



EXECUTIVE REVIEW

& 2023 STRATEGIC PLANNING



DFM
July 18th, 2023

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2022 KEY FINDINGS

- Average health score (75) remained in **low-risk range**
- **63%** of screened participants fell into the **ideal risk range for health score**
 - **74%** of repeat participants remained in **low risk** or made a **positive risk migration**
- 30 repeat participants improved by **5+ points**
- **90%** of participants are currently earning the wellness incentive
- Prevalence of **metabolic syndrome risk** among participants **sits lower** than the JAMA average
- Top **areas of focus** are diabetes, cholesterol, and body composition
- **31.8%** of members have a chronic condition compared to benchmark at 27.9%
 - The PMPM cost of members with chronic conditions is 25% above benchmark
 - The percentage of members with a chronic condition who are not utilizing maintenance medications increased for hypertensive and diabetic members
- The percentage of members with **zero claims is low**; however, the percentage of members with an annual wellness visit is also low
- Employees with screenings have an **average cost of \$3,777** compared to employees without screenings at \$6,710, when excluding high-cost claimants
- When excluding a high-cost claimant, members with a health score of at least 70 cost **\$2,226 less** per member than members with a health score below 70
- Members who participated in the screening both years experienced a **\$504 decrease** in costs (when excluding a HCC)
- Members with a health score improvement of at least 5 points from 2021 to 2022 experienced **\$403 less in costs per member** and diabetic maintenance medications increased in this population

2022 EMPLOYEE EVENTS

STRIVE MONTHLY COMMUNICATIONS

- 12 Monthly Newsletters
- 12 Strive Monthly Webinars

WELLNESS CHALLENGES

- 4th Annual Kapnick Strive Corporate Challenge
(3 participants)

HEALTH SCREENINGS

- Held in October and November
- 40 At-Home Screenings

ADDITIONAL WELLNESS EVENTS

- 4 Meditation Moment Sessions



TOTAL PARTICIPATION

95 repeat participants

- 76 screening
- 19 swab



YEAR	TOTAL PARTICIPATION	AVG HEALTH SCORE*	% of Total Eligible
2022	139 (23 swabs)	75	56% (249)
2021	147 (30 swabs)	74	67% (218)
2020	22 (3 swabs)	-	-
2019	150 (37 swabs)	78.9	-
2018	158 (39 swabs)	73	-
2017	179 (40 swabs)	73	-
2016	96	70	-
2015	49	71	-
2014	61	73.3	-
2013	43	75	-
2012	42	76	-

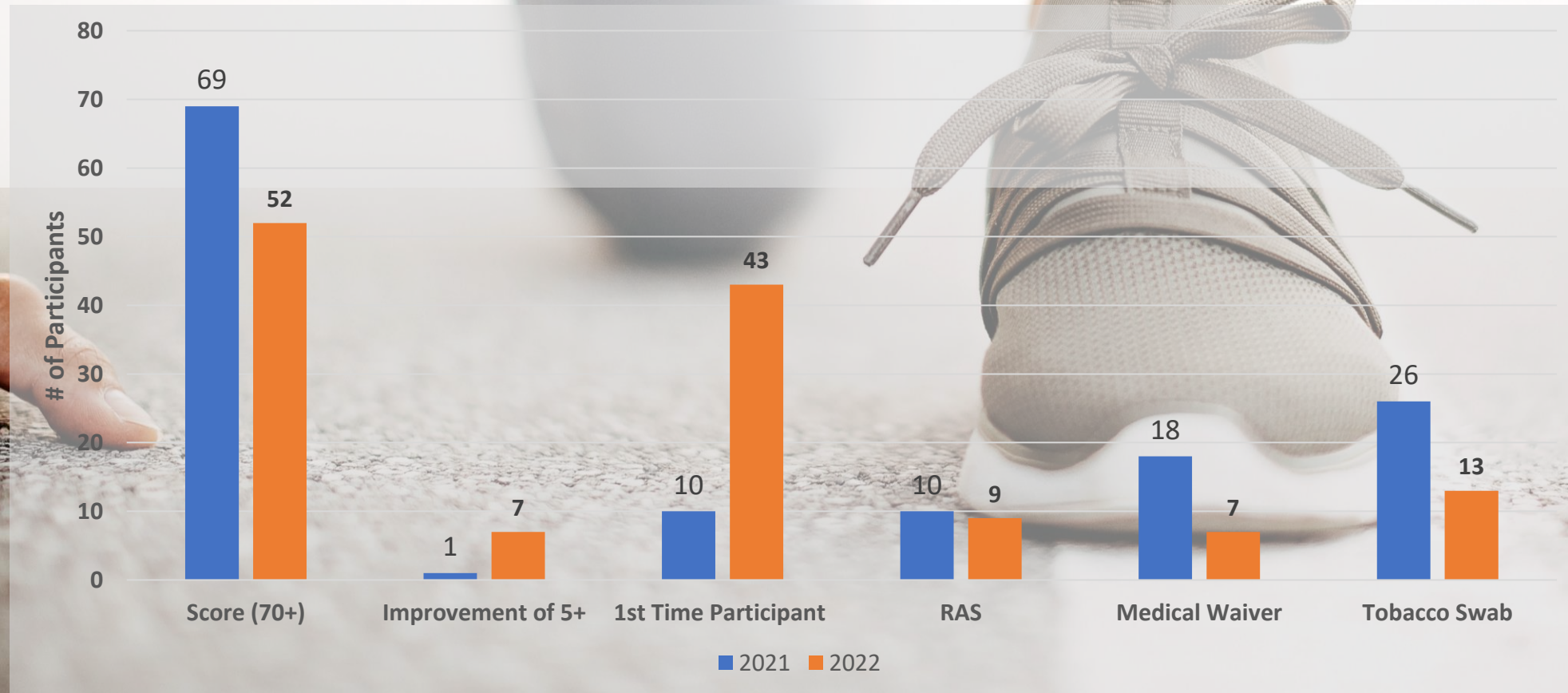
* Average health score does not include Tobacco swab participants

BIOMETRIC AVERAGES

Biometric	2022 AVG	2021 AVG	2019 AVG	Strive AVG	Ideal Range
Health Score	75	74	79	76	70 - 100
BMI	30	30	29	30	18.5 - 29.9
Waist/Hip Ratio	0.92	0.92	0.90	0.92	<= 0.95
BP: Systolic	116	119	121	119	≤121mmHg
BP: Diastolic	74	78	77	75	≤81mmHg
Total Cholesterol	203	198	196	193	<200mg/dL
HDL Cholesterol	54	54	56	54	≥50
LDL Cholesterol	119	115	114	112	<=129
Triglycerides	150	136	128	134	<150
Blood Glucose	100	99	93	100	≤100mg/dL
Hemoglobin A1C	5.7	5.6	5.4	5.6	<5.7%

WELLNESS INCENTIVE BREAKDOWN

YEAR-TO-DATE 2022 SCREENED
INCENTIVE ELIGIBLE: 131/146 = 90%



PROGRAM OUTREACHES

CRITICAL VALUES

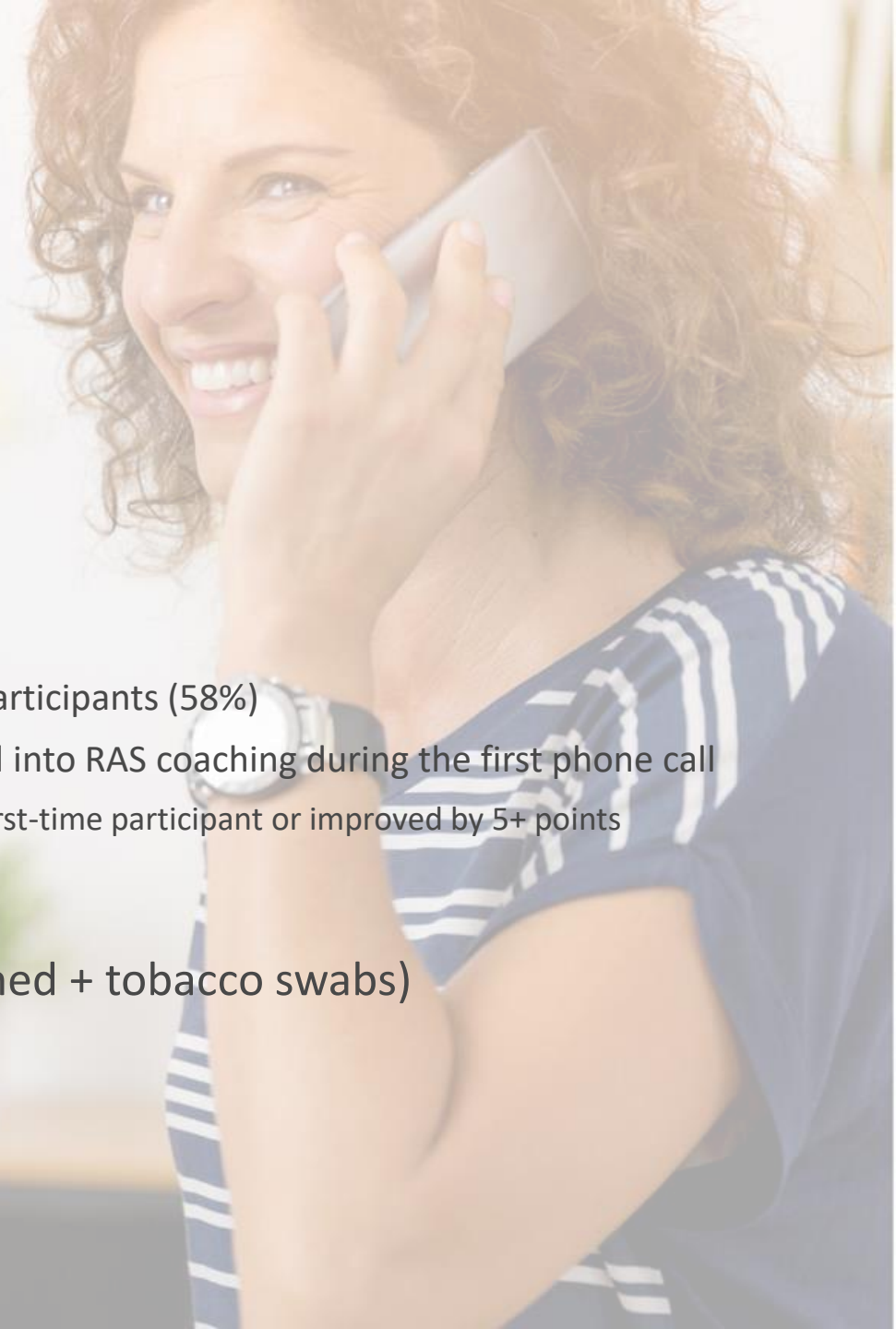
- There were no critical values reported in 2022

60 & BELOW

- 18 participants (16%) scored 60 or below
 - A health coach was able to connect with 11 out of the 18 participants (58%)
 - Out of the 58% connected with, 36% of them were enrolled into RAS coaching during the first phone call
 - Out of the 58% connected with, 73% of them were either a first-time participant or improved by 5+ points

