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## 2022 KEY FINDINGS

- All biometric averages, except for BMI, have continued to remain in low-risk range
- 94% of repeat participants remained in the low-risk range or made a positive risk migration based on health score
- No critical values were reported for 2022
- Metabolic syndrome risk decreased by 3% from 2021
- Average health score remains in the ideal risk range
- Care cost for the non screened population was \$238 less than those who were screened; however, they averaged 9 months enrolled in 2021 vs 11 for those who screened
- Care cost for those with lower risk scores is much higher than those with scores in the good or ideal range
- About half of those eligible to screen and enrolled for all of 2021 had a wellness visit during the year
- Of those adults enrolled for all of 2021 with a hypertension indicator, only about 1/3 took a medication for it in 2021
- Amongst adult diabetics, proper management is seen in medication and A1C for many but improvement is needed in kidney screenings

## **WELLNESS PRESENTATIONS**

- February Decluttering
- July Mindfulness Meditation
- September Improving Motivation & Self-Confidence
- November Fad Diets

#### **WELLNESS CHALLENGES**

- 3<sup>rd</sup> Annual Kapnick Strive Corporate Challenge
  - 30 Participants
- Positive Outlook
  - 13 Participants
- Full Body Blast
  - 16 Participants
- HIIT for 15
  - 10 Participants

## STRIVE REWARD POINTS PROGRAM

Quarterly and Annual Raffles

### **MONTHLY COMMUNICATIONS**

- Monthly Strive Newsletter
- Monthly Webinars

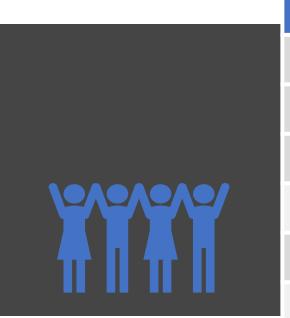
# 2021 EMPLOYEE EVENTS





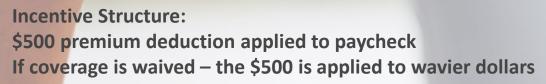
# TOTAL PARTICIPATION

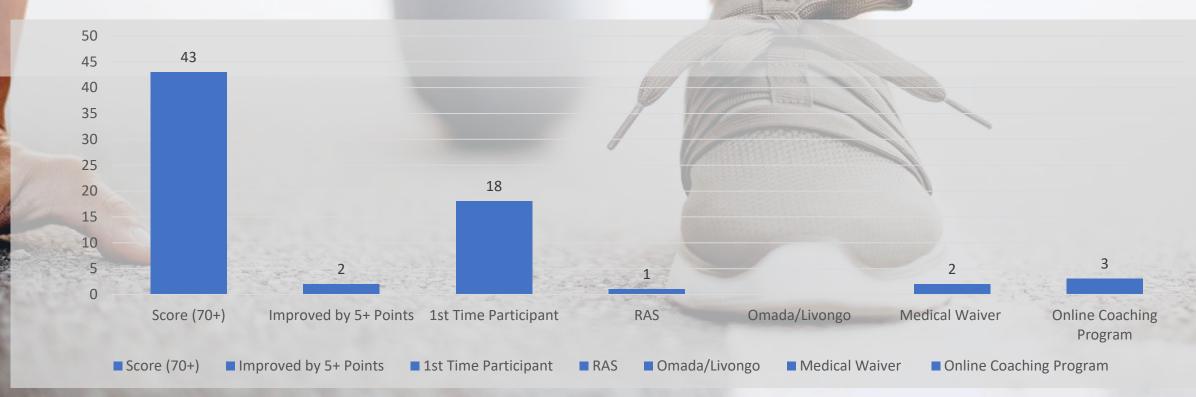
## **54 REPEAT PARTICIPANTS**



TOTAL PARTICIPATION	% OF EE Participation	AVG HEALTH SCORE
72	44%	85
83	57%	84
-	-	-
93	66%	87.5
101	63%	84
79	49%	83
100	61%	79
	PARTICIPATION  72  83  -  93  101  79	PARTICIPATION       Participation         72       44%         83       57%         -       -         93       66%         101       63%         79       49%

