EXECUTIVE REVIEW

& 2022 Strategic Planning

Kapnick Strive

Brazeway, LLC

June 1st, 2022

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2021 KEY FINDINGS

- Despite continued challenges with COVID-19, **employee participation increased overall** from 66% in 2020 to 68% in 2021
- As seen in previous years**, Michigan had highest participation** at 72% versus Kentucky and Indiana around 50%; average health score for Michigan is over 10 points higher than Kentucky/Indiana
- **76% of repeat participants** remained in ideal/low and/or made a positive risk migration
- Abnormal biometric values on an aggregate level were reported for **BMI, blood glucose, and A1C**, all risk factors for diabetes
- A negative risk migration was observed for blood pressure in 2021, with **35% of participants** in the moderate risk range
- **2 participants quit smoking** between 2020 and 2021 screenings
- 20% of all participants (44 individuals) qualified for RAS health coaching, 0 participated in program due to limited communication
- When **large claimants** with lung cancer and COVID 19 diagnosis were **excluded,** care **cost was similar** for screened and non screened
- However, when **large claimants** were **included**, average care cost for **non screened** was **$3,667 higher** than screened
- **Care cost** for those with **lower risk scores** was **higher** even considering higher cost claimants achieving good and ideal risk scores
- The percentage of **members with a wellness visit** in 2021 **fell** compared to 2020
- The percentage of those **with hypertension** taking a medication for it decreased from 2020
- The percentage of **diabetics** managing care through A1C and Creatinine screening fell from 2020

2021 EMPLOYEE EVENTS

HEALTH SCREENINGS

- September

WELLNESS WEBINARS

- Monthly

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TOTAL PARTICIPATION

YEAR	PARTICIPATION	% OF EE Participation	Average Health Score
2021	172 216 Total	68%	76.5
2020	175 223 Total	66%	78.5
2019	213 254 Total	71%	78
2018	205 249 Total	66%	79
2017	210 250 Total	70%	79
2016	200 244 Total	67%	74
2015	228 284 Total	70%	73
2014	134 165 Total	56%	77

177 Repeat Participants

Location	2021 Average Health Score	2021 Participation	2020 Participation
Indiana	69.6	52% (60)	50% (57)
Kentucky	73.8	47% (82)	51% (87)
Michigan	84.8	72% (74)	80% (79)

WELLNESS INCENTIVE BREAKDOWN

2021 INCENTIVE ELIGIBLE: 172/216 = 80%

	Participates	Meets Criteria
Employee	$30.00/mo	$50.00/mo
Spouse	$10.00/mo	$20.00/mo

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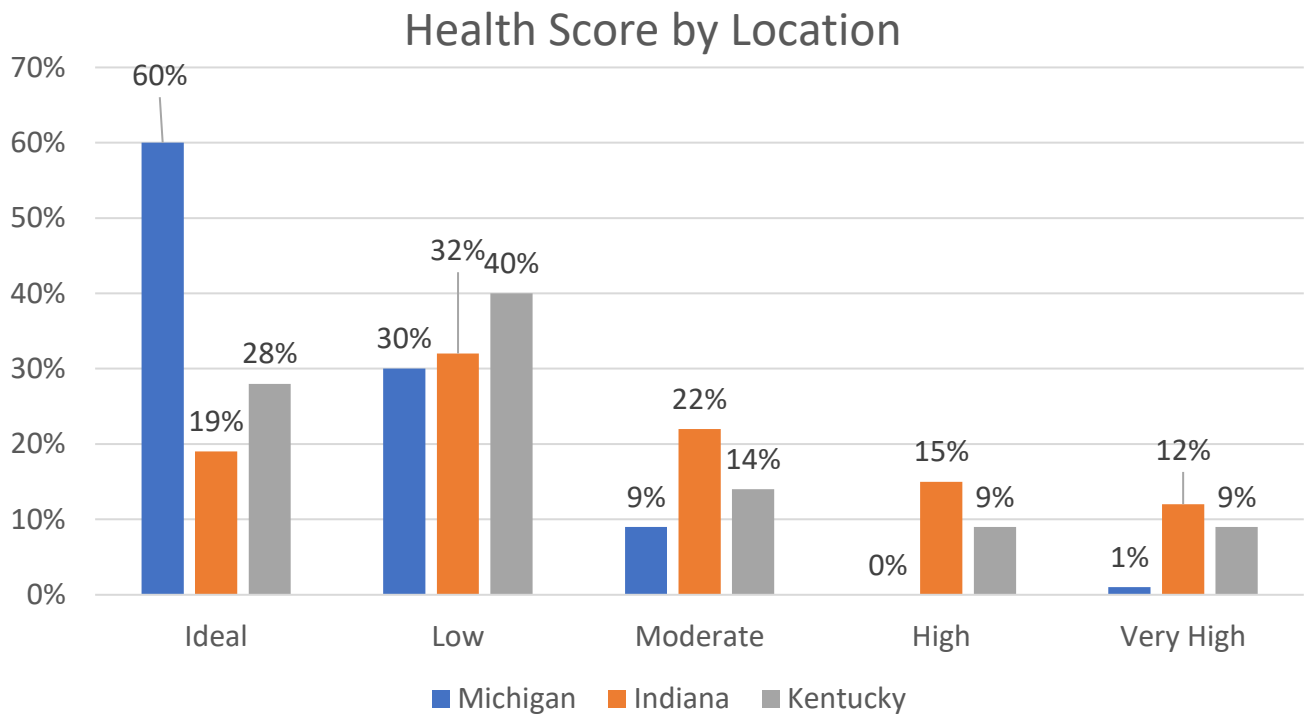
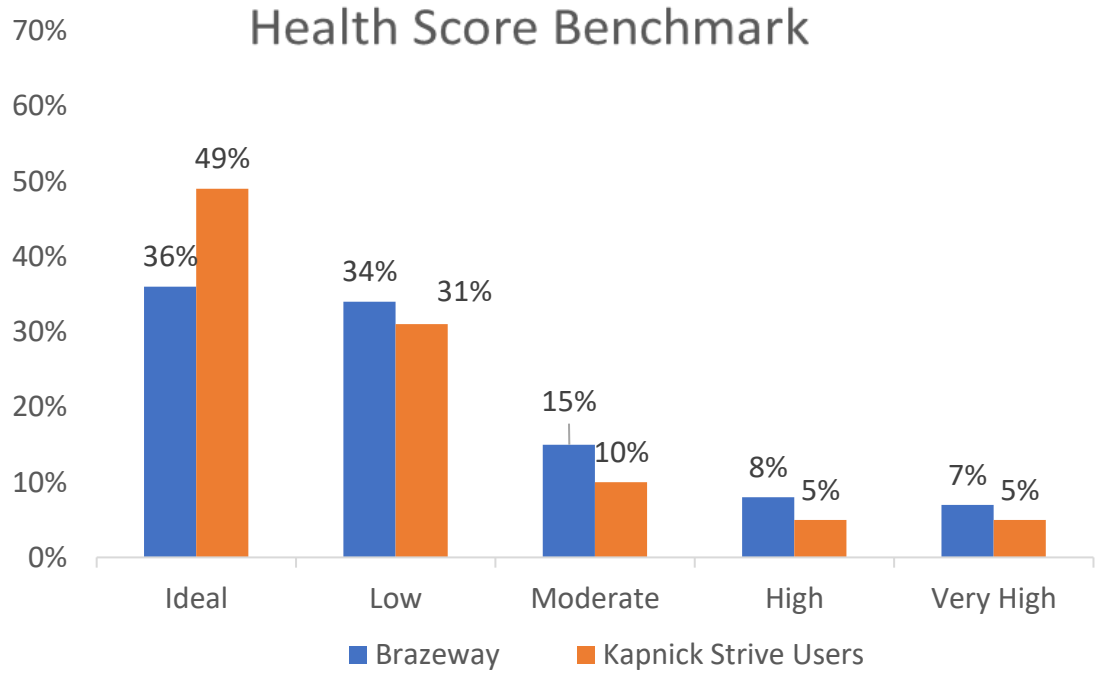
HEALTH SCORE BENCHMARKING





