




Obesity and the Continuum of Care

The Southern Obesity Summit

October 2, 2017





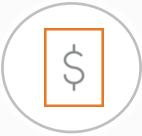






Table of Contents



1	The obesity epidemic
2	Optum: positioned to address obesity
3	Real Appeal
4	Bariatric Resource Services
5	Vision for an Obesity COE

Obesity is a common, costly and serious problem

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

[1] United States Centers for Disease Control and Prevention (CDC) web site last accessed June 2016 : <http://www.cdc.gov/obesity/data/facts.html>. [2] American Society for Metabolic and Bariatric Surgery (ASMBS) web site last accessed June 2016: <https://asmbs.org/resources/studies-weigh-in-on-safety-and-effectiveness-of-newer-bariatric-and-metabolic-surgery-procedure>. [3] F as in Fat: How obesity threatens America's future 2012, Robert Wood Johnson Foundation, p 28. <http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf40131> last accessed 12/2015. Shannon. [4] American Heart Association; "Overweight and Obesity: 2012 Statistical Fact Sheet"; January 2012. [5] Arterburn DE, Maciejewski ML, Tsevat J. Impact of morbid obesity on medical expenditures in adults. International Journal of Obesity, 29(3): 334-339, 2005. [6] Must A, Spadano J, Coakley EH, Field, AE Colditz G Dietz. The disease burden associated with overweight and obesity 1999. [7] Optum Book of Business analysis, 2014.

Obesity presents challenges for employers

21% National medical spend due to obesity¹

>80%

Percent of people with diabetes who are overweight or obese²

Obesity-related conditions include some of the leading causes of preventable death¹

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

40%

Percent of working-age Americans, ages 40-59, classified as obese²

\$1,429

Increased medical costs for people who are obese¹

[1] United States Centers for Disease Control and Prevention (CDC) web site last accessed 10/2016: <https://www.cdc.gov/obesity/data/adult.html>. [2] Robert Wood Johnson Foundation, The State of Obesity 2014, p 5-7, 22. <http://www.rwjf.org/en/library/research/2014/09/the-state-of-obesity.html>, accessed 10/2016.

