



14TH ANNUAL OHIO

*Employee
Health &
Wellness*
CONFERENCE

Workshop L

Advanced Practices
**Implementation of a Diabetes
Management Program to Reduce
Healthcare Costs**

1:30 p.m. to 2:45 p.m.

Biographical Information

**Rob Pekare, RD, LD, Director of Operations
Gemcare Wellness
5640 Hudson Industrial Parkway, Hudson, Ohio 44236
234-284-4711 Fax: 330-655-8393
Rpekare@gemcarewellness.com**

Rob began his dietetics career in 2009 caring for patients in acute and long-term care facilities. He was hired by Gemcare Wellness in Hudson Ohio, in 2013 as a Registered Dietitian responsible for improving member's lifestyle focusing on diet, exercise, stress and medication management. He has held multiple roles with Gemcare Wellness including health coach, supervisor, manager and most recently director of operations. Rob's primary responsibility is creating, implementing and managing lifestyle improvement programs for various audiences. He currently oversees a team of 55 Registered Dietitians focused on delivering evidence-based lifestyle interventions.

Rob is a 2008 graduate of the University of Akron with a B.S. in Nutrition and Dietetics. He completed a dietetic internship through MetroHealth Medical Center in Cleveland, Ohio.

**Michael Mitchell, Founder & Chief Executive Officer
UpShotHealth Care, LLC
16507 Lake Ave., Lakewood, OH 44107
877-671-1656 FAX: 216-575-1602
mitchellm@upshothealthcare.com**

Mike is Founder and CEO of UpShot Health, a work-site health and wellness services clinical practice. He has spent 23 years working in the health care industry, and has held executive level positions in product development, business development, clinical operations and health analytics. As CEO of UpShot Health, Michael has overall responsibility for the clinical and operational efficiencies for UpShot's provider, employer and patient clients. Prior to his position at UpShot, he was Chief Operating Officer of INP, a Cleveland, Ohio based nurse practitioner organization with a main concentration in the post-acute care space. Prior to founding UpShot Health, Mike held executive leadership positions at Bravo Wellness, HealthSmart Holdings, and CIGNA Health Care. Mike is a frequent national speaker on the topics of value-based insurance design, Rx transparency pricing strategies, and the practical application of corporate wellness programs in an outcomes-based environment (Midwest Business Group on Health, World Health Care Congress, Institute of Health Care Executives and Suppliers). He is a faculty member for the World Health Care Congress and co-authored the WHC white paper presentation, "Rewarding Healthy Behaviors". Mike is a graduate of Ohio University and has a strong commitment to civic and community programs. He serves as a board member for the North Coast Health Foundation, a non-profit fundraising arm for Neighborhood Family Practice Community Health Centers, one of the largest FQHCs in the state of Ohio.



Diabetes Management Program



GEMCORE[™]
A FAMILY OF COMPANIES

Providing a Core Set of
Healthcare Solutions!

About Me



Rob Pekare – RD, LD
Director, Operations



- Bachelors Degree in Nutrition & Dietetics from the University of Akron
- 10+ years working as a Registered Dietitian
- Experience in short and long term patient care, wellness and disease prevention

Who We Are



GemCare Wellness is part of a family of companies that have been leading the health, wellness and medical supply industry for over 25 years.

Proven Solutions • Personalized Service • Established in 1992

GEMCORE™

A FAMILY OF COMPANIES



A close-up photograph of a person's midsection. A white, oval-shaped glucose monitor sensor is attached to the skin on the abdomen. A clear tube connects the sensor to a small, black, rectangular pump device held in the person's hand. The person is wearing blue denim jeans. The background is a soft, out-of-focus light blue.

DIABETES IN THE UNITED STATES

Types of Diabetes



Type 1 Diabetes

Body's immune system destroys pancreatic beta cells

Type 2 Diabetes

Usually begins as insulin resistance – cells do not use insulin properly

Gestational Diabetes

Form of glucose intolerance diagnosed during pregnancy

Prediabetes

Blood sugar levels are higher than normal, not high enough to be type 2 diabetes

Sources:

• CDC: Diabetes Basics, <https://www.cdc.gov/diabetes/basics/index.html>

Cause of Diabetes



- Obesity
- Age 45+

- Family history of diabetes
- Sedentary lifestyle

- Race/ethnicity
- Had gestational diabetes during previous pregnancy

Sources:

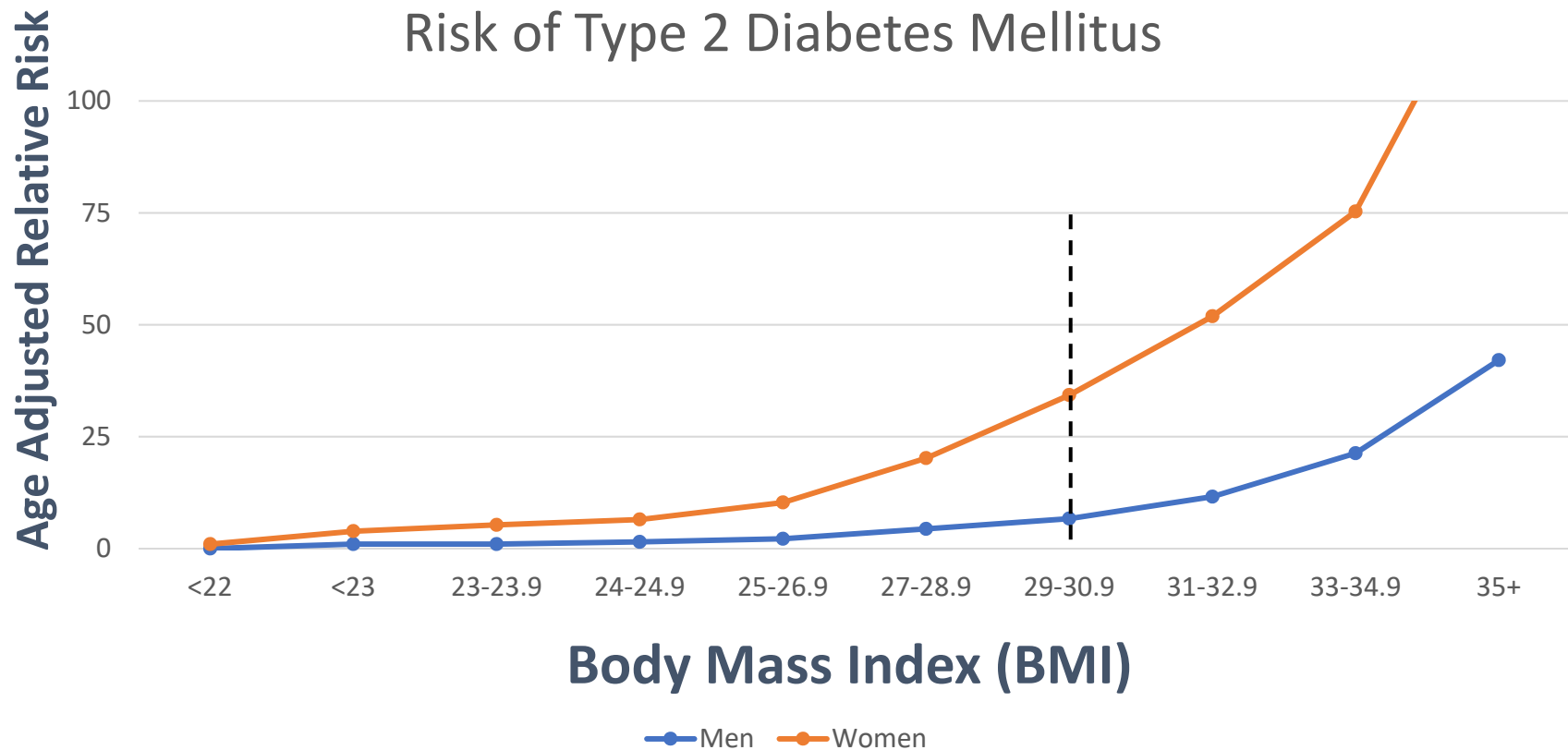
- CDC: Diabetes Quick Facts. <https://www.cdc.gov/diabetes/basics/quick-facts.html>

Obesity & Type 2 Diabetes



Risk of Type 2 Diabetes Increases with Weight Gain

Relationship Between BMI & Risk of Type 2 Diabetes Mellitus



Source:

• CDC's Division of Diabetes Translation. National Diabetes Surveillance System available at <http://www.cdc.gov/diabetes/statistics>

Consequences of Obesity



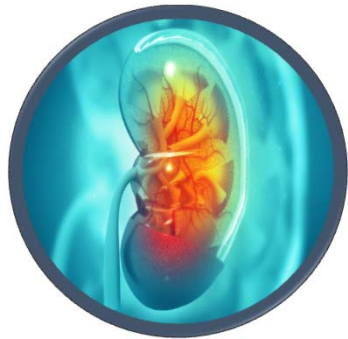
Source:

- CDC's Division of Diabetes Translation. National Diabetes Surveillance System available at <http://www.cdc.gov/diabetes/statistics>

Diabetes Complications



Diabetes can affect many different parts of the body:



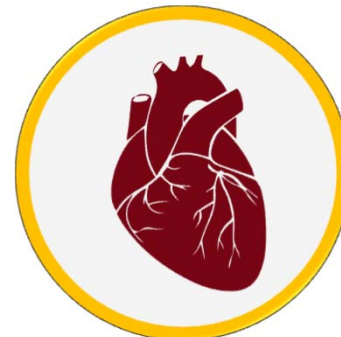
KIDNEYS



VISION



FOOT
PROBLEMS



HEART



NERVES

Diabetes Complications



Diabetes can cause:



STROKE



HIGH BLOOD PRESSURE



NEUROPATHY



KIDNEY DISEASE/FAILURE



**RETINOPATHY
CATARACTS
GLAUCOMA
BLINDNESS**

Diabetes Control & Complications Trial (DCCT)



FINAL DATA FROM TRIAL

RISK	CAUSE	RISK REDUCTION BETWEEN GROUP 1 & 2
Retinopathy	Blindness	76%
Nephropathy	Kidney Failure / Dialysis	54%
Neuropathy	Nerve Damage / Amputation	69%
Macrovascular Disease	Heart Disease and Stroke	41%

- 9 year study of people diagnosed with diabetes
- **All participants:** No signs of complications in Year 1
- **Group 1:** Maintained A1C < 7
- **Group 2:** Averaged A1C > 9

Source:

- American Diabetes Association: Implications of the Diabetes Control and Complications Trial, https://care.diabetesjournals.org/content/26/suppl_1/s25.full-text.pdf

National Diabetes Numbers



30.3 million people diagnosed with diabetes

→ 9.4% of population

7.2 million people unaware of having diabetes

→ 23.8% of the 30.3 million diagnosed population

84.1 million people diagnosed with prediabetes

→ 33.9% of adult 18+ population, 48.32% of adult 65+ population

Sources:

- *National Diabetes Statistics Report, 2017 (CDC). National Center for Chronic Disease prevention & Health Promotion.*

National Diabetes Cost



IN 2018, COST OF
DIABETES WAS

**\$327
billion**

**\$98.1
billion**

DIABETES
PRESCRIPTION
COST

DIRECT MEDICAL
COSTS

**\$237
billion**

Sources:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3579337/>
- <http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html>