RAS TELEPHONIC HEALTH COACHING

- 24 participants were eligible for RAS (17% of total screened + tobacco swabs)
 - 10 participants enrolled (42% of those eligible for RAS)
 - Of the 10 enrolled, 9 participants completed the program



SELF-PERCEPTION VS ACTUAL HEALTH

Ideal = 100-85

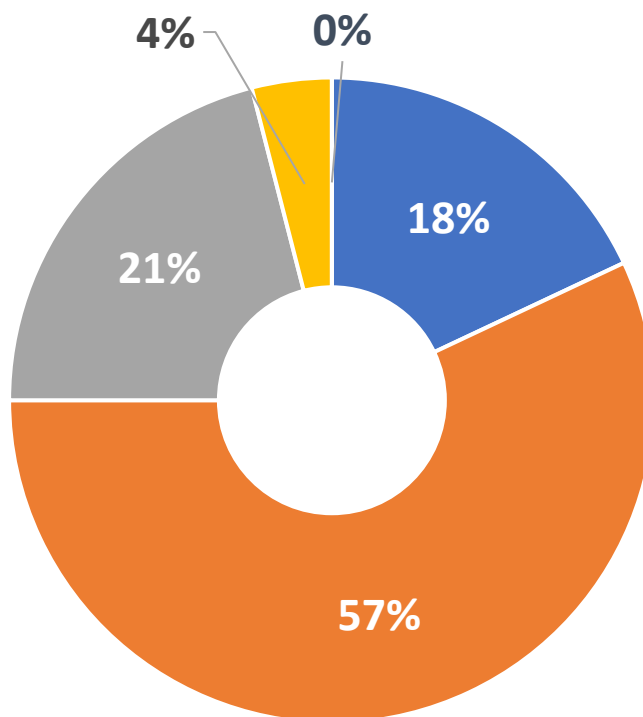
Low Risk = 84-70

Moderate Risk = 69-60

High Risk = 59-50

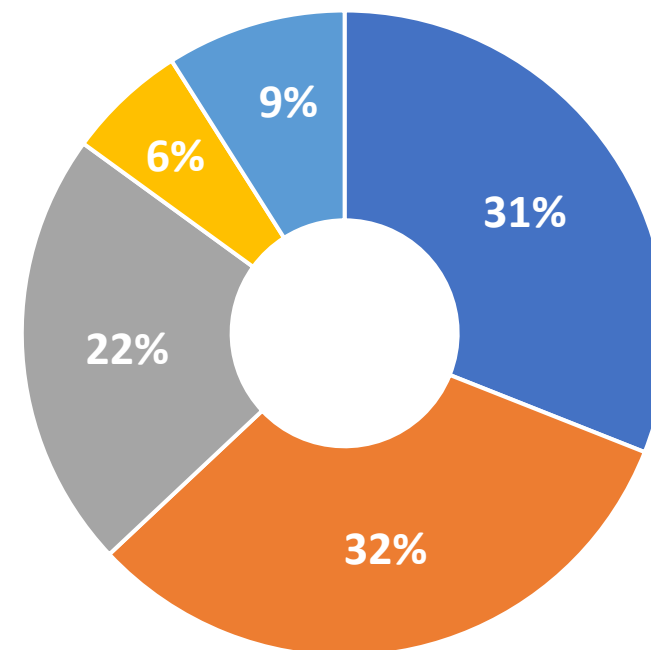
Very High Risk = 49-0

SELF-PERCEPTION OF HEALTH



■ Ideal ■ Low ■ Moderate ■ High ■ Very High

ACTUAL HEALTH SCORE



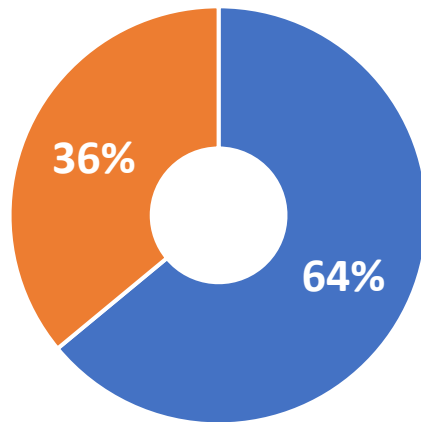
■ Ideal ■ Low ■ Moderate ■ High ■ Very High



Kapnick
Strive

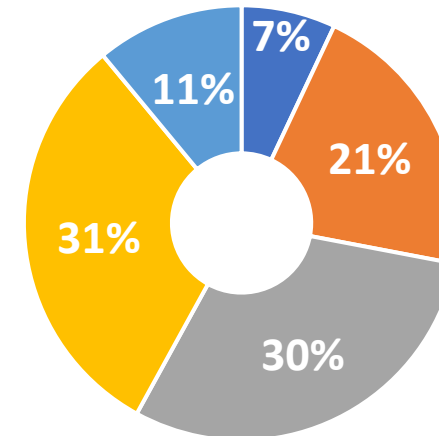
2022 DEMOGRAPHICS

GENDER



■ Male ■ Female

AGE



■ 18-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60+

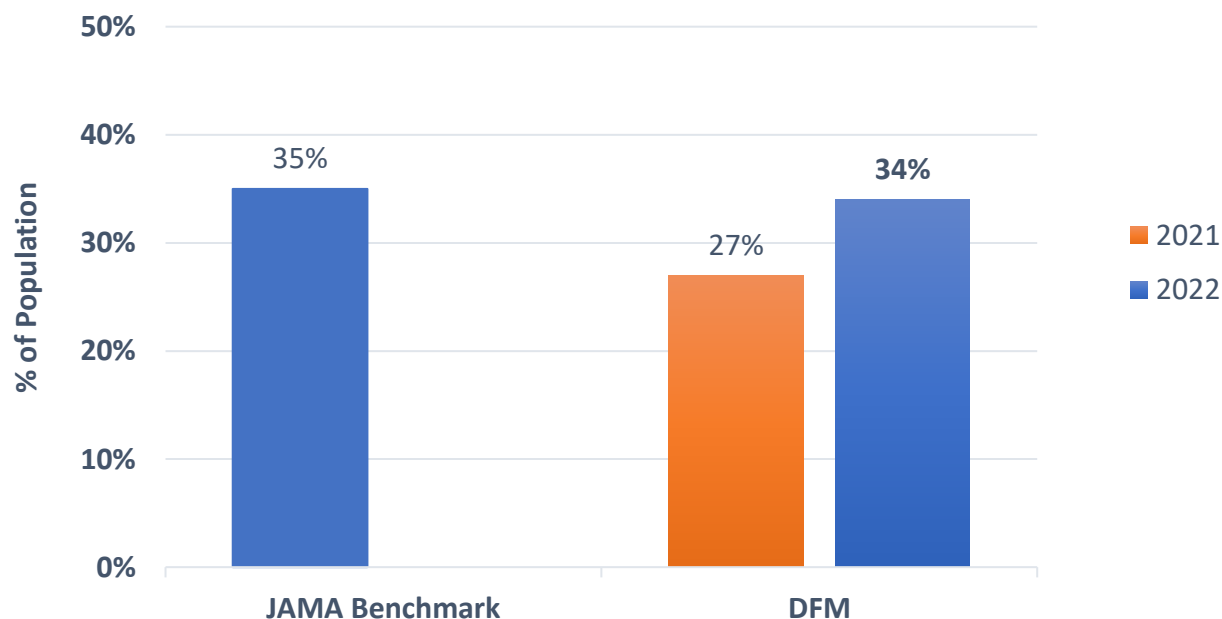
AVERAGE – 46

HEALTH SCORE BENCHMARKING

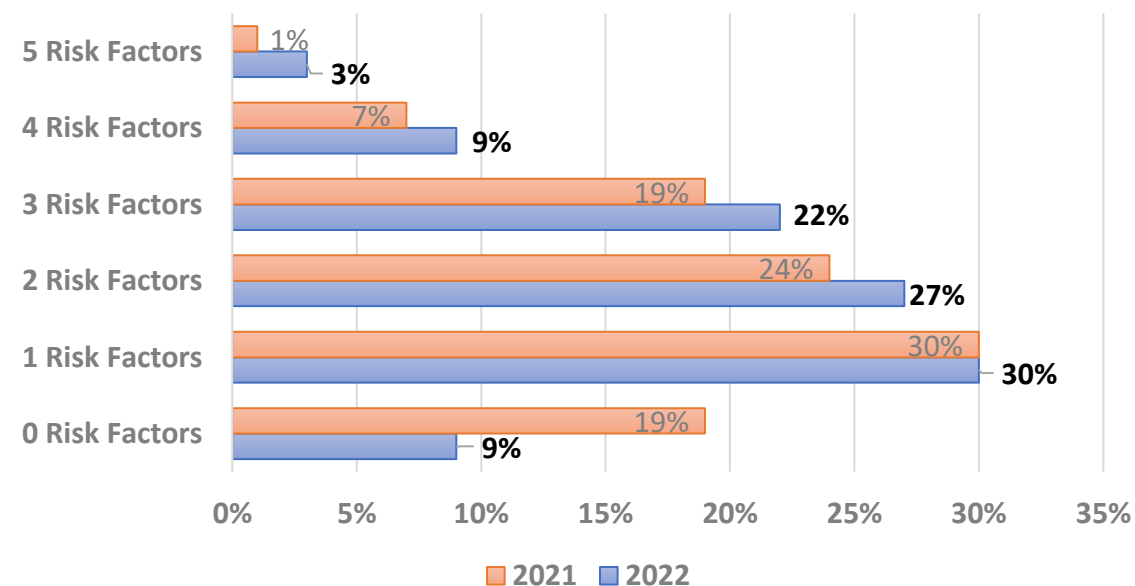


METABOLIC SYNDROME RISK

Prevalence of Metabolic Syndrome – 3 or more risk factors



% Breakdown



The National Institutes of Health guidelines define metabolic syndrome as having three or more of the following traits, including traits you're taking medication to control:

- **Large waist** — A waistline that measures at least 35 inches for women and 40 inches for men
- **High triglyceride level** — 150 milligrams per deciliter (mg/dL) or higher of this type of fat found in blood
- **Reduced "good" or HDL cholesterol** — Less than 40 mg/dL in men or less than 50 mg/dL in women of high-density lipoprotein (HDL) cholesterol
- **Increased blood pressure** — 130/85 millimeters of mercury (mm Hg) or higher
- **Elevated fasting blood sugar** — 100 mg/dL or higher

REPEAT PARTICIPANT RISK CHANGE

**REMAINED IDEAL/LOW
AND/OR MADE
POSITIVE RISK
MIGRATION**

56 😊 74%

**REMAINED MODERATE
OR HIGH/V HIGH**

13 😐 17%




**MADE A NEGATIVE
RISK MIGRATION**

7 😞 9%






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
 54%	 26%	 20%




Blood Glucose

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration
 74%	 16%	 10%




Systolic Blood Pressure

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration
 75%	 15%	 10%




Hemoglobin A1C

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration
 70%	 26%	 4%

Diastolic Blood Pressure

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration
 88%	 7%	 5%

Tobacco (includes swabs)

Remained low risk or made a positive risk migration	Remained positive	Made a negative risk migration
 68%	 27%	 5%

1 participant quit smoking!