# WELLNESS INCENTIVE BREAKDOWN







# PROGRAM OUTREACHES

## **CRITICAL VALUES**

There were no critical values reported in 2022

### **HEALTH COACHING**

- 60 or below: 4 participants scored 60 or below
  - A health coach was able to connect with 3 out of the 4 participants
- RAS health coaching program: 3 eligible
  - 1 participant has completed the program to become eligible for the incentive
- Online health coaching (Korea employees)
  - o 3 employees completed

## BIOMETRIC AVERAGES

Biometric	2022 Repeat Participants	2022 AVG	2021 AVG	Strive AVG	Ideal Range
Health Score	84.65	85	84	79	70 - 100
ВМІ	31.6	30.9	30.5	29.8	18.5 - 29.9
Waist/Hip Ratio	0.86	0.85	0.89	0.91	<= 0.95
BP: Systolic	116.8	116	117	120	≤121mmHg
BP: Diastolic	73.7	73	75	76	≤81mmHg
Total Cholesterol	188	188	189	187	<200mg/dL
HDL Cholesterol	59	59	60	54	>=50
LDL Cholesterol	107	107	106	107	<=129
Triglycerides	124	107	112	131	<150
Blood Glucose	94	93.5	92.4	100	≤100mg/dL
Hemoglobin A1C	5.5	5.4	5.4	5.5	<5.7%
Average Age	43	41	41	47.8	

<sup>\*</sup> Strive AVE Benchmarking reflects data for all Kapnick Strive Biometric Clients

# AVERAGE SCORE – 85

Ideal = 100-85

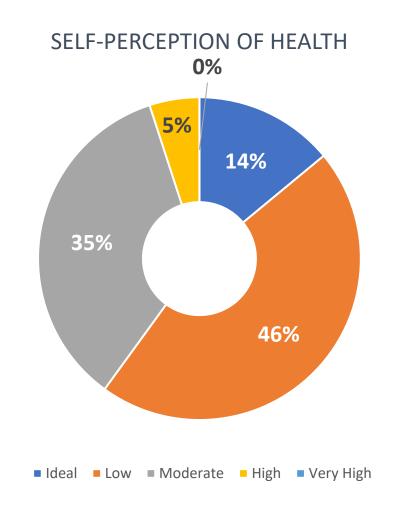
Low Risk = 84-70

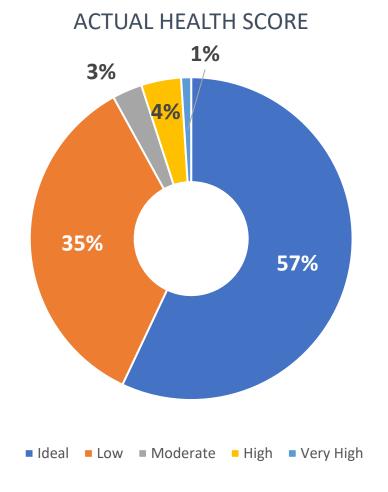
Moderate Risk = 69-60

High Risk = 59-50

Very High Risk = 49-0

## SELF-PERCEPTION VS ACTUAL HEALTH







# HEALTH SCORE BENCHMARKING





## METABOLIC SYNDROME RISK

#### Prevalence of Metabolic Syndrome – 3 or more risk factors



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** 



50 94%

REMAINED MODERATE OR HIGH/V HIGH



**MADE A NEGATIVE RISK MIGRATION** 





## 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	
	70%	<u> </u>	19%		11%	

#### **Blood Glucose**

	risk or made a k migration	Remained in moderate or high risk		Made a negative risk migration	
•	84%	<u> </u>	10%		6%