SELF-PERCEPTION VS ACTUAL HEALTH

AVERAGE RESULT – 76

Ideal = 100-85

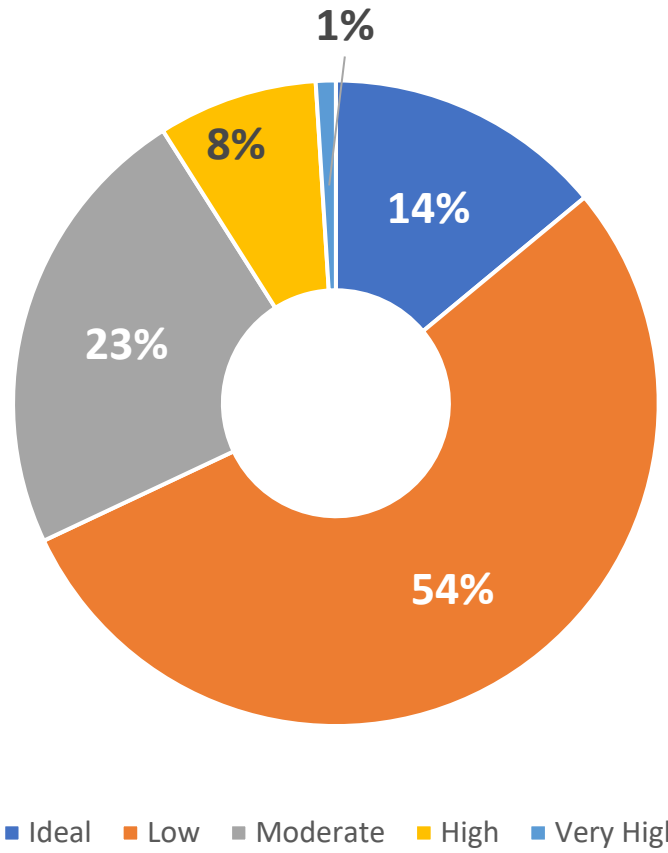
Low Risk = 84-70

Moderate Risk = 69-60

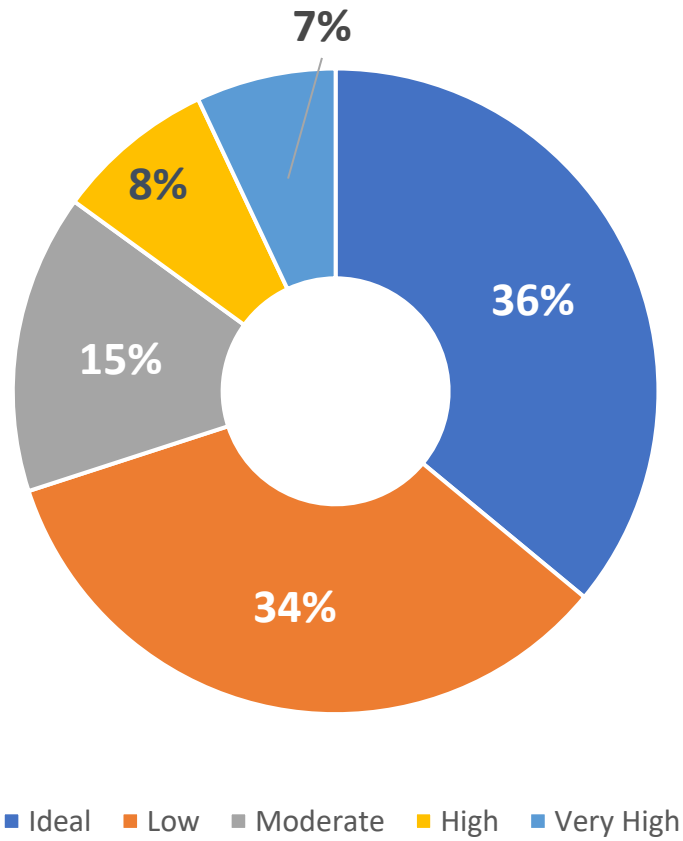
High Risk = 59-50

Very High Risk = 49-0

SELF-PERCEPTION OF HEALTH



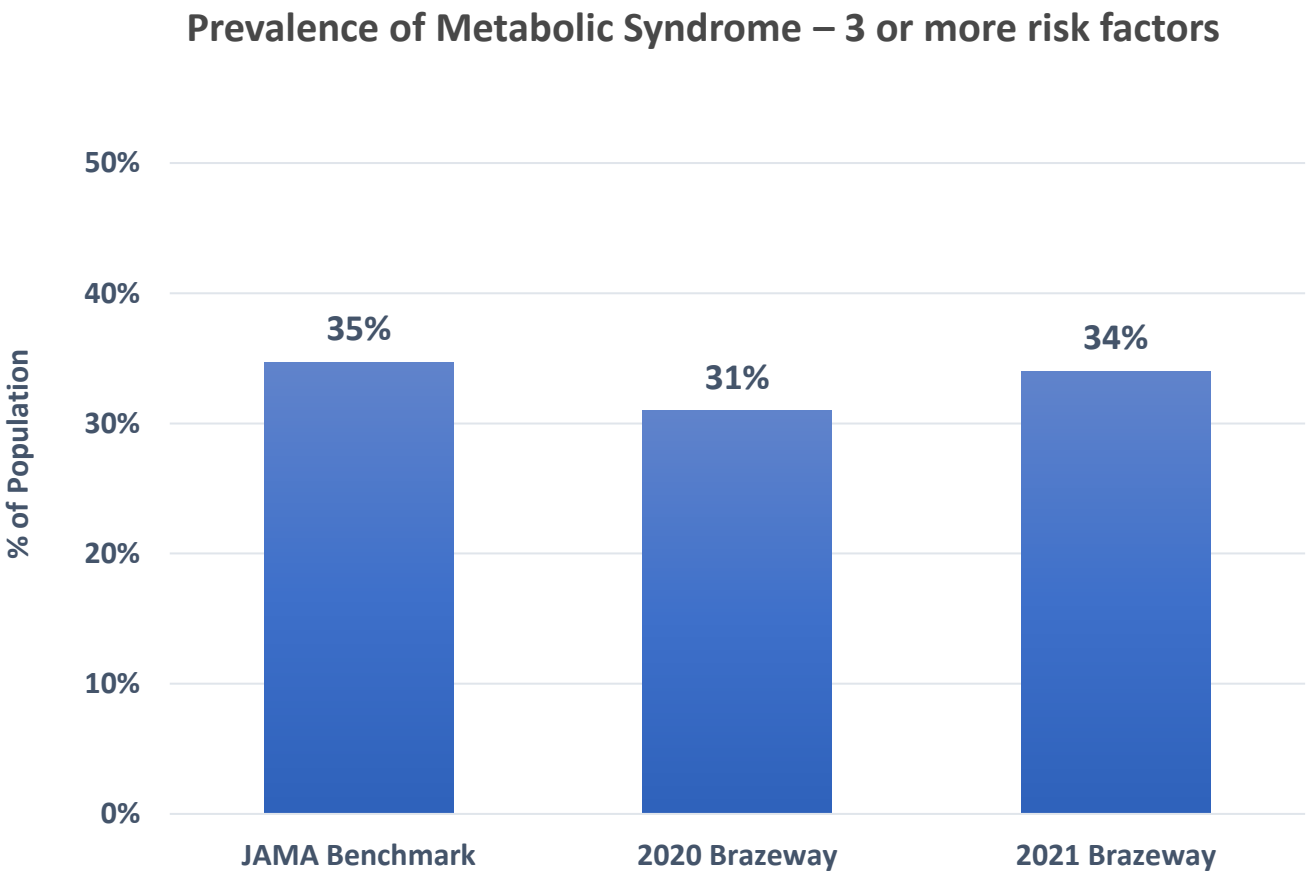
ACTUAL HEALTH SCORE

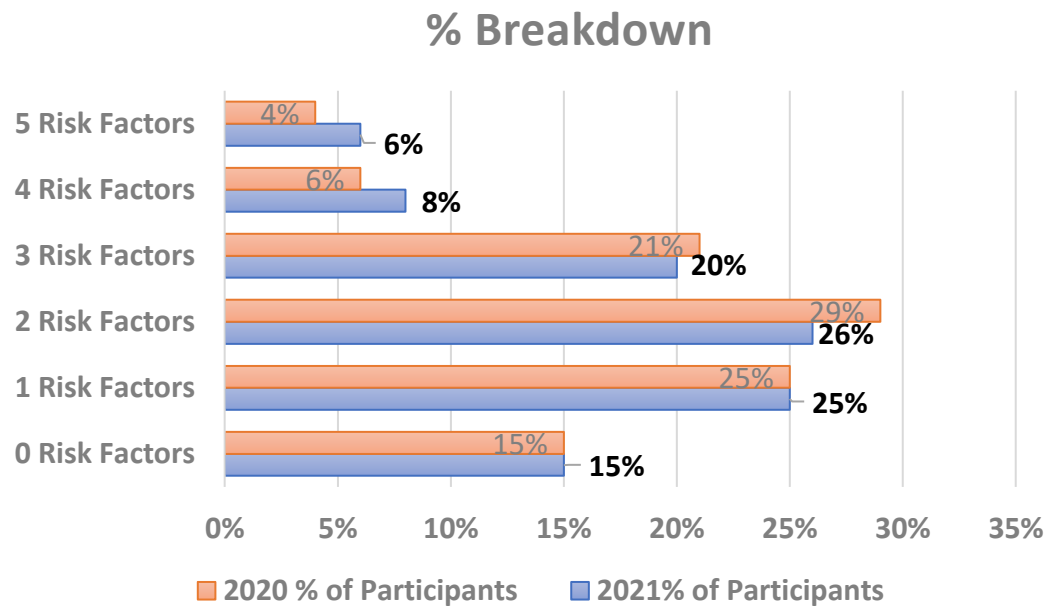


BIOMETRIC AVERAGES

Biometric	2021 Repeat Participants AVG	2021 Average Result	2020 Average Result	Strive AVG	Ideal Range
Health Score	78	76	78.5	79	70 - 100
BMI	30	30.3	30.3	29.8	18.5 - 29.9
Waist/Hip Ratio	0.91	0.92	0.92	0.91	<= 0.95
BP: Systolic	120	121	119	120	≤121mmHg
BP: Diastolic	78	78	77	76	≤81mmHg
Total Cholesterol	192	191	185	187	<200mg/dL
HDL Cholesterol	53	52	53	54	>=50
LDL Cholesterol	112	111	103	107	<=129
Triglycerides	135	140	144	131	<150
Blood Glucose	102	102	102	100	≤100mg/dL
Hemoglobin A1C	5.7	5.7	5.6	5.5	<5.7%

METABOLIC SYNDROME RISK





Source: Journal of the American Medical Association. 2020; 232(24)

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REPEAT PARTICIPANT RISK CHANGE

REMAINED IDEAL/LOW AND/OR MADE POSITIVE RISK MIGRATION	REMAINED MODERATE OR HIGH/V HIGH	MADE A NEGATIVE RISK MIGRATION
134 76%	21 12%	22 12%

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REPEAT PARTICIPANT BIOMETRIC RISK CHANGE

Total Cholesterol