Impact of weight loss on disease is established

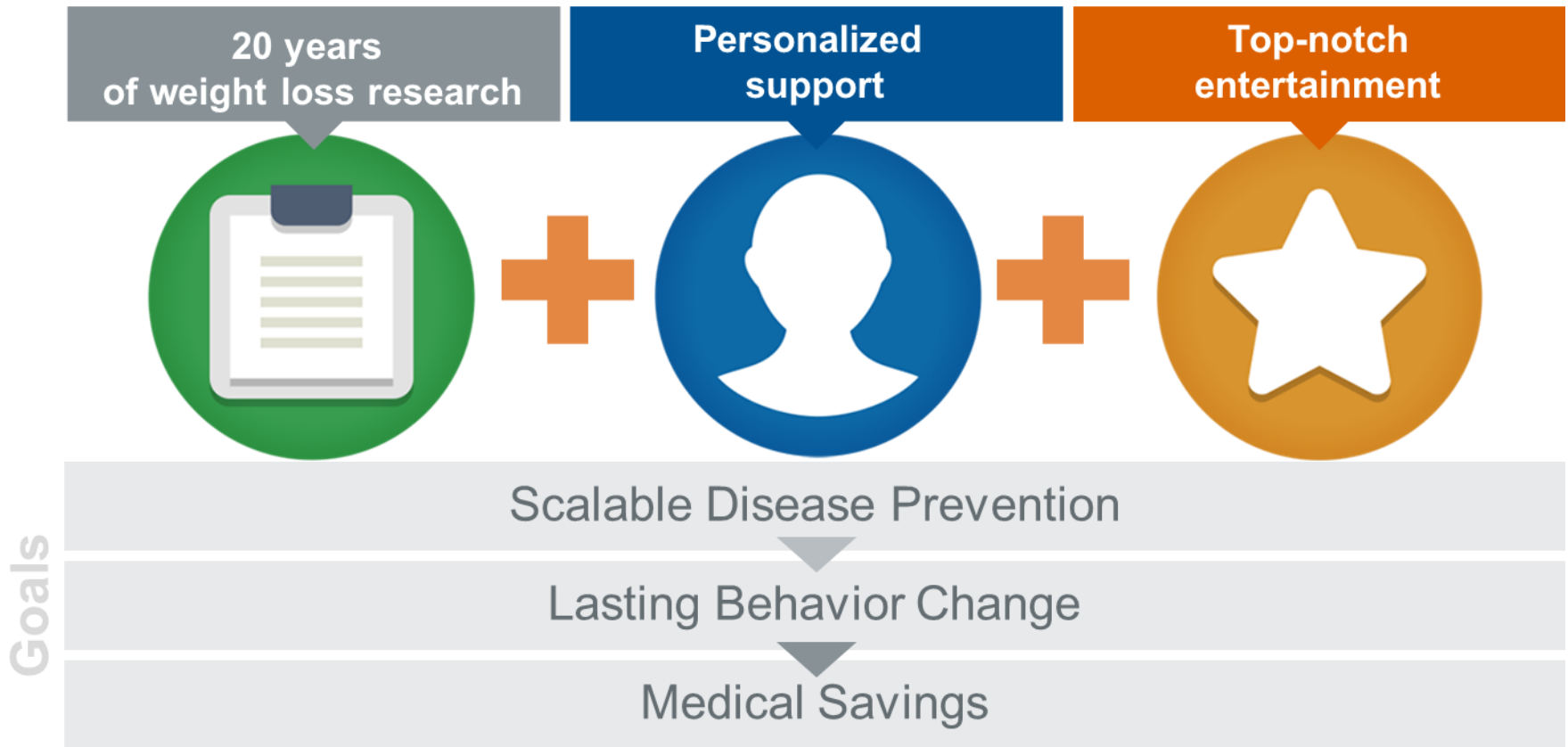
**Based on research across 10,000 participants
at a cost of \$700 million over 19 years**

Population	Research	Findings
Prediabetics	NIH Diabetes Prevention Program (DPP) & DPP Outcomes Study	<ul style="list-style-type: none">Type 2 diabetes reduced 58% through information exchange resulting in lasting behavior change
Diabetics	Look AHEAD	<ul style="list-style-type: none">Medical savings by reducing diabetes complications through information exchange resulting in lasting behavior changeProtocol and results improved over DPP
Overweight & Obese	Pounds Lost	<ul style="list-style-type: none">Information exchange leads to long-term behavior change regardless of macronutrients diet balance

Diabetes Prevention Program Research Group. Reduction in the incidence of Type 2 diabetes with lifestyle intervention or metformin. New England Journal of Medicine, 346: 393-403, 2002. Lancet, 374, 1677-1686, 2009. Look AHEAD: The Look AHEAD Research Group. Cardiovascular effects of intensive lifestyle intervention in Type 2 diabetes. NEJM, 369, 145-154, 2013. The Look AHEAD Research Group. Eight-year weight losses with an intensive lifestyle intervention: The Look AHEAD study. Obesity, 22, 5-13, 2014. Pounds LOST: Sacks, F.M., et al Comparison of weight-loss diets with different compositions of fat, protein, and carbohydrates. NEJM, 360, 859-873, 2009.