## **Systolic Blood Pressure**

	risk or made a k migration	Remained in moderate or high risk		Made a negative risk migration	
•	69%	<u>:</u>	15%		16%

#### **Hemoglobin A1C**

risk or made a k migration		moderate or risk	egative risk ation
74%	<u> </u>	11%	15%

#### **Diastolic Blood Pressure**

	risk or made a k migration		moderate or risk	egative risk ration
•	87%	<u> </u>	2%	11%

#### **Tobacco**

risk or made a k migration	Remaine	d positive	egative risk gration
93%	<u> </u>	5%	2%

# TOP RISK FACTOR

**DIABETES** 



HEART HEALTH



**BODY COMPOSITION** 







# STAND-OUT-STATS & STORIES

Participant A: Improved their health score by 20 points, which moved them from moderate risk to ideal risk. They achieved this by improving their blood pressure, BMI, and waist circumference!

Participant B: Improved their health score by 15 points, which moved them from moderate risk to ideal risk. They achieved this by improving losing 30+ pounds, decreasing waist circumference, and lowering their blood pressure, total cholesterol and triglycerides.

Two participants improved by 19 points!

One participant improve by 16 points!









13 PARTICIPANTS RECEIVED A PERFECT HEALTH SCORE OF 100









# COMORBIDITIES & CLAIMS ANALYSIS VIA KAPNICK LENS





## POPULATION QUALIFICATIONS

Member Type	Employee Count
Screened and Enrolled in Health Plan in 2021	63
Screened & Enrolled all 12 Months	54
Screened with Approved Claims	58
Did Not Screen and Enrolled in Health Plan in 2021	68
Did Not Screen & Enrolled all 12 Months	45
Did Not Screen with Approved Claims	64
% Screened w/ 0 claims	8%
% Did not Screen w/ 0 claims	6%
% Total w/ 0 claims	7%

#### **Assumptions**

- Considered individual employees who were eligible to participate in the health screenings offered in 2022
- Represents claims incurred from January through December 2021 and paid through April 2022
- Excludes approved amounts for 2 employees who did not screen with: Cystic Fibrosis (\$98,947) and Multifocal Motor Neuropathy (\$176,499) as these conditions are genetic and/or autoimmune in nature without known cause and 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)
- Average months enrolled for screened participants was 11 months vs 9 months for non screened





## APPROVED CLAIM RESULTS

Member type	Allowed Amt	Count	Amt/Mem
EE Screened (with large claim)	\$346,339	63	\$5,497
EE Screened (without large claim)	\$276,073	62	\$4,453
EE Did Not Screen (excludes large claims)	\$357,636	68	\$5,259
Difference in Approved Care (with large claim)			\$238
Difference in Approved Care (without large claim)			(\$806)

- 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 includes a large claim for complicated pregnancy/gastric bypass for \$70,266
- EE Did Not Screen excludes \$176,499 (multifocal motor neuropathy)
- EE Did Not Screen excludes \$98,847 (cystic fibrosis)





# ALLOWED AMOUNTS BY RISK SCORE

Participating	Medical/Rx	Member	Claims Per
Employee	Allowed Amount	Count	Member
85 - 100	\$130,976	33	\$3,969
70 - 84	\$149,908	24	\$6,246
60 - 69	\$25,281	2	\$12,641
50 - 59	\$38,954	3	\$12,985
49 and below	\$1,220	1	\$1,220
Total	\$346,339	63	\$5,497

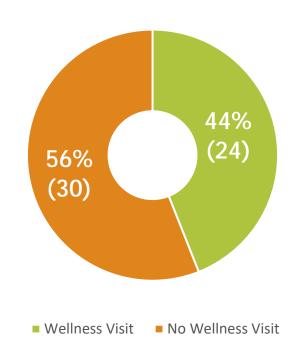
- Approved Medical/Rx allowed amount by health score range for screened employees
- Represents claims incurred January December 2021 and paid through April 2022
- 70-84 includes large claimant of \$70,266 (pregnancy/gastric bypass)