National Diabetes Cost



3-9

DAYS OF WORK LOST
FOR EMPLOYEES
WITHOUT DIABETES

5-18

DAYS OF WORK LOST
FOR EMPLOYEES
WITH DIABETES

\$26.9 billion

REDUCED PRODUCTIVITY
WHILE AT WORK

\$19.9 billion

LOST PRODUCTIVE CAPACITY
DUE TO EARLY MORTALITY

\$3.3 billion

DUE TO INCREASED ABSENTEEISM
IN THE WORKPLACE

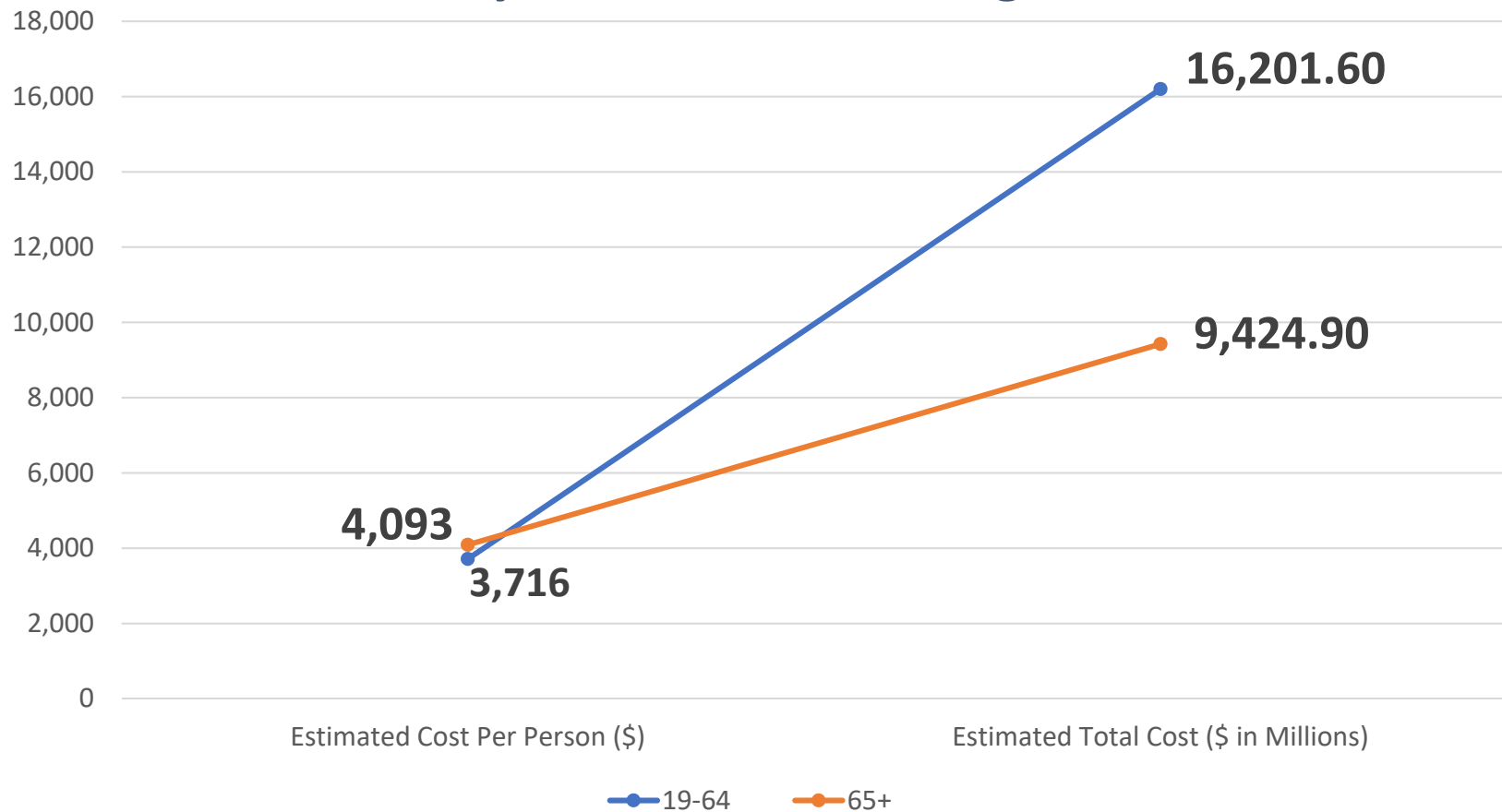
Sources:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3579337/>
- <http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html>

Diabetes Cost State Medicaid Level



Annual Diabetes Medical Costs Incurred by State Medicaid Program, U.S.



Sources:

- <https://nccd.cdc.gov/toolkit/diabetesburden/perspective/smp>

A photograph showing a person's hands holding a black zippered pouch on a white surface. In the background, there is a basket of fruit, including green apples and oranges. The text is overlaid on a semi-transparent white trapezoidal shape.

**THE SOLUTION TO RISING HEALTHCARE COSTS
IS A DIABETES MANAGEMENT PROGRAM**

Diabetes Management Program



Create a program that works!



On-Goal

INTRODUCING

On-Goal

An All-in-One, Personalized
Cost Containment Solution



Our On-Goal Team



We employ a team of Licensed, Registered Dietitians with the following credentials:

- 4 year bachelor's degree
- Completed 1 year of supervised clinical practice (1,200 hours)
- Passed Registered Dietitian Exam
- Accredited through the Academy of Nutrition and Dietetics
- Continued Education - Obtain 75 CEU's every 5 years
- Capable of offering Medical Nutrition Therapy for Chronic Disease Management

Approximately 40% of our Registered Dietitians have advanced specialties.

On-Goal Approach



Our approach to counseling is member-driven and based on the individual's needs.

-  Develop a one-on-one personal plan
-  Identify goals – short & long term – S.M.A.R.T
Specific. Measurable. Achievable. Realistic. Timely.
-  Review supporting data if available
(lab results, personal health records, exercise & food logs)
-  Access to member portal and nutrition library
-  Counseling on diet, exercise, sleep, stress, medication & lifestyle
-  Online communication, monthly calls
-  Graduation from program

S.M.A.R.T

STEP 1: ASSESSMENT

Review and identify S.M.A.R.T. goals and reasons for change

STEP 2: ACTION

Based on goals, establish a personalized plan & overcome barriers

STEP 3: ACHIEVEMENT

Take action to help members achieve and maintain their goals

Program Engagement Rates



2-5%

No Incentive

15-20%

No-charge
diabetes testing
supplies

70%

\$80/month cash
or premium
differential

80+%

Co-pays waived
for people with
diabetes under a
wellness
program

90+%

Program
implemented
and managed by
clinician with
financial
incentive

A woman with dark curly hair, wearing a black and pink floral patterned jacket, is celebrating with her arms raised in a fist. She is smiling broadly and looking towards the camera. The background is a blurred outdoor setting with a concrete wall and a shadow of another person in the distance. A semi-transparent white banner is overlaid across the center of the image.

SUCCESS STORIES

Case 1: Baseline



Ohio School System

Employees with diabetes:

- In diabetes management program with major carrier
- Free testing supplies
- Answer 10 questions quarterly for new supplies
- Red flag issues referred to RN or CDE
- Change of carrier = in need of new program

Case 1: During On-Goal



Program Supervised and Implemented by On-Site Clinic

- Identify employees with diabetes
- Clinic enrolls individuals in On-Goal secure coaching portal
- Blood Glucose meters provided (as needed)

Member Experience

- Program details and conditions communicated to participant
- Registered Dietitian contacts participant to schedule first coaching call
- Member is then registered for first shipment of supplies
- Dietitian and member conduct monthly phone calls to track process and ensure engagement

Case 1: Results



2018 On-Goal Diabetes Management Program

20

People enrolled over 12 months

6-9

Months average time in the program

40%

Reduced their A1C to 7.3 or lower

53%

Lost weight

The logo for the On-Goal program. The word "On-Goal" is written in a stylized, rounded font. "On-" is in dark blue, "Goal" is in orange. A dashed orange line arches under the word, starting from a solid blue dot on the left and ending at a solid orange dot on the right.

Case 2: Baseline



TPA Kansas

- 486 employees – 1 employee cost TPA \$250,000+
- 1 employee in diabetes management program
- Minimal outreach
- Poor engagement

Case 2: During On-Goal



Member Outreach and Engagement



MONTH 1

Introduction letter,
email and phone
calls detailing
registration process



MONTH 2

Follow-up email
encouraging
program
registration



MONTH 3

Phone calls to
answer remaining
program
questions



MONTHS 4-12

Repeat emails,
letters, and
phone calls

Case 2: Results

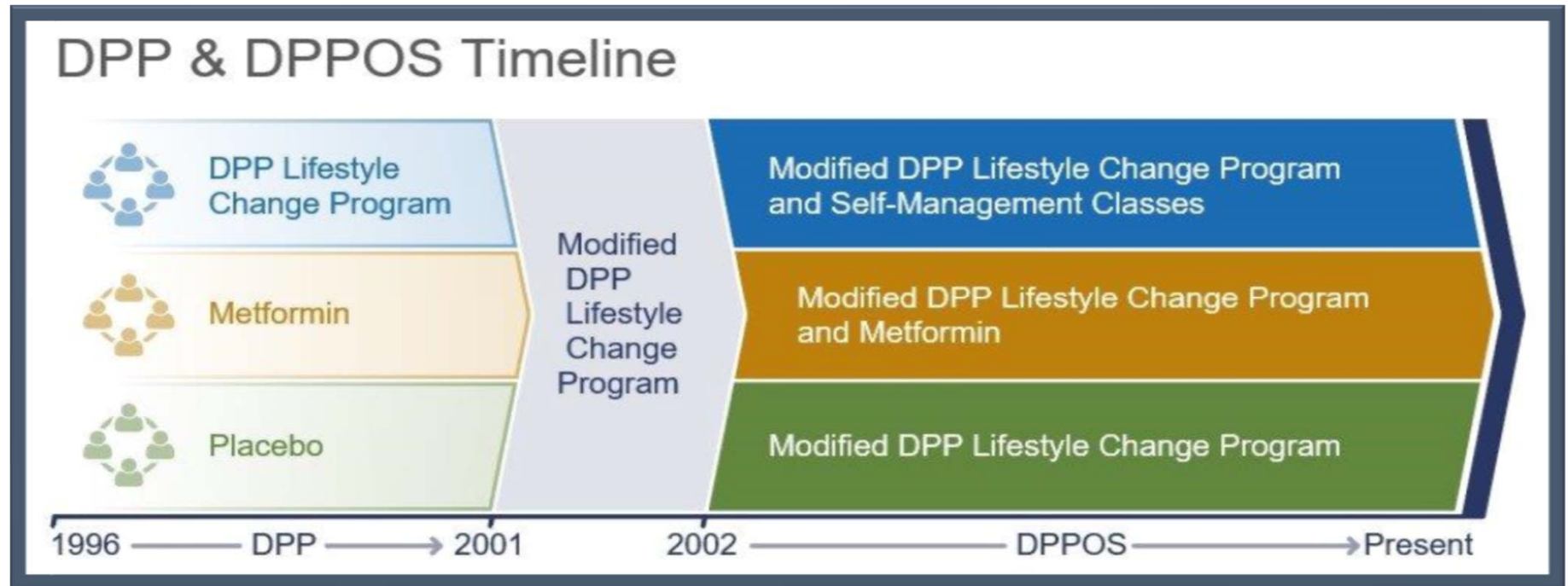


Claims Reduction 2017-2018



On-Goal

Independent Diabetes Prevention Study



Does a lifestyle intervention or treatment program prevent or delay the onset of Type 2 diabetes?

Source:

- National Institute of Diabetes and Digestive and Kidney Diseases: Diabetes Prevention Program, <https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp>

Independent Diabetes Prevention Study



STUDY FINDINGS

Losing 5-7% of body weight reduces your risk of Type 2 diabetes by 58%

Low dose metformin reduces risk of Type 2 diabetes by 31%

At 10 year follow-up, 34% of participants saw decreased rate of developing Type 2 diabetes

Source:

- National Institute of Diabetes and Digestive and Kidney Diseases: Diabetes Prevention Program, <https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp>

Case 3: On-Goal DPP



- Launched first Diabetes Prevention Program class in January 2017
- Follow CDC Curriculum:
 - 16 classes first 6 months
 - 6 classes second 6 months
- Currently conducting 6 classes with 65 enrolled participants
- Program recognized by the CDC

PROGRAM RESULTS

Participants no longer considered to have clinical prediabetes at end of program



Diabetes Decline in the U.S.



New diabetes cases in 2017



New diabetes cases in 2018



- As of 2019, 35% decrease of new diabetes diagnoses
- No increase in total cases of diabetes; remained stable past 8 years
- Decline due to increased **awareness, proven interventions, and innovative prevention strategies**
- **Changes in diet**, increased physical activity, improved diagnostic and screening practices

Source:

- *Centers for Disease Control and Prevention: After 20-year increase, New Diabetes Cases Decline. 2019. CDC Newsroom; <https://www.cdc.gov/media/releases/2019/p0529-diabetes-cases-decline.html>*

Summary



Problem: Diabetes



Solution: Diabetes Management Program



Results: Employee diabetes rates decrease



**An All-in-One, Personalized
Cost Containment Solution**

THANK YOU!

What questions do you have?