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration
113 64%	38 21%	26 15%

Blood Glucose

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration
135 76%	28 16%	14 8%

Systolic Blood Pressure

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration
104 59%	31 17%	42 24%

Hemoglobin A1C

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration
131 74%	33 19%	13 7%

Diastolic Blood Pressure

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration
114 64%	24 14%	39 22%

Tobacco

Remained low risk or made a positive risk migration	Remained positive	Made a negative risk migration
139 79%	32 18%	6 3%

2 participants moved from smoker to non-smoker

TOP RISK FACTORS

BLOOD PRESSURE

CHOLESTEROL

DIABETES

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COMORBIDITIES & CLAIMS ANALYSIS VIA KAPNICK LENS

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POPULATION QUALIFICATIONS

Member Type	EE	SP	Total
Screened and Enrolled in Health Plan in 2021	165	44	209
Screened & Enrolled all 12 Months	148	40	188
Screened with Approved Claims	157	43	200
Did Not Screen and Enrolled in Health Plan in 2021	100	65	165
Did Not Screen & Enrolled all 12 Months	65	52	117
Did Not Screen with Approved Claims	80	57	137
% Screened w/ 0 claims	5%	2%	4%
% Did not Screen w/ 0 claims	20%	12%	17%
% Total w/ 0 claims	11%	9%	10%