Introducing Real Appeal

realappeal



Consumer approach to support weight loss



Bariatric Resource Services: surgery support

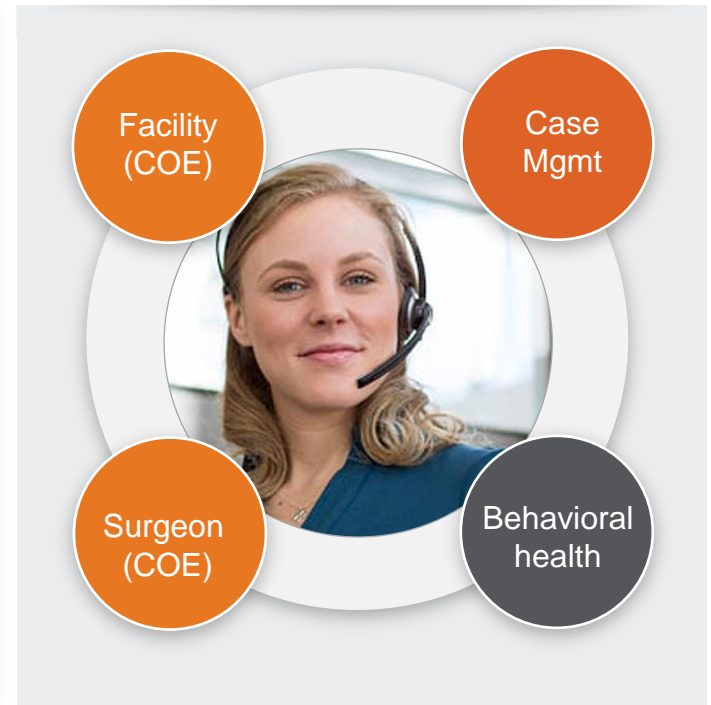
The Bariatric Resource Services (BRS) program is specifically designed to reduce both the clinical and economic variability of surgical outcomes

Centers of Excellence (COE) achieve superior outcomes¹, at a better cost²:

- 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.

1: Optum Bariatric Resource Services 2014 Qualification database, Wolf, 2015

2: Optum book of business claims study, Haig, 2015

*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

Unparalleled clinical management

Our nurse case managers are specialists in their field who:

- support and educate patients as they transition to a healthier lifestyle
- help guide patients to a COE program
- bring both clinical experience and familiarity to one-on-one member engagement
- offer patient education on bariatric surgery procedures
- provide coaching and encouragement to help motivate patients to meet strict criteria in order to qualify for surgery
- help patients manage their comorbid conditions

Prepares patient for surgery at COE

- coordinates with bariatric COE for the patient (orientation, appointments, financial office)
- assist with post-discharge plan

Provides post-surgery support

- welcome home call within 24–48 hours
- post discharge assessments at 48 hours and 30 days
- monitors for signs and symptoms of complications
- advises when to call doctor; emergencies
- reviews diet, weight, BMI, and lifestyle changes

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*)

