Transcarent



transcarent

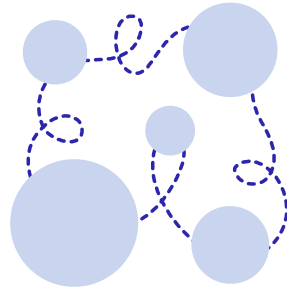


# The Employer's Dilemma: By the Numbers



## Rising Healthcare Costs

Medical costs will accelerate **7-10%+** in 2024



## Benefit Complexity

Most offer **20+ digital health solutions**



## Inappropriate Cancer Care

**11% of people** are misdiagnosed





















## Ballooning Pharmacy Costs

Pharmacy is driving **~20% of healthcare spend**



# We Are the **One Place** for Health & Care

 <p>Care in 60 Seconds for Primary, Urgent &amp; Behavioral Health</p>	 <p>Transparent Marketplace or PBM</p>	 <p>MSK Care, Expert Opinions, COEs, and Recovery</p>	 <p>Prevention, Cancer Support, COEs, and Survivorship</p>	 <p>Lifestyle Support, Bariatric Surgery, and Prescription Management</p>
<p><b>EVERYDAY</b></p>	<p><b>PHARMACY</b></p>	<p><b>MSK / SURGERY</b></p>	<p><b>ONCOLOGY</b></p>	<p><b>WEIGHT HEALTH</b></p>
<p>Immediate care results in a 40% reduction in ED visits; integrated with behavioral health:</p>	<p>Real-time access drives a 10-30% in savings on prescriptions:</p>	<p>Unique end-to-end MSK and surgical intervention with industry leading partners:</p>	<p>Integrated experience from prevention to survivorship:</p>	<p>Comprehensive approach for GLP-1s, bariatric surgery &amp; lifestyle</p>
 	   	  	 	 

Connected to employer's existing networks and benefits

Powered by the Transcarent Clinic and National Independent Provider Ecosystem, plus top virtual solutions

# Trusted By Millions of Consumers and Hundreds of Notable Clients

Transcarent is the **only** health & care solution to meet HITRUST CSF, SOC 2 Type 2 and ISO 27001 certifications combined.



4.3M

+



30

0



15+

YEARS OF  
EXPERIENCE



# Innovator #4: Currax



# NCBCH Innovator Presentation

March 15, 2024



# Currax is focused on the #1 and #2 preventable deaths in the United States: **smoking\*** and **obesity**



**HEADQUARTERS**  
**Nashville, TN**

Operating subsidiary:  
**Orexigen Therapeutics**  
based in Dublin, Ireland



**4** BRANDED MEDICINES  
**20+** GENERIC NUTRACEUTICALS

**1** CURRAX PRODUCT LAUNCH INTO BILLION \$+ MARKET



**EMPLOYEES†**  
**~145** with **~90** in sales/sales leadership and **100+ years** of combined leadership experience



**Consistent** NET SALES  
**400** PATENTS WORLDWIDE  
**12** ROW DISTRIBUTION PARTNERSHIPS

\*Investigational product under review.

†As of January 2024.

At Currax, we challenge ourselves to think differently and inspire each other to **enhance the lives of patients** by **improving access** to life-changing medications.



INTENDED FOR PAYERS, FORMULARY COMMITTEES, OR SIMILAR ENTITIES ONLY.

# When it comes to considering treatments for formulary inclusion for weight management, ONE SIZE doesn't fit all<sup>1</sup>

## Different obesity phenotypes create unique challenges for weight-loss success

In a recent pragmatic study, individualized treatment approaches based on 4 phenotypes were associated with significantly greater weight loss after 12 months compared with the nonphenotype-guided groups.<sup>1,\*</sup>

### STUDY DESIGN

Multiple classes of antiobesity medications are currently available, so it is important that all options are considered and tailored to the needs of patients

\*The phenotypes mentioned above were derived from Acosta, et al. *Obesity (Silver Spring)*. 2021;29(4):662-671

HUNGRY BRAIN™, HUNGRY GUT™, EMOTIONAL HUNGER™, and SLOW BURN™ are registered trademarks of Phenomix Sciences.

**Reference: 1.** Acosta A, et al. *Obesity (Silver Spring)*. 2021;29(4):662-671.

INTENDED FOR PAYERS, FORMULARY COMMITTEES, OR SIMILAR ENTITIES ONLY.



### Hungry Brain™ SATIATION

More calories  
consumed per meal  
40% of patients (n=34)



### Slow Burn™ ENERGY EXPENDITURE

Decreased  
metabolic rate  
12% of patients (n=10)



### Emotional Hunger™ EMOTIONAL/REWARD

Eating to cope with positive  
or negative emotions  
30% of patients (n=25)



### Hungry Gut™ SATIETY

Appetite returns  
more quickly after a meal  
18% of patients (n=15)



# A chronic weight management option for your adult members

## Indication

CONTRAVE is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of:

- 30 kg/m<sup>2</sup> or greater (obese) or
- 27 kg/m<sup>2</sup> or greater (overweight) in the presence of at least one weight-related comorbid condition (eg, hypertension, type 2 diabetes mellitus, or dyslipidemia)

## Limitations of Use

The effect of CONTRAVE on cardiovascular morbidity and mortality has not been established. The safety and effectiveness of CONTRAVE in combination with other products intended for weight loss, including prescription drugs, over-the-counter drugs, and herbal preparations, have not been established.

## IMPORTANT SAFETY INFORMATION

### WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

#### Suicidality and Antidepressant Drugs

CONTRAVE® is not approved for use in the treatment of major depressive disorder or other psychiatric disorders. CONTRAVE contains bupropion, the same active ingredient as some other antidepressant medications (including, but not limited to, WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL, and APLENZIN). Antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term trials. These trials did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use in subjects over age 24; there was a reduction in risk with antidepressant use in subjects aged 65 and older. In patients of all ages who are started on CONTRAVE, monitor closely for worsening, and for the emergence of suicidal thoughts and behaviors. Advise families and caregivers of the need for close observation and communication with the prescriber. CONTRAVE is not approved for use in pediatric patients.

Please see Important Safety Information on slides 14-18.

Please see Full Prescribing Information, including Medication Guide, for CONTRAVE.

INTENDED FOR PAYERS, FORMULARY COMMITTEES, OR SIMILAR ENTITIES ONLY.

CONTINUE



# Consider CONTRAVE to help patients seeking weight loss who struggle with emotional eating<sup>1,2,\*</sup>

# #1

## Prescribed oral weight-loss brand<sup>†</sup>



CONTRAVE is the only FDA-approved 2-in-1 combination drug containing extended-release (ER) naltrexone and bupropion for patients who are overweight or who have obesity.<sup>1</sup>

CONTRAVE has a unique mechanism of action that targets two areas of the brain to give patients more control<sup>1,3,\*</sup>

In the hypothalamus, naltrexone/bupropion work synergistically to curb hunger



Within the mesolimbic reward system, naltrexone and bupropion regulate feelings of pleasure when eating to help control cravings

\*The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.<sup>1</sup>

FDA=US Food and Drug Administration.

<sup>†</sup>Based on the number of prescription fills for brand-name weight-loss drugs in the IQVIA database, June 2022 to May 2023.

**References:** 1. CONTRAVE. Prescribing information. Currax Pharmaceuticals LLC; 2023. 2. Acosta A, et al. *Obesity (Silver Spring)*. 2021;29(4):662-671. 3. Greenway FL. *Int J Obes (Lond)*. 2015;39(8):1188-1196.

Please see Important Safety Information on slides 14-18.

Please see [Full Prescribing Information](#), including Medication Guide, for CONTRAVE.

INTENDED FOR PAYERS, FORMULARY COMMITTEES, OR SIMILAR ENTITIES ONLY.

**CONTRAVE**  
(naltrexone HCl/bupropion HCl)  
8 mg/90 mg • Extended-Release Tablets



## The safety of CONTRAVE has been demonstrated across multiple phase 3 clinical trials<sup>1</sup>

### Adverse reactions reported with $\geq 4\%$ incidence with CONTRAVE and more commonly than placebo<sup>1</sup>

ADVERSE REACTION	CONTRAVE (n=2545)	PLACEBO (n=1515)
Nausea	32.5%	6.7%
Constipation	19.2%	7.2%
Headache	17.6%	10.4%
Vomiting	10.7%	2.9%
Dizziness	9.9%	3.4%
Insomnia	9.2%	5.9%
Dry mouth	8.1%	2.3%
Diarrhea	7.1%	5.2%
Anxiety	4.2%	2.8%
Hot flush	4.2%	1.2%
Fatigue	4.0%	3.4%
Tremor	4.0%	0.7%

- The most frequent adverse reactions leading to discontinuation with CONTRAVE were nausea (6.3%), headache (1.7%), and vomiting (1.1%)
- Common GI-related adverse events, nausea and vomiting, were generally transient in nature and resolved over time (about 2 to 4 weeks)<sup>2,4</sup>

GI=gastrointestinal.

**References:** 1. CONTRAVE. Prescribing information. Currax Pharmaceuticals LLC; 2023. 2. Greenway FL, et al. *Lancet*. 2010;376(9741):595-605. 3. Wadden TA, et al. *Obesity (Silver Spring)*. 2011;19(1):110-120. 4. Hong K, et al. *Clin Obes*. 2016;6(5):305-312.

Please see Important Safety Information on slides 14-18.

Please see [Full Prescribing Information](#), including Medication Guide, for CONTRAVE.

INTENDED FOR PAYERS, FORMULARY COMMITTEES, OR SIMILAR ENTITIES ONLY.



**Contrave**  
(naltrexone HCl/bupropion HCl)  
8 mg/90 mg • Extended-Release Tablets 144

## Despite promising weight-loss results from multiple phase 3 trials, CONTRAVE is underutilized at only 3%<sup>1-3</sup>

	Product Classes			
	Reward System of the Brain (Mesolimbic)	Reward System of the Brain (Mesolimbic)	Phentermine Therapies (Amphetamines)	Gastro (GLP-1 & GLP-1 + Helper)
<b>Phenotypes (% of all study patients)</b>	<b>Emotional Hunger: 30%</b>	<b>Hungry Brain: 40%</b>	<b>Slow Burn: 12%</b>	<b>Hungry Gut: 18%</b>
<b>Products*</b> *Noncomparative data to the phenotypes listed above	<b>CONTRAVE</b>	<b>Qsymia (DEA CIV)</b>	<b>Phentermine (DEA CIV)</b>	<b>Zepbound Saxenda (QD) Wegovy (QW)</b>
<b>Factors</b>	<b>Noncontrolled Substance Oral No Risk of Addiction</b>	<b>Amphetamine Class DEA Controlled (CIV) Oral Risk of Addiction</b>	<b>Amphetamine Class DEA Controlled (CIV) Oral Risk of Addiction</b>	<b>Weekly Injectable Daily/Weekly Injectable</b>
<b>AOM Market Share (% of all patients)</b>	<b>3%</b>	<b>56%</b>		<b>41%</b>
<b>Monthly List Price (WAC)</b>	<b>\$625</b>	<b>Various/Generics</b>		<b>\$1,060-1,349</b>

Sources: AnalySource WAC pricing; IQVIA National Prescription Audit (NPA), May 2023 actuals and Internal Demand Data.


This is for illustrative purposes only. No comparison, direct or implied, can be made on efficacy between any of these classes.

AOM=antiobesity medication; CIV=schedule 4; DEA=US Drug Enforcement Administration; GLP-1=glucagon-like peptide 1; QD=once a day; QW=weekly; WAC=wholesale acquisition cost.

References: 1. Apovian CM, et al. 2013;21(5):935-943. 2. le Roux CW, et al. *EClinicalMedicine*. 2022;49:101436. 3. Acosta A, et al. *Obesity (Silver Spring)*. 2021;29(4):662-671.

INTENDED FOR PAYERS, FORMULARY COMMITTEES, OR SIMILAR ENTITIES ONLY.

## CONTRAVE is generally priced lower than select branded competitors<sup>1,2</sup>

PRODUCT NAME	RECOMMENDED MAINTENANCE DOSE	WAC PER PACKAGE
	Oral tablets, 4 tablets a day (8-mg/90-mg tablet)	<b>\$625.20</b> (One bottle, containing 120 tablets)
Xenical® (orlistat) <sup>1,3</sup>	Oral capsules, 3 capsules a day (120-mg capsule)	<b>\$650.48</b> (One bottle, containing 90 capsules)
Qsymia® (phentermine and topiramate extended-release capsules) <sup>1,4</sup> ⚠️ This is a DEA-controlled substance	Oral capsules, once daily (7.5-mg/46-mg capsule)	<b>\$197.16</b> (One bottle, containing 30 capsules)
Saxenda® (liraglutide) <sup>1,5</sup>	Pre-filled injection pen, once daily (3 mg)	<b>\$1,349.02</b> (Five pen-injectors [syringes])
Wegovy® (semaglutide) <sup>1,6</sup>	Pre-filled injection pen, once weekly (2.4 mg)	<b>\$1,349.02</b> (Four pen-injectors [syringes])
Zepbound™ - (tirzepatide) <sup>7</sup>	Pre-filled injection pen, once weekly (15 mg)	<b>\$1,059.87</b> (Four pen-injectors [syringes])

View cost per QALY and evLY gained



CONTRAVE® is a registered trademark of Currax Pharmaceuticals LLC. All other trademarks are the property of their respective owners.