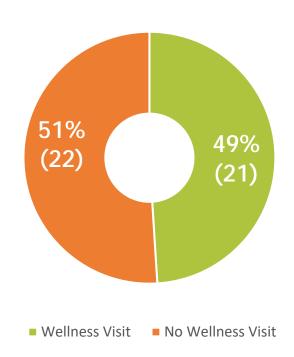


## **WELLNESS VISIT**

#### **SCREENED**



#### **NON-SCREENED**



- Considered individual employees who were eligible to participate in the health screenings offered in 2022 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
- Exclude large claimants with cystic fibrosis and multifocal motor neuropathy diagnoses





# 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)

36

13

- Adults born 2002 or earlier (age 19+) enrolled every month in 2021: 101 Employees. 48 Spouses. 33 Children. 182 Total. 2021 Average Age 40.
- 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









# GAPS IN CARE – Lens Data

<b>Diabetes Member Count</b> (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
18	11	5	13

- Adults born 2002 or earlier (age 19+) enrolled every month in 2021: 101 Employees. 48 Spouses. 33 Children. 182 Total. 2021 Average Age 40.
- 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









# 2022 GOALS AND STRATEGIES

2022 Goals	2022 Strategies	Overall Strategies
Target Top Health Risks  Diabetes Heart Health Body Composition	<ul> <li>Promote participation in wellness challenges that focus on heart health, weight management, nutrition, etc.</li> <li>Push for Omada and Livongo utilization</li> </ul>	<ul> <li>Advertise quarterly wellness testimonials or participant spotlights</li> <li>Distribute an updated wellness needs and interest survey</li> <li>Utilization of Strive Health Hub to increase utilization of current resources</li> </ul>
Increase screening participation by 35%	<ul> <li>Prize raffle – anyone that logins and signs up for their health screening will be entered into a raffle</li> <li>Increase wellness incentive amount</li> <li>Allow covered spouses to participate in screenings</li> </ul>	
Encourage RAS enrollment and completion	<ul> <li>Communicate Omada and Livongo as RAS options along with the strive RAS health coaching program</li> </ul>	







# BIUIVIE I P RESULTS **BIOMETRIC**



## **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 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** 

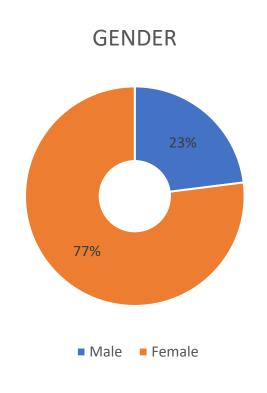
Nicotine use presents a serious risk to individuals. Those who abuse tobacco not only have increased rates of cancer and other diseases, but they are more likely to miss work. The CDC estimates that tobacco use costs \$156 billion in lost productivity each year and \$170 billion in healthcare expenditures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

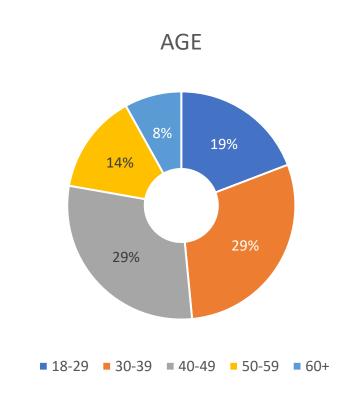
GAMMA-GLUTAMYLTRANSFERASE (GGT)

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.