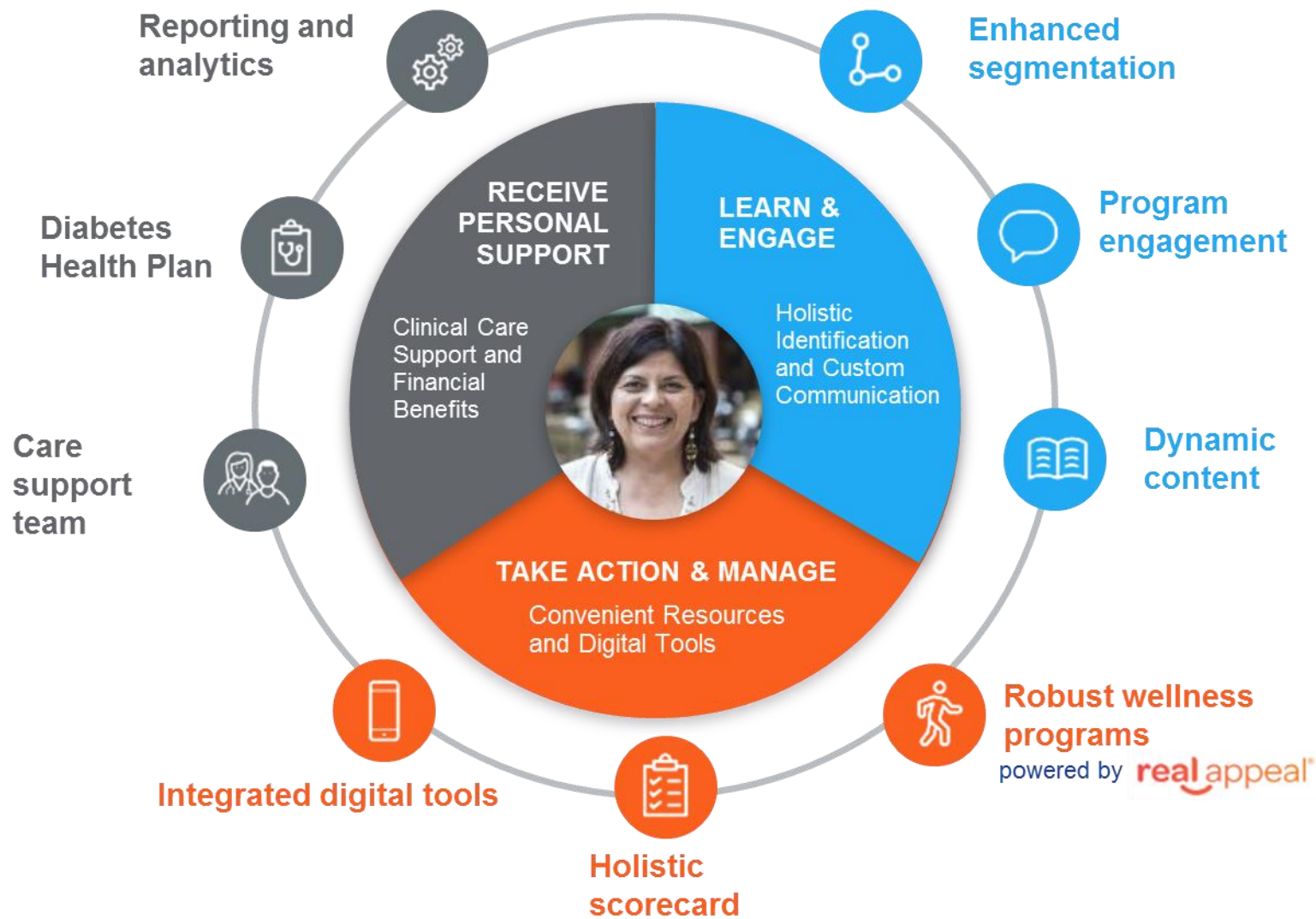
- Participation is monitored in the app trackers with weekly weights and Weight Chart verifies engagement in the program
- Member must submit a printed or electronic copy of Weight Chart to surgeon (see example to right)
- Member must submit the entire six month weight chart at the end of six months 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)