DEA=US Drug Enforcement Administration; evLY=equal value life year; QALY=quality-adjusted life year; WAC=wholesale acquisition cost.

**References:** **1** AnalySource. WAC price data. Accessed September 11, 2023. **2** CONTRAVE. Prescribing information. Currax Pharmaceuticals LLC; 2023. **3** Xenical. Prescribing information. H2-Pharma LLC; 2022. **4** Qsymia. Prescribing information. VIVUS LLC; 2022. **5** Saxenda. Prescribing information. Novo Nordisk Inc; 2023. **6** Wegovy. Prescribing information. Novo Nordisk Inc; 2023.

**7** Medi-Span Price Rx WAC price data. Accessed January 23, 2024.

Please see Important Safety Information on slides 14-18.

Please see Full Prescribing Information, including Medication Guide, for CONTRAVE.

INTENDED FOR PAYERS, FORMULARY COMMITTEES, OR SIMILAR ENTITIES ONLY.



**Contrave®**  
(naltrexone HCl/bupropion HCl)  
8 mg/90 mg • Extended-Release Tablets

## For adult members who cannot successfully lose weight with lifestyle modification alone, CONTRAVE may help control their cravings and support their chronic weight management<sup>1-4</sup>



CONTRAVE is the only FDA-approved 2-in-1 combination drug containing ER naltrexone and bupropion for patients who are overweight or who have obesity, to **give patients more control of their cravings and curb hunger**<sup>1,2,\*</sup>



In clinical trials (COR-I and COR-BMOD), CONTRAVE combined with diet and exercise achieved **significantly greater weight loss** compared with placebo<sup>1,3,4</sup>



CONTRAVE is generally **priced lower than select branded competitors** and is cost-effective compared with lifestyle modification alone<sup>5,6</sup>

—CONTRAVE is **less than half the cost** of most GLP-1s

\*The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.<sup>1</sup>

ER=extended-release; FDA=US Food and Drug Administration; GLP-1=glucagon-like peptide 1.

**References:** **1.** CONTRAVE. Prescribing information. Currax Pharmaceuticals LLC; 2023. **2.** Greenway FL. *Int J Obes (Lond)*. 2015;39(8):1188-1196. **3.** Greenway FL, et al. *Lancet*. 2010;376(9741):595-605. **4.** Wadden TA, et al. *Obesity (Silver Spring)*. 2011;19(1):110-120. **5.** AnalySource. WAC price data. Accessed September 11, 2023. **6.** Atlas SJ, et al. ICER. Evidence Report. Accessed September 13, 2023.

Please see Important Safety Information on slides 14-18.

Please see [Full Prescribing Information](#), including Medication Guide, for CONTRAVE.

INTENDED FOR PAYERS, FORMULARY COMMITTEES, OR SIMILAR ENTITIES ONLY.

**Contrave**<sup>®</sup>  
(naltrexone HCl/bupropion HCl)  
8 mg/90 mg • Extended-Release Tablets **147**

# Thank you!

**CONTACT:**

**Connie Kisinger, MBA**

**Employer Engagement Director**

**[ckisinger@curraxpharma.com](mailto:ckisinger@curraxpharma.com)**

**913-233-6983**



# Innovator #5: Quantum Health





NO ONE NAVIGATES THEIR  
HEALTHCARE JOURNEY ALONE

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 Quantum<sup>®</sup>  
HEALTH

# Leading the Way in Healthcare Navigation

<p><b>MOST EXPERIENCED</b></p>	<p><b>24 YEARS:</b> FOUNDED THE CATEGORY</p>	<p><b>18 YEARS</b> OF VALIDATED RESULTS</p>
<p><b>THE LARGEST</b></p>	<p><b>2.7 MILLION</b> CONSUMERS</p>	<p><b>1,900</b> HEALTHCARE WARRIORS®</p> <p><b>475+</b> CLIENTS ACROSS INDUSTRIES</p>
<p><b>FINANCIALLY STRONG</b></p>	<p><b>2+ DECADES</b> PROFITABLE W/ STRONG RESERVES</p>	<p><b>95%</b> RETENTION RATE</p>







**NO ONE  
CHOOSES  
TO BE A  
HEALTHCARE  
CONSUMER**

**50%**  
PATIENTS  
CONFUSED

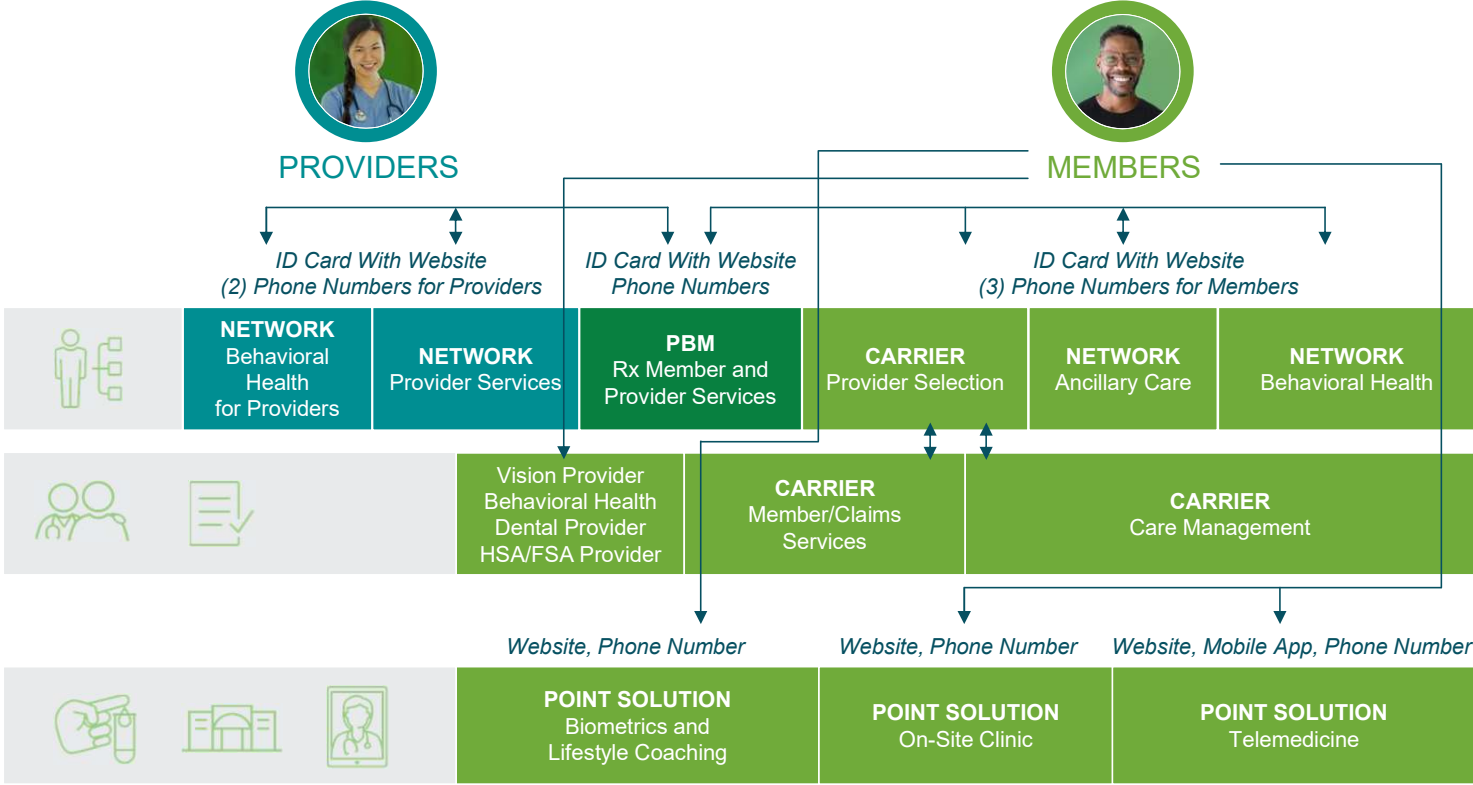
**44%**  
HIT A  
DEAD END  
AND STOP

**24%**  
OF ALL  
PHYSICIAN  
SERVICES ARE  
DUPLICATED

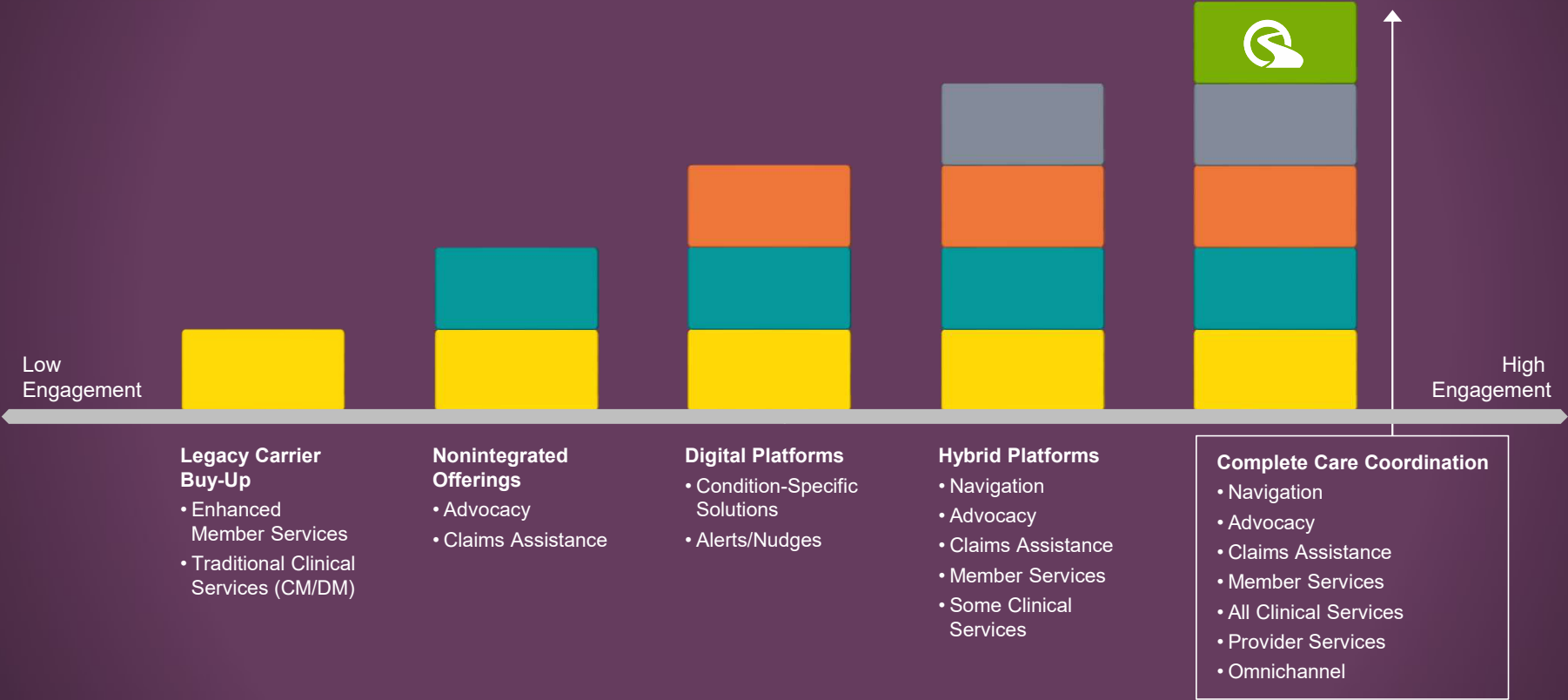
**33%**  
OF PATIENTS  
NOT GIVEN  
POST-  
DISCHARGE  
INSTRUCTIONS

