



BRIEF REPORT

# Weight Health at One Year

**Outcomes from  
Omada's Enhanced  
GLP-1 Care Track**

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## SUMMARY

**Medication therapy and lifestyle support go hand in hand in obesity care, especially when we consider GLP-1s. The Omada Insights Lab evaluated outcomes in the Enhanced GLP-1 Care Track at one year, and found that persistence rates and weight loss surpassed published real-world estimates.**

### **Key findings include:**

**67%**

of Omada members were persistent on their medication at one year and experienced weight loss comparable to clinical trials

**18.4%**

Average weight loss at one year in the program was 18.4% for members persistent on medication and 13.1% for members who discontinued before one year

**10.4**

Members completed more than 10 actions a week on average

The convergence of healthcare and health tech innovation has ushered in a new era in obesity treatment where some patients have access to highly effective anti-obesity medications coupled with virtual lifestyle support programs. What remains to be seen is how these two resources are working together for people long-term in the real world. That's why, as part of the ANSWERS initiative, the Omada Insights Lab continues to monitor the progress of members in our Enhanced GLP-1 Care Track, which launched in June 2024. This enhanced care experience, described in detail in [previous papers](#), provides support specifically tailored to members using GLP-1 medications for weight loss.

Our Enhanced GLP-1 Care Track was designed to support members in learning and practicing lifestyle skills to promote long-term weight health and manage challenges that come with GLP-1 use. This care experience provides specialized care team support and content specific to Nutrient-Stimulated Hormone (NuSH)-based therapies (commonly referred to as GLP-1s), on top of Omada's tried and true lifestyle support programming. Together, this program aims to help members optimize their medication experience and build a toolkit of skills to maintain these benefits long term.

**Early outcomes** from the Enhanced GLP-1 Care Track indicated that members were interested and actively engaged in the program and that they were experiencing increased self-efficacy during their participation. **At six months**, members achieved average weight loss on par with the impressive results seen under the optimal conditions of clinical trials, and relatively greater medication persistence than what has been reported in other real-world settings. How members fare in the longer term is the question of interest now that they have been in the program and faced the real-world experience of ongoing medication management for a full year.

In its latest analysis, the Omada Insights Lab evaluated 965 members without diabetes who self-reported GLP-1 use and were part of the Enhanced GLP-1 Care Track for 12 months.

## Enhanced GLP-1 Care Track Population (n=965)

### CHARACTERISTIC

Mean baseline weight (lbs)	237.3
Mean baseline BMI (kg/m2)	38.7
% female	84.1%
% white	73.5%
Mean age (years)	46.8
Annual household income \$100,000 or greater*	53.0%
Time on med at baseline (weeks)	2.9

### GLP-1 MEDICATION REPORTED AT BASELINE

Injectable semaglutide (Wegovy®, Ozempic®)	40.3%
Tirzepatide (Zepbound®, Mounjaro®)	57.5%
All other	2.2%

### OMADA PROGRAM

Omada for Prevention & Weight Health	84.0%
Omada for Hypertension	16.0%

\*After accounting for the 37% of members in this sample who did not report household income

As described in [previous](#) analyses of this care track, pharmacy claims data were used to confirm that these members were relatively new to medication (-60 to +30 days) at program start. Pharmacy data were also used to determine medication persistence and to confirm consistent use of the

same medication (e.g. injectable semaglutide or tirzepatide). Individuals who switched and used multiple medications were grouped under “all other.”

When members join the enhanced care track shortly before or after initiating a new medication, a lot of attention is put on medication education, what side effects to expect, and what members can do to mitigate side effects. By the time members have been in the program for six months to a year, support provided shifts to focus more on promoting long-term health and practicing health-promoting skills. Members continue to receive a higher touch of support from the care team and support from peers with similar experiences via Omada member communities.

Through one year in the Enhanced GLP-1 Care Track, members included in this analysis completed an average of 10.4 action-oriented program actions per week, including meal, physical activity, and weight tracking, care team and community interactions, lesson completion and goal setting. This high level of ongoing meaningful engagement suggests interest in lifestyle support and reflects active participation that is more likely to lead to tangible benefits.