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www.gemcorehealth.com

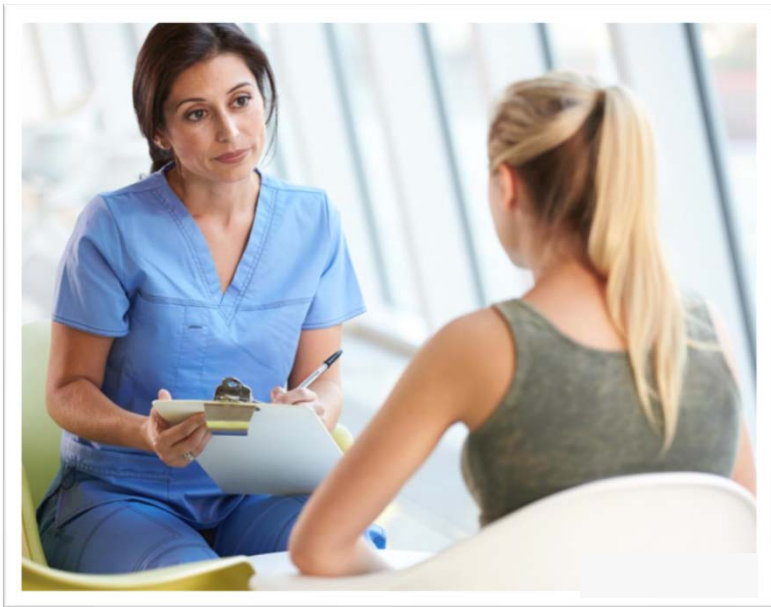
UpShot Health On Site Clinics

Business Class Care For Businesses



Convenient and Affordable Healthcare for Your Employees

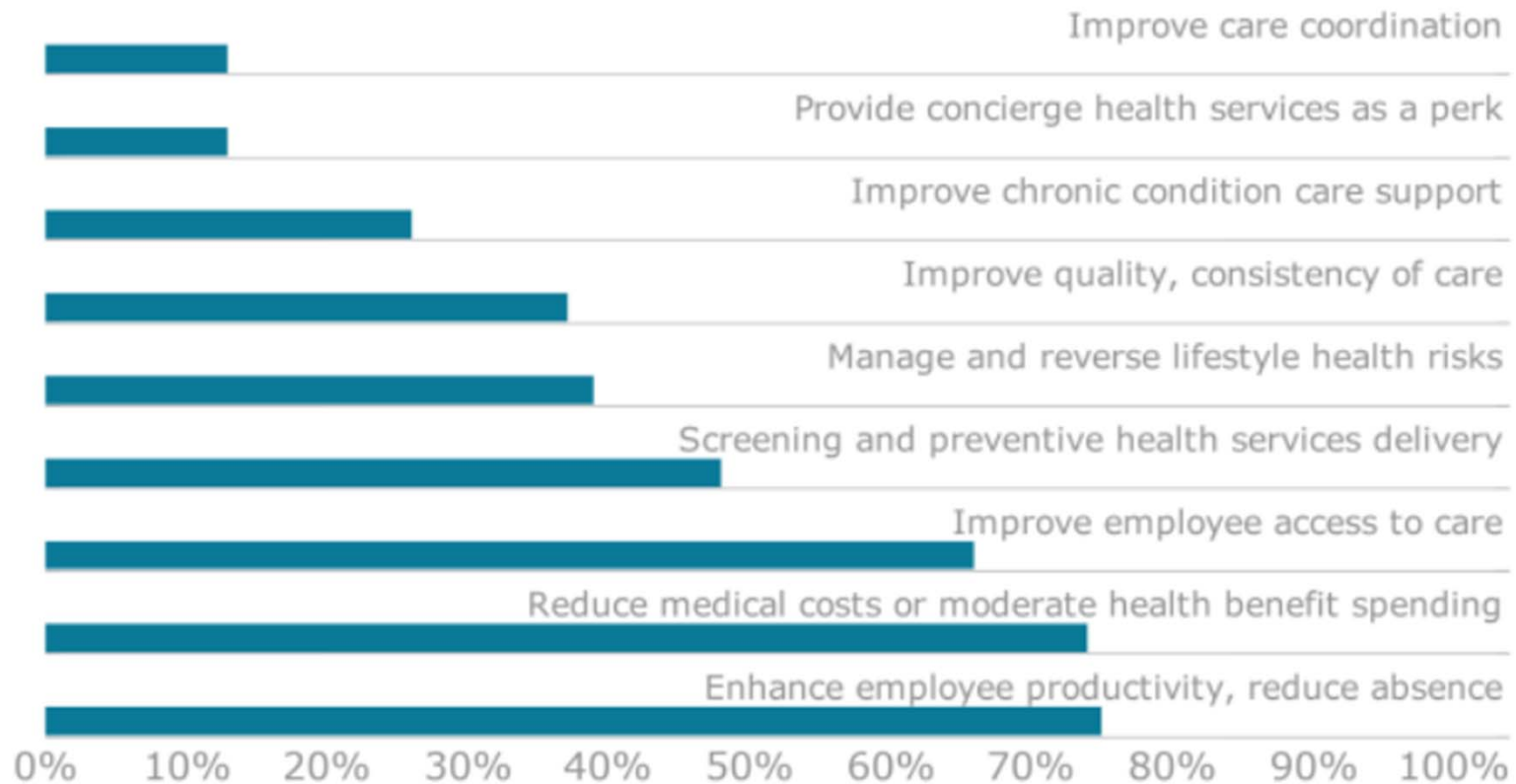
Disease Prevention At The Work Site



Why are employers implementing on-site health?

On-site objectives

The main reasons employers launch on-site health centers



Source: Willis Towers Watson

On-Site Health Service Models

- ▶ **Full-Time Onsite**
This employer-focused service model is a full-time solution that integrates health, wellness and coaching strategies to reduce healthcare costs and increase employee engagement, health, and satisfaction.
- ▶ **Part-Time Onsite**
This configuration enables small employers to offer affordable quality care at the worksite. Hours of operation are less than 40 hours per week.
- ▶ **Multi-Employer**
Multiple employers and their populations receive exclusive access to a comprehensive health and wellness center at a nearby location. The center will deliver a broad scope of services at a price the average small employer can afford.

On-Site Health Addressess Risk Across Populations

Do these issues really drive cost?



BMI

Annually an obese individual costs almost \$1,100 more



Blood Pressure

An individual with hypertension costs almost \$1,400 more



Cholesterol

An individual with cardiovascular disease costs the US \$3,614 more¹



Tobacco / Nicotine

An individual that uses tobacco products costs an average of \$5,816 more²



Glucose

An individual with high glucose levels/diabetes costs over \$1,600 more

Source: Goetzel, Pei, Tabrizi, Henke, Kowlessar, Nelson, Metz. Ten Modifiable Health Risk Factors Are Linked to More Than One-Fifth of Employer-Employee Health Care Spending, *Health Affairs*, 31, no. 11 (2012): 2474-2484

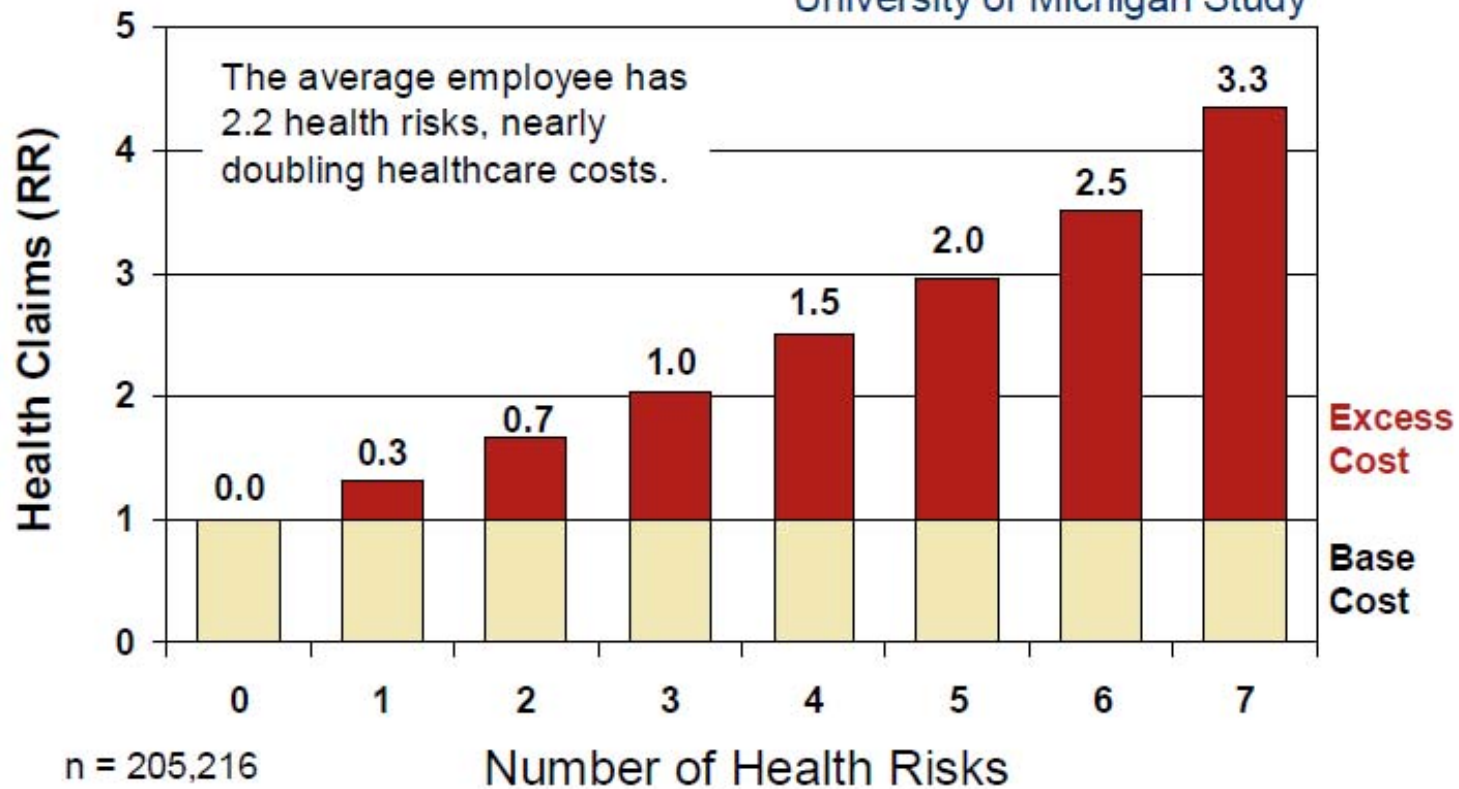
¹ www.cdc.gov/chronicdisease/resources/publications/AAG/dhdsp.htm - 83 million US adults with cardiovascular disease contribute to the \$300 billion annual healthcare costs.