**61%**  
OF SELF-  
REFERRALS  
GET IT WRONG,  
RESULTING  
IN 33%  
HIGHER COST

# Navigation Simplifies Complex Benefits Ecosystem



# Comprehensive Solutions That Are Consumer-Centric



# Simplifying the Experience with a Single Point of Contact



# Impact of Real-Time Intercept®

## MORE INTERACTIONS

## MORE SAVINGS

**88%**

of high-cost claimants engaged through Real-Time Intercept

**60%**

of first contacts are through provider intercepts

**4x**

difference in savings when intercepted 4 to 6 months before the catalyst month

**83%**

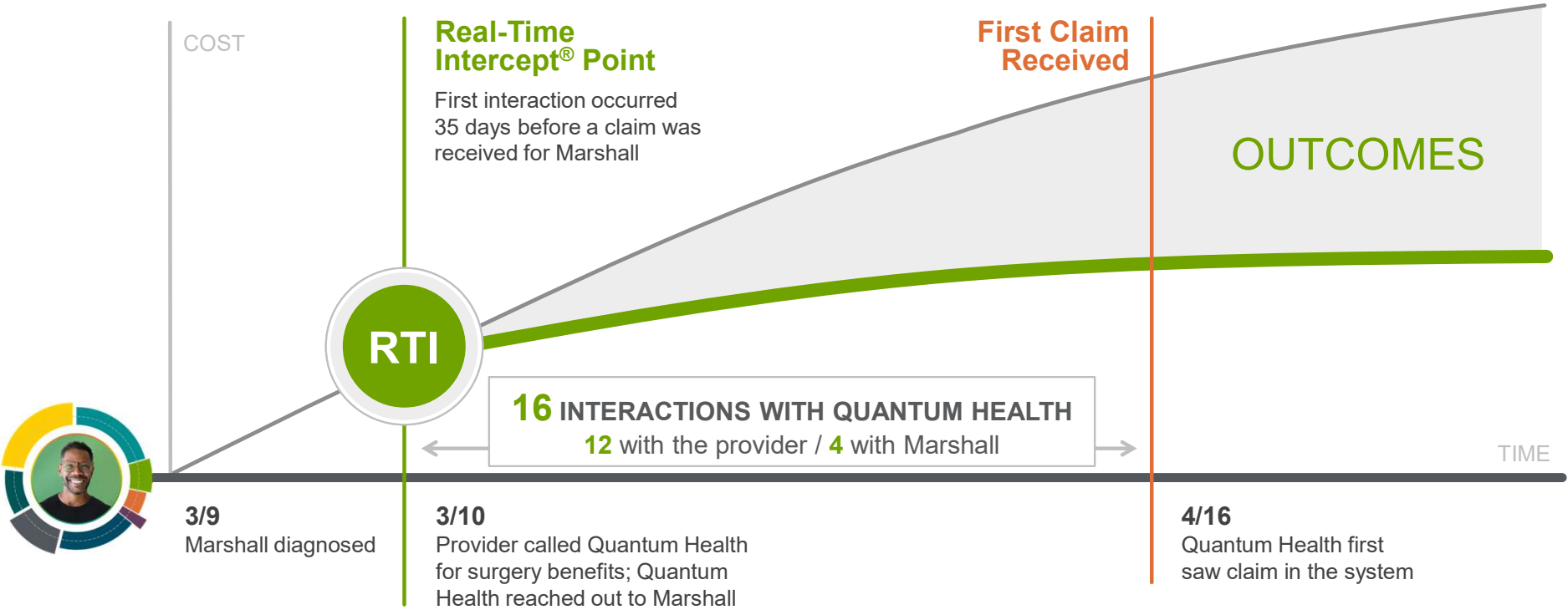
of first intercepts are benefits-oriented — traditional UM alone will not adequately activate

**12%**

lower costs in cases with RTI initiated by a provider inquiry

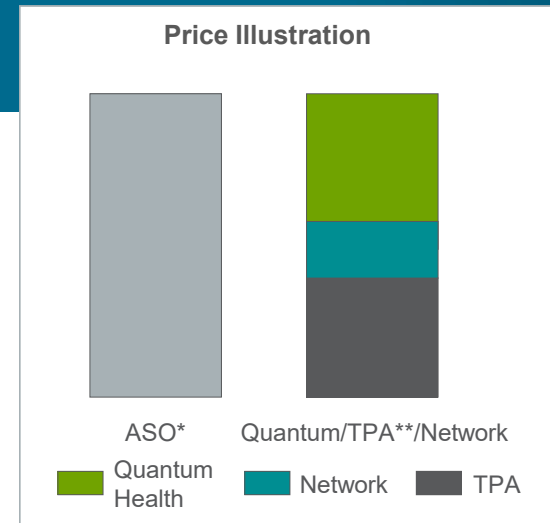


# RTI<sup>®</sup> Helps Deliver Improved Clinical and Financial Outcomes



# Delivering more value than an ASO

	Without Quantum Health	With Quantum Health
Member/Provider Services	✓	✓
Pre-Cert/Concurrent/Utilization Review	✓	✓
Case and Chronic Condition Management	✓	✓
Pre-/Postdischarge Management	✓	✓
Maternity Management (high-risk)	✓	✓
Consumer Navigation		✓
Real-Time Intercept®		✓
Advocacy and Provider Selection		✓
Episodic Care Coordination		✓
Point Solution Engagement		✓
Local Pod (clinical and nonclinical co-located)		✓
Member Communication		✓



- ✓ Complete navigation and clinical care coordination
- ✓ Better employee experience
- ✓ **Lower total investment**

# Understanding the impact of Quantum Health



## Validated results



### SATISFACTION

**70+**  
Member NPS  
**70+**  
Provider NPS  
**95%**  
Client retention



### OUTCOMES<sup>1</sup>

**14.0%**  
Increase in  
preventive care visits  
**12.4%**  
Fewer  
inpatient days  
**8.2%**  
Fewer avoidable  
ER visits



### COST REDUCTION

**5.7%**  
Cost reduction in year  
one vs. expected  
**9.2%**  
Cumulative savings  
in year three  
**14.4%**  
Cumulative savings  
in year five



### ENGAGEMENT

**84%**  
Households engaged  
**95%**  
Members with  
claims > \$10K  
**UP TO 2X INCREASE**  
Point solution  
engagement




### REDUCED HR WORKLOAD





Thank You

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 Quantum<sup>®</sup>  
HEALTH

# Innovator #6: The Lactation Network





## Introducing The Lactation Network

With over 2,000 clinicians practicing in all 50 states, The Lactation Network (TLN) is the largest network of International Board-Certified Lactation Consultants in the Nation.

**20,000+**

patients seen every month

**40M+**

lives Covered  
In-Network

**90%**

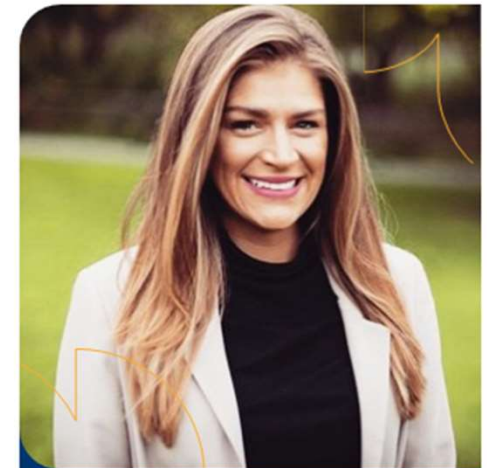
of patients seen  
in-person

**95%**

TLN moms return-  
to-work rate after  
maternity leave

**97%**

Patient  
Satisfaction



**Kim Kozeny**

VP, Strategic Partnerships

[kkozy@tln.care](mailto:kkozy@tln.care) | [lactationnetwork.com](http://lactationnetwork.com)

# Culture of Wellbeing Award

**Kim Davis**

**Sr. Director HR Operations, Compensation & Benefits  
Alex Lee, Inc**

**2022 Culture of Wellness**  
*(Large Company Category)*



# Culture of Wellbeing Award

*A statewide award recognizing the best employer wellness & wellbeing programs*

First annual award was in 2022  
In honor of NCBGH's founder, Chris Coté  
as the Culture of Wellness Award

In 2024:  
Culture of Wellbeing Award  
to recognize total person health  
in wellness and wellbeing



# Culture of Wellness Award

## 2023 Winners

**City of Charlotte**

*(Large Employer Category)*

**&**

**Glen Raven**

*(Small/Midsize Employer Category)*

## 2022 Winners

**Alex Lee**

*(Large Employer Category)*

**&**

**Cleveland County Government**

*(Small/Midsize Employer Category)*



# Culture of Wellbeing Award

For 2024, programs were evaluated across 5 primary components:

## Culture, Foundation and Policies

- Senior leadership involvement and support
  - Embedment in company culture

## Program Offerings / Tools / Incentives

- Pillars/Dimensions of Health
- Onsite, telephonic, digital (online) programs
  - Rewards for participating/engaging

## Strategic Planning / Communications

- Goals and objectives/multi-year strategy
  - Channels of communication

## Reporting Metrics & Evaluation

- Means of evaluation
- Observed program engagement

## Innovation

- Unique and innovative approaches to wellbeing and program success



# 2024 Award – Honorable Mention

Honorable Mention  
Henderson County  
(Small/Midsize Category)





# Culture of Wellness Award 2024 Winner

Small/Midsize Employer

**Congratulations to  
City of Rocky Mount**



*Chrisie Tyson  
Wellness Coordinator*



# Culture of Wellness Award 2024 Winner

Large Employer

Congratulations to

**Volvo Group North America**

*Angie Smallwood  
Manager – H&W Benefits Strategy*



Volvo Group NA  
“Health For Life”



# Health For Life Program Objectives



## RISK REDUCTION

Ensure we're providing the right behavior change programs for Volvo's employees/spouses to reduce their modifiable risks.



## ENGAGE HARD TO REACH / OPPORTUNITY POPULATIONS

Continued focus on engaging employees in hard-to-reach locations and those who may need additional assistance accessing tools. Spouse engagement will be a focus in 2024.



## PARTICIPATION

Encourage employee engagement in the program throughout the year (HA and biometric completion rates, portal/app usage, all coaching modalities, incentives and new internal and vendor partner program offerings).

# Health and Financial Wellness Plans



Financial Wellness  
Wealth For Life



- Managed by WebMD – 5 long term onsite Dedicated Wellness Specialist (DWS) located at our largest facilities
- Activities from January – December
- Participation rates 40% for Biometric Screenings, Health Assessment and Tobacco Pledge
- Results from screenings/assessments determine programs to be offered throughout the year
- Incentives include reduced medical premiums and/or gift cards. Healthy People Rewards up to \$150 if meet thresholds in weight, cholesterol, blood pressure

- Program Launch – October 1, 2021
- Financial coaches provide guidance regarding getting out of debt, planning for retirement, paying for college, buying a home, and more.
- A few Webinars hosted by Wealth For Life include:
  - Volvo Group & VCE Pension Change Webinar
  - Getting Financially Fit
  - Pay Cycle Change
  - Inflation – What Does it Mean to Me?
  - Funding Your Child’s Education
  - Using Your Health Savings Account Effectively
  - Safeguarding Your Finances Online – Ways to Protect Your Financial Accounts
  - Kids & Money

# Testimonials



Hello, When I came to Volvo a year ago , I was unhealthy and tired. I went through the biometric screening when I came in for insurance cost purposes. I didnt realize just HOW unhealthy I had become. So my healthy lifestyle changed that day... I have lost over 90 pounds. I have been taken off of my blood pressure meds and have more energy than I ever have. My A1C is down significantly ( I was on my way to being a diabetic) My BMI is now where it is supposed to be. I will be on this lifestyle change from now ! Being scared and told you are heading towards diabetes, your BP is too high and I had so many aches and pains from being overweight I scared myself! Thank you Health for Life for all of the tips, and sharing of information to get healthy and encouragement to stay healthy!

I found during a biometric screening I had high blood pressure, very high blood pressure. I went on medication but also decided to change my lifestyle by improving how I eat and exercise. This change lowered my blood pressure and weight by 50 pounds. I now feel better than I had in years, and I am very energetic now too. I am so glad I found this out before it became a long-term issue causing detrimental impact to my health. If you have not done a screening, I would recommend it so you can know your overall health. Take action before it is too late.





13403 Volvo Way  
Hagerstown, MD 21742  
(240) 500-3764



Family Health Center  
4881 Cougar Trail Road  
Dublin, VA 24084

- Full-service primary care, certified as a Patient Centered Accredited Home
  - Includes Primary Care, Behavioral Health, Nutrition Services, Physical Therapy
- Full-service pharmacy operated by Walgreens
- Eligibility includes Full Time Active Employees covered under the medical plan and covered dependents age 2 and older
- 61.6% Unique Employees Utilizing; 1,941 Unique Members
- Variable Copay Program began 2022 - \$365,758 savings

- Full-service primary care
  - Includes Primary Care, Nutrition Services , Chiropractic Services, Physical Therapy
- Full-service pharmacy operated by A-S Medications Solutions
- Eligibility includes Full Time Active Employees covered under the medical plan and covered dependents age 2 and older
- 92% Provider Capacity; 63.6% Unique Employees Utilizing; 2,619 Unique Members

# Employee Resource Groups



Caregivers Network (CGN)



Early Career Professionals Network (ECPN)



Professional Women's Network (PWN)



Women in Engineering



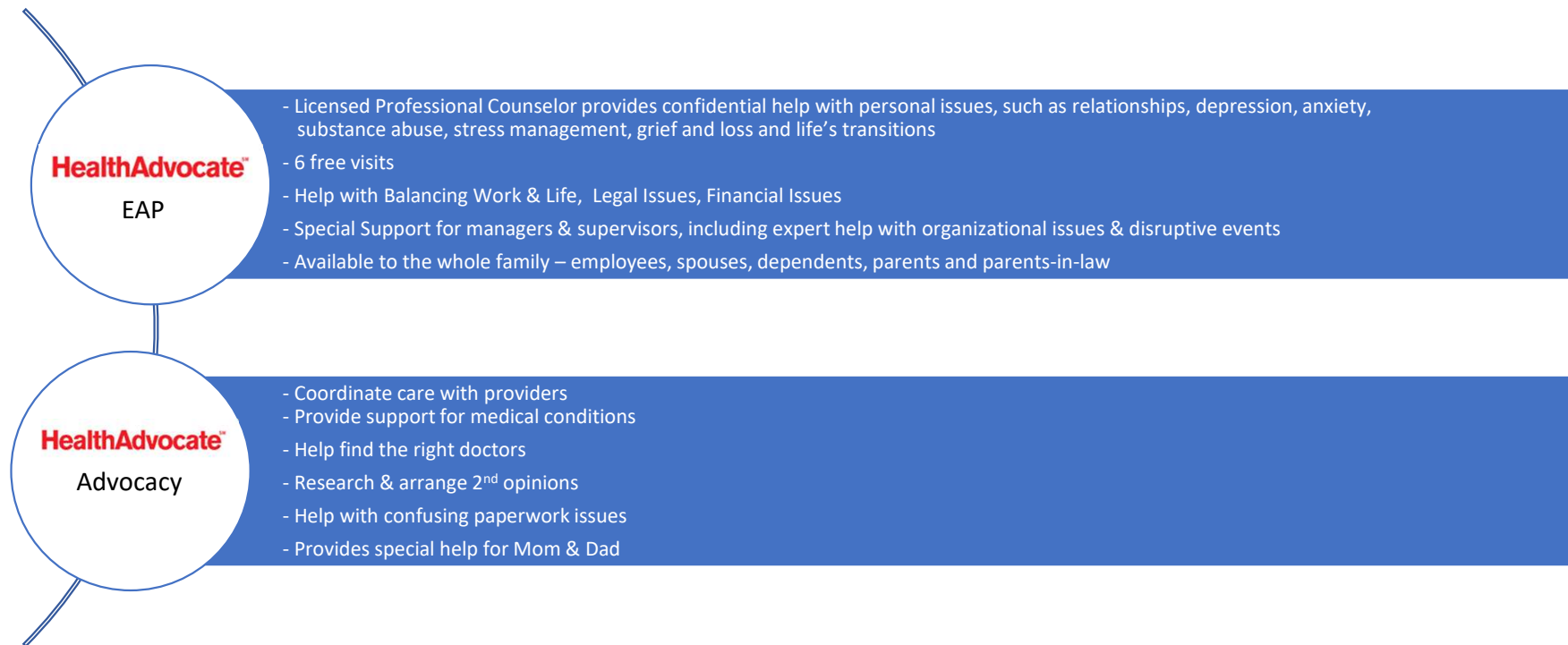
V-Eagle (Global)