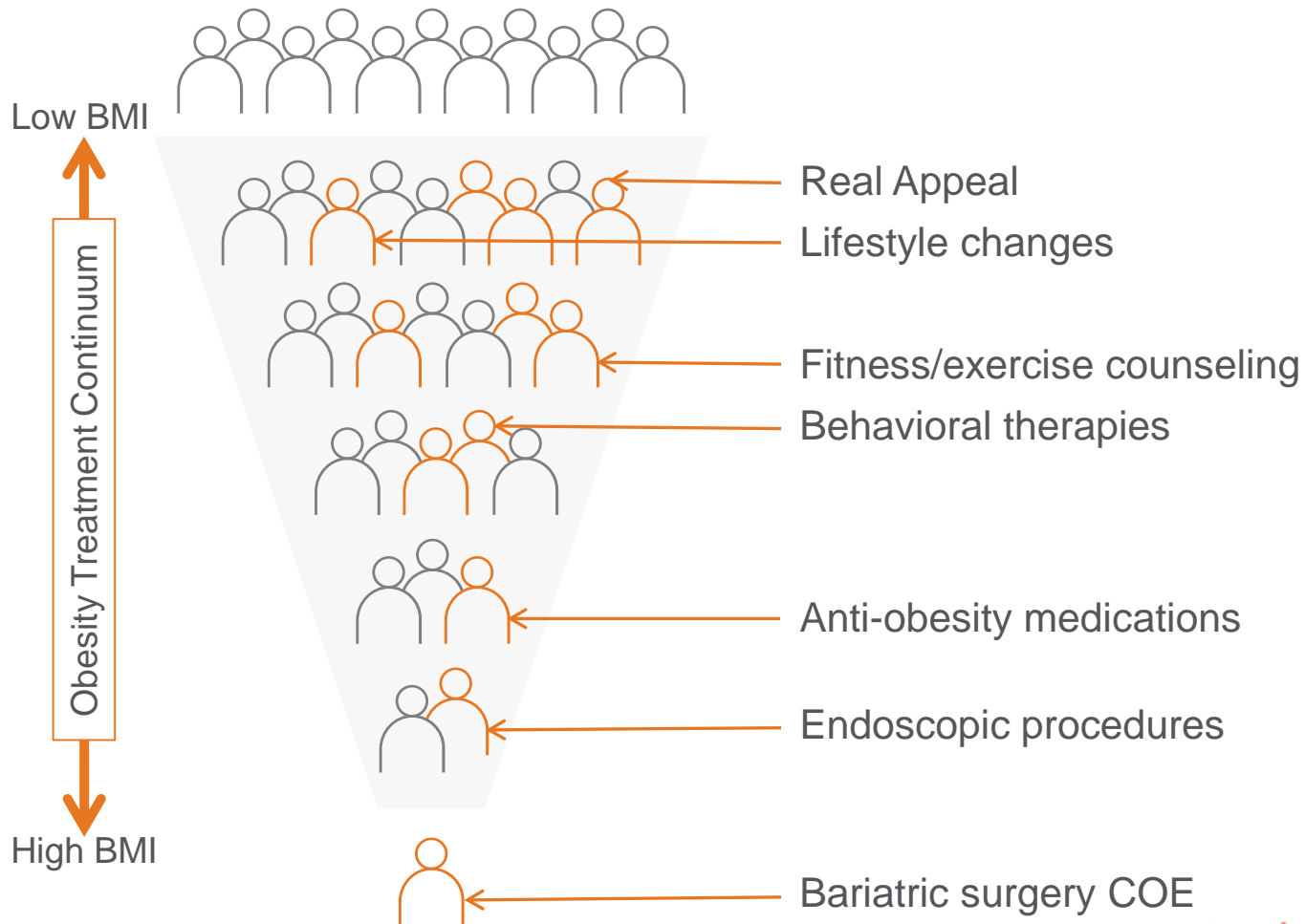


Comprehensive Diabetes Solution (2018)



Vision for Obesity COE

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



Emerging view for obesity management

Survey: medical weight loss services offered by Bariatric surgery centers

39%

Bariatric surgery centers offering physician-supervised medical weight loss services

58%

Offer medical weight loss services in the same location as bariatric surgery services (of those above)

Top offered services

Medical evaluation, including Rx review (96%)

Nutrition/diet counseling (96%)

Laboratory testing (blood work) (94%)

Assess family history of obesity, including siblings (89%)

Fitness/exercise counseling (88%)

Notable services

Prescribe anti-obesity medication (74%)

Endoscopic weight loss interventions (34%)

Digital health (remote monitoring, telehealth) (29%)

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

27%
<\$500

20%
\$501-\$1500

12%
\$1501-\$3000

Source: Optum 2017 Bariatric COE qualification survey.

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.

Contact information:

Sallie Stearns

Client Executive, Optum

tel: 770.200.6790

Charlotte Smith

VP, Business Development, Real Appeal

tel: 972.367.9443