## Weight loss and persistence surpass published real-world estimates at one year

Members in the analysis who stayed in the Enhanced GLP-1 Care Track for 12 months lost on average 16.3% of their baseline weight. Existing real-world evidence reporting weight loss for a similar population is limited; however, one such [study](#) reported that a cohort of patients taking a GLP-1 for weight loss and receiving standard clinical care achieved 8.7% weight loss on average. The larger magnitude of weight loss in the Omada cohort is likely due to several factors, including but not limited to the additional motivation in members who engage in this type of wrap-around support, as well as:

### The benefit of persistence.

An impressive 67% of members were still taking their GLP-1 medication at one year compared to 47-49% in the other published [real-world study](#). As the Insights Lab has explored [previously](#), GLP-1 persistence is known to be a key driver of a greater magnitude of weight loss. Enhanced GLP-1 Care Track members in the analysis who persisted on their medication experienced an average weight loss of 18.4% at one year. Members who discontinued medication before the full year experienced a 13.1% average weight loss at the 12-month mark, suggesting they not only lost the weight but also maintained meaningful loss on average even after discontinuing the meds. In comparison, patients in the study referenced above who discontinued between 3 and 12 months saw an average 6.8% weight loss at one year. The larger magnitude of weight loss among Omada members indicates that the support provided in the Enhanced GLP-1 Care Track can work as intended to promote long-term weight health throughout the GLP-1 journey, including support after discontinuation.



The benefit of lifestyle support alongside medication management.

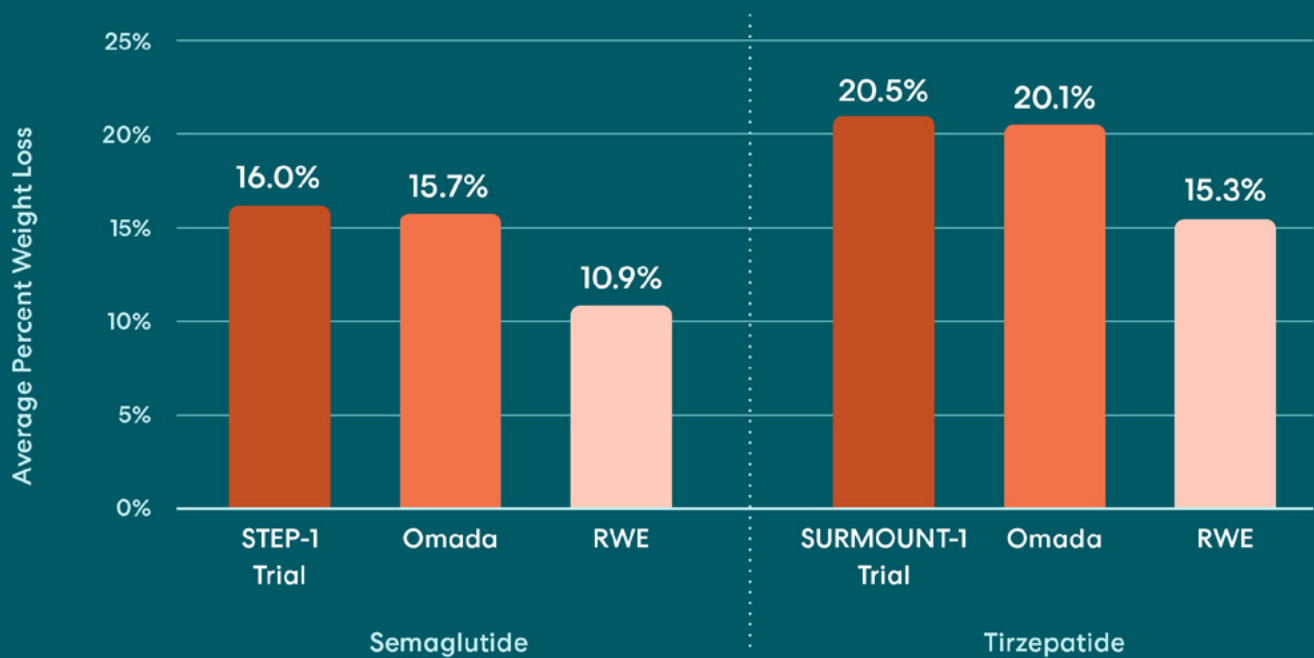
Similar to [findings](#) at 6 months in this Omada cohort, the magnitude of weight loss demonstrated at one year indicates that individuals who persist on their medications and also engage in a medication and lifestyle support program may attain gold standard clinical weight loss results. Looking by medication, among those who persisted, average weight loss of 15.7% on semaglutide was on par with what has been shown in the [STEP-1](#) clinical trial, and average weight loss of 20.1% with tirzepatide was similarly comparable with the [SURMOUNT-1](#) clinical trial. Notably, Omada and these clinical trials both offered complementary lifestyle and medication management support, which is often overlooked in real-world settings despite the fact that GLP-1 trials and prescriptions were intentionally designed to be accompanied by this type of foundational support for long-term