New ERGs recently added:

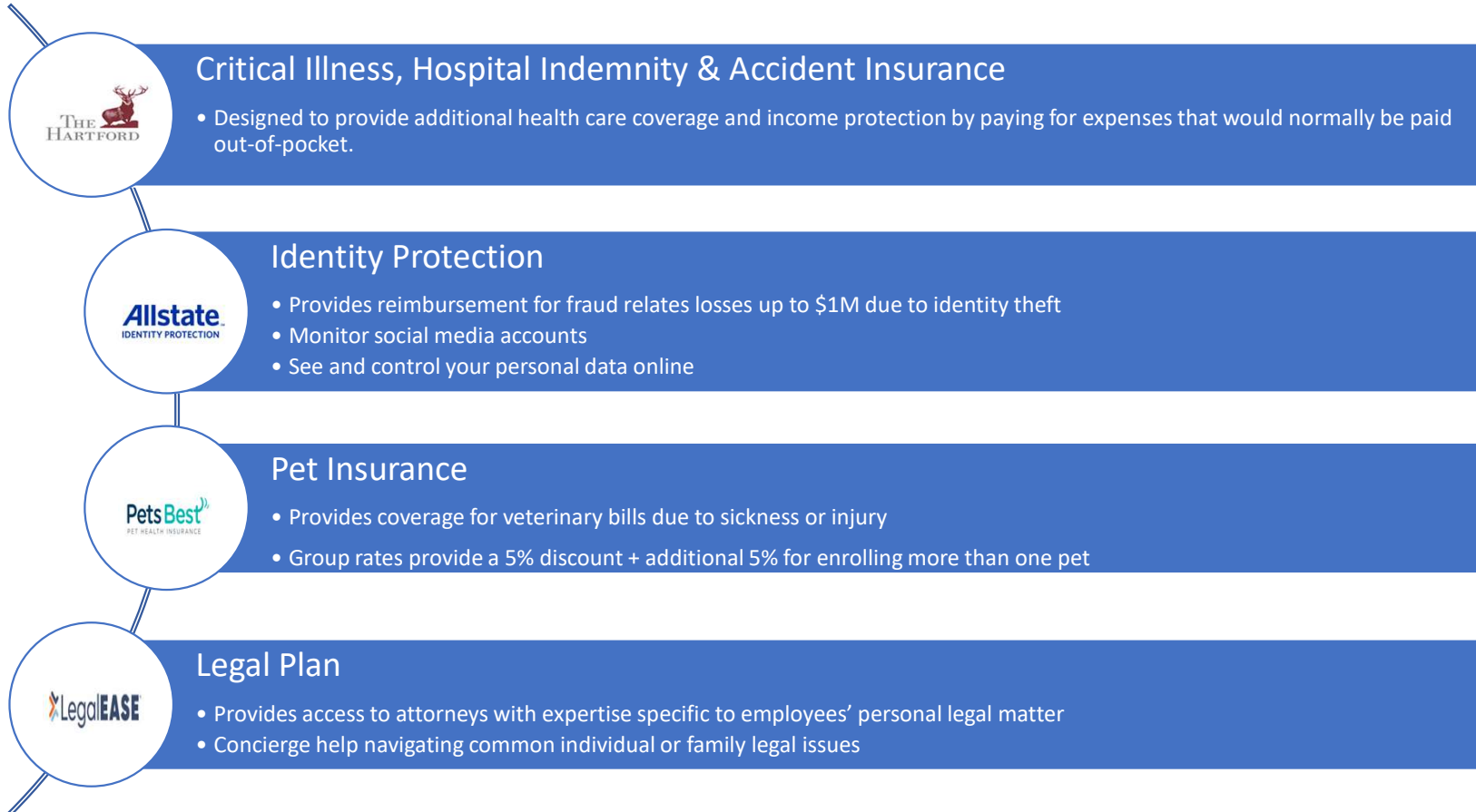
- Veteran's, Military & Military Spouses
- Neurodivergence & Physical Disabilities
- Black Employees Resource Group



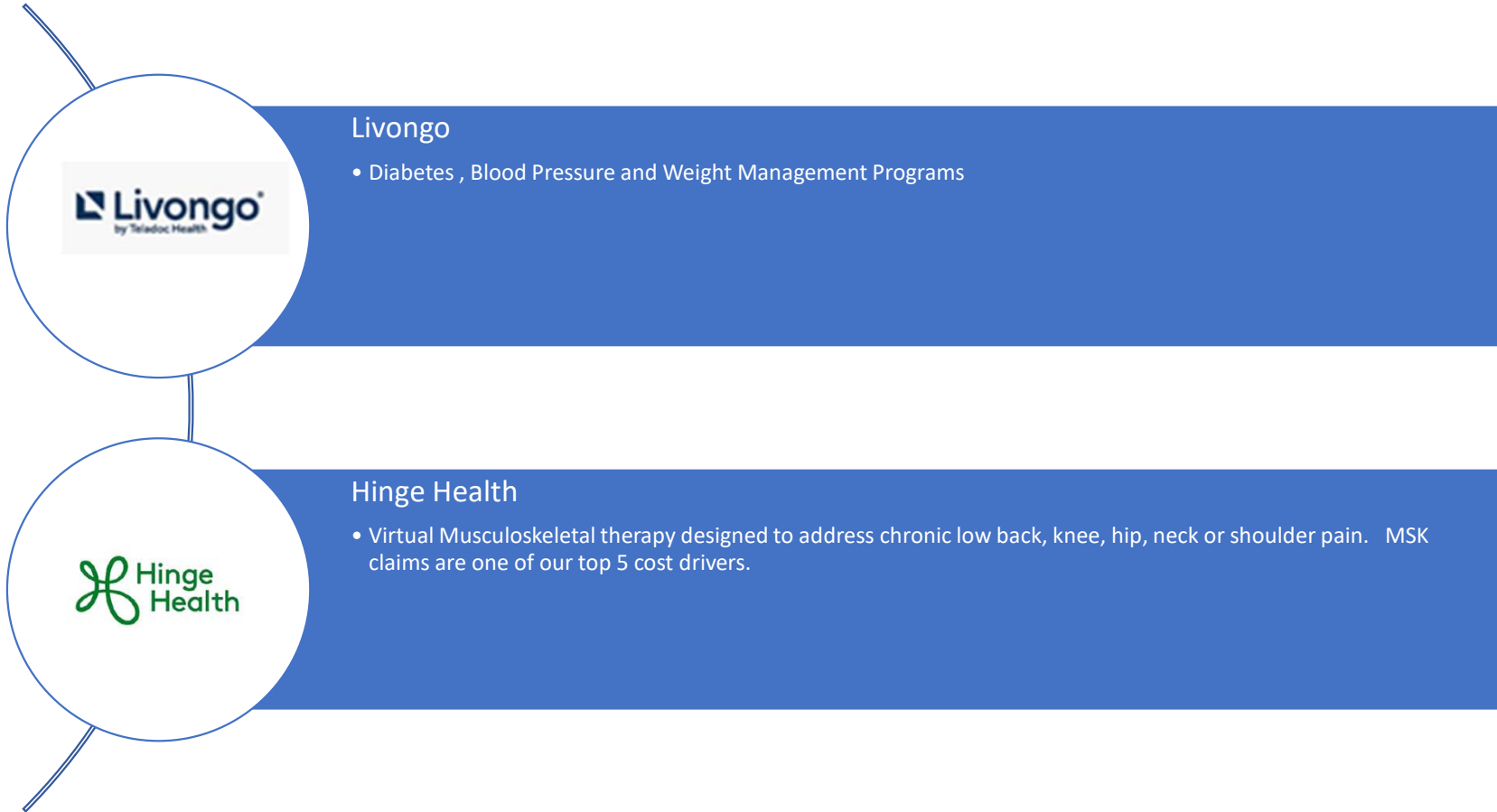
# EAP & Advocacy



# Voluntary Benefits



# Point Solutions



## Livongo

- Diabetes , Blood Pressure and Weight Management Programs



## Hinge Health

- Virtual Musculoskeletal therapy designed to address chronic low back, knee, hip, neck or shoulder pain. MSK claims are one of our top 5 cost drivers.



# **Workplace Mental Health Strategy**

## **Architecting for Performance Excellence**

A circular portrait of Michael Thompson, a middle-aged man with short hair, wearing a dark suit, white shirt, and red tie. He is smiling slightly.

# **Michael Thompson**

**Board Member, Outcome Referrals, Inc**

**Past CEO, National Alliance of HC Purchaser Coalitions**





# **Workplace Mental Health Strategy Architecting for Performance Excellence**

---

North Carolina Business Coalition on Health  
Michael Thompson  
[Mjthompson56@gmail.com](mailto:Mjthompson56@gmail.com)

# National Alliance Mental Health Initiative

## ACHIEVING VALUE IN MENTAL HEALTH SUPPORT

*A Deep Dive Po...*

# Action Brief

### MENTAL HEALTH ACCELERATING ACTION FOR PARITY AND PEAK PERFORMANCE

*Prioritizing Mental Health Leads to Thriving Employees – and Companies*

As we enter a promising new era for improving workplace mental health, achieving parity is expected, but it may not be as simple as it seems. As an increasingly enlightened new generation of employees and consumers, we are moving toward understanding the importance of “cultural parity” as well. Leading employers are discovering that investing in and supporting well-being – including employee mental health – is creating vital, inclusive, high performing organizations.

With more dollar spending about one-third of their time at work, employees are in a unique position to advance a mental health agenda. When they get it wrong, a “toxic workplace” can be the biggest risk factor to the health and well-being of both individuals and business results. When it’s done right, they can unleash peak performance, teamwork and “flow” within their organizations.

Together, mental health conditions like depression, anxiety and substance use disorders will continue to be prevalent among covered populations, and employers need to ensure that they are delivering on the promise of parity with appropriate and affordable access to quality support that employees and their families need and deserve. It’s the law – and it’s good business!

When organizations are open and inclusive to discussions on mental health, they make it a promising new era for supporting workplace mental health, achieving parity is expected, but it may not be as simple as it seems. As an increasingly enlightened new generation of employees and consumers, we are moving toward understanding the importance of “cultural parity” as well. Leading employers are discovering that investing in and supporting well-being – including employee mental health – is creating vital, inclusive, high performing organizations.

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When organizations are open and inclusive to discussions on mental health,

## ACTION BRIEF

*Employer Strategies that Drive Health, Equity and Value*

### NEW APPROACHES TO ADDRESSING MAJOR DEPRESSIVE DISORDER IN THE WORKPLACE

#### MDD IS OFTEN TREATMENT-RESISTANT WITH BIG IMPACTS ON HEALTH

#### ACTION STEPS FOR EMPLOYERS

1. Learn how MDD affects your employees as well as the workplace.
2. Determine the best evidence-based treatment for individuals in your workforce.
3. Design value-based benefits that remove mental healthcare barriers and also, shifting the focus to a whole person health approach.
4. Establish expectations for how vendor partners will report and act on specific MDD data to improve workforce health.
5. Educate employees and families about MDD, the importance of early detection, and available benefits and community options.

#### EMPLOYER GUIDEBOOK ON Mental Health & Major Depressive Disorder

## ACTION BRIEF

*Employer Strategies that Drive Health, Equity and Value*

### RAISING THE BAR FOR HIGH-QUALITY MENTAL HEALTH

#### ACTION STEPS FOR EMPLOYERS

1. Recognize organizational and personal drivers of mental health and high-quality care.
2. Build personalized, ethically and culturally sensitive mental health support into the care structure.
3. Educate with deliberate and deliberate employee communications that resonate across a diverse population.
4. Hold vendors accountable for improving their services, affordability, timeliness, and responsiveness to each individual.