## 2022 DEMOGRAPHICS





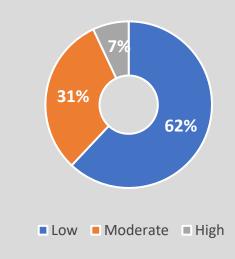
**AVERAGE - 41** 



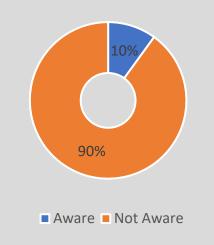
## HEART HEALTH: TOTAL CHOLESTEROL

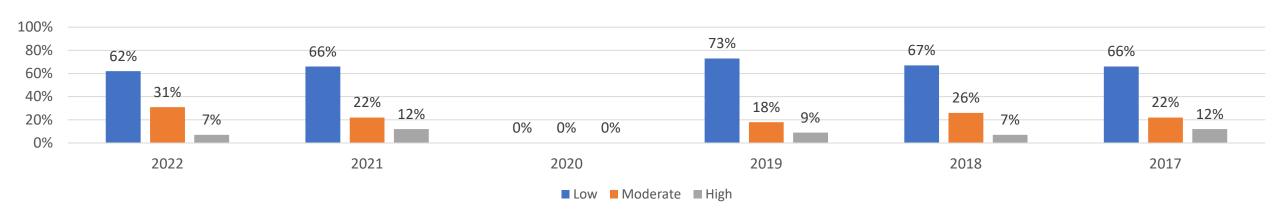
(HDL + LDL + TRIGLYCERIDES)