² <http://researchnews.osu.edu/archive/smokework.htm> - Statistic is the sum of excess absenteeism, presenteeism, smoke breaks, and health care costs

Higher Health Risks Ultimately Translate to Excess Cost

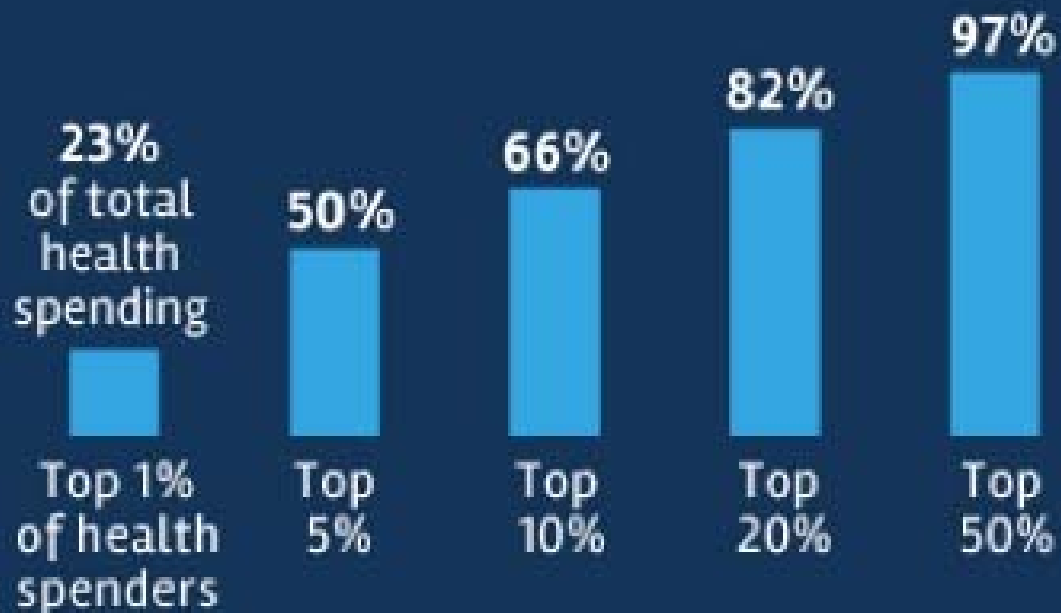
Number of Health Risks and Excess Healthcare Claims Cost

University of Michigan Study



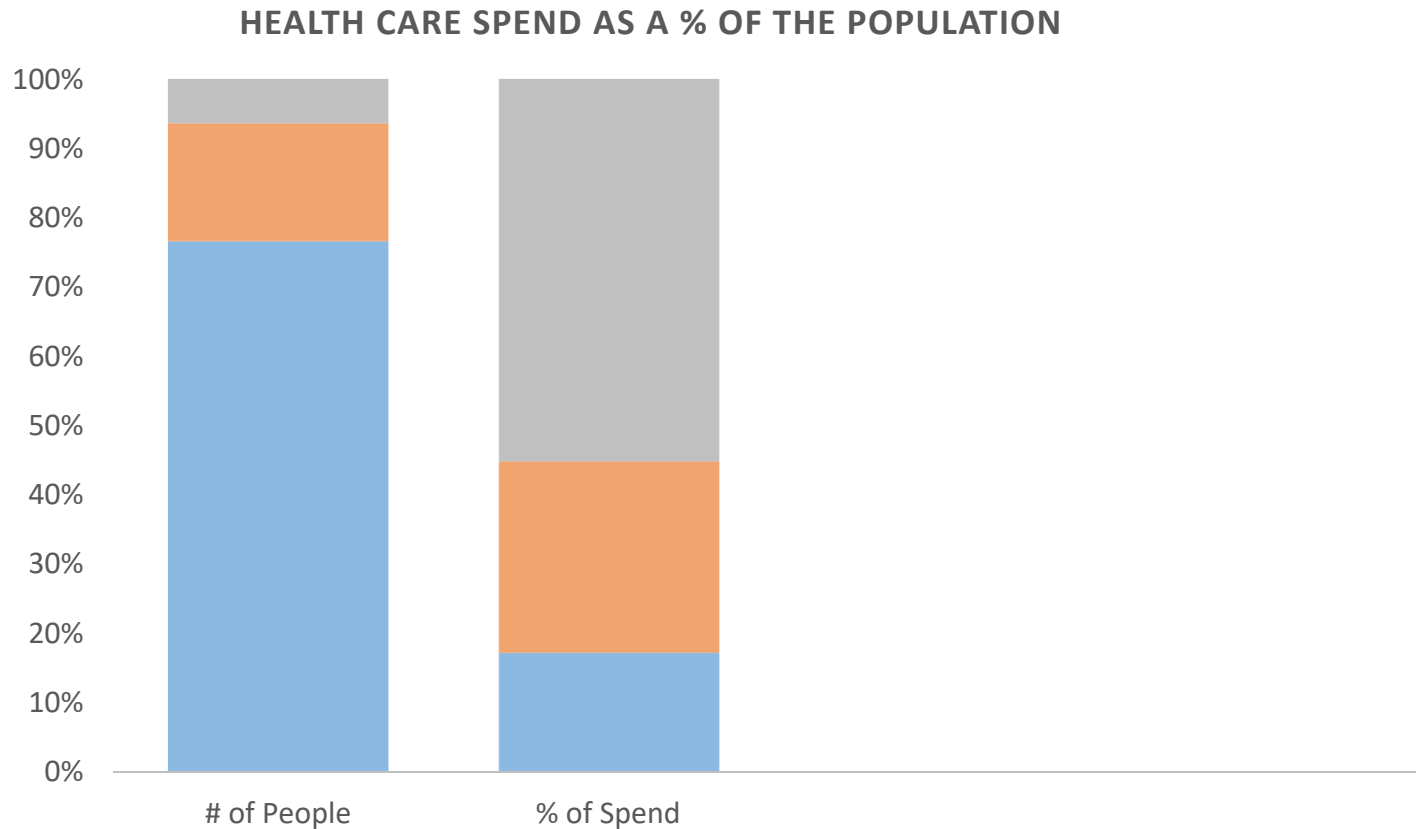
The Rules of Health Risk Across Populations

Health Spending Varies Considerably Across the Population



THE HENRY J.
KAISER
FAMILY
FOUNDATION

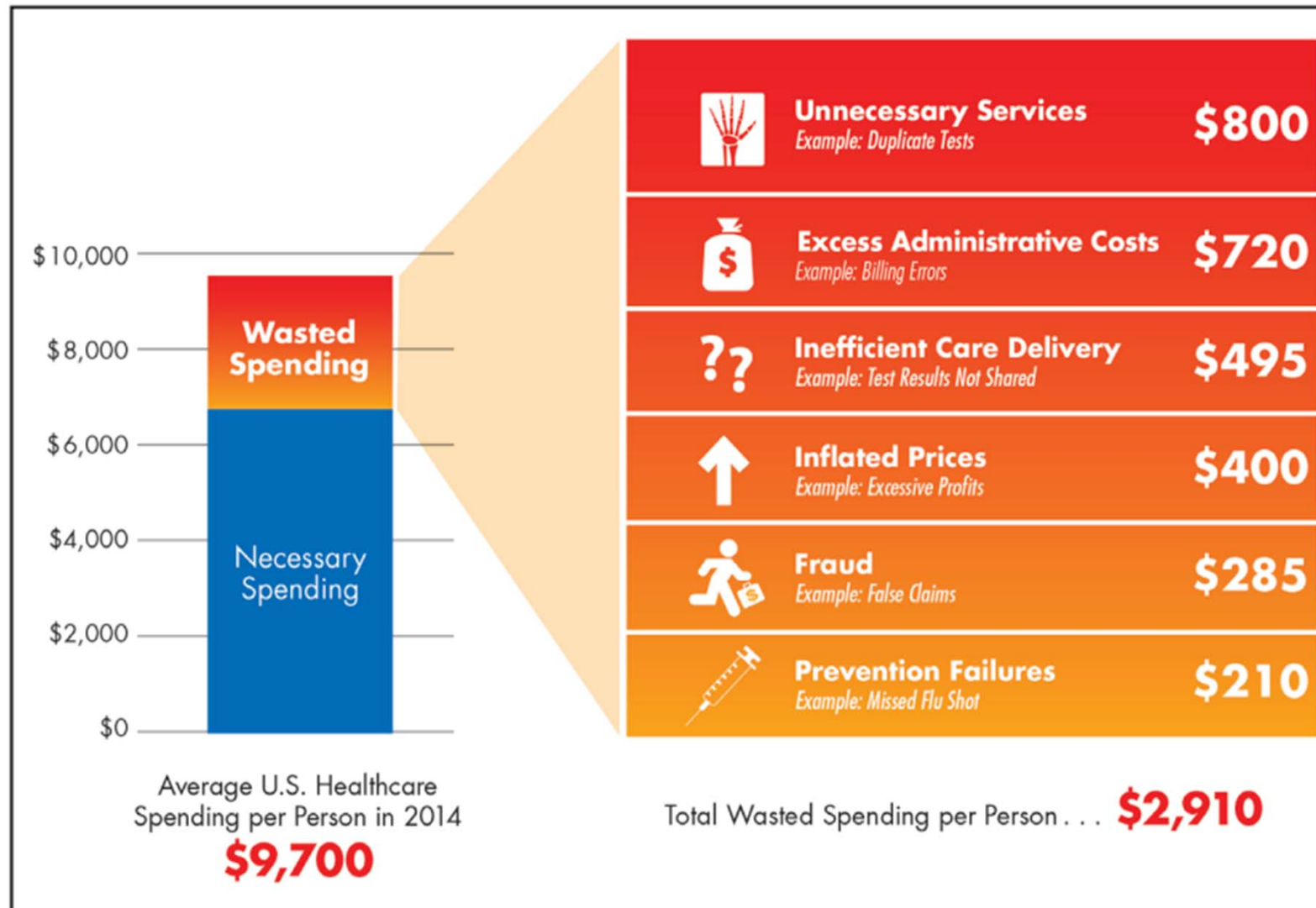
The Rules of Risk Stratification



The 5/50 and 20/80 Rules Apply

- 2/3 of the sickest folks were healthy the prior year based on carrier data.
“No Significant Claims in the System.”
- 5% of patients account for 50% of health care expenditures.
- The sickest 20% of patients account for 80% of costs.

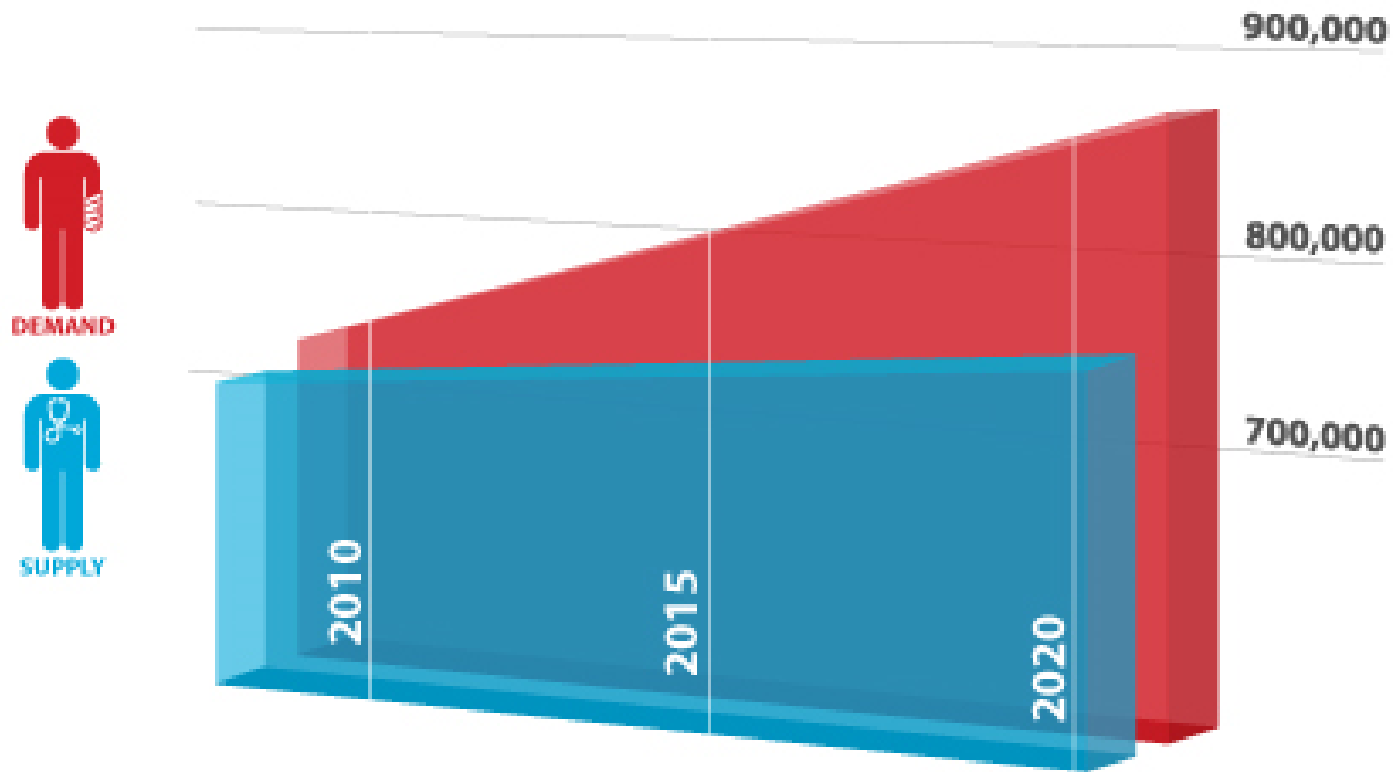
The Rules of Health Care Spend



Source: Health Care Value Hub, Adapted with data from the Institute of Medicine, *The Healthcare Imperative: Lowering Costs and Improving Outcomes* (2010).

