Obesity and the Continuum of Care

The Southern Obesity Summit

October 2, 2017
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Obesity is a common, costly and serious problem

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<tr>
<th>Common</th>
<th>Costly</th>
<th>Serious</th>
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<tbody>
<tr>
<td>&gt; 1 in 3 adults considered obese in the U.S.¹</td>
<td>$344 billion annual medical cost associated with obesity by 2018²</td>
<td>81% Higher healthcare cost among morbidly obese adults⁵</td>
</tr>
<tr>
<td>18 million adults are morbidly obese²</td>
<td>$580 billion annual economic activity lost by employers in 2030³</td>
<td>75% Morbidly obese adults with 1+ comorbidity⁶</td>
</tr>
<tr>
<td>200 thousand bariatric surgeries per year due to obesity²</td>
<td>$957 billion Healthcare costs directly related to excess pounds by 2030⁴</td>
<td>13% Optum bariatric patients also have CAD/CVD, diabetes, hypertension, and/or renal disease⁷</td>
</tr>
</tbody>
</table>

Obesity presents challenges for employers

**21%** National medical spend due to obesity

**40%** Percent of working-age Americans, ages 40-59, classified as obese

**>80%** Percent of people with diabetes who are overweight or obese

Obesity-related conditions include some of the leading causes of preventable death

- Heart disease
- Stroke
- Type 2 diabetes
- Certain cancers

**$1,429** Increased medical costs for people who are obese

**Impact of weight loss on disease is established**

Based on research across 10,000 participants at a cost of $700 million over 19 years

<table>
<thead>
<tr>
<th>Population</th>
<th>Research</th>
<th>Findings</th>
</tr>
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<tbody>
<tr>
<td>Prediabetics</td>
<td>NIH Diabetes Prevention Program (DPP) &amp; DPP Outcomes Study</td>
<td>• Type 2 diabetes reduced 58% through information exchange resulting in lasting behavior change</td>
</tr>
</tbody>
</table>
| Diabetics          | Look AHEAD                                      | • Medical savings by reducing diabetes complications through information exchange resulting in lasting behavior change  
                     |                                                | • Protocol and results improved over DPP                                                          |
| Overweight & Obese | Pounds Lost                                     | • Information exchange leads to long-term behavior change regardless of macronutrients diet balance |

Introducing Real Appeal

20 years of weight loss research + Personalized support + Top-notch entertainment

Goals

Scalable Disease Prevention

Lasting Behavior Change

Medical Savings

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Consumer approach to support weight loss

1. **Invitation**
   Universally applicable and empowering messaging engages the willing and captures those at risk.

2. **Enrollment**
   Members enroll online, disclose health information, enter insurance information and select a weekly group session time.

3. **Community**
   Participants meet online for 52 weeks to watch, learn and laugh with their coach and private success group. Camaraderie helps drive sustained weight loss.

4. **Kit**
   Participants receive tools to help them succeed.

5. **Coaching**
   A coach is available to participants for one-to-one interactions.

6. **Tools**
   A comprehensive suite of digital tools is available to support and track progress.
Bariatric Resource Services: surgery support

The Bariatric Resource Services (BRS) program is specifically designed to reduce both the clinical and economic variability of surgical outcomes.

Centers of Excellence (COE) achieve superior outcomes\(^1\), at a better cost\(^2\):

- **Mortality:** 15% lower at COE
- **Readmits\(^*\):** 16% lower at COE
- **Re-operations\(^*\):** 12% lower at COE
- **Cost:** 15% lower at COE

Clinical case management

- Pre- and post-surgical telephonic clinical case management by dedicated nursing staff
- Dedicated Medical Director – P2P calls, monthly training with nurses, expert panels, and more

82% of members are willing to provide testimonial. 97% would recommend the program to others.

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*Statistically significant with p-value less than 0.0005
BRS: Specialized nurse case management

Optum nurse case managers have an average of over 5 years experience in bariatric and an average of 20 plus years of nursing experience.

<table>
<thead>
<tr>
<th>Unparalleled clinical management</th>
<th>Prepares patient for surgery at COE</th>
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<tbody>
<tr>
<td><strong>Our nurse case managers are specialists in their field who:</strong></td>
<td><strong>• coordinates with bariatric COE for the patient (orientation, appointments, financial office)</strong></td>
</tr>
<tr>
<td>• support and educate patients as they transition to a healthier lifestyle</td>
<td><strong>• assist with post-discharge plan</strong></td>
</tr>
<tr>
<td>• help guide patients to a COE program</td>
<td><strong>Provides post-surgery support</strong></td>
</tr>
<tr>
<td>• bring both clinical experience and familiarity to one-on-one member engagement</td>
<td><strong>• welcome home call within 24–48 hours</strong></td>
</tr>
<tr>
<td>• offer patient education on bariatric surgery procedures</td>
<td><strong>• post discharge assessments at 48 hours and 30 days</strong></td>
</tr>
<tr>
<td>• provide coaching and encouragement to help motivate patients to meet strict criteria in order to qualify for surgery</td>
<td><strong>• monitors for signs and symptoms of complications</strong></td>
</tr>
<tr>
<td>• help patients manage their comorbid conditions</td>
<td><strong>• advises when to call doctor; emergencies</strong></td>
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Member success story