#### **TOTAL CHOLESTEROL BREAKDOWN**



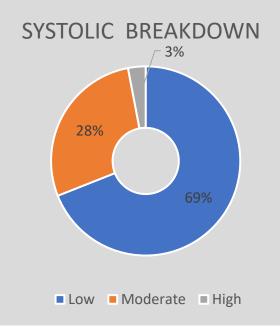
#### HIGH RISK AWARENESS

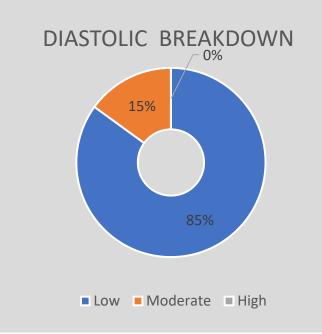


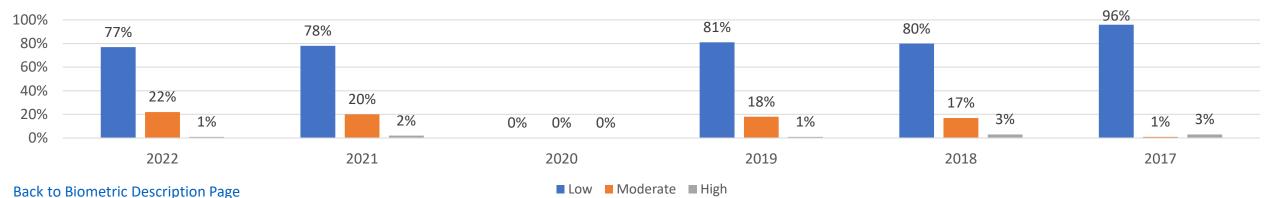




# HEART HEALTH: BLOOD PRESSURE



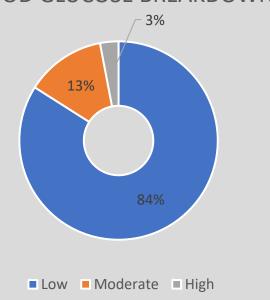


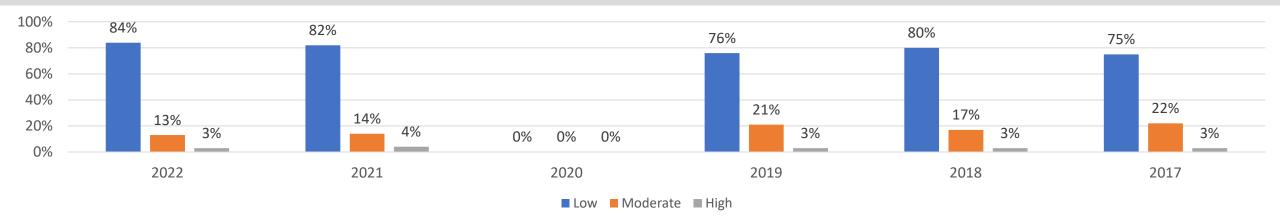




# DIABETES: BLOOD GLUCOSE

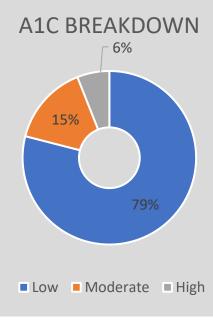
#### **BLOOD GLUCOSE BREAKDOWN**

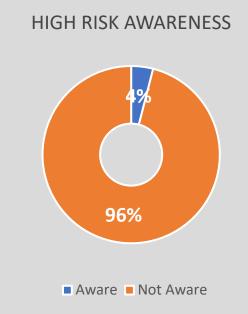


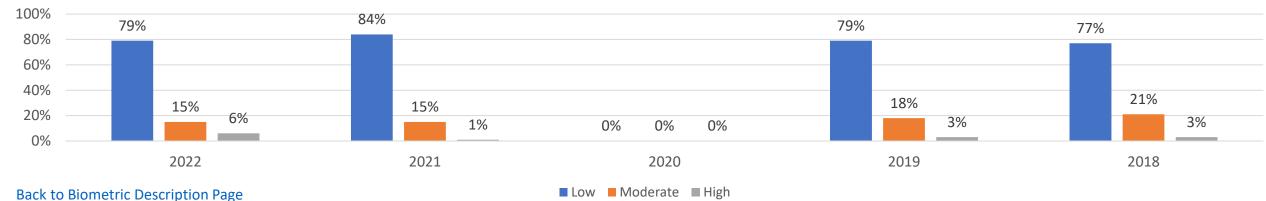