**CURRENT STATE: GAPS EXIST IN CULTURE, ACCESS, AND EFFECTIVE TREATMENT**

Just last few years, employers have increased their focus on addressing the mental health challenges that affect their workforce. Despite greater resources devoted to mental health, however, more evidence suggests our approaches to mental health and mental health services may still be lacking. The need for more personalized and higher-quality, accessible solutions is greater than ever.

To address coverage gaps and boost their commitment to healthcare plans, many employers are focusing on these key areas:

- **Personalizing well-being:** A broad cultural and programmatic focus on well-being is foundational, but it may fall short of meeting the holistic needs of the full range of individuals in the workplace. Understanding, engaging and supporting employees as a more holistic and personalized business differently improve results, both for employees and for the organizations.
- **Re-examining stigma:** Breaking the stigma on mental health is a start, but reducing stigmas of stigma are diverse and nuanced. While more employees are now willing to discuss their mental health at work, many still fear negative consequences such as discrimination or retaliation. Some cultures continue to view mental illness as a weakness to be overcome, rather than a health issue. And employee burnout can result from the lack of individual and organizational acceptance of the need for balance and recovery.

*Thirty-one percent of employees were disappointed at the efforts being made to address gaps in access, and 69% did not feel their behavioral health directories truly reflected what was available to employees.*

*—Survey by the National Alliance and the HR Policy Association*

# PATH FORWARD

for Mental Health & Substance Use Disorder

## Behavioral Health Vendor Engagement Template

# Agenda

---

- Background
- Assessing Progress of the last Decade
- Setting the Stage for the next Decade
- Final tips & takeaways
- Open Discussion





# **Employer Perspective – *Where are we today?***

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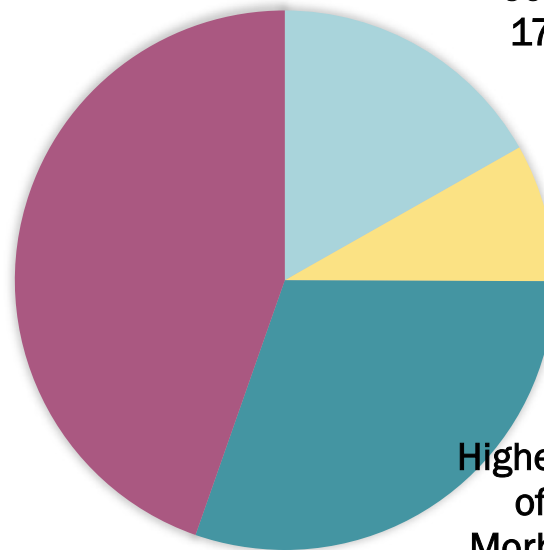
- ❖ What are your current priorities in your overall mental health strategy?
- ❖ What are your current challenges to addressing the mental health of your workforce?



# Total Costs of Brain Disease

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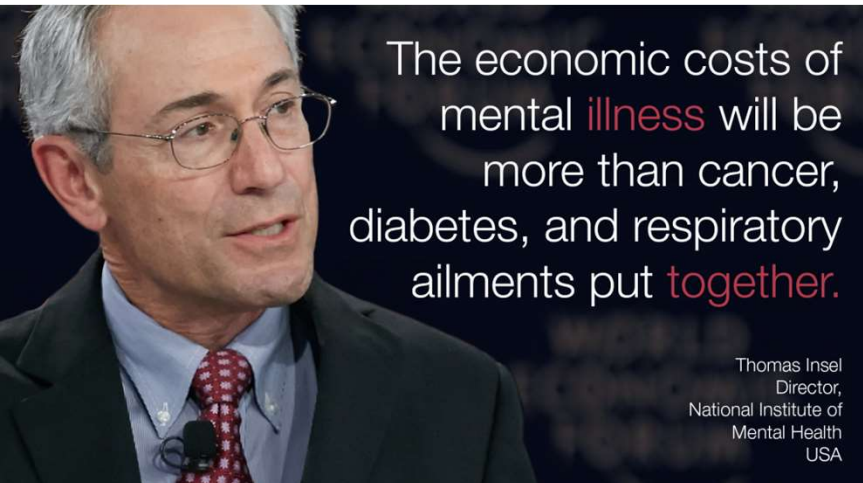
Non-Medical  
Costs (eg lost  
productivity)  
45%



Direct  
Medical Care  
Costs  
17%

Long Term  
Care Costs  
8%

Higher Costs  
of Co-  
Morbidityes  
30%



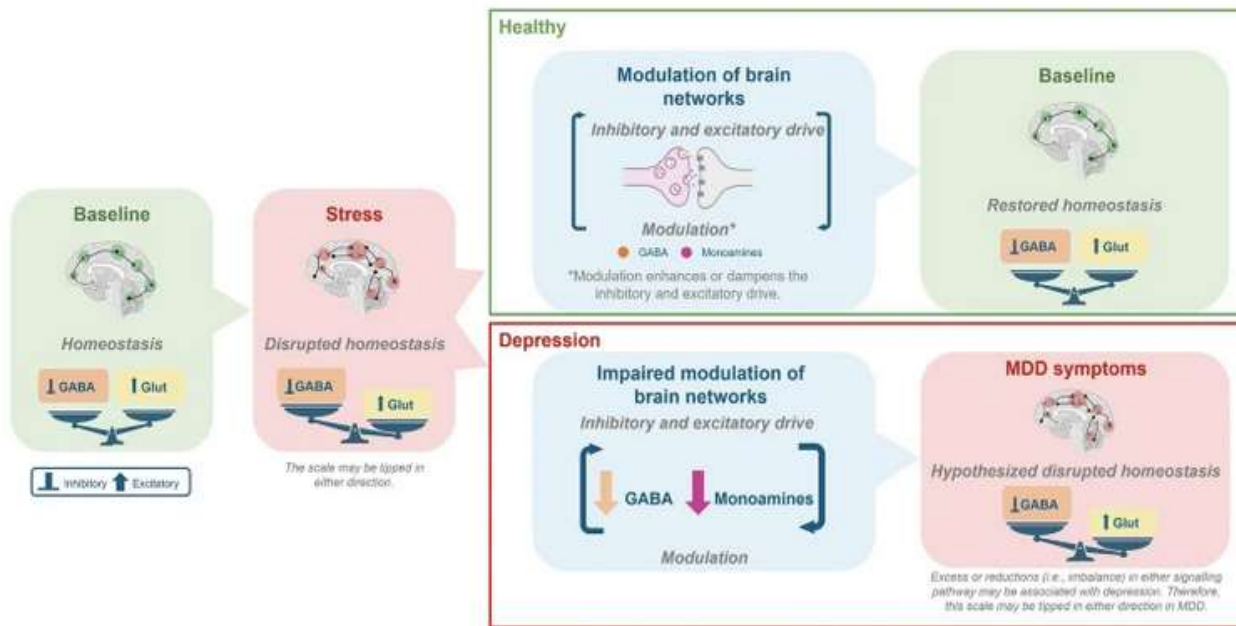


- ❑ **When treatment is provided, little accountability for the quality of that treatment.**
  - **Measurement-based Care is the new standard**
  - **Required as part of Collaborative Care models**
- ❑ **One out of five Americans need help but 60% of them do not seek it**
  - **Stigma remains a key issue**
  - **Parity removed benefits disparities but affordability still an issue**
  - **Benefit plans have implemented high deductibles in-network and even higher cost sharing out-of-network**
- ❑ **While better medications are available today, they can be expensive and efficacy can vary individual to individual.**
  - **Lack of Value Based Formulary**
  - **First fail rate can be high and costly**

## **Our Current MH Systems of Support**

---

# The Evolving Science of Mental Illness



## Economics of Stress

- Demands & Pressures are “Additive & Cumulative”
- Coping Skills (resilience) predict 16% of outcomes
- Demands & pressures predict 60% of outcomes

Source: Lyle Miller, PhD,  
Boston University

## Internal Efforts Improved Particularly During Pandemic

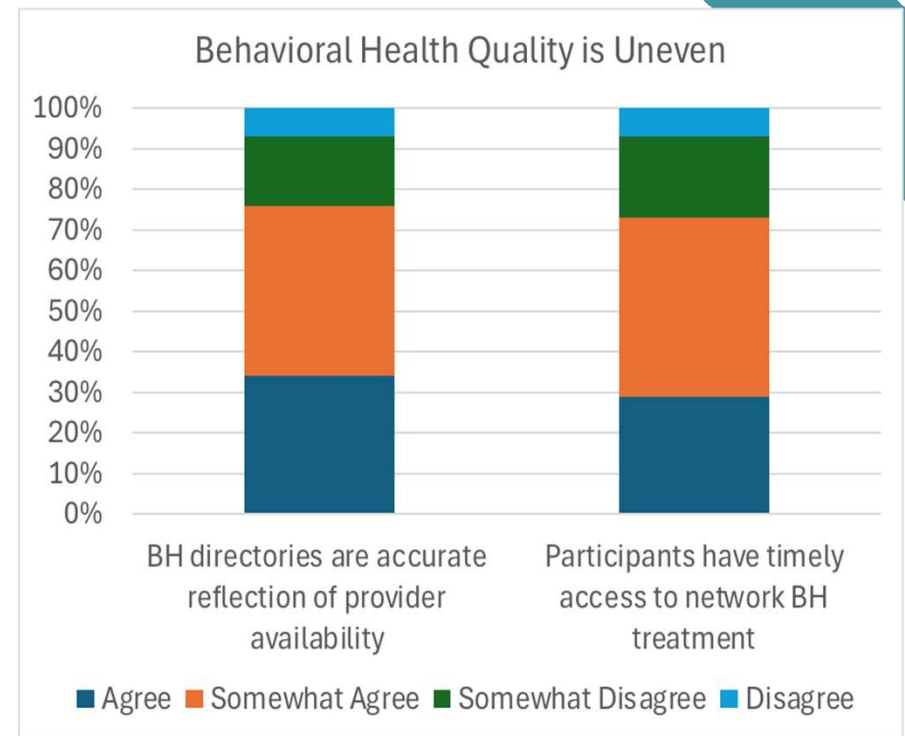
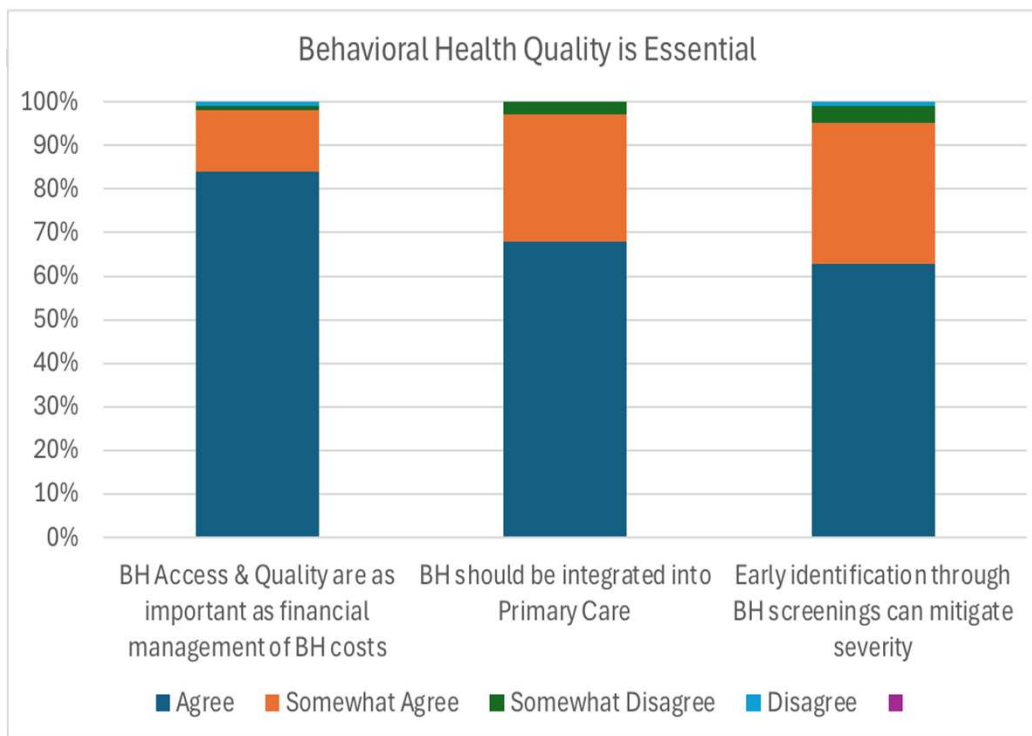
- Focus
- Access
- Connectivity

- ❑ Many companies offer an Employee Assistance Program
  - Programs are often “passive” and “crisis focused”
  - Not focused on improving the emotional health of the organization
  - The utilization of these services very low compared to the potential need.
- ❑ The provider networks often reflect low participation rates by mental health professionals
  - 55% of the psychiatrists accept insurance vs 88% of physicians in other medical specialties.
  - Concerns include reimbursement and administrative burdens
  - Primary care providers make 20% more for same services as MH professionals
- ❑ Exacerbated by provider shortages and “phantom networks”
  - The nation needs to add 10,000 providers to each of seven mental health professions by 2025 to meet the expected growth in demand
  - Potentially misleading network providers with long waiting times for appointments and a limited willingness to take on new patients.