Assumptions

- Considered individual employees and identified spouses who were eligible to participate in the health screenings offered in 2021 (all dependent children excluded)
- Represents claims incurred from January through December 2021 and paid through April 2022
- Excludes approved amounts for: 1 claimant (EE DNS) deceased with lung cancer $218,506, 1 claimant (SP DNS) $645,423 with lung cancer and 1 claimant (EE Screen) $300,493 with COVID 19 due to cost and/or the nature of their conditions which are unlikely to be significantly impacted through biometric screening and wellness activities
- Demographic data utilized to match individuals to deidentified number in Kapnick Lens
- Using the individual deidentified number, allowed amounts approved for claims were obtained (negates plan design, quantifies value of care)
- Allowed claims may not result in member cost share if care is covered in full (preventive medical and Rx , screenings, immunizations, contraceptior COVID, etc.)

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APPROVED CLAIM RESULTS

Member type	Allowed Amt	Count	Amt/Mem
EE Screened	$1,017,585	165	$6,167
EE not Screen	$544,004	100	$5,440
SP Screened	$310,812	44	$7,064
SP not Screened	$500,401	65	$7,698
EE/SP Screened	$1,328,397	209	$6,356
EE/SP not Screened	$1,044,405	165	$6,330
Difference in Approved Care		374	$26

- Average Medical/Rx approved claims by screened and not screened population
- Represents claims incurred from January – December 2021 and paid through April 2022
- EE Screen excludes $300,493 (COVID 19)
- EE Did Not Screen excludes $218,035 (lung cancer – deceased)
- SP Did Not Screen excludes $645,423 (lung cancer)

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ALLOWED AMOUNTS BY RISK SCORE

Participating Employee/Spouse	Medical/Rx Allowed Amount	Member Count	Claims Per Member
85 - 100	$374,046	75	$4,987
70 - 84	$343,860	73	$4,710
60 - 69	$346,634	31	$11,182
50 - 59	$75,417	14	$5,387
49 and below	$188,440	16	$11,777
Total	$1,328,397	209	$6,356

- Approved Medical/Rx allowed amount by health score range amongst EE/SP screened members
- Represents claims incurred January – December 2021 and paid through April 2022
- 85-100 includes large claimants of $78,281 (Chron's) and $57,668 (Joint Replacement)
- 70-84 includes large claimants of $65,571 (Joint Replacement) and $60,815 (Prostate Cancer)
- 60-69 includes large claimant of $130,841 (End Stage Renal Disease) and $71,946 (Joint Replacement)
- 50 and below includes large claimant of $81,322 (Rheumatoid Arthritis)

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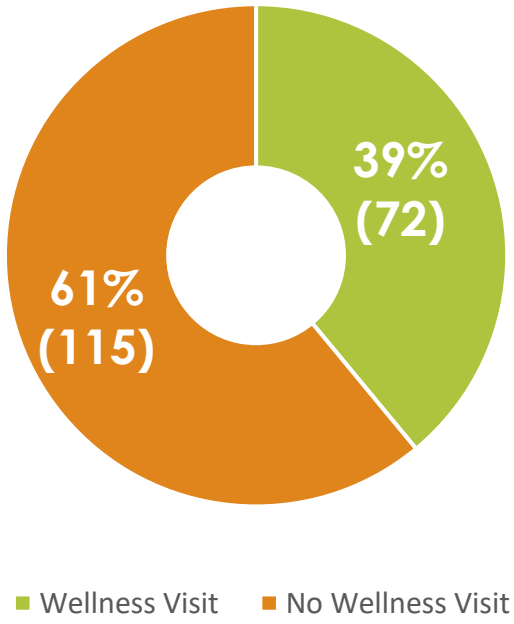
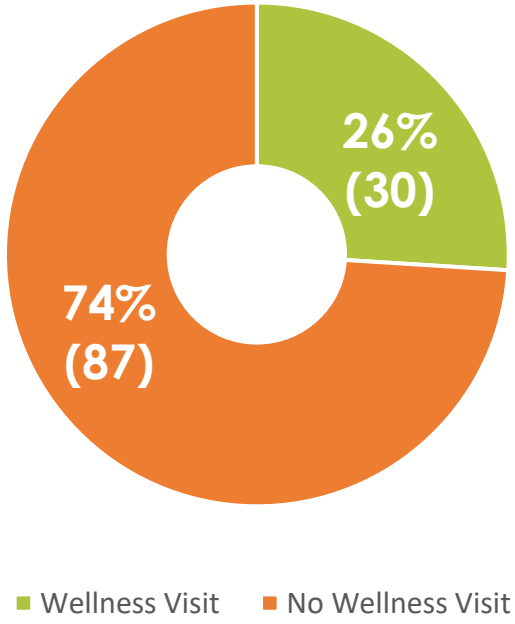
WELLNESS VISIT

SCREENED



NON-SCREENED



- Considered individual employees and spouses who were eligible to participate in the health screenings offered in 2021 and were enrolled for all 12 months of the 2021 calendar year
- Demographic data utilized to match individuals to deidentified number in Kapnick Lens
- Assumes procedure codes for adult routine physical examination medical visit of 99385-99386 and 99395-99396 (new and established patients respectively)
- Based upon data incurred January – December 2021 and paid through April 2022

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GAPS IN CARE – Lens Data

Hypertension Member Count (enrolled full 12 months)	**Members who Filled Anti-Hypertensive Drug** (incurred at least once 1/2021-12/2021)
105	57

- Adults born 2002 or earlier (age 19+) enrolled every month in 2021: 213 Employees. 92 Spouses. 65 Children. 370 Total. 2021 Average Age 41.
- Based upon data incurred January - December 2021 and paid through April 2022
- Lens identifies members with a medical claim with at least 1 incurred date with a diagnosis of hypertension within last 12 months
- Hypertensive drugs includes the following AHFS categories: Calcium Channel Blocking Agents, Diuretics, Hypotensive Agents, Alpha and Beta Adrenergic Blocking Agents

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GAPS IN CARE – Lens Data

Diabetes Member Count (enrolled full 12 months)	Members with HbA1c Screening 1/21-12/21	Members with Nephropathy Screening 1/21-12/21	Members who filled anti-diabetic drug 1/21– 12/21
44	27	14	31