weight and overall health. However, Omada is also uniquely poised to offer support under real-world conditions, including helping members to navigate medication access and availability through a scalable virtual companion platform.

Looking at the real-world [study](#) that measured both medication persistence and weight loss at one year, people who persist on semaglutide experienced 10.9% average weight loss at one year, and those on tirzepatide lost 15.3% on average. Compared to these real-world estimates, weight loss in the Omada cohort reflected relative lifts in average weight loss of 44% on semaglutide and 31% on tirzepatide at one year.

In addition to promoting this higher magnitude of weight loss on par with clinical trial findings, the support provided in this enhanced experience—including building self-efficacy and promoting balanced eating and physical activity—is likely to have additional health benefits beyond the numbers on the scale.

Weight Loss at One Year



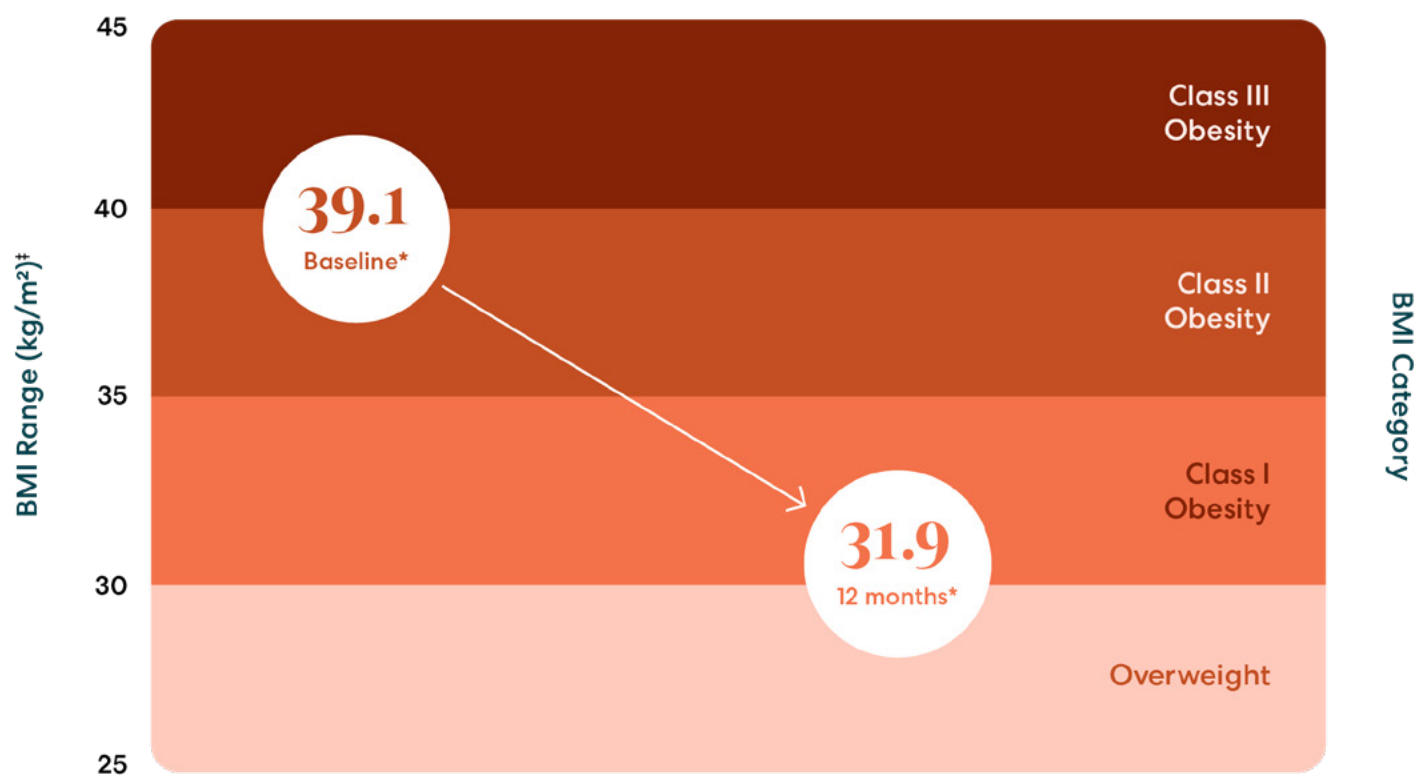
RWE: Real-world evidence from [study](#) using EHR and medication fill data from January 1, 2021 to December 31, 2024  
Clinical trial outcomes approximated based on published weight loss curves at 52 weeks