DIABETES

TOP RISK FACTORS



CHOLESTEROL

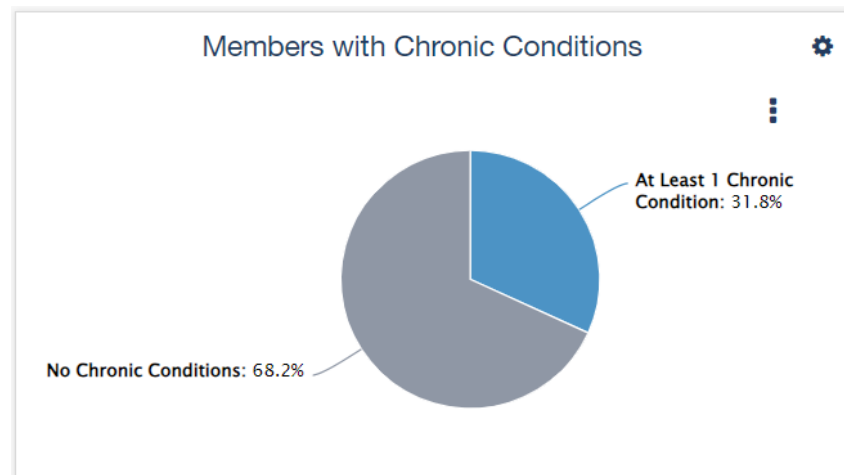


**BODY
COMPOSITION**

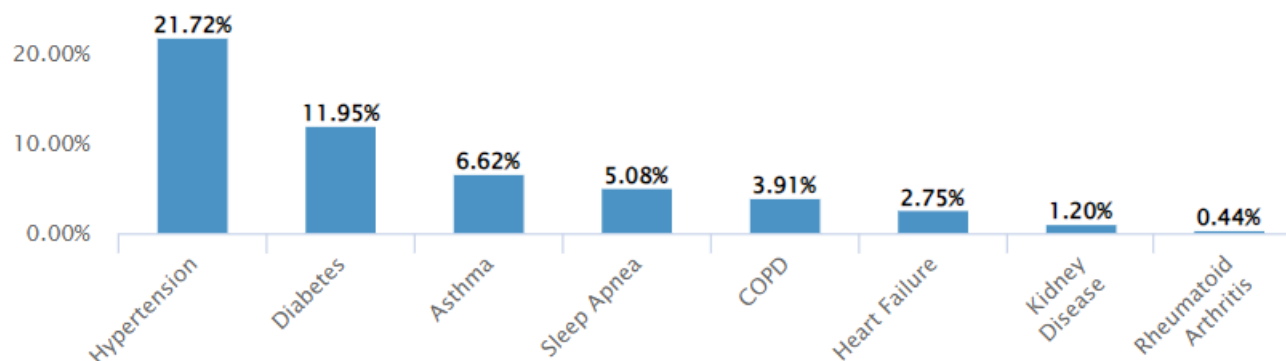


Chronic Conditions & Health Screening Claims Analysis

Chronic Condition Prevalence



Chronic Condition Prevalence



- 31.8% of members on DFM's health plan have at least 1 chronic condition
 - This is **above** the Kapnick book of business benchmark which is 27.9%
- The majority of chronic conditions have a **higher prevalence** in DFM's population as compared to benchmark
- Hypertension, diabetes, sleep apnea, COPD, heart failure, & kidney disease all have a **higher prevalence** than benchmark
- Chronic condition prevalence in the Kapnick benchmark is as follows:
 - Hypertension: 16.82%
 - Diabetes: 8.58%
 - Asthma: 7.33%
 - Sleep Apnea: 5.01%
 - COPD: 1.20%
 - Heart Failure: 1.08%
 - Kidney Disease: 0.57%
 - Rheumatoid Arthritis: 0.47%

Assumptions:

- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Chronic Condition Cost

Total Cost & PMPM Cost of Members with and without Chronic Conditions

Total Allowed Amount	Total Allowed with Chronic Conditions	Chronic Condition % of Total Cost	DFM PMPM without Chronic Condition	DFM PMPM with Chronic Condition	Benchmark PMPM without Chronic Condition	Benchmark PMPM with Chronic Condition
\$6,661,663	\$3,866,136	58%	\$335	\$1,147	\$217	\$907

- The PMPM cost of members without chronic conditions is 54% **above benchmark**
- The PMPM cost of members with chronic conditions is 26% **above benchmark**

Assumptions:

- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- Benchmark reflects Kapnick's book of business benchmark (49k members)

Chronic Condition Cost

Total Cost & PMPM Cost of Members with and without Chronic Conditions
Excluding all Members with at least \$100k in Claims

Total Allowed Amount	Total Allowed with Chronic Conditions	Chronic Condition % of Total Cost	DFM PMPM without Chronic Condition	DFM PMPM with Chronic Condition	Benchmark PMPM without Chronic Condition	Benchmark PMPM with Chronic Condition
\$4,233,883	\$2,644,040	62%	\$192	\$807	\$179	\$648

Assumptions:

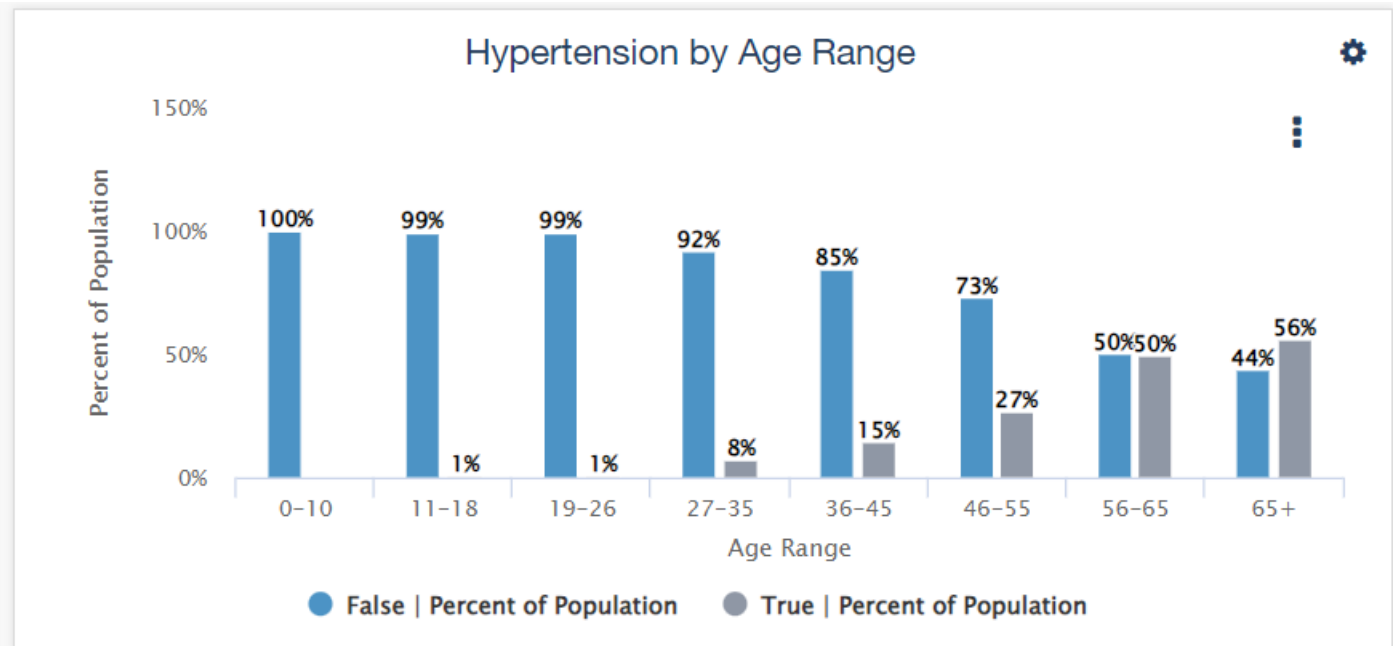
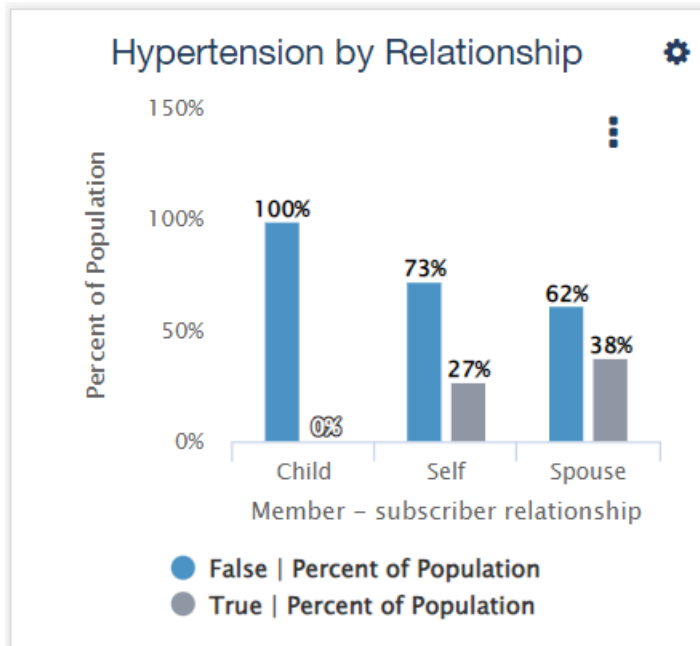
- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- Benchmark reflects Kapnick's book of business benchmark (49k members)
- All members with claims of at least \$100k are excluded for DFM & the benchmark
 - For DFM, 12 claimants were excluded

- The PMPM cost of members without chronic conditions is 7% **above benchmark**
- The PMPM cost of members with chronic conditions is 25% **above benchmark**



Hypertension: Demographics

- Total hypertensive members:
 - 2021: 183
 - 2022: 203
- Total hypertensive employees:
 - 2021: 123
 - 2022: 131
- Total hypertensive spouses:
 - 2021: 59
 - 2022: 71
- Total hypertensive dependent children:
 - 2021: 1
 - 2022: 1



Assumptions:

- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- True = hypertensive members

Hypertension: Gaps in Care

Year	Total Hypertensive Members	Total Hypertensive Members (enrolled full 12 months)	% Hypertensive Members (enrolled full 12 months)	Total Hypertensive Members with No Maintenance Rx (enrolled full 12 months)
2021	183	67	13.4%	12 (17.9%)
2022	203	99	16.4%	20 (20.2%)

- Overall, the percentage of members without utilizing maintenance medication increased

Assumptions:

- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Hypertension: Gaps in Care

Non-Union

Year	Total Hypertensive Members	Total Hypertensive Members (enrolled full 12 months)	Total Hypertensive Members with No Maintenance Rx (enrolled full 12 months)
2021	49	18	1 (5.6%)
2022	54	16	5 (31.2%)

- Of the members with no hypertension medication in 2021 & 2022:
 - 5 were the same member with no maintenance medication in either year
 - In 2021, 11 of the 12 members were Union
 - In 2022, 15 of the 20 members were Union