- Adults born 2002 or earlier (age 19+) enrolled every month in 2021: 213 Employees. 92 Spouses. 65 Children. 370 Total. 2021 Average Age 41.
- Based upon data incurred January - December 2021 and paid through April 2022
- Lens identifies members with a medical or Rx claim with at least 2 unique incurred dates with a diagnosis of Diabetes within the last 36 months

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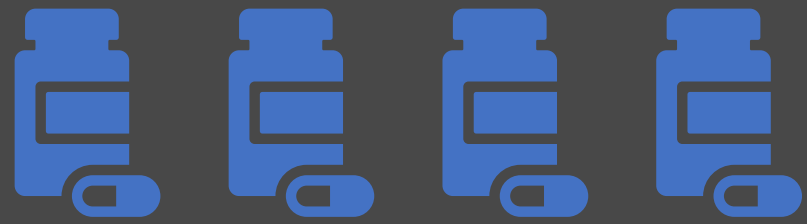

CONSIDERATIONS

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2022 GOALS AND STRATEGIES

2022 Goals	Strategies	Overall Strategies

• Blood Pressure
  • 2022 Goal: 3% in high-risk
  • 2021: 6% in high-risk
	• Blood pressure awareness campaign	• Increase year-round engagement in Strive challenges and presentations
		• Tobacco cessation resources and World No Tobacco Day
		• Encourage & Expand RAS Options for 2022 screenings:
		  - Strive RAS 6-Week Health Coaching
		  - Omada and Livongo utilization
		• Review Incentive Structure for 2023 screenings/2024 incentive:
		  • Bigger differential between compliant and non-compliant
		• Strive Reward Points program for 2023

• Cholesterol
  • 2022 Goal: 7% in high-risk
  • 2021: 10% in high-risk
	• Cholesterol awareness month campaign (September)	

• Diabetes
  • 2022 Goal: 6% in high-risk for A1C
  • 2021: 8% in high-risk
	• Prediabetes and diabetes awareness campaign
	• Directing participants to Livongo	

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2022 WELLNESS PROGRAMMING

Wellness Presentations	Challenges	Communications	Screenings	Miscellaneous
• Your Total Well-Being Matters • Happy, Healthy Heart • Managing Mental Health • Nutrition 101	• Mystery Fitness Challenge • Strive Corporate Challenge • The BEAT Goes On • Hydration Station • Full Body Blast • Maintain Don't Gain	• Tobacco Cessation • Diabetes Awareness • Cholesterol Awareness • Monthly observances • Monthly wellness newsletter	Scheduled Dates: • MI: 8/23 & 9/1 • KY: 8/23 & 8/24 • IN: 8/25 & 8/26	• Strive webinars • Gym reimbursement • Meditation Moments • RAS & screening incentive

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PROGRAM OUTREACHES

CRITICAL VALUES

- There were no critical values reported in 2021

HEALTH COACHING

- 60 or below: 31 participants scored 60 or below
  - A health coach was able to connect with 8 out of the 31 participants
  - 97% of 60 & below are from Kentucky or Indiana
- RAS health coaching program: 44 eligible
  - 0 participants enrolled in RAS – Not promoted to employees

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STAND-OUT-STATS & STORIES

20 improved 5-9 points

14 improved 10-19 points

2 improved by 20+ points

Participant A: Improved by 34 points, moving from moderate risk to low risk! They lost around 18 pounds, lowered their total cholesterol, LDL, and triglycerides!

Participant B: Increased their health score by 16 points moving from high risk to low risk! They dramatically reduced their A1C from a severely elevated to normal level.

Participant C: Improved by 23 points moving from moderate risk to ideal risk! They became tobacco free and significantly lowered their triglycerides.

10 PARTICIPANTS IMPROVED BY 15+ POINTS

6 PARTICIPANTS RECEIVED A HEALTH SCORE OF 100

BIOMETRIC RESULTS

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BIOMETRIC DESCRIPTIONS

CHOLESTEROL

A fat-like, waxy substance found in the blood. In excess, it can form tough, fatty plaques that clog arteries, which can increase the risk of heart disease.

BLOOD PRESSURE

Blood pressure is another main factor in determining overall heart health. Systolic pressure is the pressure in the arteries when the heart is contracting. Diastolic blood pressure is the pressure on the walls of the arteries when the heart is relaxing.

BLOOD GLUCOSE & HEMOGLOBIN A1C

Blood glucose is sugar that the blood stream carries to all the cells in the body to supply energy. High blood glucose for a prolonged period of time can cause damage to the kidneys, eyes, and other organs. Hemoglobin A1C measures average glucose levels over a 2-3 month period and is the best predictor and indicator of diabetes.

BODY COMPOSITION

BMI is an indicator of excess body weight. Generally, those with a higher BMI are also more likely to suffer from high cholesterol, increased blood pressure, and diabetes. BMI does have its limitations, but overall is a good indication of a serious risk.

TOBACCO USE

Nicotine use presents a serious risk to individuals. Those who abuse tobacco not only have increased rates of cancer and other diseases, but they are more likely to miss work. The CDC estimates that tobacco use costs $156 billion in lost productivity each year and $170 billion in healthcare expenditures (CDC, 2017).

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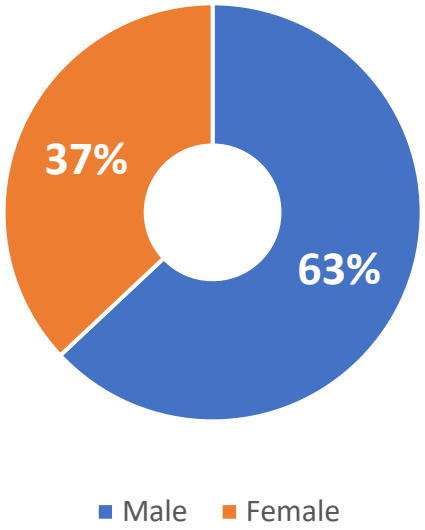
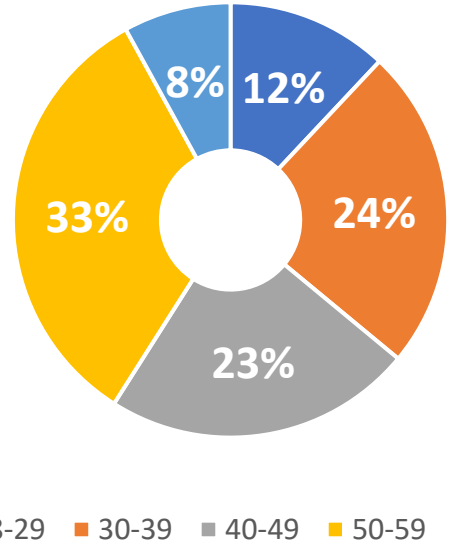
2021 DEMOGRAPHICS