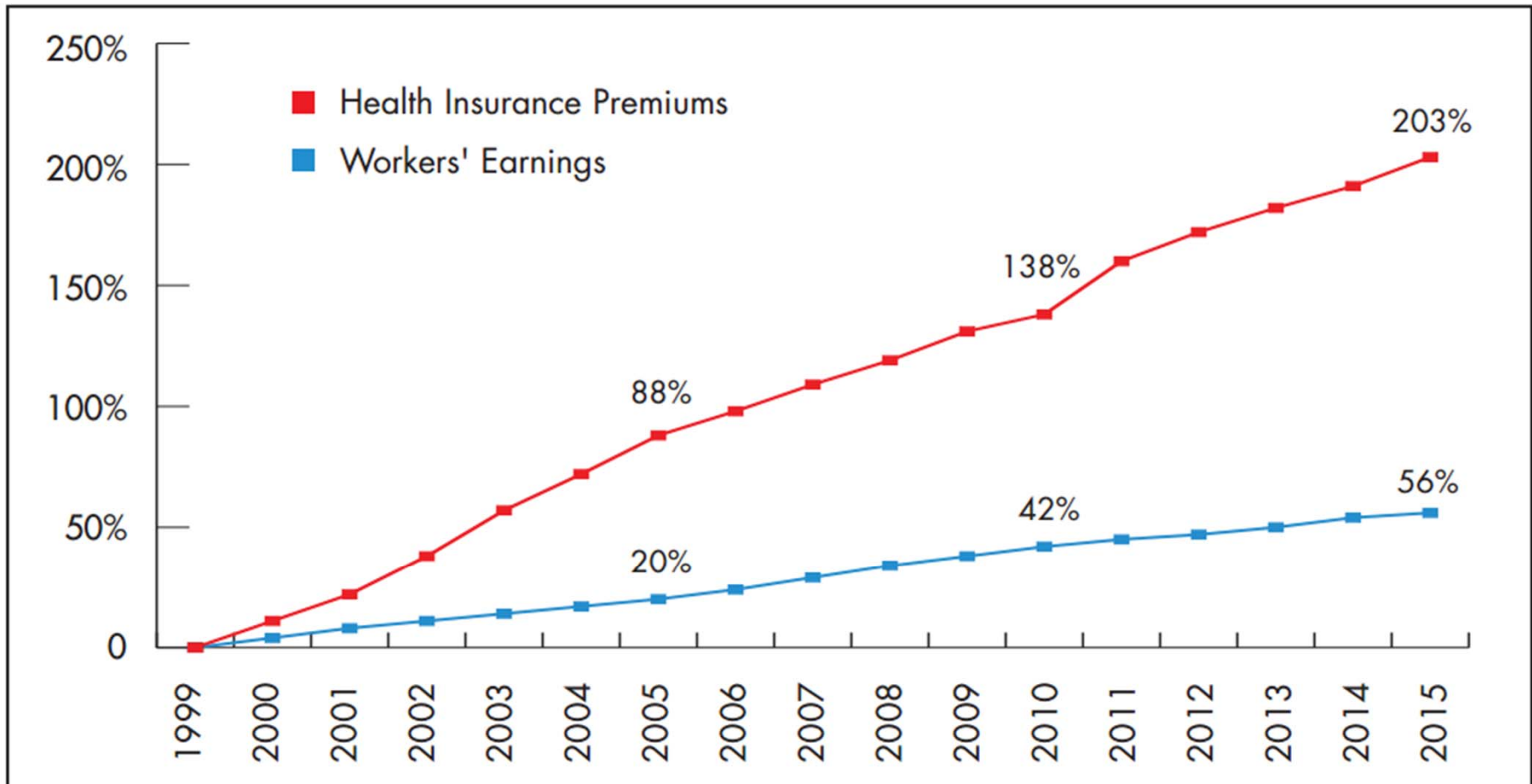
PCP SHORTAGE

Projected Supply and Demand, Physicians, 2008-2020
(ALL SPECIALTIES)



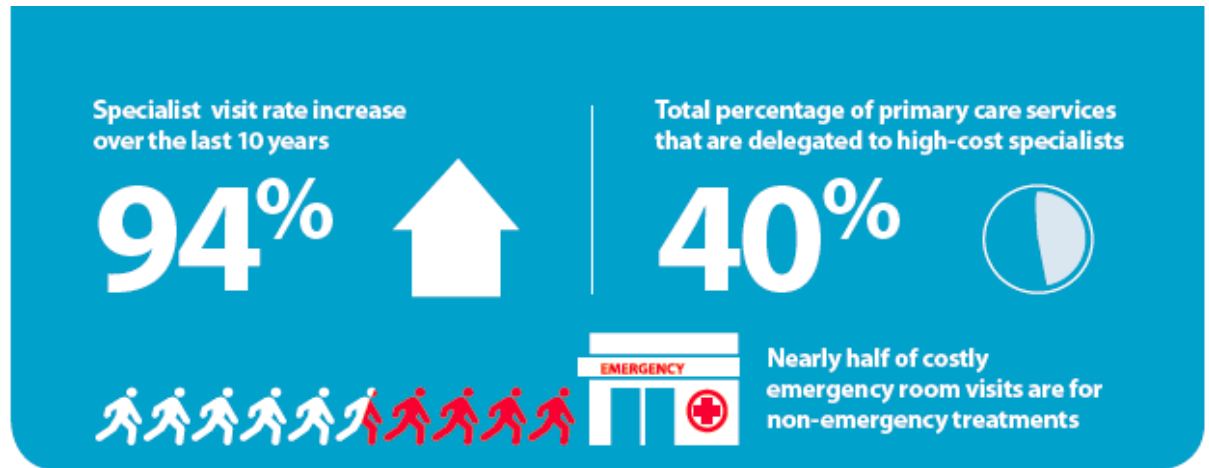
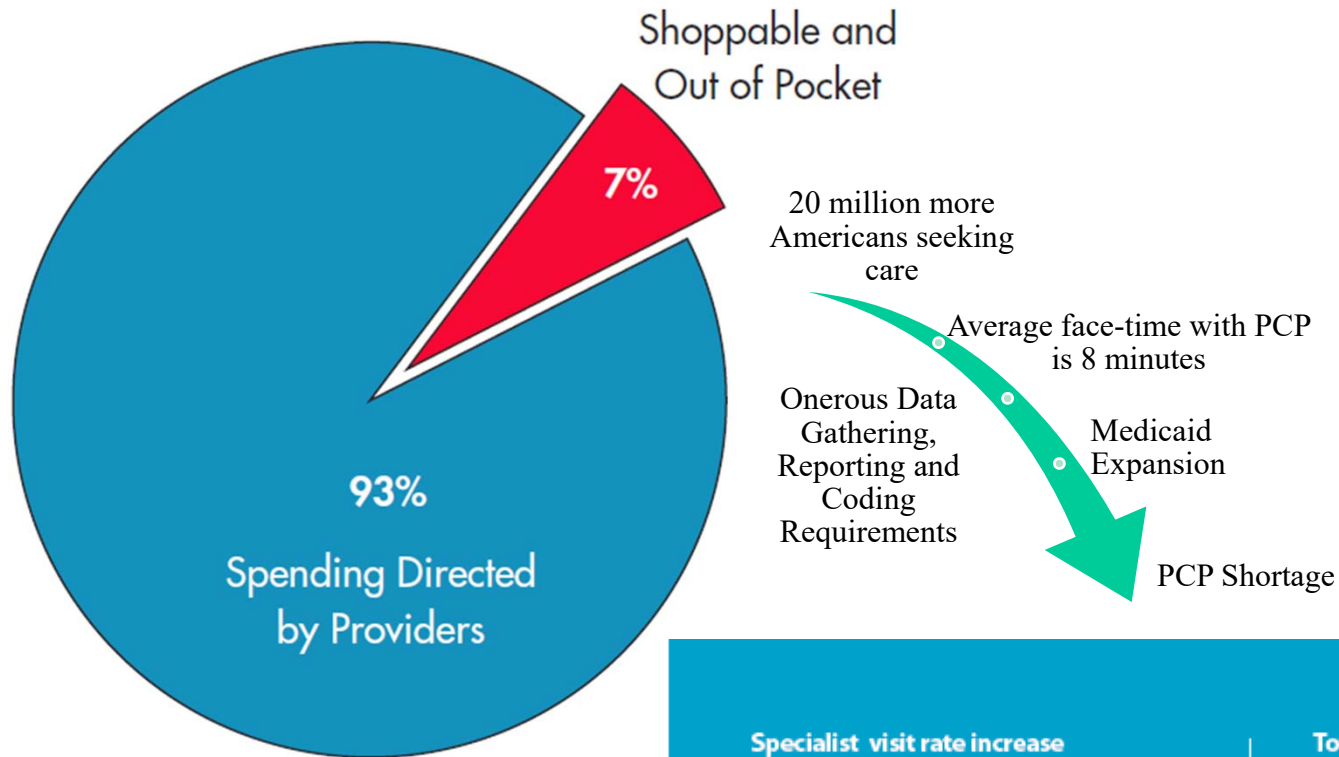
Wage Gap

Cumulative Increases in Health Insurance Premiums and Workers' Earnings, 1999-2015



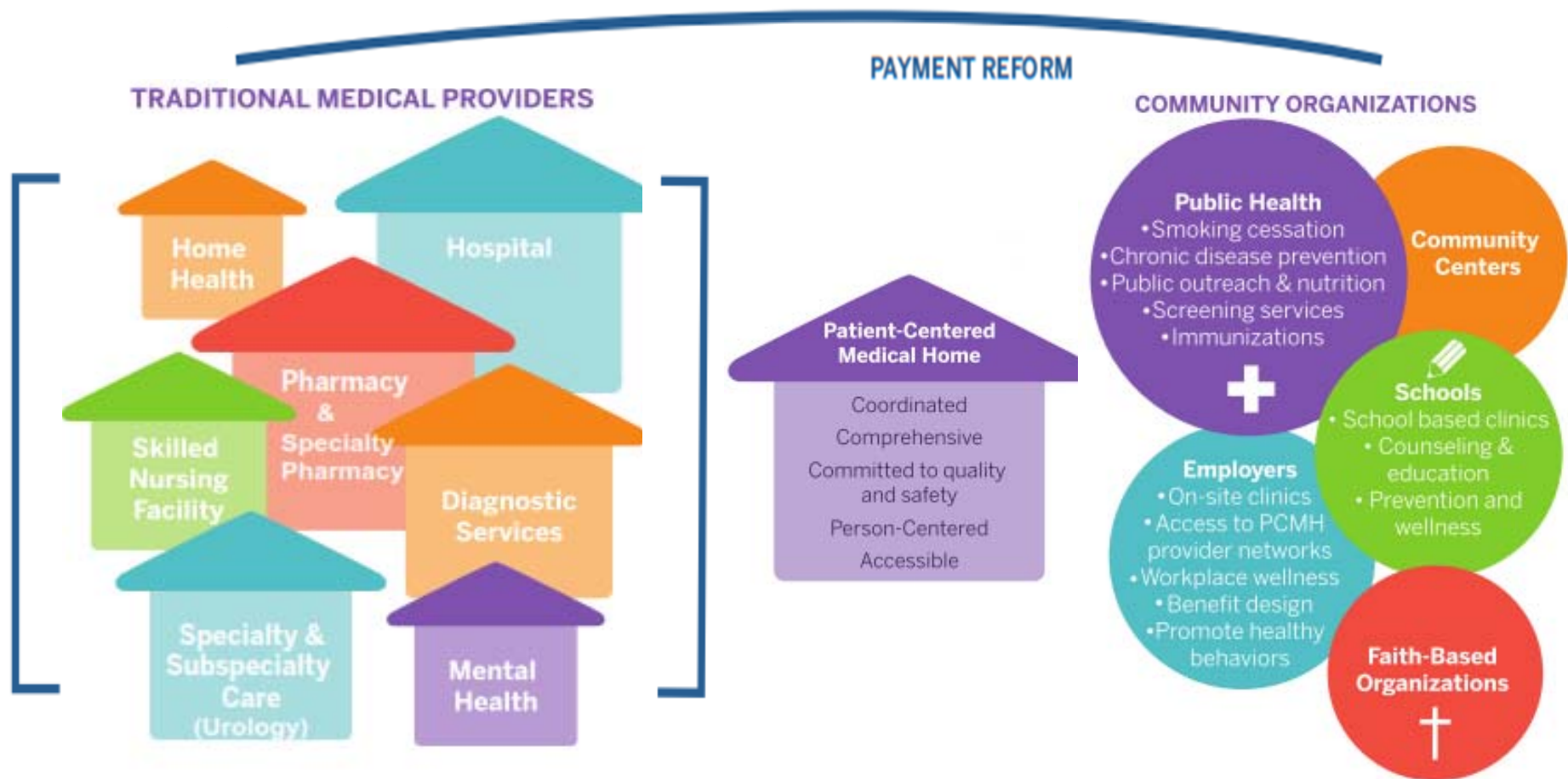
Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2015. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2015; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2015 (April to April).