## Our Current MH Systems of Support

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# BH Quality Essential but Uneven

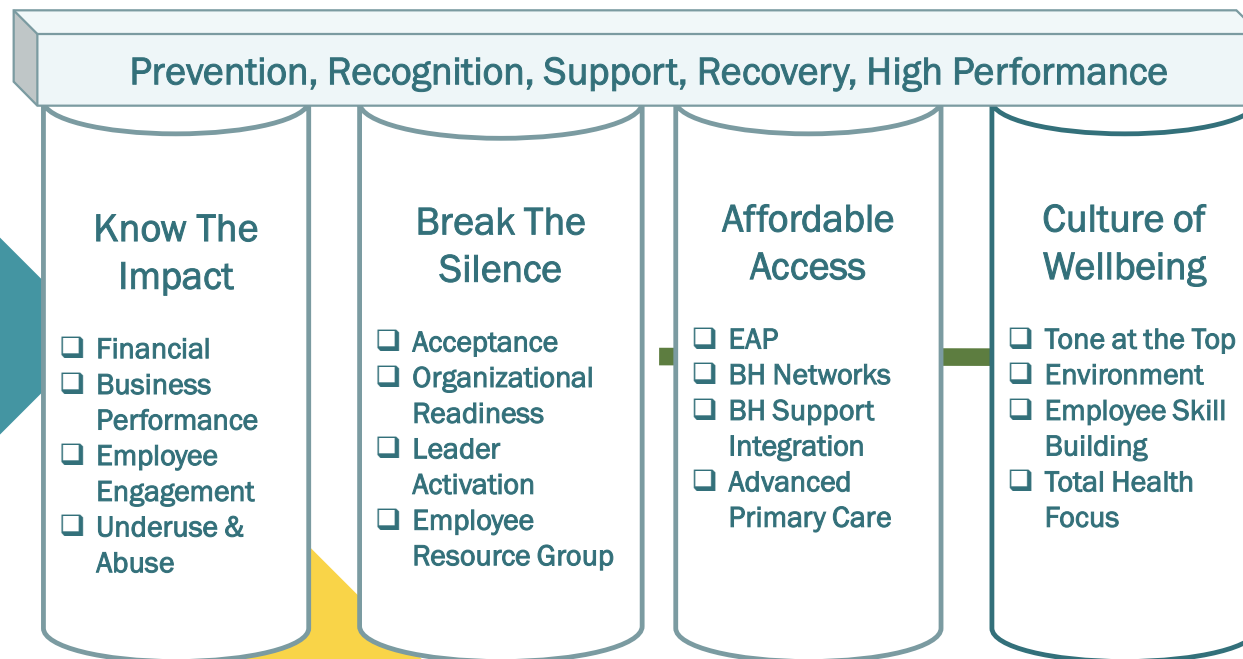


Source: 2023 National Alliance Voice of the Purchaser Survey

# Bad Situation Getting Better



# Behavioral Health Integration Framework (for Past Decade)



- Know the Impact
- Break the Silence
- Improve Access to Affordable, Quality Support
- Move to Culture of Wellbeing



A/A-  
A-/B+  
B-/C+  
B+/B



## Our Progress in Moving Forward





## Depression alone has economic cost of 200 billion dollars

- Most of cost related to persons not able to perform as effectively at work.
- Mental illness is the leading cause of disability in the workforce.

## Suicide rates in the United States up 25% from 1999 to 2014

- Largest percentage increase with men and women aged 45-64.

## The opioid epidemic is now contributing to overdose being the leading cause of accidental death in the U.S.

- The overdose death rate in 2008 was nearly four times the overdose death rate in 1999.

## Growing evidence that loneliness and social isolation are health risk factor on a par with smoking

- Equivalent to smoking 15 cigarettes a day
- Growing concerns that trends in our society and workforces may be increasing these risk factors

## Know the Impact

---

## MENTAL HEALTH CRISIS

**Ninety percent** of the public think there is a mental health crisis in the United States today



**One-third** of all adults report that they have felt anxious either always or often in the past year



**One-third** of respondents could not get the mental health services they needed



2022 survey conducted by the Kaiser Family Foundation and CNN



### Corporate programs to promote acceptance/readiness

- DuPont, American Express, EY
- ICU, We Care, Right Directions, I Will Listen, Stamp Out Stigma
- Organizational Readiness eg MH First Aid
- Employee Resource Groups

### Talk about mental health as a natural extension of overall health

- Create the opportunity for people to speak up about the issues that matter in their lives and for others to offer support before it is apparent or even needed.
- Educate HR and supervisors on how to deal with employees with issues
- Reinforce a culture of an organization that cares about its people and is working to be supportive, inclusive, and engaging.

### Employee Resource Groups



**Break the Silence**

---

## Action Brief



### HOPE AND HEALING FOR MENTAL ILLNESS IS POSSIBLE

Accountable, Accessible, Affordable Care  
Reduces Hardship—and Costs

*"There is no health without mental health; mental health is too important to be left to the professionals alone, and mental health is everyone's business." — Dr. Vikram Patel*

#### ACTION STEPS FOR EMPLOYERS:

The demands of achieving the mental health system we need are many, but they are surmountable when payers and purchasers work together to drive long-overdue change such as:

1. Requiring independent validation of **mental health parity compliance**.
2. Evaluating and dealing with root cause issues related to **in-network access to mental health professionals**.
3. **Promoting the Collaborative Care Model** to improve mental health access and quality through primary care.
4. Supporting access to a full complement of **innovative mental health medication options** to yield improved outcomes and lower overall costs.
5. Developing innovative strategies to **support, engage and advocate for employee mental health and well-being**.

It's common knowledge that early detection and appropriate treatment of medical conditions can considerably reduce hardship and costs. Yet with mental health conditions, patients who seek help may wait months— even years— for a diagnosis, and even longer for an effective personal care and medication management plan.

Mental health conditions are the leading cause of disability worldwide. Antidepressants, untreated depression and anxiety are leading causes of lost productivity and other issues in the workplace. In the U.S., about one in five adults with reported mental illness in a given year, 60 percent of whom don't get help. Many who do receive care face a daunting labyrinth of high costs, a dearth of providers, and unsuccessful treatment, leading to rising medication, homelessness, and progressively worse symptoms.

Adding to this challenge, only 10 percent of the nation's psychologists access telemedicine, compared with 88 percent of physicians in other medical specialties.<sup>1</sup> The ability to find in-network mental health providers extends to

other mental health professionals, too. It's getting worse. The nation needs to add 10,000 providers each of seven mental health professions by 2025 to meet the expected growth in demand.<sup>2</sup> The lack of access has caused a crisis throughout the health care system that is costly, harmful and frustrating, especially for patients— for patients, their families, and other health care providers. With urgent patient needs, waiting prevents on-hospital emergency departments in sustainable and quality and satisfaction levels are alarmingly compromised.

*"The economic costs of mental illness will be more than cancer, diabetes and respiratory ailments combined."*

— Thomas Insel, M.D.,  
Former Director of the National Institute of Mental Health

## Require efforts to measure and improve access and quality of mental health services being provided.

- Assess out-of-network usage and in-network access
- Promote & reimburse for collaborative care in the primary care

## Deploy emerging technologies

- Telehealth services as a supplemental access point
- Cognitive behavioral therapy, mindfulness, resilience
- Prescription digital therapies
- Consider pharmaco-genomics to better match medication with the patient and reduce emotional/financial costs of poor quality
  - Early results – decrease in Rx (17%), ER (41%), Outpatient (17%), Inpatient (50-60%)

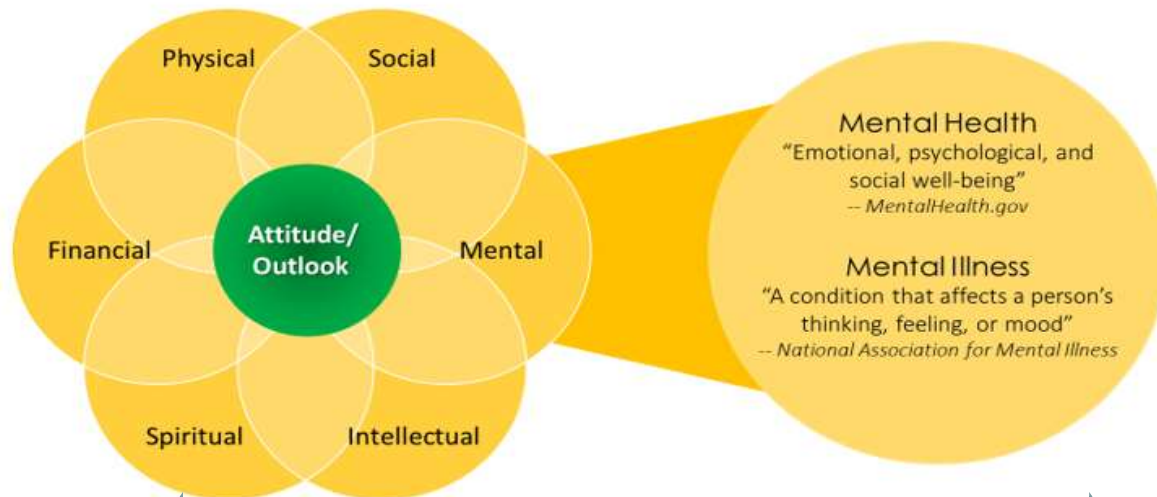
## Connect to community resources for consumers & families

- More informed and engaged advocates for care they or their family members need.

# Improve Access to Affordable, Quality Support

# The Impact of Mental Health

Interplay between Mental Health & Overall Wellbeing



Mental Health contributes to Wellbeing  
Other components of Wellbeing impact Mental Health

**Move to a Culture of Wellbeing**

*Thriving in All Wellbeing elements compared to thriving in Physical Wellbeing only*

- 41% fewer unhealthy days
- 2X as likely to say they always adapt well to change
- 36% more likely to say they always fully bounce back after an illness
- 65% less likely to be involved in a workplace accident
- 81% less likely to look for a new job when the job market improves

Source: Gallup Wellbeing Index

# Connectivity – A Key to Better Health, Well-being, Engagement & Belonging

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Environmental factors are increasing loneliness and isolation

- Geographic "migration" driven by economic and lifestyle factors
- "Diversity polarization" based on race, gender, sexual preferences
- Social media and the "connectivity paradox"

If unrecognized and unaddressed, a "triple-bottom line" issue:

- Physical and mental health impairment adds to benefit costs and reduces productivity
- Reduces ability to collaborate effectively and to engage with customers and co-workers
- Works against creating a "diversity friendly" environment

Source: Jeremy Nobel, MD, MPH, The UnLoneliness Project



*Loneliness is more prevalent than once thought...*

- 65% ever experienced significant loneliness
- 50% experience loneliness in public lives
- 35% are currently feeling lonely

## Importance of Mental Health as Part of Organization's Health Management Strategy

- 35% Highly Important
- 43% Important

**“The mental health of our employees is directly linked to the overall performance of our organization.”**

- 55% Strongly Agree
- 44% Agree

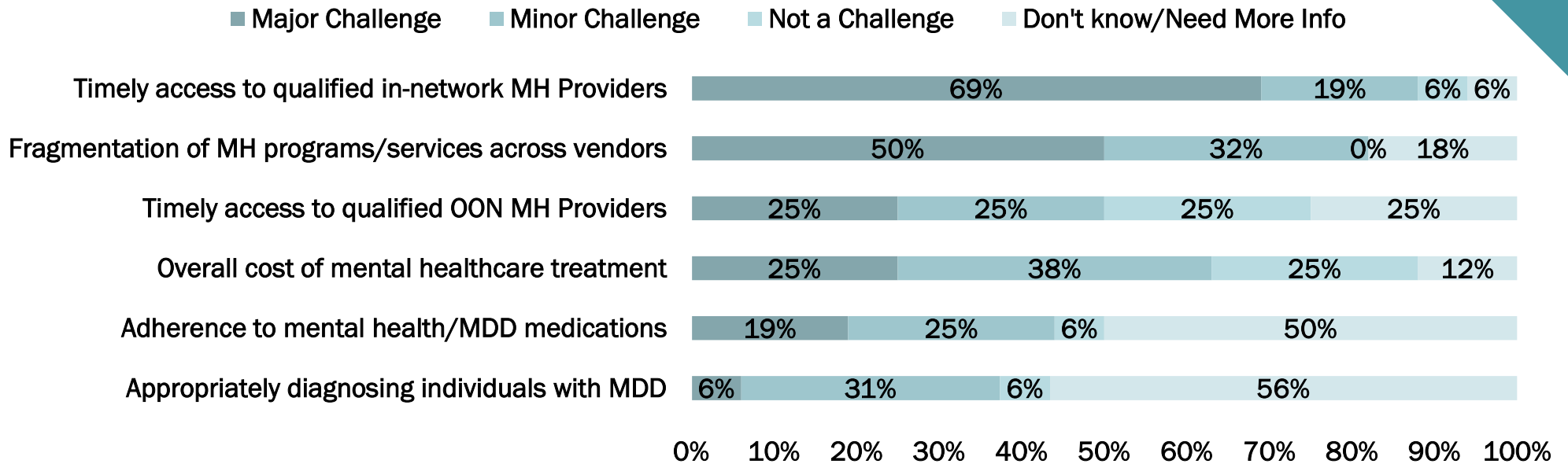
**2022 National Alliance  
Mental Health Survey**