Union

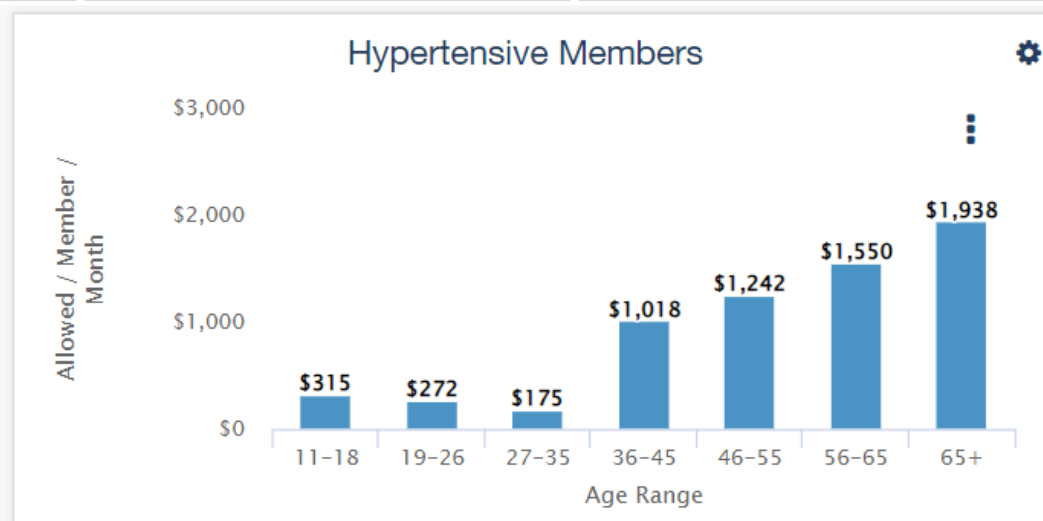
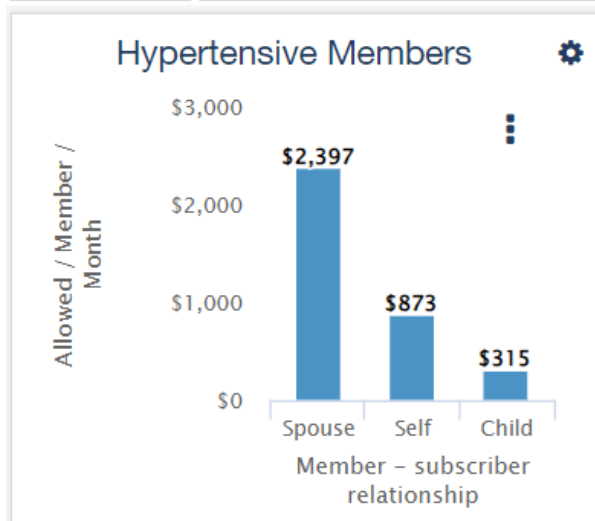
Year	Total Hypertensive Members	Total Hypertensive Members (enrolled full 12 months)	Total Hypertensive Members with No Maintenance Rx (enrolled full 12 months)
2021	134	49	11 (22.4%)
2022	150	83	15 (18.1%)

Assumptions:

- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Hypertension: PMPM Cost

Year	Hypertensive Members PMPM Cost	Hypertensive Members PMPM Cost (Excluding Claimants > \$100k)	Hypertensive Members PMPM Cost Benchmark
2021	\$1,334	\$912	\$1,016
2022	\$1,412	\$940	\$926



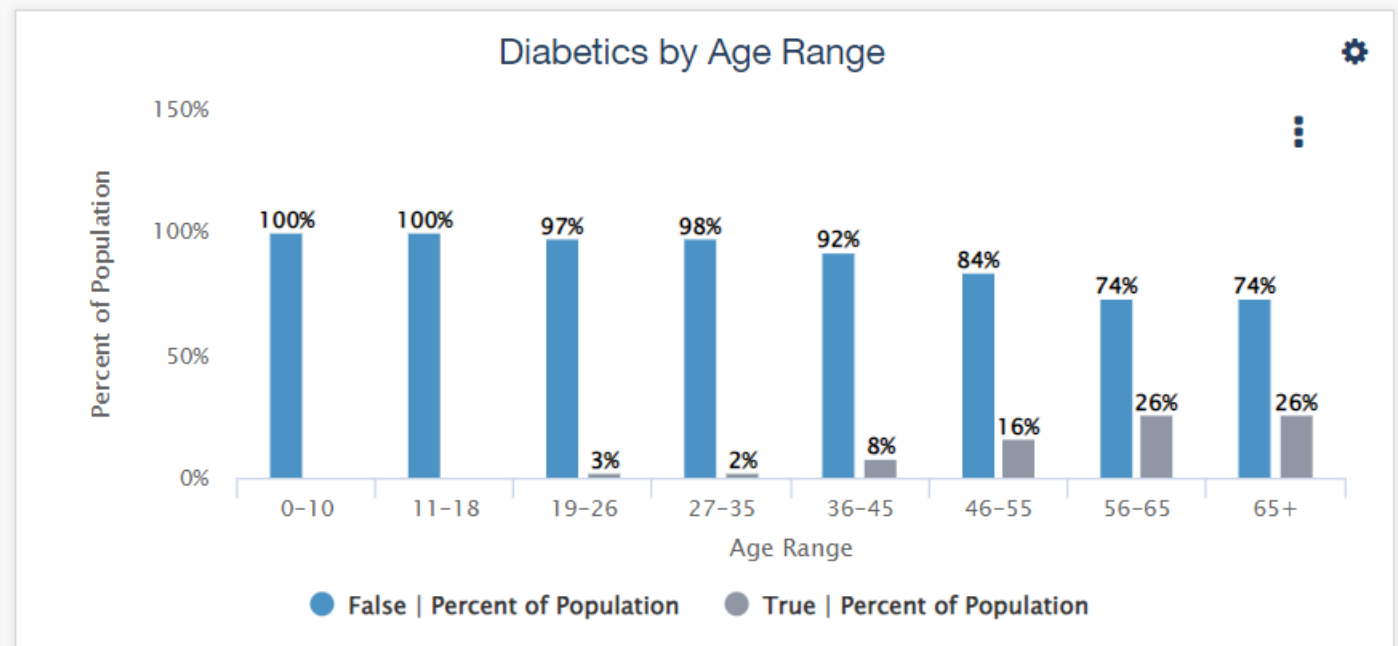
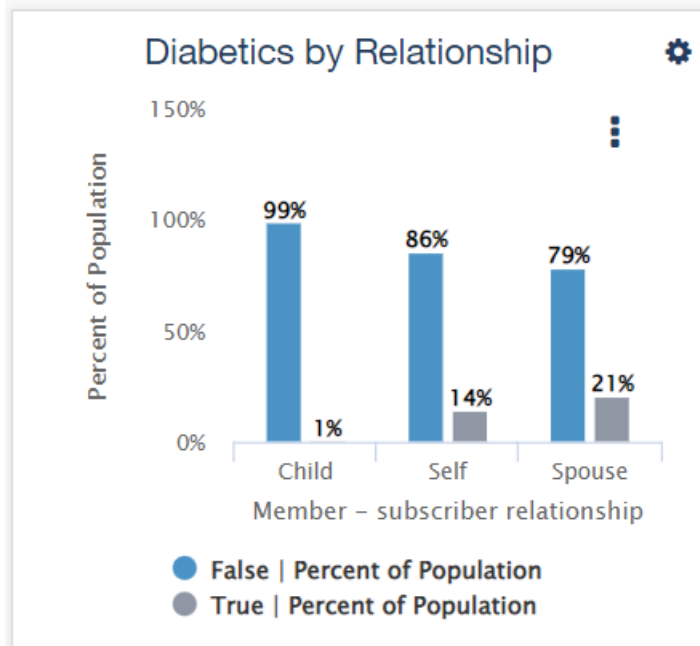
Assumptions:

- Employees & spouses enrolled in the health plan were included in the table (dependent children excluded)
- All members enrolled in the health plan are included in the bar charts
- In the middle column, 9 members were excluded in 2021 and 9 members were excluded in 2022
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- Benchmark reflects Kapnick's book of business benchmark (49k members)



Diabetes: Demographics

- **Total diabetic members:**
 - 2021: 90
 - 2022: 100
- **Total diabetic employees:**
 - 2021: 55
 - 2022: 63
- **Total diabetic spouses:**
 - 2021: 31
 - 2022: 35
- **Total diabetic dependent children:**
 - 2021: 4
 - 2022: 2



Assumptions:

- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- True = diabetic members

Diabetes: Gaps in Care

Year	Total Diabetic Members	Total Diabetic Members (enrolled full 12 months)	% Diabetic Members (enrolled full 12 months)	Total Diabetic Members with No Maintenance Rx (enrolled full 12 months)
2021	90	45	9.0%	7 (15.6%)
2022	100	61	10.1%	16 (26.2%)

- Overall, the percentage of members without utilizing maintenance medication increased

Assumptions:

- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Diabetes: Gaps in Care

Non-Union

Year	Total Diabetic Members	Total Diabetic Members (enrolled full 12 months)	Total Diabetic Members with No Maintenance Rx (enrolled full 12 months)
2021	13	7	2 (28.6%)
2022	21	5	2 (23.8%)

- Of the members with no diabetic medication in 2021 & 2022:
 - 4 were the same member with no maintenance medication in either year
 - In 2021, 5 of the 7 members were Union
 - In 2022, 14 of the 16 members were Union

Union

Year	Total Diabetic Members	Total Diabetic Members (enrolled full 12 months)	Total Diabetic Members with No Maintenance Rx (enrolled full 12 months)
2021	78	38	5 (13.2%)
2022	79	56	14 (25.0%)

Assumptions:

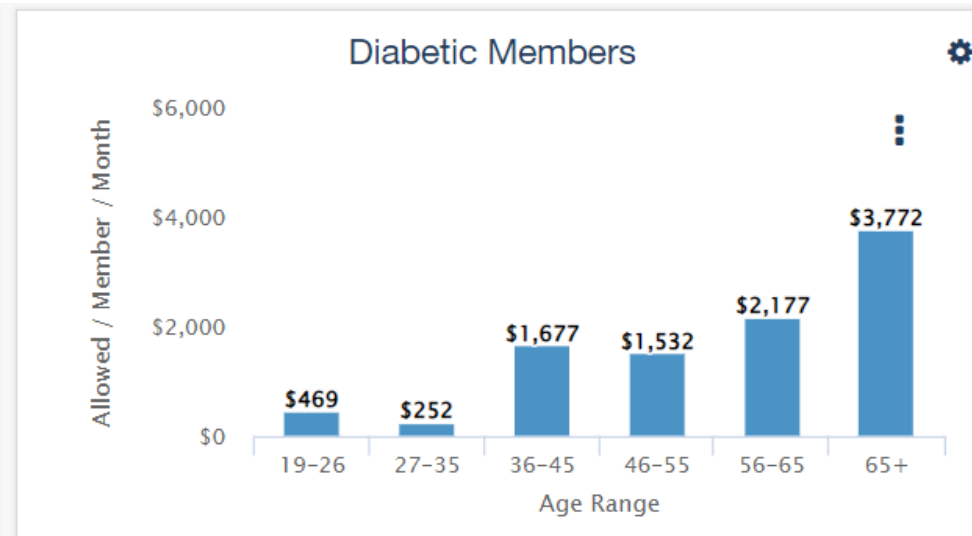
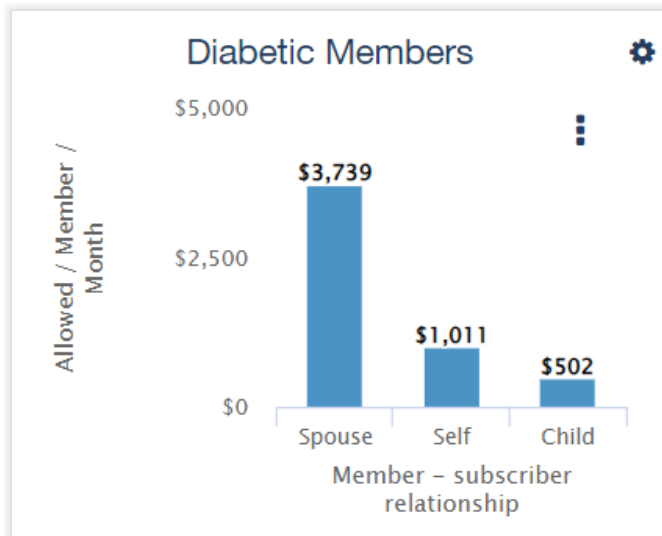
- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Diabetes: PMPM Cost