## DIABETES: HEMOGLOBIN A1C

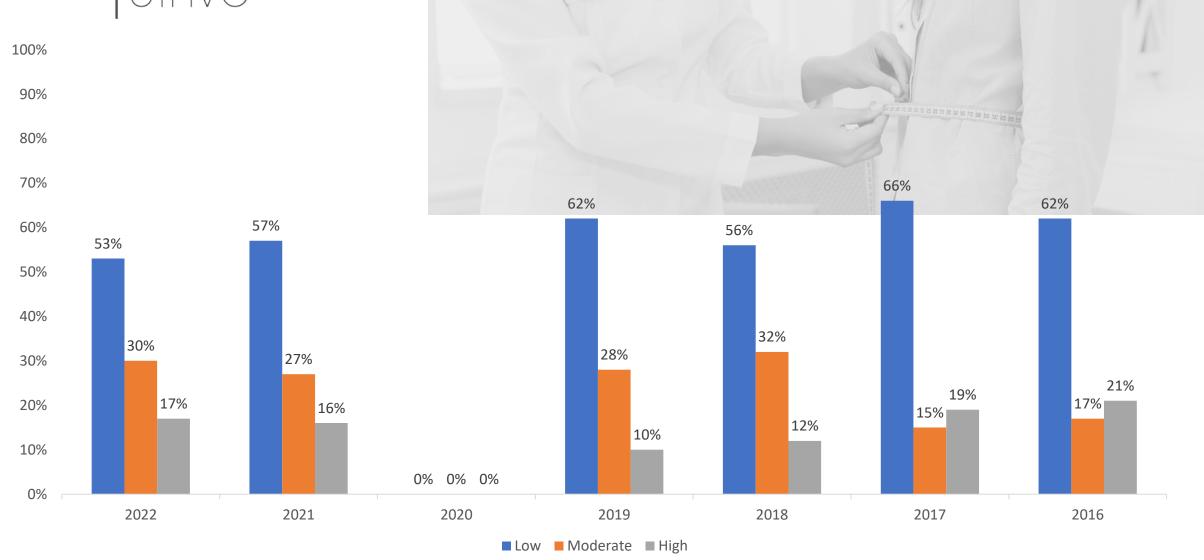






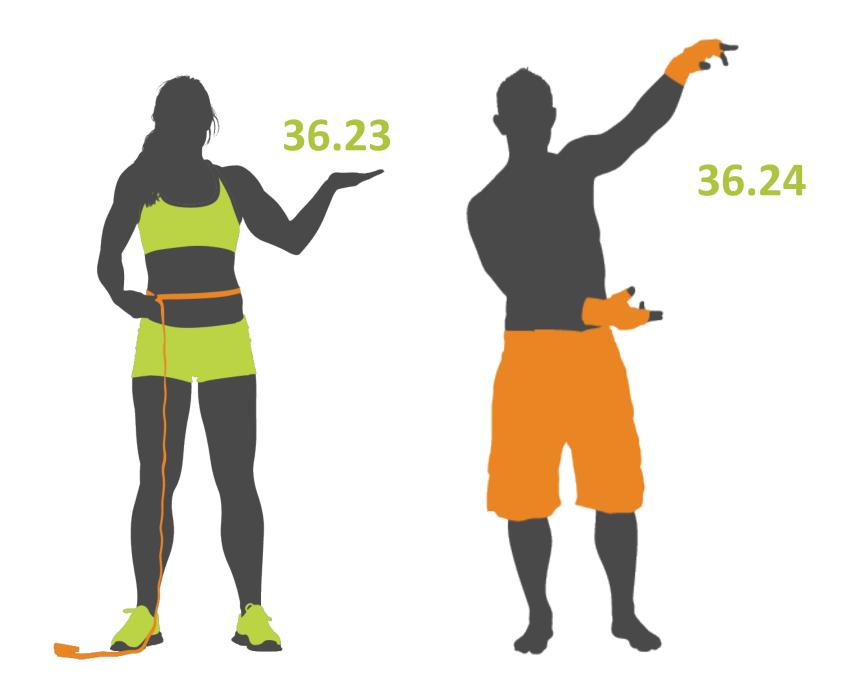


## BODY COMPOSITION: BODY MASS INDEX



# AVERAGE WAIST CIRCUMFERENCE FOR MEN AND WOMEN

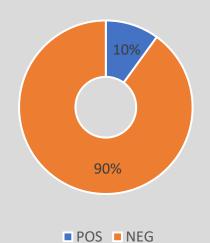




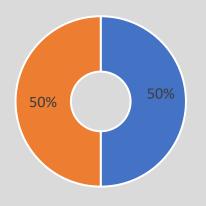


# NICOTINE USE

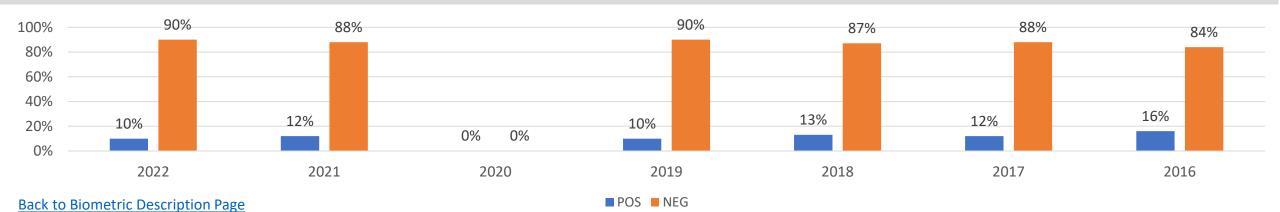
#### **TESTED POSITIVE**



#### INTERESTED IN QUITTING



■ Interested in Quitting ■ Not interested





## GAMMA-GLUTAMYLTRANSFERASE (GGT) TEST RESULTS

