The CDC has called chronic disease “the public health challenge of the 21st century.”

One of the greatest challenges in the field of chronic disease is how to reduce the incidence of diabetes at a population level. The Centers for Disease Control and Prevention (CDC) estimates that one out of three adult Americans (86 million) has prediabetes; and nine out of ten of these adult are unaware of their condition.\(^1\) Prediabetes, and the associated overweight or obese status, is a major risk factor for diabetes. In turn, diabetes increases the risk for cardiovascular disease, which remains the leading cause of death in the United States.\(^3\) The American Diabetes Association (ADA) estimated the cost of diabetes in 2012 alone to be over $245 billion dollars.\(^4\)

And yet, prediabetes is a treatable condition. Screening and early intervention are key to preventing progression to type 2 diabetes. Organizations such as the ADA, American Medical Association (AMA), and the Centers for Disease Control and Prevention (CDC) all support regular glucose screening among at-risk patients.\(^5\) And the US Preventive Services Task Force (USPSTF) has given a Grade B recommendation to screening for abnormal blood glucose as part of cardiovascular risk assessment for overweight or obese adults age 40-70. USPSTF also recommends referring patients with abnormal blood glucose to intensive behavioral counseling interventions.\(^6\)

Behavioral counseling is recommended for prediabetes and cardiovascular risk reduction.

Prediabetes, diabetes, and cardiovascular risk are closely related. The USPSTF has given a Grade B recommendation to offering or referring adults who are overweight or obese with risk factors for cardiovascular disease to intensive behavioral counseling to promote a healthy diet and physical activity.\(^7\) The evidence cited by the USPSTF specifically mentions the Diabetes Prevention Program (DPP) as an evidence-based treatment. The DPP was tested extensively by the National Institutes of Health (NIH) through a large randomized controlled trial that showed a 58% reduction in the 3-year incidence of diabetes and reductions in cardiovascular risk factors.\(^8\)^{9}
**The Diabetes Prevention Program (DPP) is the intervention of choice.**

The DPP combines the guidance of a health coach, the support from a peer group, and a prescribed 16-week curriculum focused on creating healthier habits around diet and physical activity. Once participants complete the initial 16 weeks, they can continue to focus on challenge areas with the support of their coach and peer group for another 8 months. The program can be delivered in-person or online.

In-person DPPs serve a limited number of participants at a time and tend to be delivered in more densely populated locations. As such, they can’t always accommodate prospective participants’ schedules and logistics. Digital DPPs expand patient choice and increase access. They also introduce new means to optimize and personalize the program.

The CDC oversees DPP program standardization through the Diabetes Prevention Recognition Program (DPRP) and maintains a registry of recognized programs. Both the AMA and the CDC recommend the DPP as the intervention of choice for prediabetes.

**Coverage for DPP will be mandated for Medicare and Medicare Advantage plans starting on 1/1/18.**

As an evidence-based program that satisfies a USPSTF Grade B recommendation, the DPP is a covered preventive service for patients with prediabetes or cardiovascular risk, per the Affordable Care Act (ACA). In March 2016, the Center for Medicare and Medicaid Services (CMS) announced the planned expansion of DPP as a covered benefit for all eligible Medicare beneficiaries effective January 1, 2018.

In July of 2016, the Institute for Clinical and Economic Review (ICER) released its final report recommending that payers should cover CDC-recognized DPPs, require no patient copay, and establish pay-for-performance contracts based on outcomes.

**Omada Health offers best in class digital DPP.**

With 80,000+ participants enrolled to date, Omada Health is the largest CDC-recognized DPP provider and is registered in the Diabetes Prevention Recognition Program (DPRP). At its foundation, the Omada program employs a proprietary curriculum which meets the DPRP
standards for DPP. During the first 16 weeks of the program, participants learn to build new, healthy behaviors. This is followed by a maintenance program that helps them sustain the new behaviors. Online communities provide social support and promote accountability and shared experience, core components of the DPP. And a professional health coach facilitates group interactions and provides individual counseling.

Other unique features of the Omada program include:
- Digital tracking tools including a cellular-connected weight scale that automatically uploads data to the participant’s account;
- Interactive design that includes gamification to promote engagement;
- Data science used to personalize the experience for each participant; and
- Expanded program eligibility for individuals at risk for cardiometabolic disease.

The Omada program has peer-reviewed evidence of clinical efficacy.

A longitudinal clinical trial of 220 adults at-risk for diabetes who enrolled in the Omada program showed that the participants reduced their weight by an average of 4.2% and A1C levels from 6.0% to 5.6% over two years. These results were superior to a 22-study meta-analysis of DPP interventions: (4.9 kg weight loss for Omada versus 2.1 kg pooled meta-analysis). Omada has also established feasibility among underserved populations and results to date for these populations compare favorably with in-person DDP. The results among seniors included in an Omada study are also favorable, with high engagement and 6.8% weight loss at 6 months.

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**BLOOD SUGAR LEVEL: HBA1C REDUCTION**

<table>
<thead>
<tr>
<th>HBA1C Values</th>
<th>Start</th>
<th>1 year</th>
<th>2 years</th>
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<tbody>
<tr>
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<td>5.8</td>
<td>5.6</td>
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**Prediabetes Range**

Normal Range

<table>
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<th>% Weight Loss</th>
<th>Baseline</th>
<th>16 weeks</th>
<th>1 year</th>
<th>2 years</th>
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<tr>
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<td>-2</td>
<td>-4</td>
<td>-6</td>
<td></td>
</tr>
</tbody>
</table>

**2-YEAR WEIGHT LOSS RESULTS**

Baseline 16 weeks 1 year 2 years
The Omada program is designed to deliver a return on investment with performance-based pricing.

The Omada program is designed to reduce healthcare expenditures. Based on the average results across our participant population, the Omada program provides an estimated cumulative gross savings over three years of $1,055 per participant, and $2,214 over five years. In an analysis of over 1,100 seniors ages 65 or older who participated in the Omada program, gross cumulative per capita medical savings ranged from $1,720 to $1,770 at three years, and $3,840 to $4,240 at five years.

Omada offers performance-based pricing and claims-based billing, which make its program affordable and easy to implement. Health plans that offer the Omada program to their at-risk members can:

- comply with USPSTF recommendations
- incorporate ICER’s key recommendations
- receive Medicare reimbursement beginning in 2018
- support diabetes and Cardiovascular Disease (CVD) risk reduction
- reduce their costs of care


15 Sepah SC, Jiang L, Peters AL. Translating the Diabetes Prevention Program into an Online Social Network: Validation against CDC Standards. Diabetes Educ. 2014 Apr 10;40(4):435-443. Study funded by Omada Health. Results are based on study participants only; actual results may vary based on age, gender and other individual and demographic factors.

16 Sepah SC, Jiang L, Peters AL. Long-term outcomes of a Web-based diabetes prevention program: 2-year results of a single-arm longitudinal study. J Med Internet Res 2015 vol 17 iss. 4 e92. Study funded by Omada Health. Results are based on study participants only; actual results may vary based on age, gender and other individual and demographic factors.


21 Su W, Chen F, Dall TM, et al. Return on Investment for Digital Behavioral Counseling in Patients with Prediabetes and Cardiovascular Disease. Preventing Chronic Disease. 2016. Vol 13, E13. Study funded by Omada Health; Omada Health had no role in the study/model design and data analysis. Estimated savings calculations are based on the study model using average weight loss per participant across Omada Health’s participant population as of October 2016. Actual results and cost savings may vary based on age, gender and other individual and demographic factors.