Year	Diabetic Member PMPM Cost	Diabetic Member PMPM Cost (Excluding Claimants > \$100k)	Diabetic Member PMPM Cost Benchmark
2021	\$1,999	\$1,333	\$1,365
2022	\$2,001	\$1,249	\$1,258

Assumptions:

- Employees & spouses enrolled in the health plan were included in the table (dependent children excluded)
- All members enrolled in the health plan are included in the bar charts
- In the middle column, 7 members were excluded in 2021 and 6 members were excluded in 2022
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- Benchmark reflects Kapnick's book of business benchmark (49k members)



Screening Overview

Participated in the Health Screening	Employees	Spouses	Total
Enrolled in Health Plan in 2022	80	32	112
Enrolled all 12 Months	68	29	97
Had 0 Claims	5	3	8
% Total w/ 0 Claims (Enrolled 12 Months)	7.4%	10.3%	8.2%

Did not Participate in the Health Screening	Employees	Spouses	Total
Enrolled in Health Plan in 2022	70	22	92
Enrolled all 12 Months	18	5	23
Had 0 Claims	2	0	2
% Total w/ 0 Claims (Enrolled 12 Months)	11.1%	0.0%	8.7%

- Of the 10 participants with 0 claims, 9 were male

Assumptions:

- Employees & spouses enrolled in the health plan & eligible to participate in health screenings in 2022 were included (dependent children excluded)
- **Non-Union population only**
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Wellness Visit

Participated in the Health Screening	Employees	Spouses	Total
Enrolled in Health Plan in 2022	80	32	112
Enrolled all 12 Months	68	29	97
Had a Wellness Visit	19	16	35
% with a Wellness Visit (Enrolled 12 Months)	27.9%	55.2%	36.1%

Did not Participate in the Health Screening	Employees	Spouses	Total
Enrolled in Health Plan in 2022	70	22	92
Enrolled all 12 Months	18	5	23
Had a Wellness Visit	5	2	7
% with a Wellness Visit (Enrolled 12 Months)	27.8%	40.0%	30.4%

- Overall total employees & spouses enrolled for 12 months with a wellness visit was 35.0% (42 members)

Assumptions:

- Employees & spouses enrolled in the health plan & eligible to participate in health screenings in 2022 were included (dependent children excluded)
- **Non-Union population only**
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Screenings & Cost

Non-Union & Union Populations

Members with Screenings ⚙️				Members without Screenings (EEs & SPs Only) ⚙️			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	134	\$673,317	\$5,025	1	444	\$4,637,718	\$10,445

Members with Screenings (Excl 1 HCC) ⚙️				Members without Screenings (EEs & SPs, Excl 7 HCC) ⚙️			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	133	\$502,361	\$3,777	1	437	\$2,932,284	\$6,710


- Members with screenings cost \$5,420 less than members without screenings
- When excluding members with total claims over \$100k, members with screenings cost \$2,933 less per member than members without screenings


Assumptions:


- Employees & spouses enrolled in the health plan were included (dependent children excluded)
- **Non-Union & Union populations**
- **Members with screenings include 18 Union members who completed the nicotine swab**
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Screenings & Cost

Non-Union Population Only

Members with Screenings 				
	Group category 2	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	Non Union	112	\$618,117	\$5,519

Members with Screenings (Excl 1 HCC) 				
	Group category 2	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	Non Union	111	\$447,161	\$4,028

Members without Screenings (EEs & SPs Only) 				
	Group category 2	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	Non Union	92	\$259,117	\$2,816

No member without a screening was a high-cost claimant

- Members with screenings cost \$2,703 more than members without screenings
- When excluding members with total claims over \$100k, members with screenings cost \$1,212 more per member than members without screenings

Assumptions:

- Employees & spouses enrolled in the health plan & eligible to participate in health screenings in 2022 were included (dependent children excluded)
- **Non-Union population only**
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Cost by Health Score

Health Score for All Members ⚙️			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	133	\$502,361	\$3,777
Health Score 85-100 ⚙️			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	36	\$85,332	\$2,370
Health Score 70-84 ⚙️			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	36	\$113,103	\$3,142
Health Score 60-69 ⚙️			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	25	\$139,574	\$5,583
Health Score 50-59 ⚙️			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	6	\$42,703	\$7,117
Health Score 0-49 ⚙️			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	30	\$121,648	\$4,055

Assumptions:

- Employees & spouses enrolled in the health plan & who participated in health screenings in 2022 were included (dependent children excluded)
- **Non-Union & Union populations**
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- **1 high-cost claimant was excluded with a health score of 64**

Cost by Health Score

Health Score 70 and Above				Health Score 69 and Below			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	72	\$198,436	\$2,756	1	62	\$474,881	\$7,659

No member with a health score above 70 was a high-cost claimant

Health Score 69 and Below (Excl 1 HCC)			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	61	\$303,925	\$4,982

- When excluding a high-cost claimant, members with a health score of at least 70 cost \$2,226 less per member than members with a health score below 70

Assumptions:

- Employees & spouses enrolled in the health plan & who participated in health screenings in 2022 were included (dependent children excluded)
- **Non-Union & Union populations**
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- **1 high-cost claimant was excluded with a health score of 64**

Repeat Participants

Members who Participated in the Screening in 2021 & 2022

Members with Screenings					Members with Screenings (Excl 1 HCC)				
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2021	88	\$467,752	\$5,315	1	2021	87	\$343,314	\$3,946
2	2022	89	\$473,849	\$5,324	2	2022	88	\$302,893	\$3,442


- Members who participated in the screening both years experienced a similar costs both years
- Members who participated in the screening both years experienced a \$504 decrease in costs (when excluding a HCC)


Assumptions:


- Employees & spouses enrolled in the health plan & who participated in health screenings in 2022 were included (dependent children excluded)
- **Non-Union & Union populations**
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- **1 high-cost claimant was excluded with a health score of 64 & 59 in the year prior**



Repeat Participants

Health Score Improved by 15+ 				
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2021	12	\$47,205	\$3,934
2	2022	13	\$59,128	\$4,548

Health Score Improved by 10-14 				
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2021	9	\$22,305	\$2,478
2	2022	9	\$20,933	\$2,326

Health Score Improved by 5-9 				
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2021	10	\$30,720	\$3,072
2	2022	10	\$10,506	\$1,051

Health Score Improved 1-4 				
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2021	10	\$102,561	\$10,256
2	2022	10	\$44,694	\$4,469

Health Score Stayed the Same 				
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2021	18	\$67,880	\$3,771
2	2022	18	\$63,068	\$3,504

Health Score Decreased 				
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2021	28	\$72,643	\$2,594
2	2022	28	\$104,564	\$3,734

Assumptions:

- Employees & spouses enrolled in the health plan & who participated in health screenings in 2022 were included (dependent children excluded)
- **Non-Union & Union populations**
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- **1 high-cost claimant was excluded with a health score of 64 & 59 in the year prior**

Repeat Participants

Health Score Improvement of At Least 5 Points

	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Medical Provider Allowed Amount	RX Provider Allowed Amount	Medical Claim Count	RX Claim Count	Medical/RX Claim Count	Allowed per Member
1	2021	31	\$100,230	\$84,703	\$15,528	330	627	957	\$3,233
2	2022	32	\$90,567	\$47,973	\$42,594	402	750	1,152	\$2,830

Health Score Improvement of At Least 5 Points


	Year number	Member ID (Count Distinct)	Hypertension Maintenance RX Claim Count	Diabetes Maintenance RX Claim Count	Cholesterol Maintenance RX Claim Count	Hypertension Maintenance RX Amount Paid	Diabetes Maintenance RX Amount Paid	Cholesterol Maintenance RX Amount Paid	Allowed Rx PMPM
1	2021	31	83	0	56	\$157	\$0	\$271	\$42
2	2022	32	74	42	72	\$156	\$22,683	\$321	\$111

- Members with a health score improvement of at least 5 points from 2021 to 2022 experienced \$403 less in costs per member
- Diabetic maintenance medications increased in this population

Assumptions:

- Employees & spouses enrolled in the health plan & who participated in health screenings in 2022 were included (dependent children excluded)
- **Non-Union & Union populations**
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- **1 high-cost claimant was excluded with a health score of 64 & 59 in the year prior**

Diabetic Drugs

Highest Costing Diabetic Rx in 2022 							
	Year number	2021			2022		
	Drug Product Name	Members	Total amount paid	Paid per Quantity	Members	Total amount paid	Paid per Quantity
1	Trulicity	10	\$60,681	\$389	12	\$82,564	\$389
2	Jardiance	8	\$37,794	\$17	14	\$46,152	\$17
3	NovoLOG FlexPen	6	\$15,717	\$32	8	\$33,961	\$34
4	Ozempic (1 MG/DOSE)	1	\$4,839	\$269	9	\$27,666	\$271
5	Januvia	8	\$22,833	\$15	6	\$25,971	\$15
6	Ozempic (0.25 or 0.5 MG/DOSE)	6	\$10,395	\$400	7	\$15,063	\$418
7	Farxiga	2	\$5,639	\$16	4	\$12,352	\$16
8	Rybelsus	3	\$6,230	\$26	2	\$10,692	\$27
9	Saxenda	2	\$3,670	\$82	1	\$9,919	\$83
10	Levemir FlexTouch	1	\$346	\$23	1	\$9,232	\$29
	Total		\$168,144	\$33		\$273,572	\$37
	Grand Total	70	\$224,654		75	\$338,559	

Assumptions:

- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis



STAND-OUT-STATS & STORIES

Participant A: Improved their score by 25 points by losing weight, improving their blood pressure, GGT, and triglycerides, lowering their cholesterol and LDL, increasing their HDL.