In order to be approved for bariatric surgery, John enrolls in the BRS program and is assigned a nurse case manager to start the process. He is steered to high quality BRS Centers of Excellence near his home.

The nurse helps John meet the strict criteria necessary to become a candidate for bariatric surgery while also helping him manage his hypertension.

John meets with a physician and his diet is supervised for six months; he also meets with a counselor and nutritionist.

John has surgery at a BRS Centers of Excellence facility recommended by his BRS nurse.

John’s BRS nurse follows up with him post-surgery.

John undergoes a psychological evaluation in order to be approved for surgery.

After six months, John has lost 5% of his body weight, is exercising six times a week and his diet includes 100 g of protein daily. John has lost 44 pounds and has been approved for bariatric surgery.

*Stock photo used. Member name and some details changed to protect member privacy.*
Real Appeal and BRS integrated solution

Option 1: Real Appeal for the **entire** 6 months of the diet requirement (*recommended*)
- Participation is monitored in the app trackers with weekly weights and Weight Chart verifies engagement in the program
- Member must submit a printed or electronic copy of Weight Chart to surgeon (see example to right)
- Member must submit the entire six month weight chart at the end of six months of Real Appeal participation; monthly submissions not required.
- Surgeon will submit member’s Weight Chart with other clinical documentation to BRS.
- Member must see physician at beginning of Real Appeal program and after six months of participation.
- Member may continue to use the Real Appeal program post-surgery.

Option 2: Real Appeal  + any other diet program that equals client diet criteria
- Same criteria as above, however member must submit Weight Chart to surgeon for months utilizing Real Appeal for diet requirement.
- If using Real Appeal for 12 months, must see physician at beginning, end, and two times during the program (total 4 physician visits)
Comprehensive Diabetes Solution (2018)

- **Take Action & Manage**
  - Convenient Resources and Digital Tools
- **Learn & Engage**
  - Holistic Identification and Custom Communication
- **Receive Personal Support**
  - Clinical Care Support and Financial Benefits

- **Enhanced Segmentation**
- **Program Engagement**
- **Dynamic Content**
- **Robust Wellness Programs** powered by realappeal
- **Integrated Digital Tools**
- **Holistic Scorecard**
- **Care Support Team**
- **Diabetes Health Plan**
- **Reporting and Analytics**
Vision for Obesity COE

Objective: leverage Optum expertise in building Centers of Excellence to define and bring a holistic Obesity COE offer to market.

Low BMI

- Real Appeal
- Lifestyle changes
- Fitness/exercise counseling
- Behavioral therapies
- Anti-obesity medications
- Endoscopic procedures
- Bariatric surgery COE

High BMI
## Emerging view for obesity management

Survey: medical weight loss services offered by Bariatric surgery centers

<table>
<thead>
<tr>
<th>Top offered services</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Medical evaluation, including Rx review</td>
<td>96%</td>
</tr>
<tr>
<td>Nutrition/diet counseling</td>
<td>96%</td>
</tr>
<tr>
<td>Laboratory testing (blood work)</td>
<td>94%</td>
</tr>
<tr>
<td>Assess family history of obesity, including siblings</td>
<td>89%</td>
</tr>
<tr>
<td>Fitness/exercise counseling</td>
<td>88%</td>
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<table>
<thead>
<tr>
<th>Notable services</th>
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<tbody>
<tr>
<td>Prescribe anti-obesity medication</td>
<td>74%</td>
</tr>
<tr>
<td>Endoscopic weight loss interventions</td>
<td>34%</td>
</tr>
<tr>
<td>Digital health (remote monitoring, telehealth)</td>
<td>29%</td>
</tr>
</tbody>
</table>

### Average patient charges (exclusive of services related to bariatric surgery)

- **27%**<br>  < $500
- **20%**<br>  $501 - $1500
- **12%**<br>  $1501 - $3000

Source: Optum 2017 Bariatric COE qualification survey.

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Call to action

- Optum and Real Appeal are dedicated to helping you address the obesity epidemic facing your plan beneficiaries

- We want to partner with clients to bring solutions that work for their populations

- We also want partners willing to explore new ideas like the Obesity COE and how to bring these innovations to market
Thank you.

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