GENDER



AGE



AVERAGE - 45

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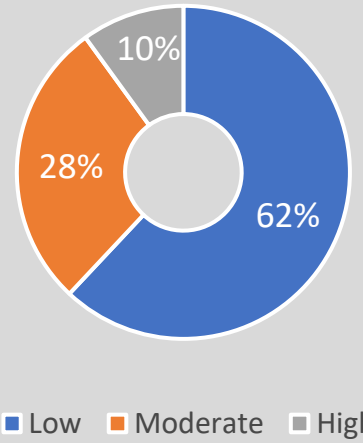
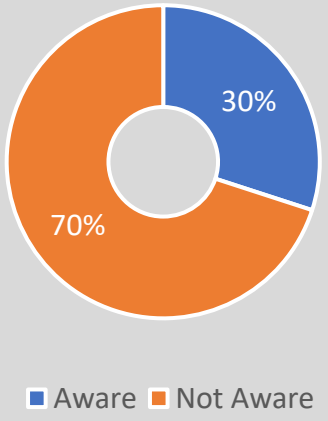
HEART HEALTH: TOTAL CHOLESTEROL

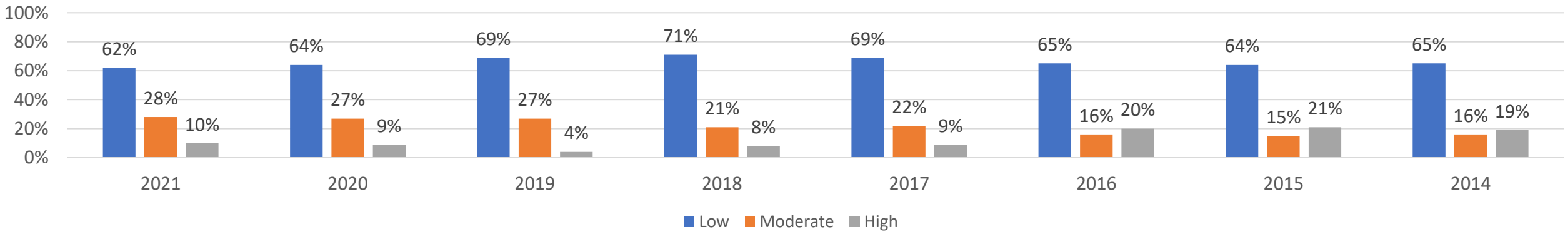
(HDL + LDL + TRIGLYCERIDES)

TOTAL CHOLESTEROL BREAKDOWN



HIGH RISK AWARENESS





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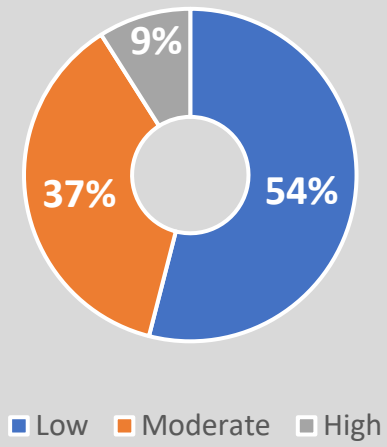
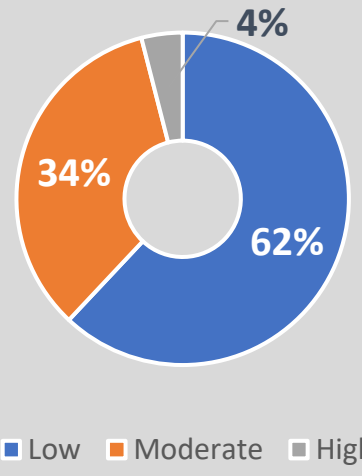
HEART HEALTH: BLOOD PRESSURE

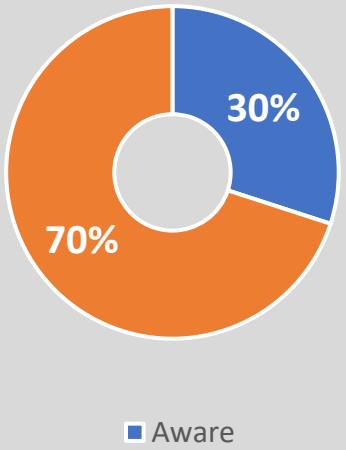
SYSTOLIC BREAKDOWN

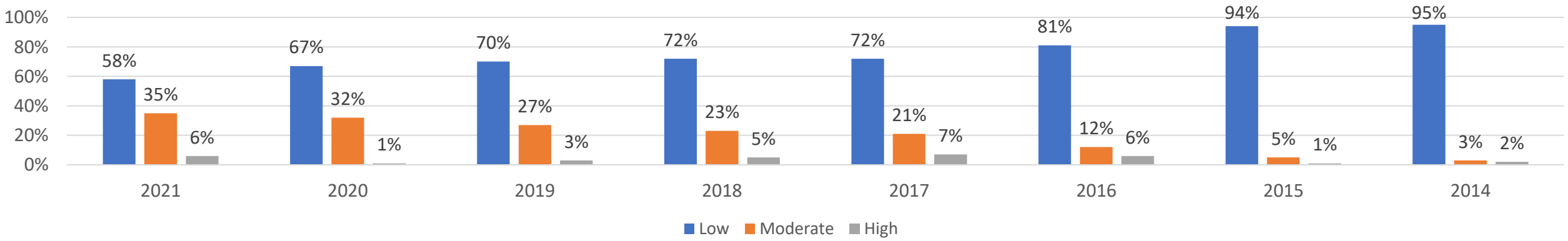


DIASTOLIC BREAKDOWN



High Risk Awareness





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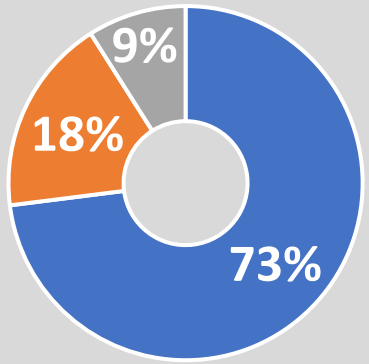
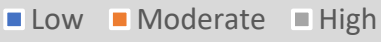
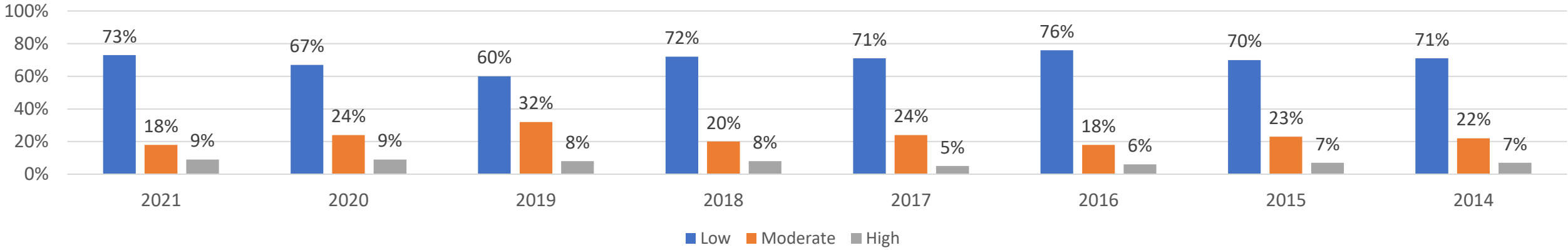
DIABETES: BLOOD GLUCOSE