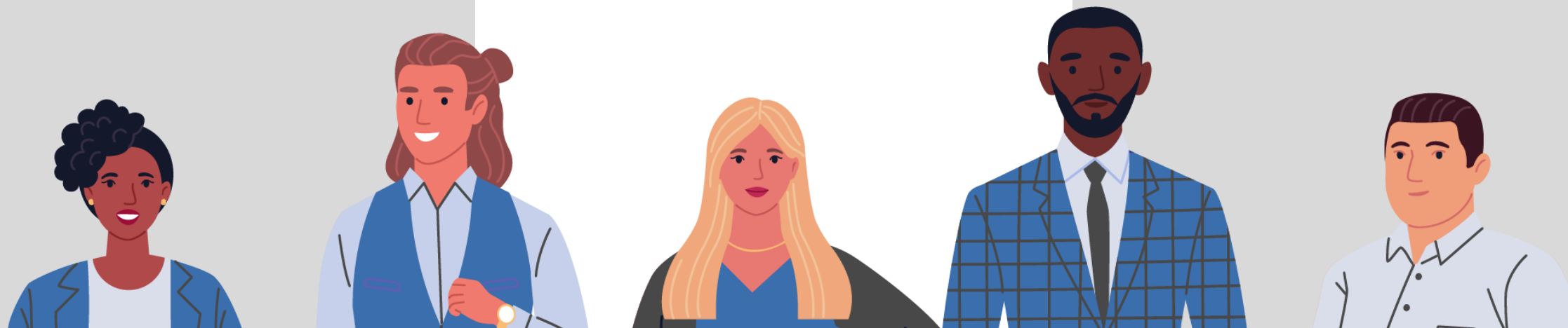
Participant B: Increased their score by 23 points and moved from a high risk to a low risk by improving their blood pressure, total cholesterol, HDL, LDL, glucose and quit smoking!

Participant C: Increased their score by 22 points by losing 10+ pounds, decreasing their waist & hip size, lowering blood pressure & glucose, and improving their HDL.

Participant D: Improved their score by 21 points by decreasing their waist & hip size, lowering triglycerides and GGT.

30 repeat participants improved their health score by 5+ or more points

- 10 of 30 participants improved 10+ points
 - 6 of the 10 improved by 20+ points



8 PARTICIPANTS RECEIVED A HEALTH SCORE OF 100
56 PARTICIPANTS RECEIVED A HEALTH SCORE OF 80+

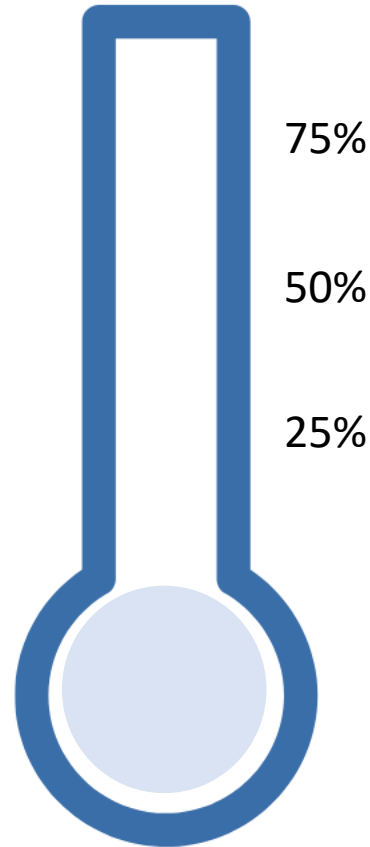
2023 GOALS AND STRATEGIES

2023 Goals	2023 Strategies	Overall Strategies
<p>Focus on Top Health Risks</p> <ul style="list-style-type: none"> Cholesterol Diabetes Body Composition 	<ul style="list-style-type: none"> Marketing campaign in November for cholesterol awareness month Promote participation in wellness challenges and recorded wellness presentations that focus on heart health, weight management, nutrition, etc. 	<ul style="list-style-type: none"> Quarterly pulse checks Strive Health HUB Leadership participation in challenges Monthly meeting with site contacts <ul style="list-style-type: none"> Create <i>'Wellness Minute'</i> for them to review <ul style="list-style-type: none"> Upcoming events Did you know? Reminder about screenings and incentive Reward Points Program Etc.
<p>↑ 8% enrollment and completion for those eligible for RAS</p>	<ul style="list-style-type: none"> RAS health coaching drip campaign provided after screenings are completed (total of 4 emails) Post screening wellness presentation 	
<p>Mental Health Awareness Campaign</p>	<ul style="list-style-type: none"> Monthly mental health campaign email to team members during months of June, July, August, September, and October Integrate mental health resources, like EAP, into wellness presentations and challenges 	

STRIVE PROGRAMMING GOALS

2
0
2
3

GOAL: 110



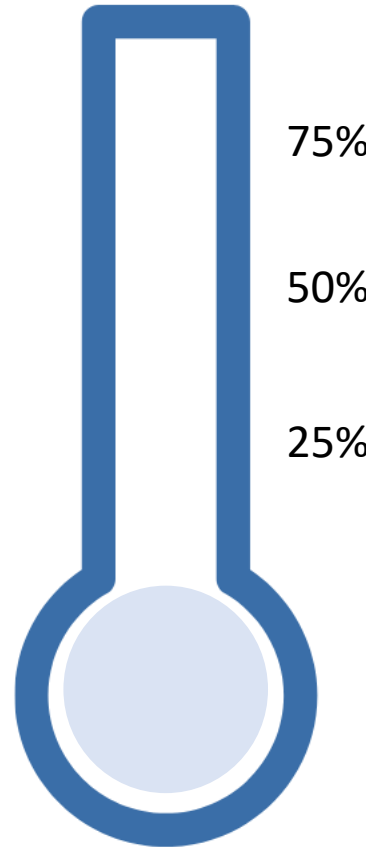
HRA Participation

2022: 94 completed

2023 Goal: 110

(17% increase)

GOAL: 10



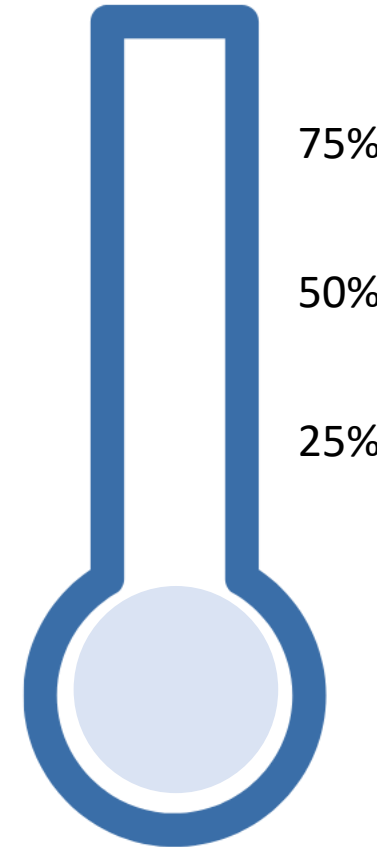
Challenge Participation

2022: 3 participants

2023 Goal: 10 total participants

(233% increase)

GOAL: 50%



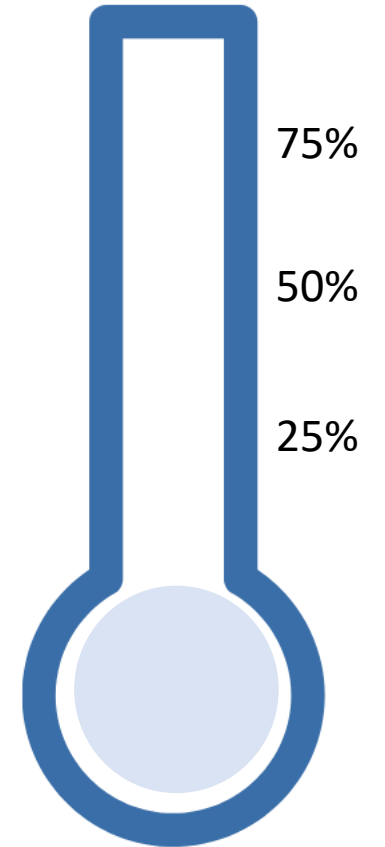
RAS Health Coaching

2022: 42%

2023 Goal: 50%

(8% increase)

GOAL: 70%



Health Screening Participation

2022: 56%

2023 Goal: 70%

(14% increase)



2023 WELLNESS CALENDAR

JAN

● Patient Experience & Empowerment

- National Drugs & Alcohol Facts Week: 1/20 - 1/26

FEB

● The Cost of Health & Self-Investment

- Wear Red Day: 2/5
- African Heritage & Health Week: 2/1 - 2/7

JUL

● Hearing Loss & Ear Safety

- UV Safety Month
- International Self-Care Day: 7/24

AUG

● Cannabis: Reducing Harm

- International Overdose Awareness Day: 8/31

MAR

● Practical Nutrition & Your Relationship with Food

- Neurodiversity Celebration Week: 3/21 - 3/27
- Happy, Healthy, Heart - Recording
- Q1 Reward Points Due: 3/31

APR

● The Environment & You

- National Oral Health Month
- Earth Day: 4/22
- Strive Corporate Challenge: 4/3 - 4/21

SEP

● Ergonomics, Posture, & Reducing Pain

- Pain Awareness Month
- Nutrition 101 - Recording
- Q3 Reward Points Due: 9/30

OCT

● Disillusionment, Community Action, & Self-Care

- World Food Day: 10/16
- The Beat Goes On: 10/9 - 10/23
- Health Screenings

MAY

● All About Allergies

- Women's Health Month
- Mental Health Awareness Week: 5/10 - 5/16

JUN

● Children's Mental Health

- National Migraine & Headache Awareness Month
- Stress Busters - Recording
- Q2 Reward Points Due: 6/30

NOV

● Perfectionism & OCD

- American Diabetes Month
- World Diabetes Day: 11/14

DEC

● Disconnect & Reconnect (To Your Youth)

- Human Rights Day: 12/10
- Q4 Reward Points Due: 12/29

- Awareness Observance Dates
- Wellness Challenge
- Wellness Presentation
- HRA/Quarterly Reward Points Dates

- **Webinar** - Held on the fourth Wednesday of each month at 12pm EST. Held on the third Wednesday for November & December



BIOMETRIC RISK BREAKDOWN



Kapnick
Strive

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).

BIOMETRIC DESCRIPTIONS

GAMMA-GLUTAMYLTRANSFERASE (GGT)

GGT is used for diagnosing and monitoring disease of the liver, gallbladder, bile ducts and bile. Levels outside of the normal range could indicate any form of liver disease or biliary obstruction.

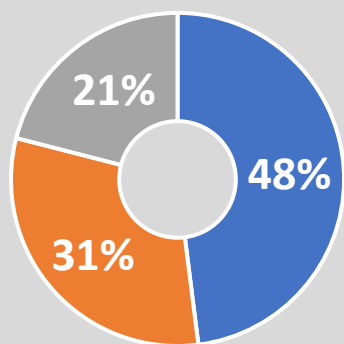
PROSTATE-SPECIFIC ANTIGEN (PSA)

Elevations in the PSA, or Prostatic-Specific Antigen, can occur from any inflammation of the prostate, including enlargement of the prostate gland, prostatitis or prostate cancer.