Major Shift in Provider Practice Patterns



What Is Population Health Management?

POPULATION HEALTH MANAGEMENT



What would you call this?

TIME

U.S. Health Care Ranked Worst in the Developed World

Melissa Hellmann | June 17, 2014

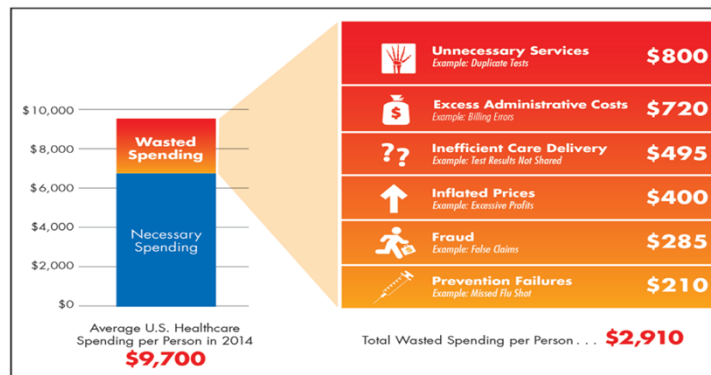


The U.S. ranks worst among 11 wealthy nations in terms of "efficiency, equity and outcomes" despite having the world's most expensive health care system

Diabetes Epidemic



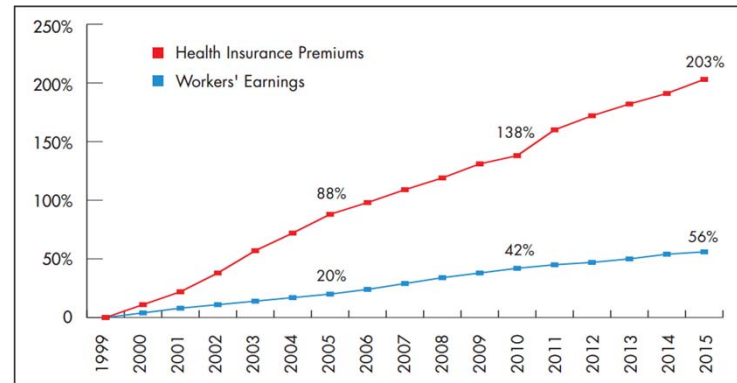
1 in 3 Health Care \$ Wasted



Source: Health Care Value Hub, Adapted with data from the Institute of Medicine, The Healthcare Imperative: Lowering Costs and Improving Outcomes (2010).

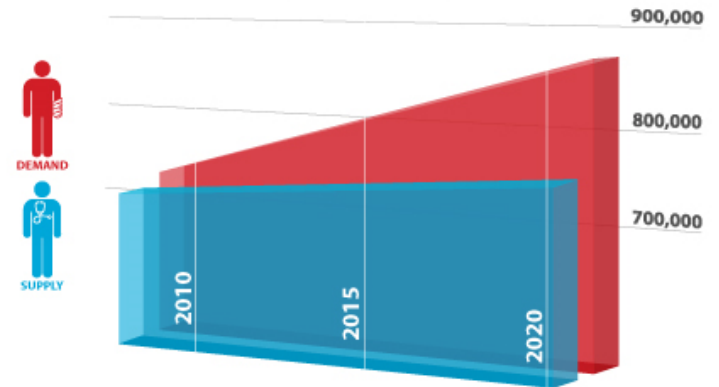
Gap Between EE Earnings and HC Premiums Getting Worse

Cumulative Increases in Health Insurance Premiums and Workers' Earnings, 1999-2015



Source: Kaiser/HRET Survey of Employer April, 1999-2015; Bureau of Labor Statis

Projected Supply and Demand, Physicians, 2008-2020 (ALL SPECIALTIES)



Specialist visit rate increase over the last 10 years

94% ↑

Total percentage of primary care services that are delegated to high-cost specialists

40%

Nearly half of costly emergency room visits are for non-emergency treatments



A Perfect Storm



Why It's Critical To Treat Pre-Disease Conditions

79M

79 million Americans currently have prediabetes—a condition with few noticeable symptoms but potentially serious consequences.¹



5-10%

Without taking action, 5–10% of those with prediabetes will progress to type 2 diabetes every year.²



20%

The cost of doing nothing is high since health care costs for diabetics are 2.5 times higher than for non-diabetics.



If you don't act, your organization's health care costs will be more than 20% higher in the next 5 years.³

¹ 2011 National Diabetes Fact Sheet. Centers for Disease Control and Prevention website. <http://www.cdc.gov/DIABETES/pubs/factsheet11.htm>. Published 2011. Accessed May 1, 2014.

² Gerstein HC, Santaguida P, Raina P, et al. Annual incidence and relative risk of diabetes in people with various categories of dysglycemia: a systematic overview and meta-analysis of prospective studies. *Diabetes Res Clin Pract.* 2007;78(3):305-12.

³ Omada Health model. 2014.

⁴ Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med.* 2002;346(6):393-403.

Why It's Critical To Treat Pre-Disease Conditions

1 in 3 OF YOUR EMPLOYEES
HAS PREDIABETES

¹ 2011 National Diabetes Fact Sheet. Centers for Disease Control and Prevention website. <http://www.cdc.gov/DIABETES/pubs/factsheet11.htm>. Published 2011. Accessed May 1, 2014.

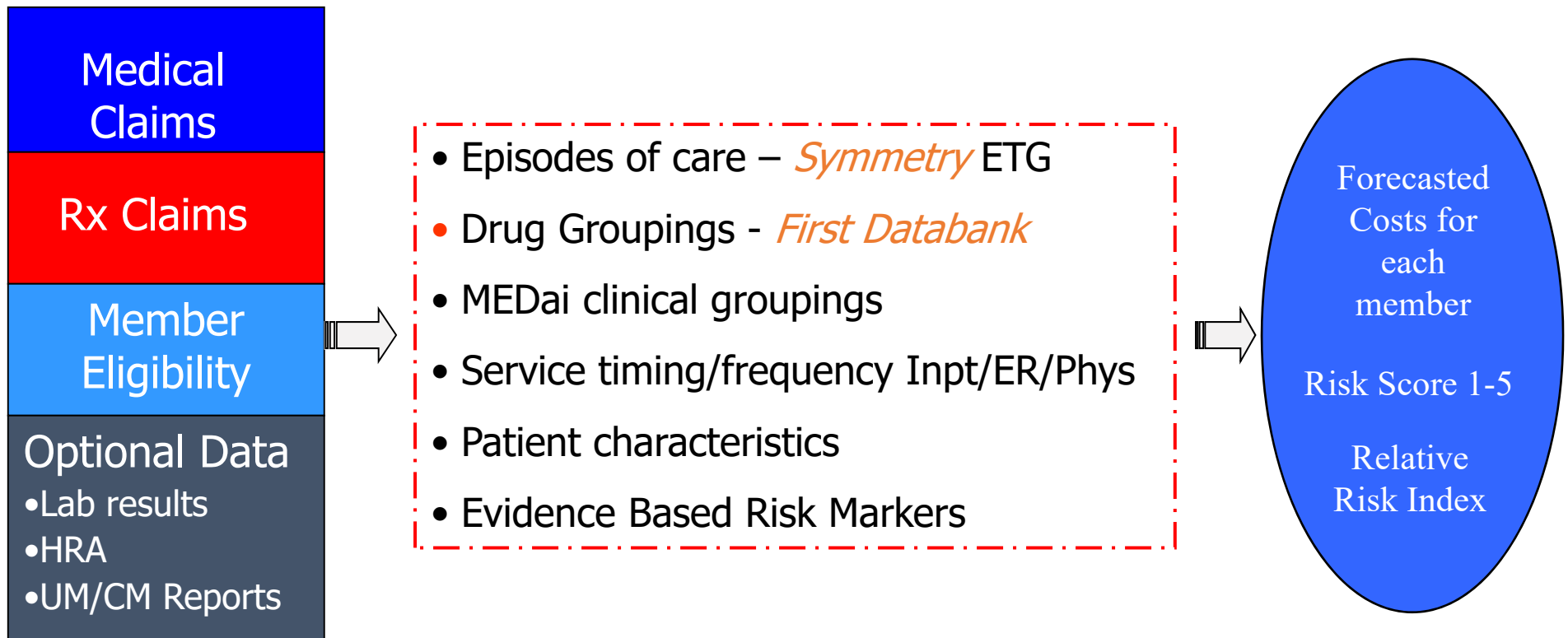
² Gerstein HC, Santaguida P, Raina P, et al. Annual incidence and relative risk of diabetes in people with various categories of dysglycemia: a systematic overview and meta-analysis of prospective studies. *Diabetes Res Clin Pract.* 2007;78(3):305-12.

³ Omada Health model. 2014.

⁴ Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med.* 2002;346(6):393-403.

Predictive Modeling Risk Management

Use Year1 data to predict Year2 cost



Health Analytics – Predictive Modeling

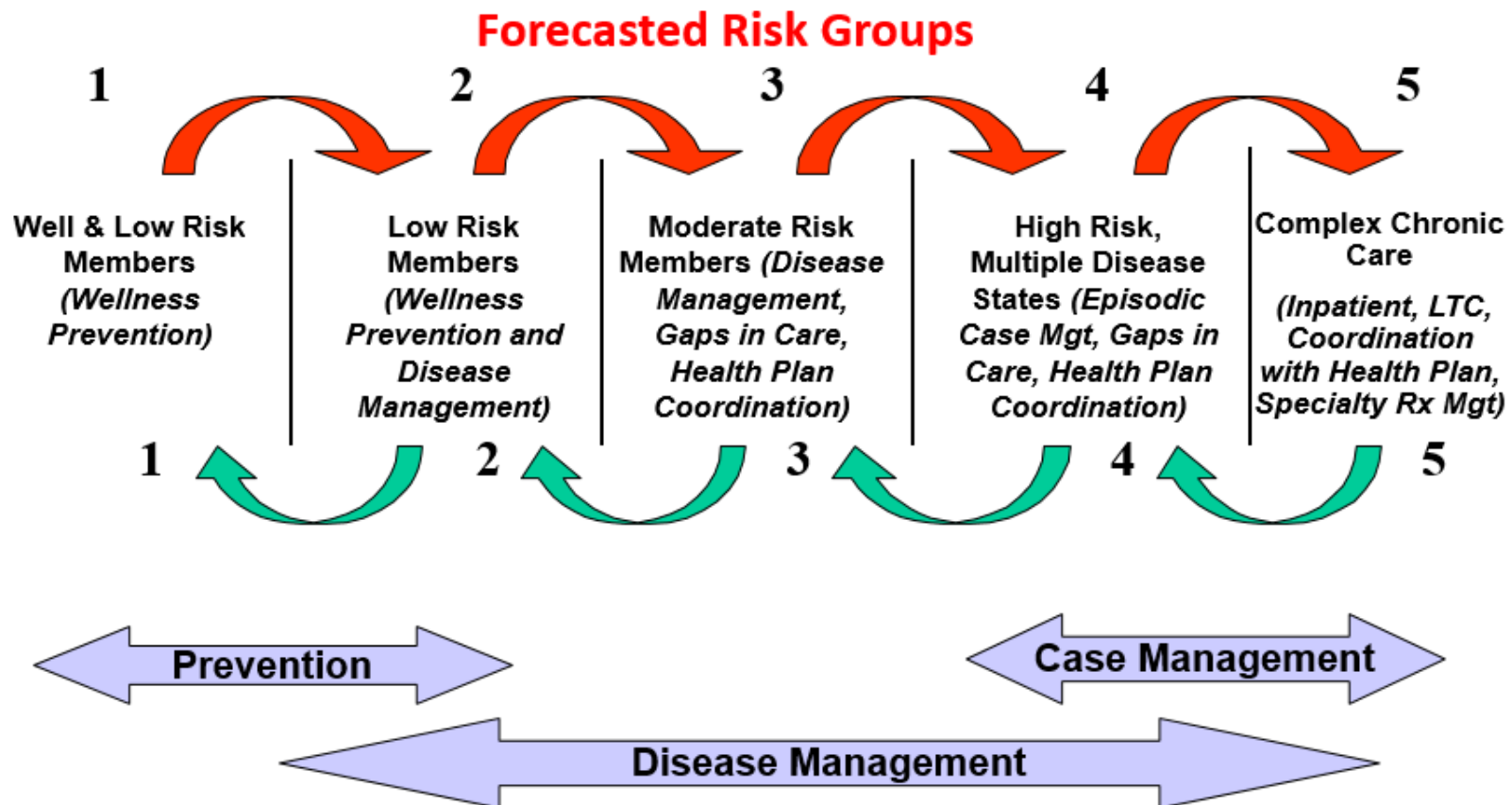


Using Predictions Across the Population

Population Health Management

MEDai Places All Members In One of Five Categories

NP's Clinical Intervention Programs Help Members Move Toward Improved Health



Using Claim Data To Find The Hidden Risk

Start here to identify high risk, impactable individuals:



High Risk Members

ER, Inpatient, RX, Cost, Impact Index



Movers

Transition to High Risk



Guideline Gaps

Evidence Based Reports



Lab Alerts

Lab-Based Member Alert Reports



Custom Filters

Episode Groups, Drugs, Care Management Programs



Physicians

Report Cards & Drill-Thrus to Members



Groups

Report Cards & Drill-Thrus to Members

Report Features

[View reports by Group, Disease or Physician](#)

[View Risk Navigator *Clinical* Release Notes - 2016](#)

Using Claim Data To Identify Fragmented Care

The numbers in parentheses are the number of measures included in each category.