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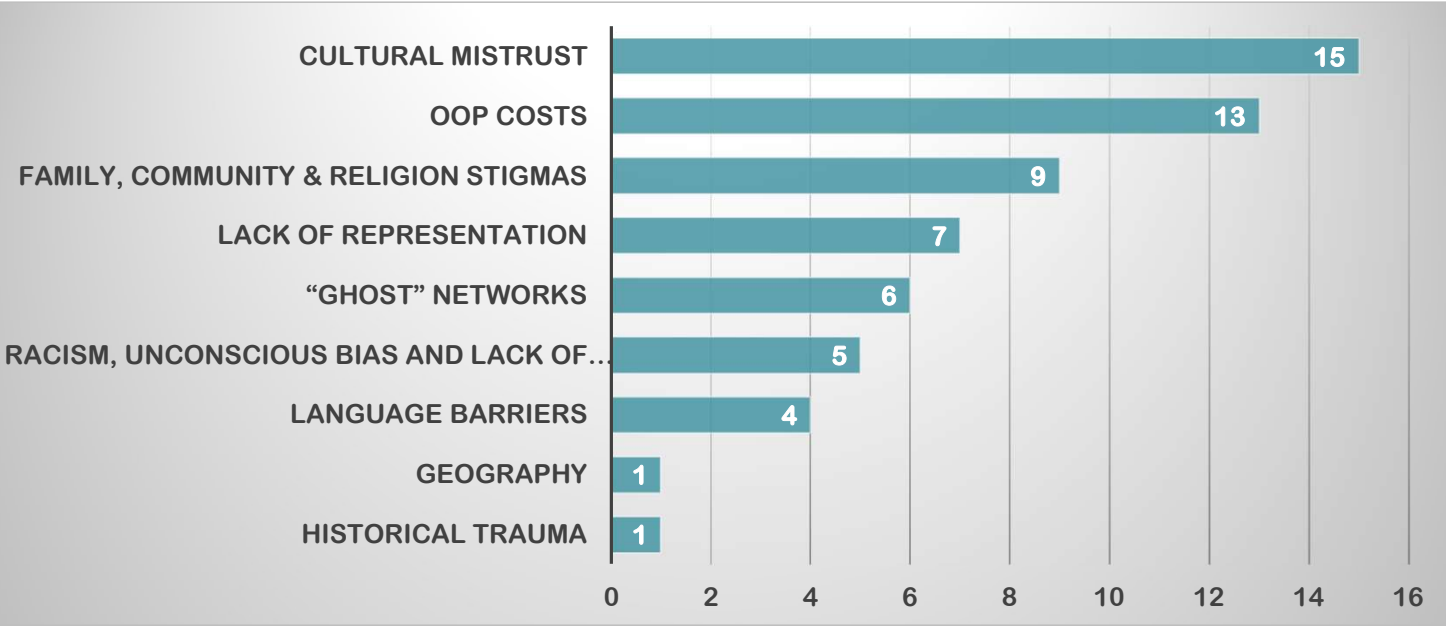


# Barriers/Challenges to Addressing Mental Health

## November 2022 National Roundtable Survey



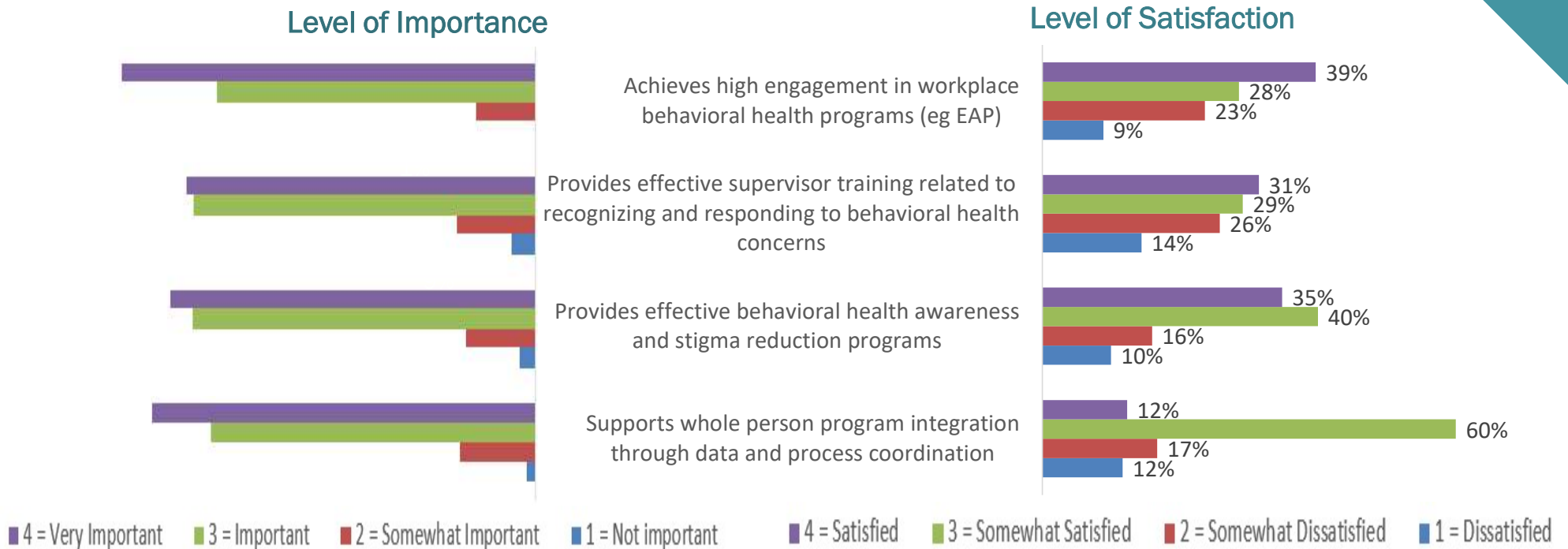
# What barriers limit access to mental health care for underserved communities?



Foundational concepts such as *belonging, inclusion and feeling valued* should be considered when developing an overall healthcare strategy

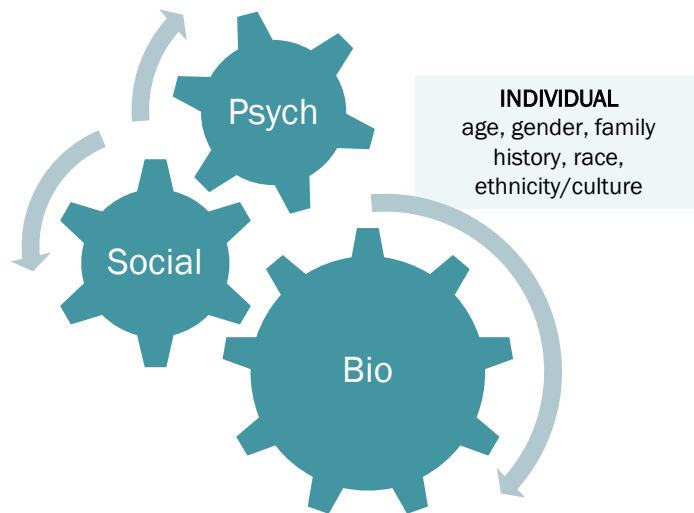


# Would levels of satisfaction & performance be same if viewed through a Health Equity (subpopulation) lens?



Source: 2022 National Alliance Mental Health Voice of the Purchaser Survey

# Next Generation Mental Health – A Whole Person Health Approach



## Applies to Multiple Areas

- Wellness interventions
- Prevention/Preventive benefits
- Chronic disease interventions
- Advanced Primary Care
- Episodes of Care
- Care/Case Management
- Advocacy or Navigation Support
- Health Literacy
- Others...

Whole Person Health strategic interventions have outperformed (clinically and financially) efforts that have been more one-dimensional

# Developing a Maturity Mindset for Equity

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Foster an equitable strategy that is inclusive and supportive by enhancing a level of “cultural competence” and “cultural humility”

- **Cultural competency** refers to having *a basic understanding of different cultures, norms, and behaviors* to effectively interact with diverse groups
- **Cultural humility**, on the other hand, involves a more introspective approach, acknowledging one's *limitations, listening to employees' unique experiences and adapting strategies to needs*



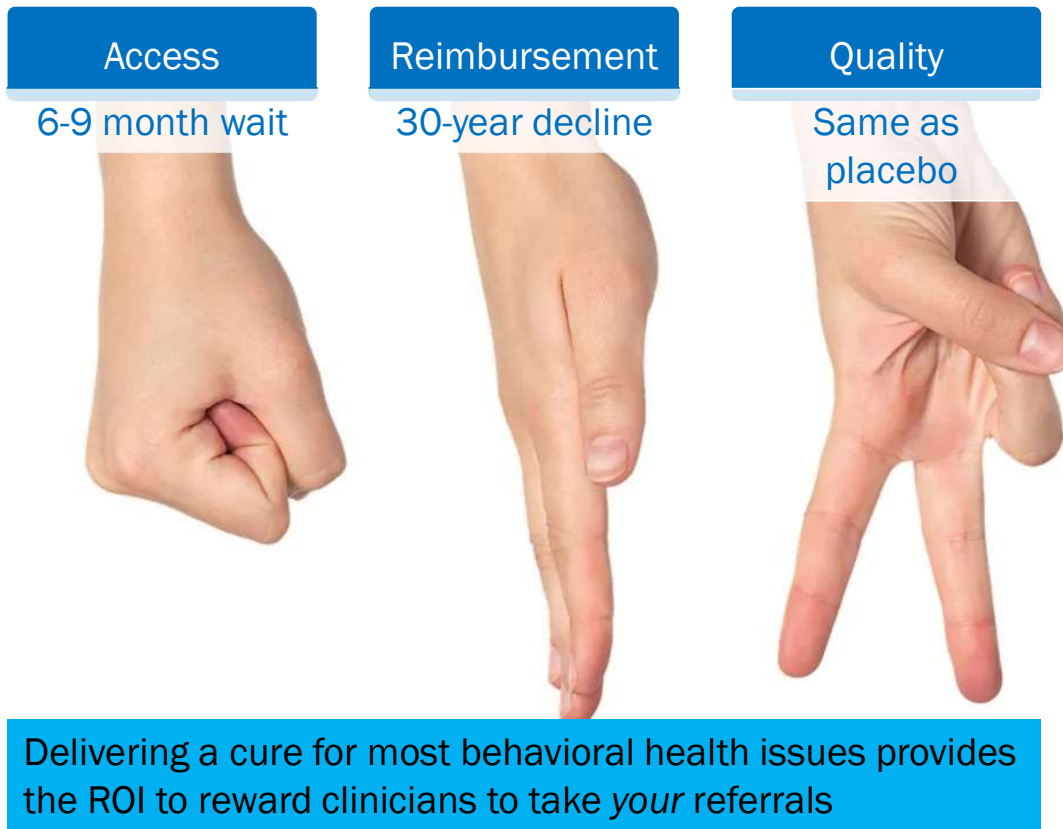


# **Newest Frontier in Behavioral Health - Personalized Quality & Provider Matching**

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Slides Excerpted from  
Outcome Referrals, Inc.

# The \$300B behavioral health **crisis**



Like rock, paper, scissors, solutions are trumped by the next problem

- 1 Until we reward clinicians to return to the market, access won't be solved
- 2 Until we solve the quality problem, it's not cost effective to pay clinicians more
- 3 Quality has been intractable. NIH has wasted 10s of billions trying to find bio-markers and improving treatments

# Finding good care is a **crapshoot** because everyone is guessing

## Guess #1

At intake, patients are **asked** to state their treatment needs.

It's the only medical field where patients are asked to diagnose themselves.

## Guess #1 b

Patients are **screened** for depression with PHQ.

50% false positive rate.