HEART HEALTH: TOTAL CHOLESTEROL

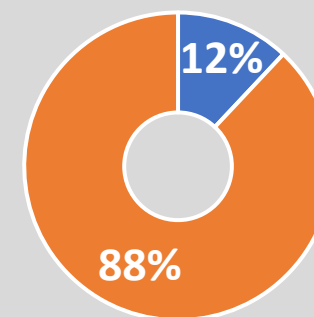
(HDL + LDL + TRIGLYCERIDES)

TOTAL CHOLESTEROL BREAKDOWN



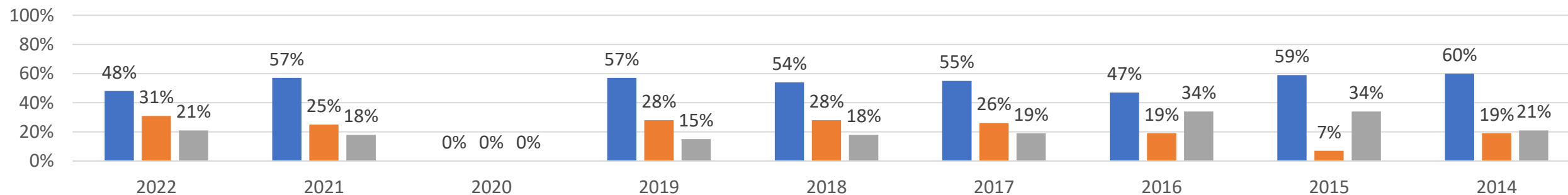
■ Low ■ Moderate ■ High

HIGH RISK AWARENESS



■ Aware ■ Not Aware

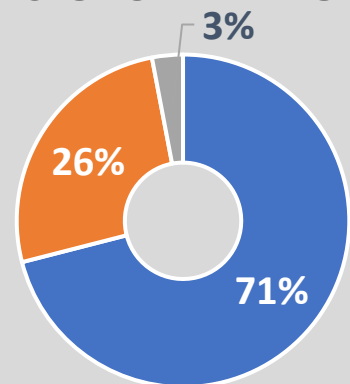
Low Risk = <200mg/dL Moderate Risk = 200-239mg/dL High Risk = ≥240mg/dL



■ Low ■ Moderate ■ High

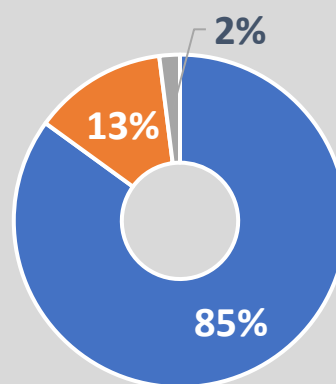
HEART HEALTH: BLOOD PRESSURE

SYSTOLIC BREAKDOWN



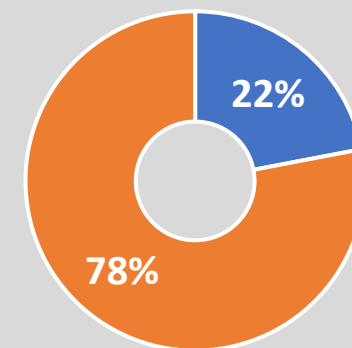
■ Low ■ Moderate ■ High

DIASTOLIC BREAKDOWN



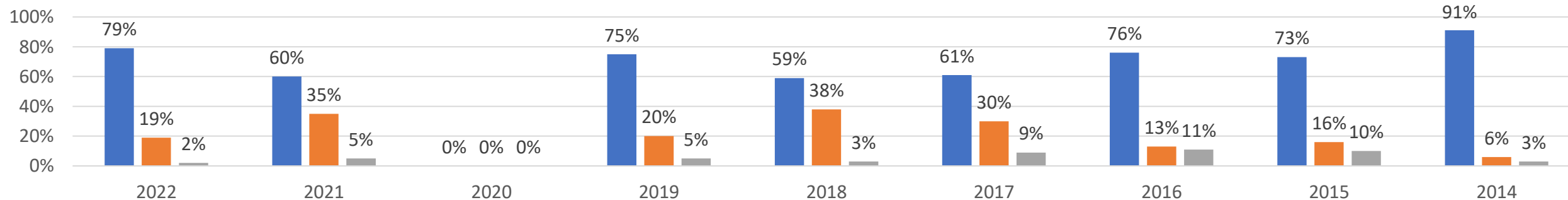
■ Low ■ Moderate ■ High

HIGH RISK AWARENESS



■ Aware ■ Not Aware

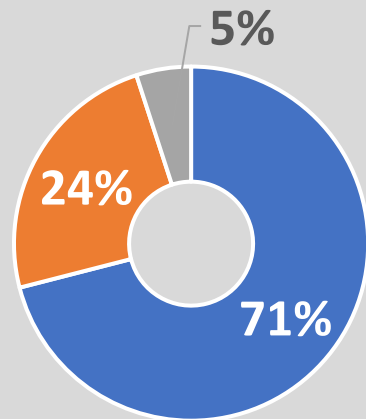
Low Risk = $\leq 121\text{mmHg} / \leq 81\text{mmHg}$ Moderate Risk = $122-140\text{mmHg} / 82-90\text{mmHg}$ High Risk = $\geq 141\text{mmHg} / \geq 91\text{mmHg}$



■ Low ■ Moderate ■ High

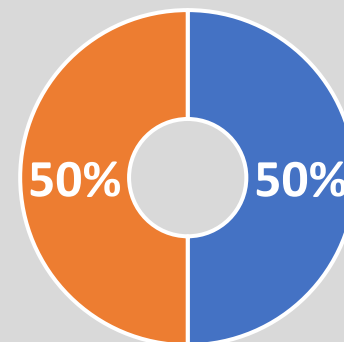
DIABETES: BLOOD GLUCOSE

BLOOD GLUCOSE BREAKDOWN



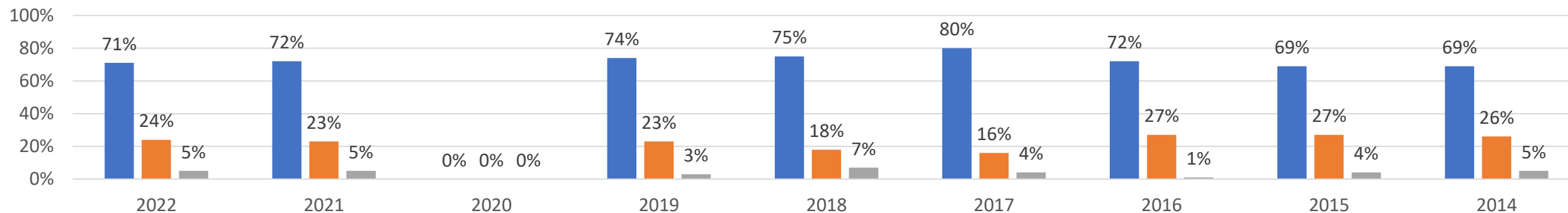
■ Low ■ Moderate ■ High

HIGH RISK AWARENESS



■ Aware ■ Not Aware

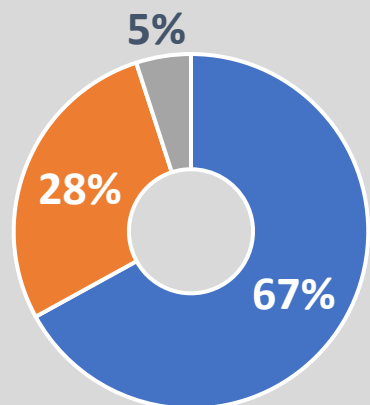
Low Risk = $\leq 100\text{mg/dL}$ Moderate Risk = $101-125\text{mg/dL}$ High Risk = $\geq 126\text{mg/dL}$