BLOOD GLUCOSE BREAKDOWN







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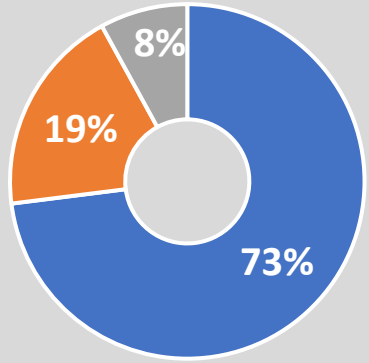
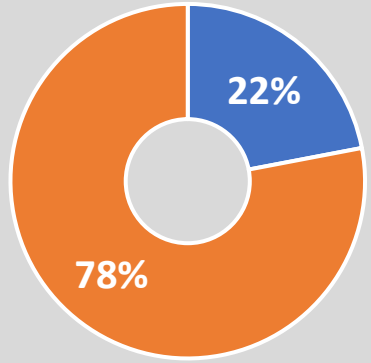
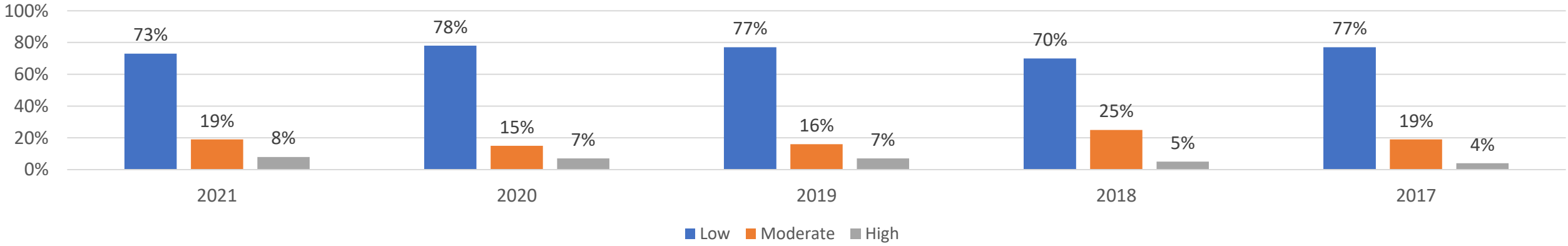
DIABETES: HEMOGLOBIN A1C

A1C BREAKDOWN



High Risk Awareness





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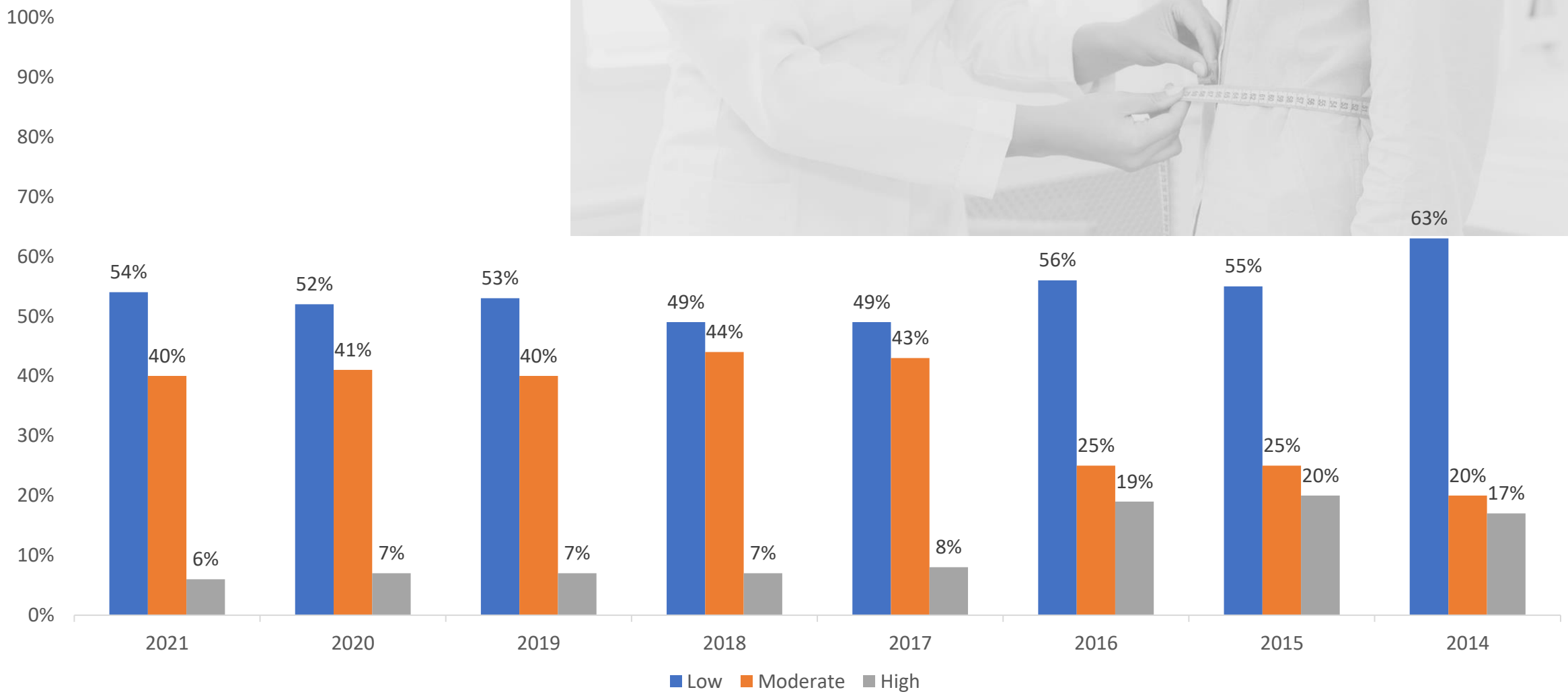
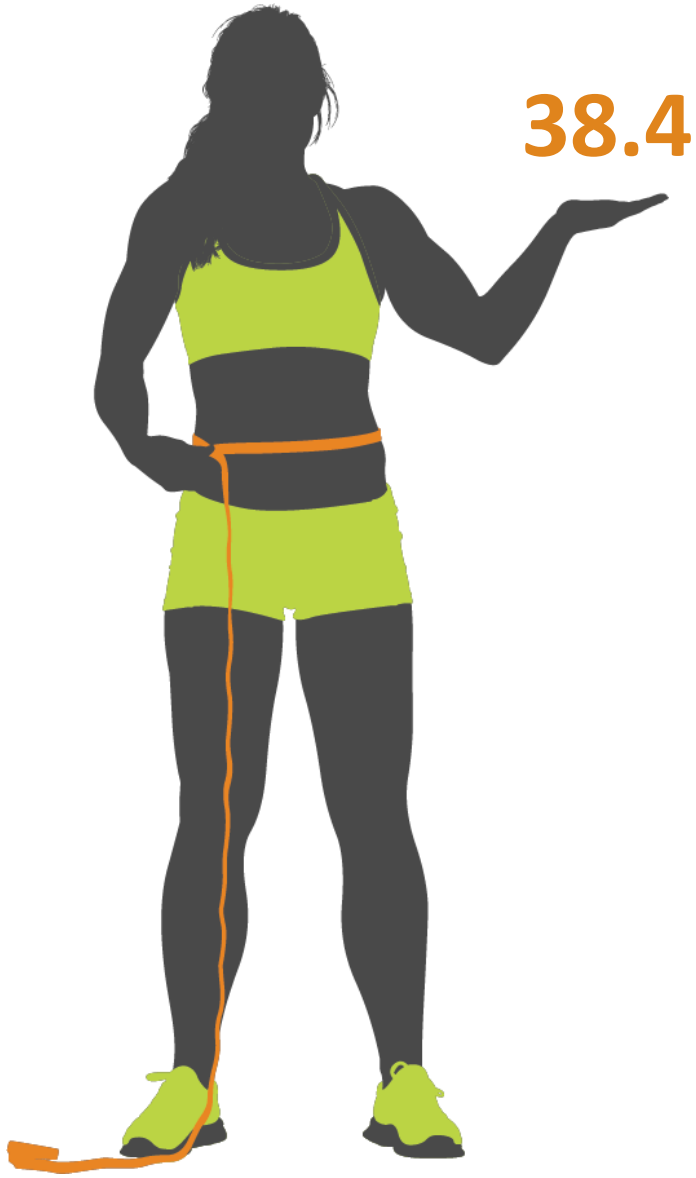
BODY COMPOSITION: BODY MASS INDEX