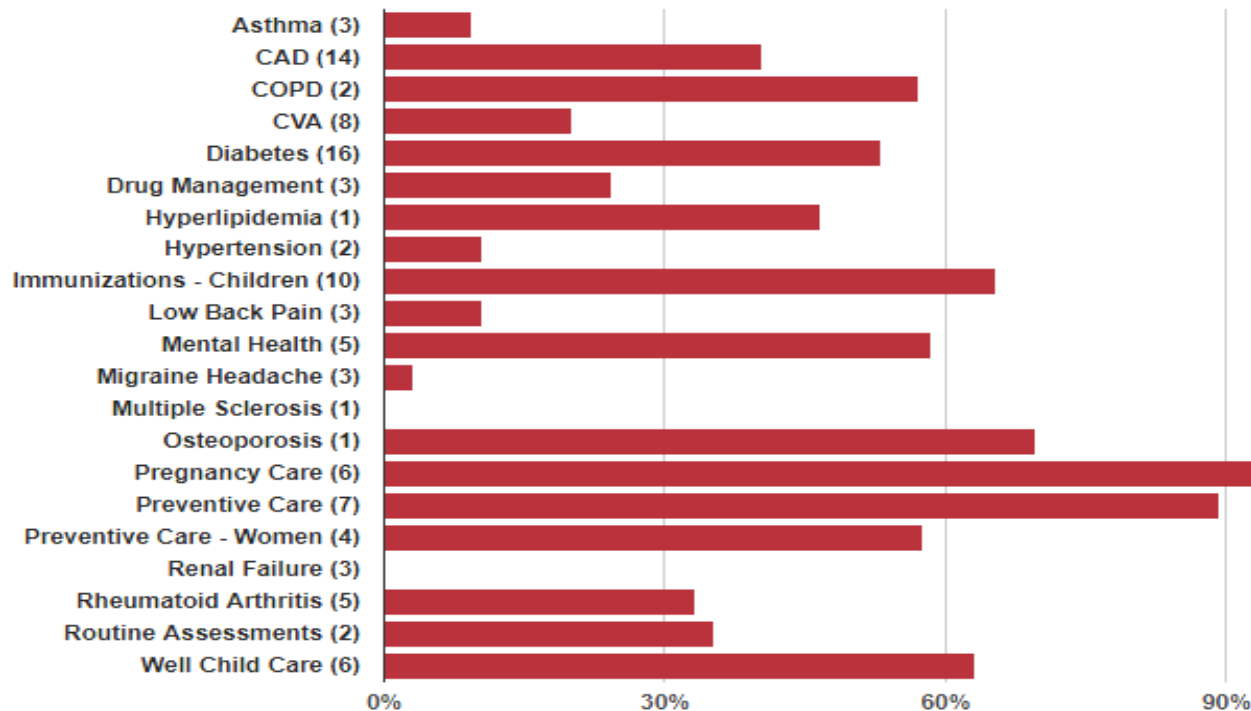
Note: The data displayed here represents quality compliance for all patients based on your filter criteria and is effective as of the last 12 months.

3,407 Non-compliant measure(s) = 63%
5,371 Total measure(s)

Non-compliant

Non-compliant measures Compliant measures

The number of instances of Non-compliant measures for the listed measure is displayed upon hovering over each bar.



% Non-compliant

Identifying Gaps in Care by Disease State

Guideline Compliance Profile							
Guideline Condition	# Members w/Condition	# Members w/any Gap	Average % Compliance	# Members in Care Management	% Members in Care Management	% Members w/Chronic Impact >= 95	% Members w/Acute Impact >= 95
Asthma	1	0	100.00 %	0	0.00 %	100.00 %	0.00 %
CAD	1	1	50.00 %	0	0.00 %	100.00 %	0.00 %
COPD	1	1	50.00 %	0	0.00 %	100.00 %	0.00 %
Depression	1	0	100.00 %	0	0.00 %	0.00 %	0.00 %
Diabetes	14	14	46.15 %	0	0.00 %	100.00 %	0.00 %
Drug Management	21	11	47.62 %	0	0.00 %	100.00 %	0.00 %
Hemophilia	1	1	50.00 %	0	0.00 %	100.00 %	0.00 %
Hyperlipidemia	23	16	30.43 %	0	0.00 %	100.00 %	4.35 %
Hypertension	7	5	54.55 %	0	0.00 %	85.71 %	0.00 %
Immunizations - Children	8	8	33.33 %	0	0.00 %	0.00 %	0.00 %
Low Back Pain	14	1	93.33 %	0	0.00 %	100.00 %	0.00 %
Migraine Headache	7	2	77.78 %	0	0.00 %	100.00 %	0.00 %
Pregnancy Care	1	1	0.00 %	0	0.00 %	0.00 %	100.00 %
Preventive Care	170	169	10.11 %	0	0.00 %	35.29 %	2.94 %
Preventive Care - Women	72	53	35.37 %	0	0.00 %	34.72 %	4.17 %
Renal Failure	1	0	100.00 %	0	0.00 %	100.00 %	100.00 %
Rheumatoid Arthritis	2	0	100.00 %	0	0.00 %	100.00 %	0.00 %
Well Child Care	55	33	40.00 %	0	0.00 %	9.09 %	3.64 %

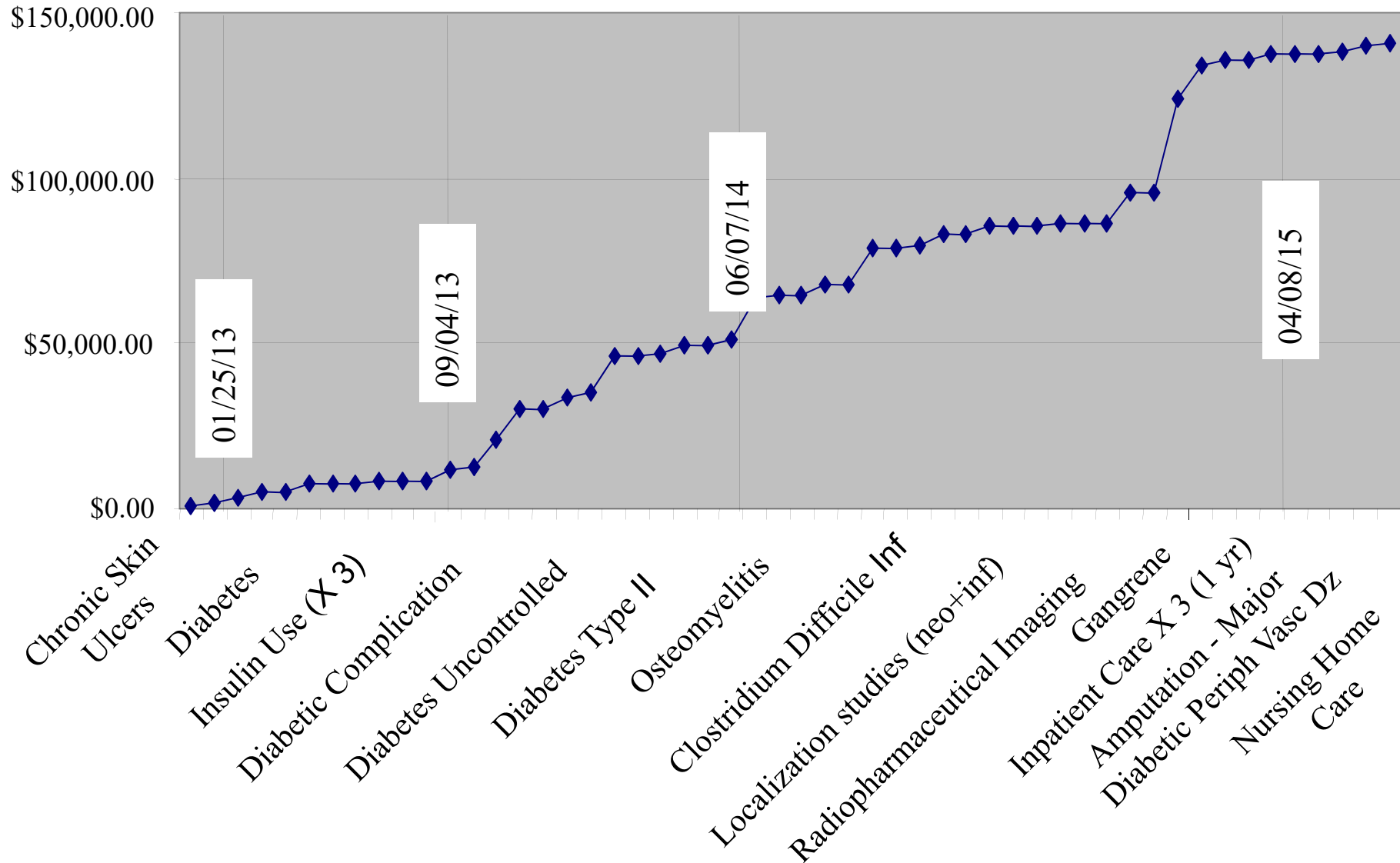
- Major Gaps in Care exist for Diabetes, Rx Management, Hyperlipidemia (cholesterol mgmt.), routine immunizations, and preventive care for men, women and children.
- Acute and Chronic Impact scores are high for the increased probability of undiagnosed conditions associated with employees that have the above-referenced conditions with one or more **Gaps in Care**.