■ Low ■ Moderate ■ High

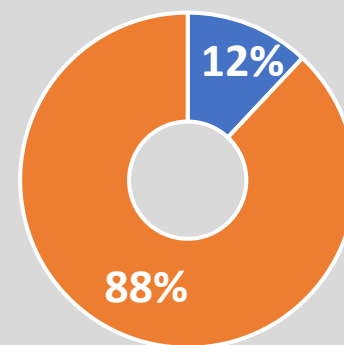
DIABETES: HEMOGLOBIN A1C

A1C BREAKDOWN



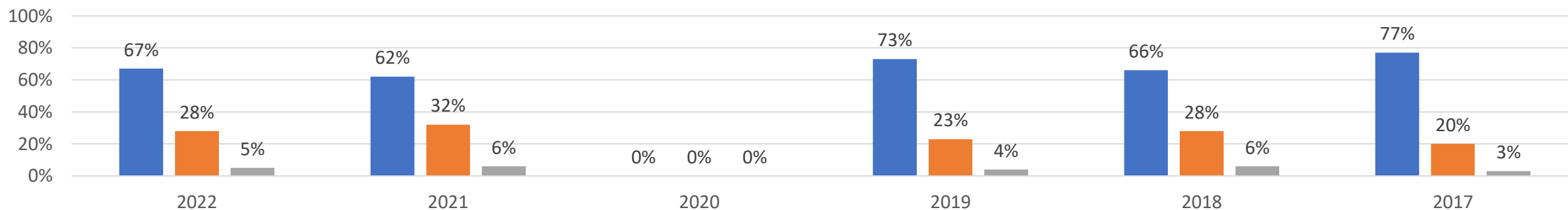
■ Low ■ Moderate ■ High

HIGH RISK AWARENESS



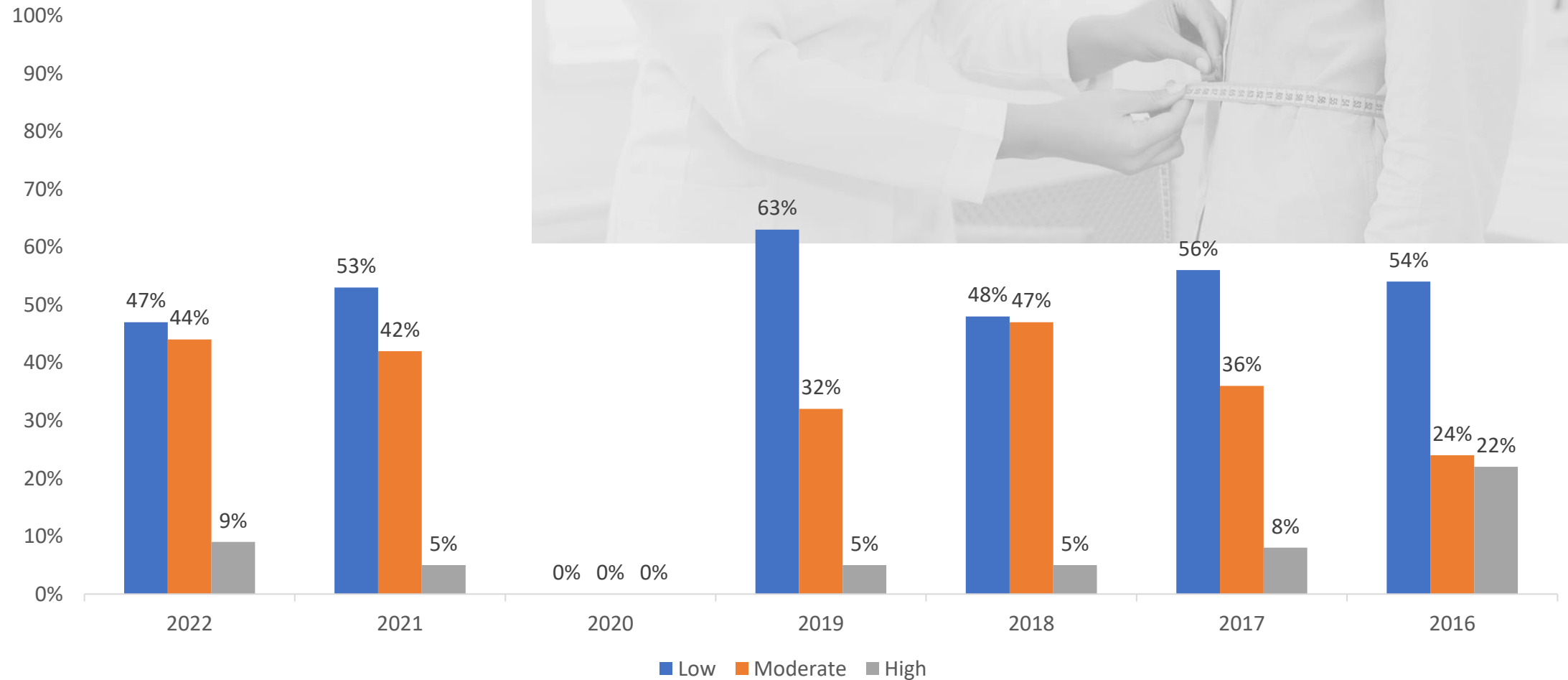
■ Aware ■ Not Aware

Low Risk = <5.7% Moderate Risk = 5.7%-6.4% High Risk = ≥6.5%



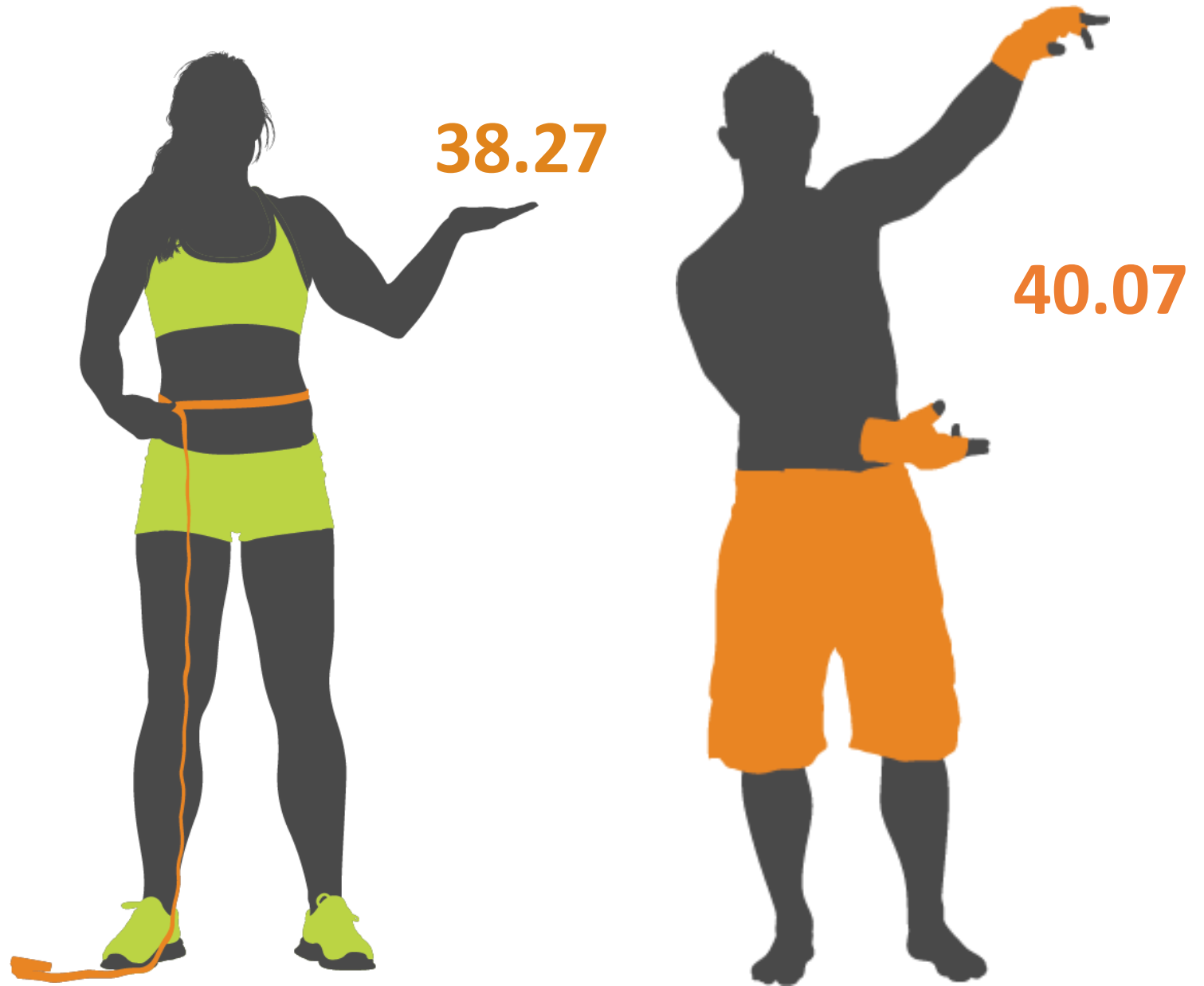
■ Low ■ Moderate ■ High

BODY COMPOSITION: BODY MASS INDEX



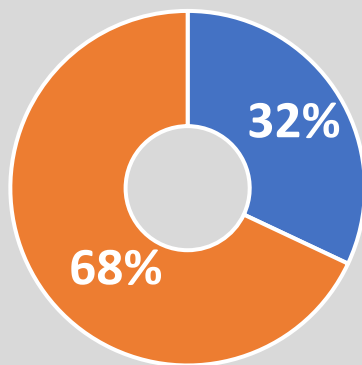
Low Risk = 18.5-29.9 Moderate Risk = 30-39.9 High Risk = ≥ 40

AVERAGE WAIST CIRCUMFERENCE FOR MEN AND WOMEN



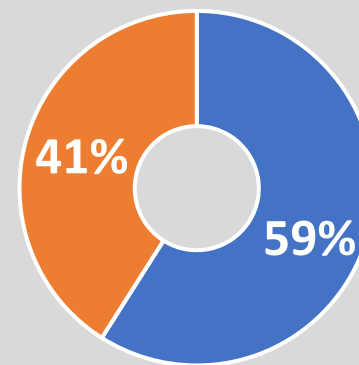
Female High Risk= >35 inches Male High Risk= >40 inches

TESTED POSITIVE
(includes tobacco swabs)

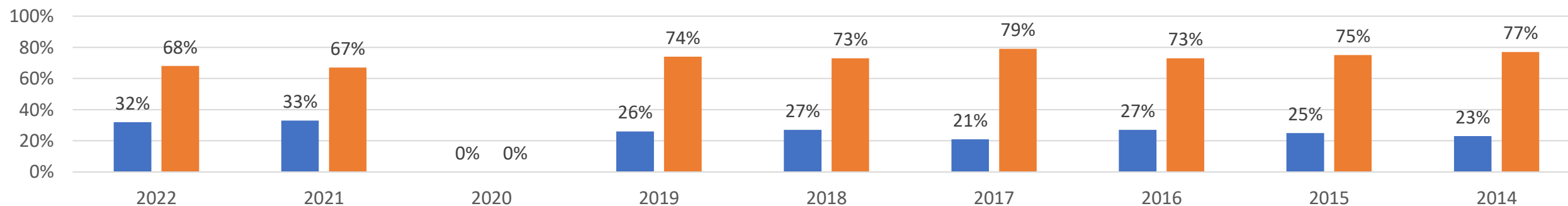


■ POS ■ NEG

INTERESTED IN QUITTING



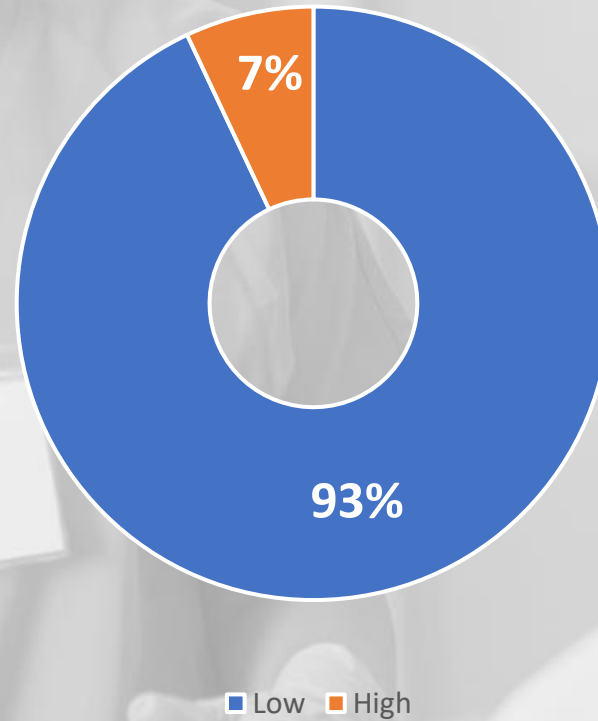
■ YES ■ NO



■ POS ■ NEG

GAMMA-GLUTAMYLTRANSFERASE (GGT) TEST RESULTS

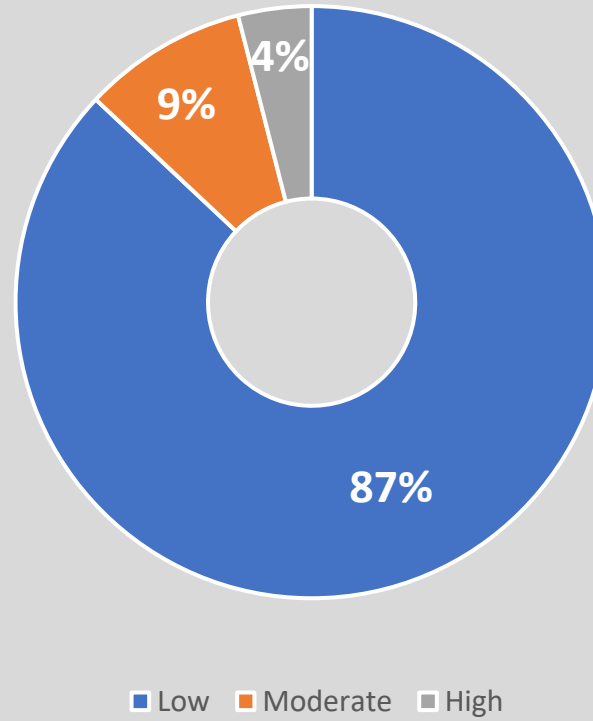
GGT BREAKDOWN



Low Risk = <66 High Risk = ≥ 66

ADDITIONAL TEST OFFERED

PROSTATE SPECIFIC ANTIGEN (PSA)



Low Risk = 0 - 2.4 Slightly Elevated= 2.5 – 6.5 Moderately Elevated = >6.6



Thank you!



Questions?