AVERAGE WAIST CIRCUMFERENCE BY SEX



38.4

39.7

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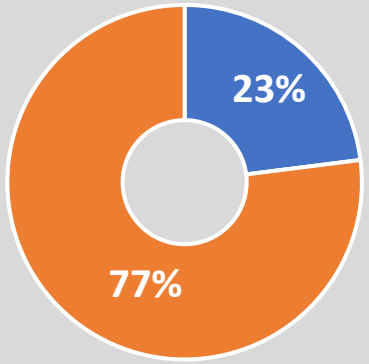
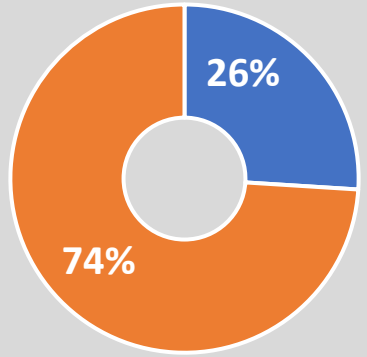
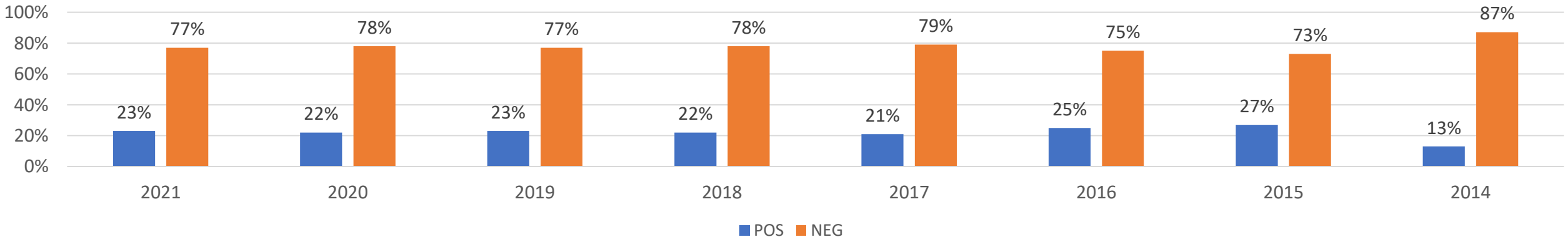
NICOTINE USE

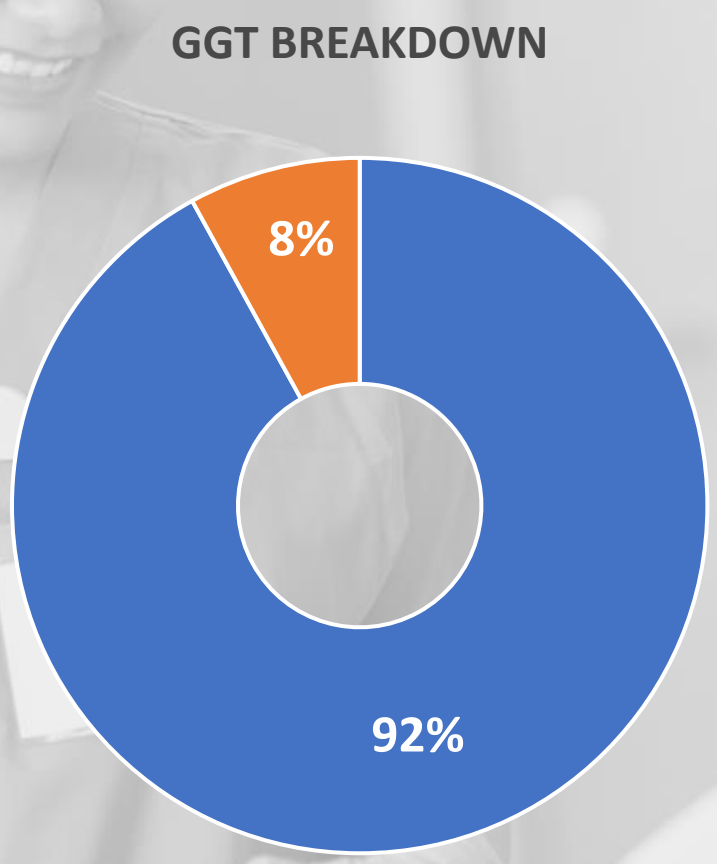
TESTED POSITIVE



INTERESTED IN QUITTING





Kapnick Strive

GAMMA-GLUTAMYLTRANSFERASE (GGT) TEST RESULTS