Sample Diabetic Patient with Gaps in Care

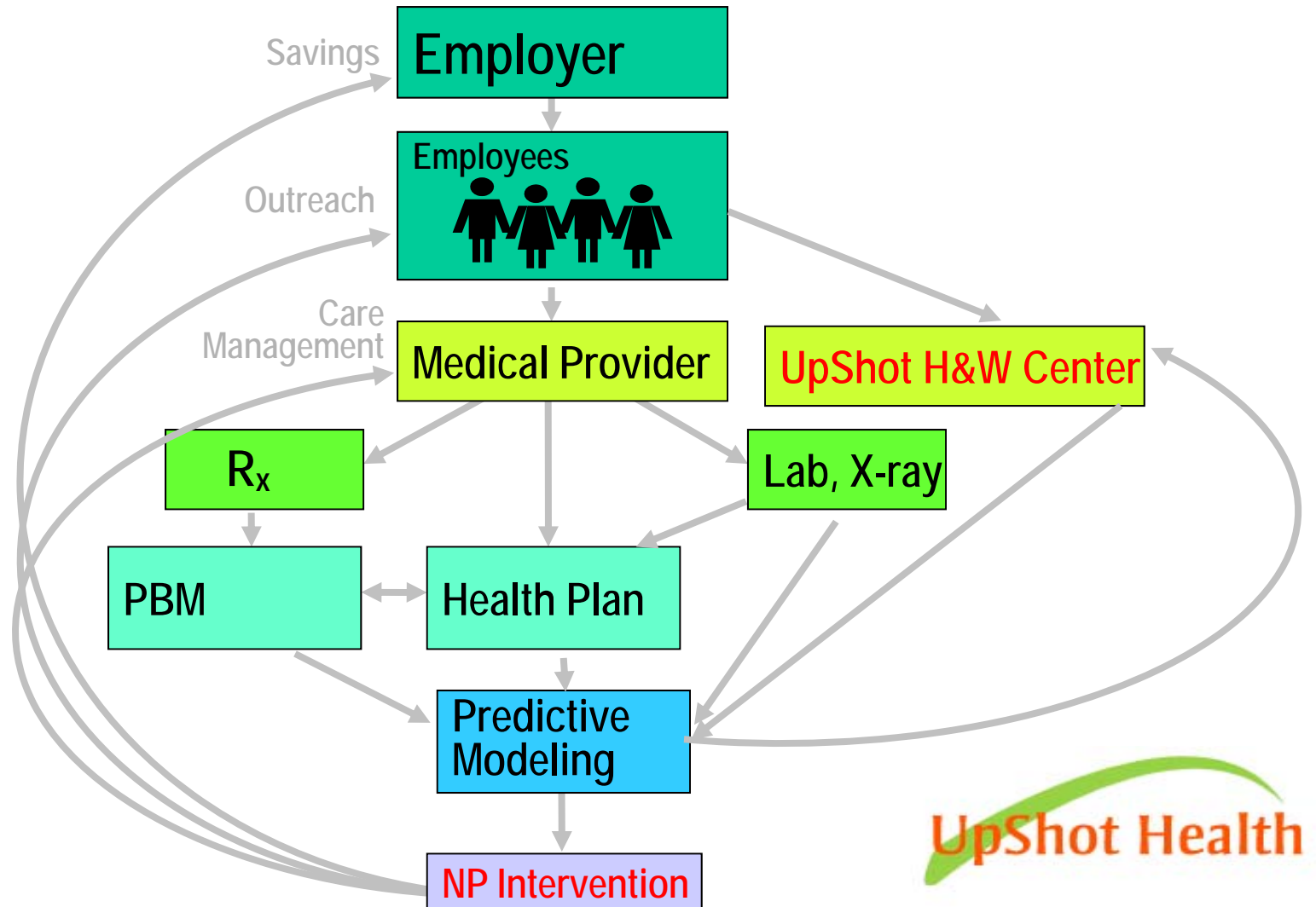
Disease Guidelines					
Disease	Description	Current Compliance	Future Compliance	Permanent	
Diabetes	Annual lipid profile	NO			Edit
Diabetes	Eye exam	NO			Edit
Diabetes	HbA1c Testing	NO			Edit
Diabetes	Influenza immunization	NO			Edit
Diabetes	LDL-C screening performed	NO			Edit
Diabetes	Microalbuminuria testing	NO			Edit
Diabetes	Nephropathy attention	NO			Edit
Preventive Care	Colon cancer screening	NO			Edit
Preventive Care	Influenza immunization, Chronic	NO			Edit
Preventive Care	Influenza immunization, Middl...	NO			Edit
Preventive Care	Pneumonia immunization	Yes			

- 7 out of 10 Gaps in Care Closed at the Work-Site Clinic
- Pt. tested with a 12 Hba1c level. She thought she was compliant, but was sub-optimally dosing.
- Had not seen her doctor in two years because of impersonal, rushed experiences.
- UpShot NP set her up with a new endocrinologist through local hospital. Diabetes-focused weight management program was introduced. Patient checks-in with NP twice a month to make sure levels are within range.

Case Study: Uncontrolled Diabetic Patient



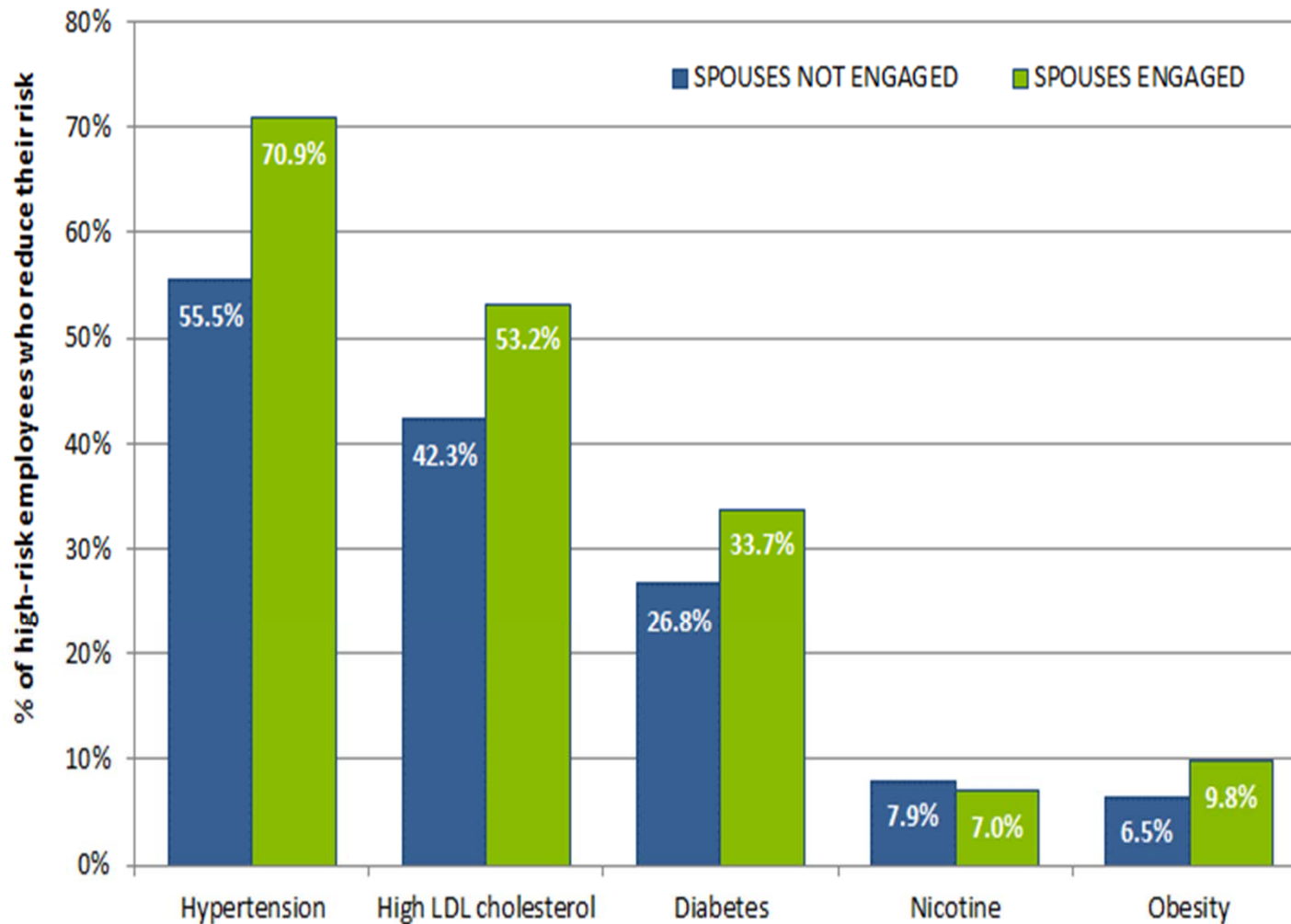
Integration with Health Plan and Provider Community



Wellness Plan and Engaging Spouses



Plans that engage spouses achieve greater employee health improvement



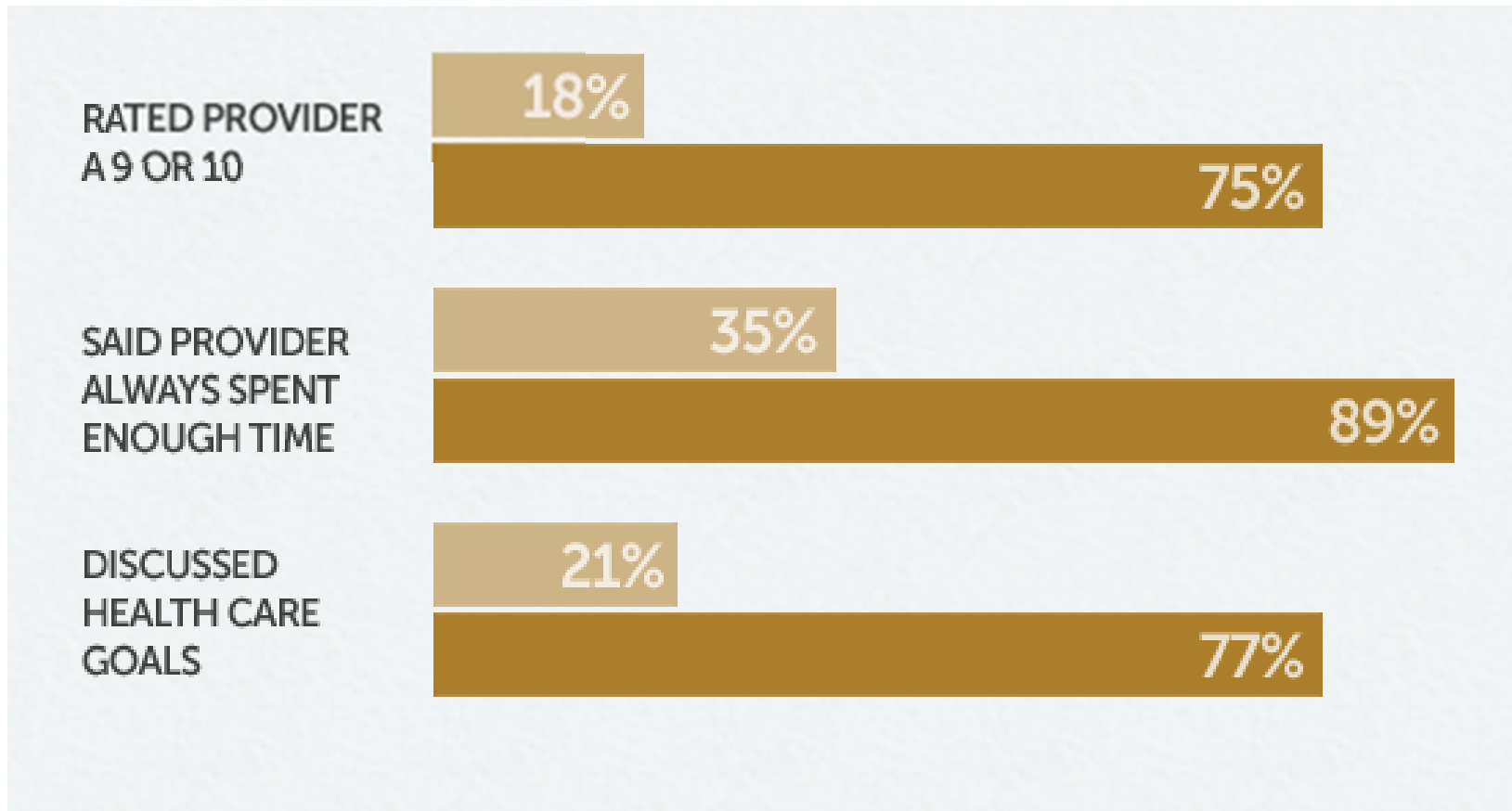
An analysis of a sample wellness study group of businesses confirms that when spouses play a proactive role in their health, *the covered employee's health* improves more rapidly as well

Best Practice Results

Patient Satisfaction



Before UpShot Health After UpShot Health



Considerations for Diabetes Management Program

- Reduced lost work time and absenteeism.
- Avoidance of higher cost and time consuming settings (e.g., ERs)
- Reduced referrals to costly services from specialists
- Lower workers' compensation as well as non-occupational disability costs
- When combined with an on-site pharmacy, improved medication compliance, increased generic and therapeutic substitution rate and formulary adherence
- Lower medical spend among users of the on-site clinic through greater utilization of screening and preventive services.
- More timely access to care will improve morale, retention, loyalty and productivity.
- Employees receive targeted education and tools to understand and manage their identified health risk leading to stronger engagement with existing wellness initiatives.
- First advice for medical problems given shortly after diagnosis provides the employees with the best opportunity for a successful outcome.