## Guess #2

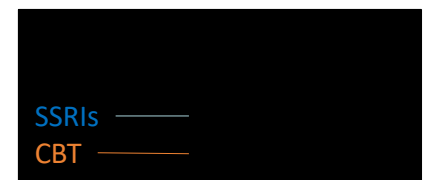
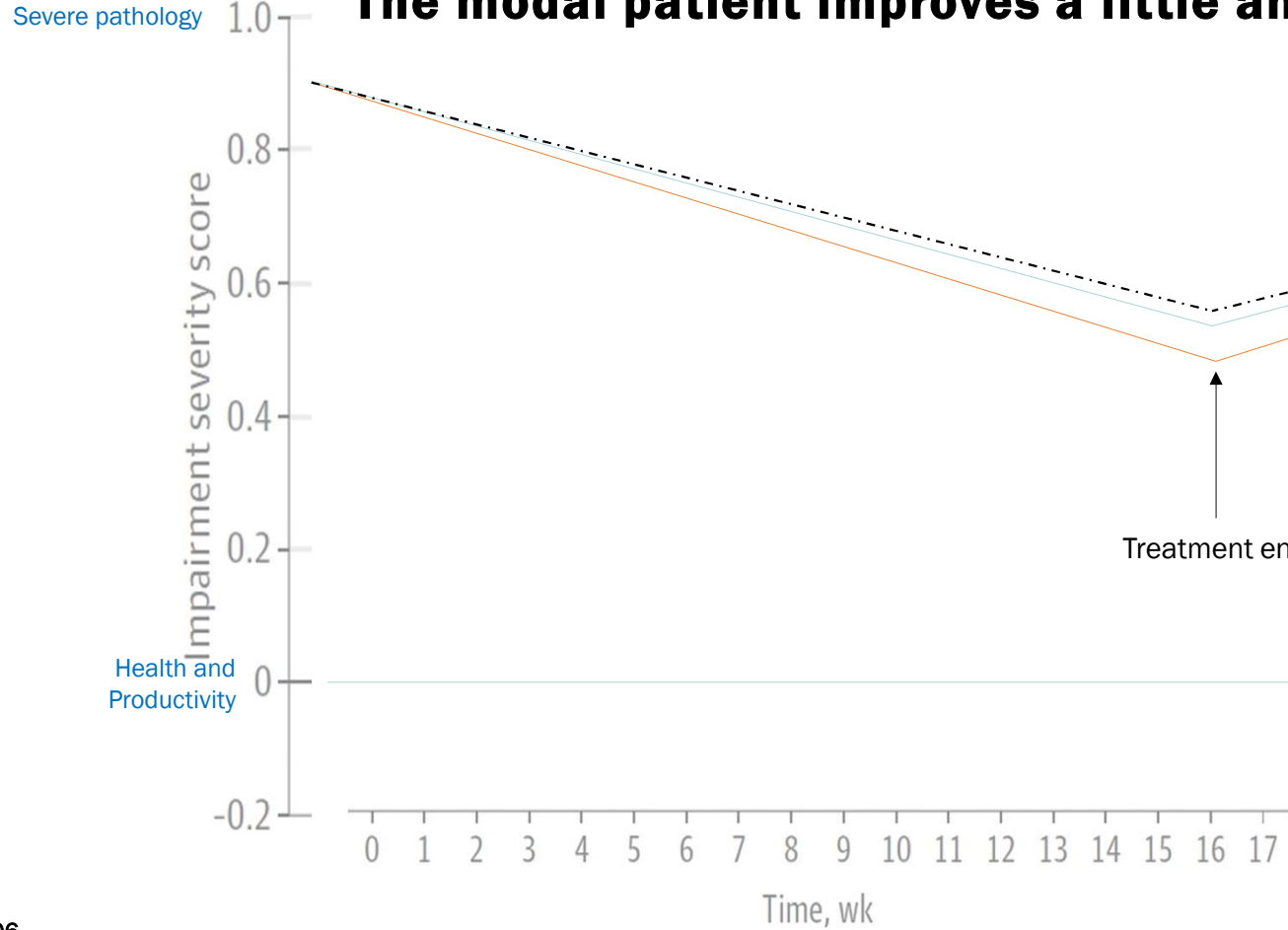
Therapists **list** what they're good at.

Research shows therapists are very poor at identifying their clinical strengths.

(Constantino et al., 2023)

# Best-practices are more comparable to placebo than a cure

The modal patient improves a little and then relapses



# TOP Match™ eliminates the **guesswork**

1

## Assess each patient's unique clinical **needs**

- Our test is one-of-a-kind: we factor analyzed all diagnostic symptoms on millions of patients across all levels of care
- As a result, TOP has unparalleled construct and predictive validity (e.g., Kraus et al, 2005)

2

## Assess provider **skills**

- Risk-adjusted patient outcome data from TOP provides an evolving scorecard
- The last 30 clients best predict provider success with his/her next patient (Kraus et al, 2016)

3

## Assign the **right provider**

- There is no change in how providers practice and no additional work required
- Dropout and no-show rates significantly decrease

4

## Redefining exceptional **outcomes**

- Doubles population outcomes and quintuples the number of patients that return to full health and productivity without relapse (Constantino et al, 2021)





	DEPRESSION	PANIC	PSYCHOSIS	MANIA	SUICIDE	VIOLENCE	SUBSTANCE MISUSE	WORK/SCHOOL	SOCIAL FUNCTIONING	LIFE QUALITY	SLEEP	SEXUAL FUNCTIONING
65 Jd	ABOVE	ABOVE	ABOVE		ABOVE						ABOVE	
66 St												
67 Er							BELOW		BELOW			
68 Jc												
69 M	ABOVE			ABOVE	ABOVE						ABOVE	
70 Au						ABOVE						
71 Va				ABOVE								
72 St			ABOVE									
73 Al			ABOVE			ABOVE						
74 Au		ABOVE			ABOVE							BELOW
75 B									ABOVE			
76 C		ABOVE				ABOVE	ABOVE	ABOVE				
77 Cc												
78 Di								ABOVE		ABOVE		
79 G			ABOVE	ABOVE							ABOVE	
80 Gd		ABOVE						ABOVE		ABOVE		
81 Ja										ABOVE	ABOVE	
82 Je					ABOVE		ABOVE			BELOW	BELOW	
83 Ju	BELOW					ABOVE				BELOW		
84 Ka			BELOW				BELOW	BELOW				
85 M		ABOVE	ABOVE			ABOVE				ABOVE	BELOW	
86 M												
87 M				BELOW							BELOW	
88 N			ABOVE		ABOVE	ABOVE	ABOVE	ABOVE				
89 Rv	ABOVE	ABOVE		BELOW	ABOVE							
90 St											ABOVE	
91 Tz						ABOVE	ABOVE					
92 V	ABOVE				ABOVE	ABOVE	ABOVE					
93 W	ABOVE	ABOVE			ABOVE					ABOVE		
94 Va												BELOW
95 Ju	BELOW			BELOW				BELOW				
96 Ka						ABOVE					ABOVE	
97 K	ABOVE		ABOVE	ABOVE	ABOVE			ABOVE			ABOVE	
98 K	BELOW										BELOW	BELOW
99 La						ABOVE					BELOW	
100 La	ABOVE											
101 Ra		BELOW	BELOW				BELOW	ABOVE	BELOW			
102 St						ABOVE						
103 Va			BELOW	ABOVE		ABOVE			BELOW			
104 Yv												
105 Gd												
106 S	BELOW		BELOW	BELOW				BELOW	BELOW	BELOW		
107 N	ABOVE				ABOVE					ABOVE		
108 Hc	BELOW									BELOW		
109 Cl			ABOVE									

scorecard

- 2 Assess **clinicians**
- 3 Assign **right provider**

Our AI systems generate scorecards on clinicians

No one is above on all domains

10% can be classified as “super shrinks”

2% are unable to be scientifically matched

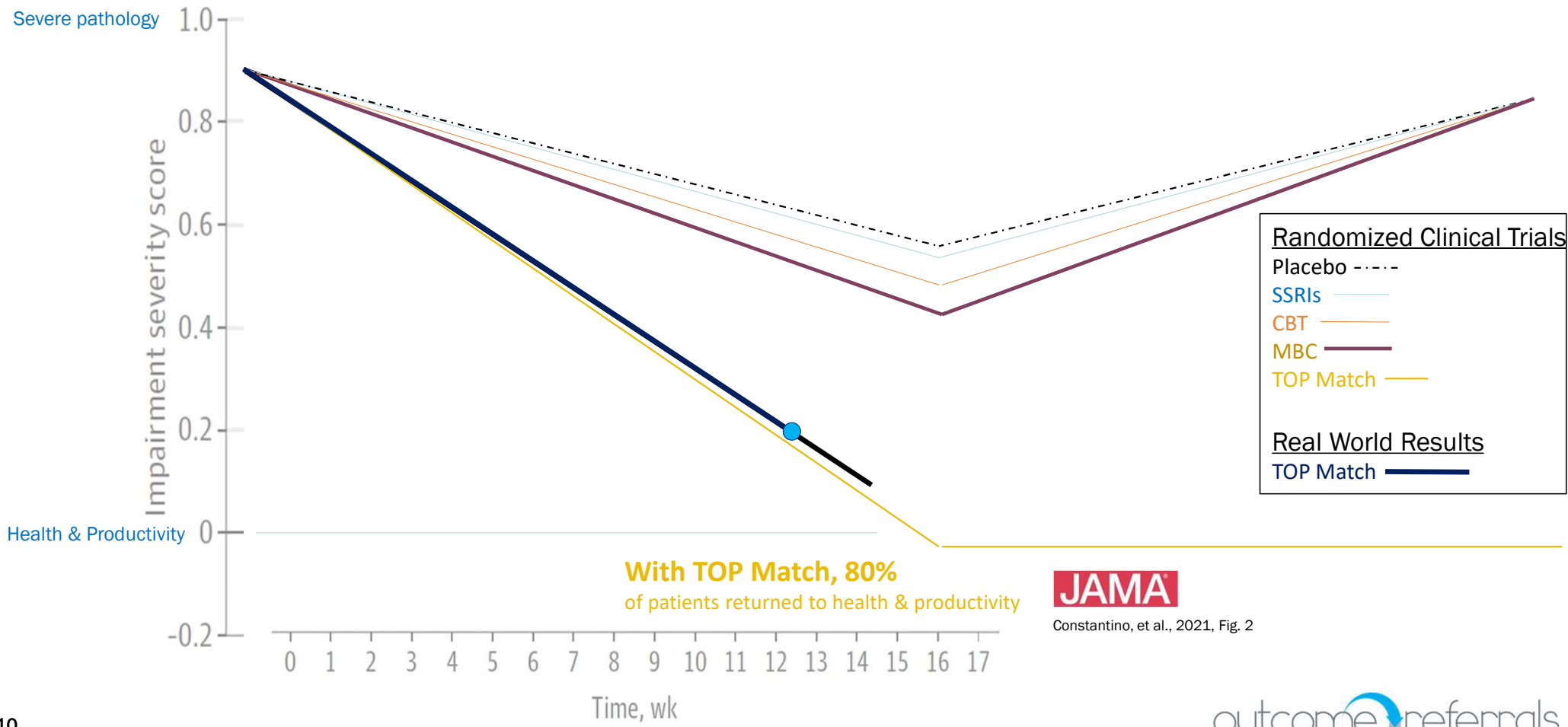
4% of clinicians think they are above in a below domain



There are many A+ TOP Matches: who are statistically “above” their peers on Linda’s primary area of need (“panic”)



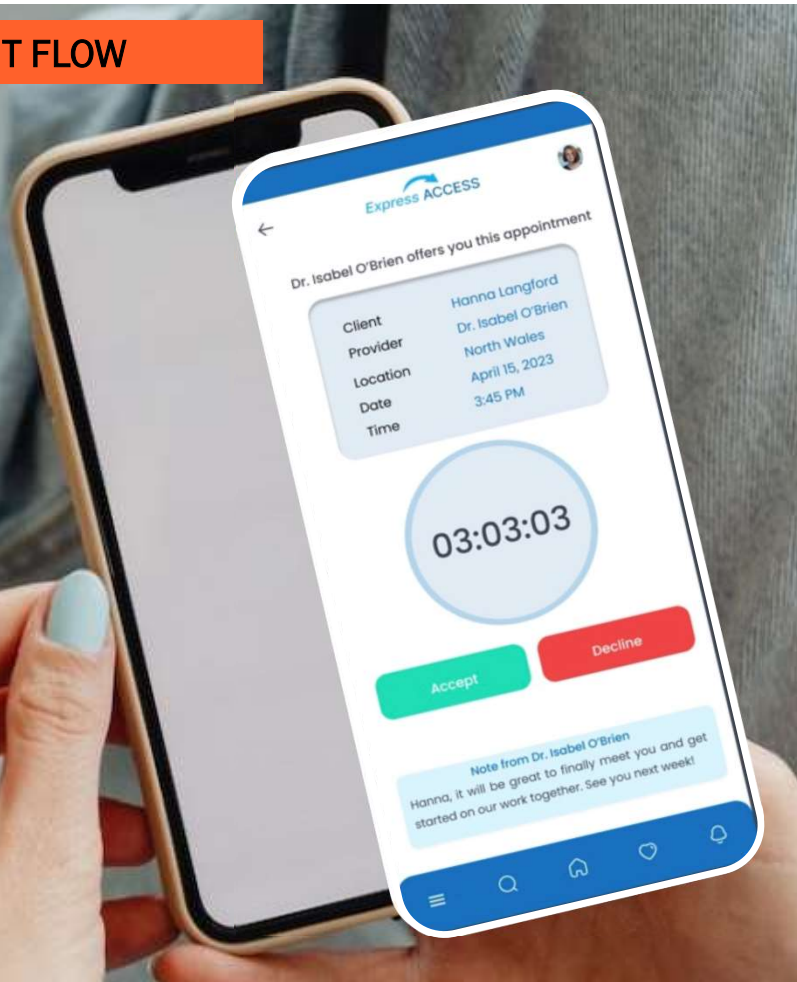
# 4 Identifying the cure for most BH issues



# The fastest and easiest way to find **your cure**

## PATIENT FLOW

R&D funded by  
**NIH** National Institutes of Health  
*Turning Discovery Into Health*



- 1 Receive invitation
- 2 7-minute assessment
- 3 Review TOP Matches
- 4 Select favorites
- 5 Monitor wait times
- 6 Accept appointment

**David R. Kraus, PhD**  
President and Chief Science Officer  
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(508) 834-7323 x121

outcome referrals

**The Key is to Design for and Move Upstream to improve:**

Affordable and Effective Behavioral Health Support

Our Collective Mental Health and Well-being



**The key is solving for the "and" not the "or"**

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# Final tips & takeaways

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- ❖ Confidently and Consistently **Connect Mental Health to Your Business Outcomes** – Make it Real!
- ❖ Integrate a **Whole Person Focus** including Mental Health across your strategic health & wellbeing spectrum
- ❖ Raise your Bar on **Accountability for Access, Quality & Outcomes** with Greater Focus on “Matching”
- ❖ **Move Upstream** to Improve Connectivity, Integrate Organizational Support and Address Systemic Dysfunction
- ❖ Use Data to **Understand Blind Spots and Personalize Support** to “meet people where they are at”

“Someone is sitting in the shade today because someone planted a tree a long time ago.”

- Warren Buffett



# Questions/ Comments?

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