# The appropriate amount of weight loss on GLP-1 medications

When we talk about weight loss goals and if individuals are losing enough vs. too much weight, it may be helpful to look at another weight-related metric: body mass index (BMI)<sup>†</sup>. The average BMI at one-year for people in the Omada cohort who remained on medication was 31.9 kg/m<sup>2</sup>, which reflects great progress given that these members had an average BMI of 39.1 kg/m<sup>2</sup> at program start. It's encouraging to see that the average BMI at one year is close to the lower range of the obese category, and yet it also reflects the potential for additional weight loss and the continued importance of medication therapy and persistence support. By helping members

continue to lose weight with GLP-1 medications plus behavior change support, we can help shift people experiencing obesity to a healthier weight category and, in effect, work toward bending the epidemiological curve of obesity and chronic disease sequelae.

Obesity is increasingly recognized as a **chronic condition**, and care plans are highly personalized between a patient and their provider based on overall health considerations, including the appropriate time on medication. For some, this may include staying on one medication long-term. Others may require multiple medications at the same time, similar to diabetes and hypertension. Some patients may take medication therapy intermittently, and others may successfully discontinue their medications and maintain their weight. Our goal at Omada is to support members if they need to start a medication for the first or second time, or discontinue their medication



† BMI should be considered alongside other factors when considering overall health.

‡ Lower cutpoints may be more appropriate for certain populations (e.g. Asian)

\* Omada members' BMI at Baseline and 12 Months



to align with their care goals. The ANSWERS initiative plans to continue to explore the full GLP-1 medication-use journey to provide the best enhanced support possible based on members' individual needs.

Medication therapy is only a piece of the puzzle in treating obesity. In order to support people in their long-term weight health success, it is also important to learn the behavioral strategies necessary to manage factors contributing to excessive weight gain in the first place. Omada's care track offering medication support alongside health behavior support continues to show promise in helping people reach and maintain meaningful clinical progress in their weight management journey. ●



The GLP-1 landscape is ever-changing. Omada stays ahead of the curve by offering science-backed, specialized lifestyle support that helps members through all the ups and downs of their weight health journey. Keep an eye out for more evidence to come on Omada's [Enhanced GLP-1 Care Track](#).

