omada

REPORT

Whole-Person Well-Being Over Profits:

Return on Health Framework for Realizing the Value of Virtual Care

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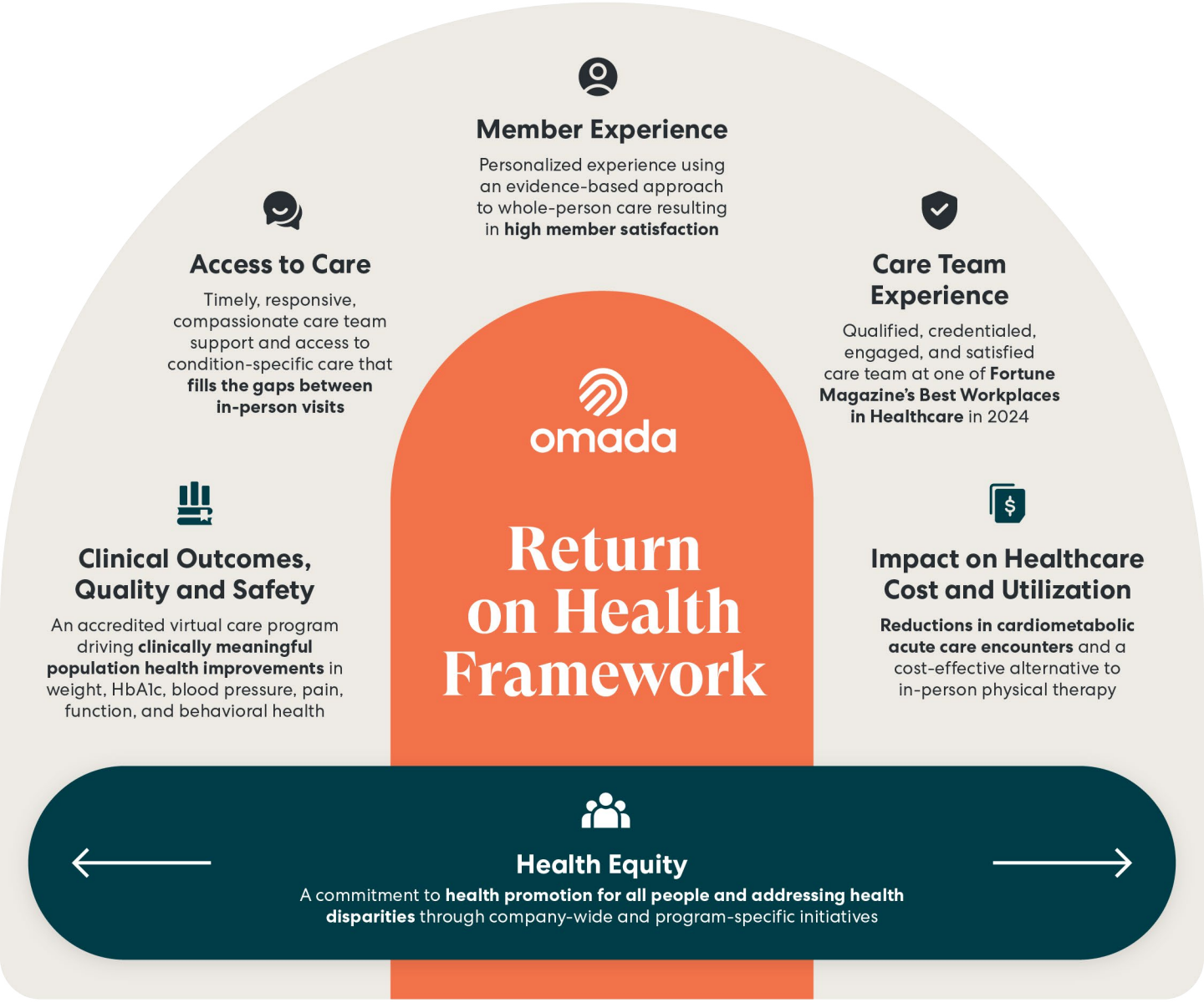
Executive Summary

As the healthcare landscape shifts toward greater integration of virtual care solutions, it is increasingly important to articulate the Value on Investment (VOI) of virtual care. The American Medical Association (AMA) created the holistic Return on Health framework[1] to capture the broad value virtual care programs may deliver to all relevant stakeholders, including patients, providers, payers, and society at large. The Return on Health framework is similar to the Quintuple Aim,[2] which was designed to provide standardized guidance for defining targets and objectives for health systems through focusing on improving patient care, enhancing population health, reducing costs, promoting provider well-being, and advancing health equity—"the state in which everyone has a fair and just opportunity to attain their highest level of health."[3] As a multi-condition care provider for cardiometabolic and musculoskeletal (MSK) health, Omada Health is embracing the Return on Health framework to thoroughly articulate the value of care we provide and encouraging the virtual health industry to follow suit in service of establishing standardized industry expectations.



Summary of Omada's evidence across the Return on Health framework

The Return on Health framework consists of five value streams, with health equity as an integral component extending across, and intentionally embedded throughout, said value streams. The following is a summary of Omada Health's Return on Health framework findings.

VALUE STREAM	OMADA'S SUPPORTING EVIDENCE
Clinical Outcomes, Quality and Safety	+ Statistically significant and clinically meaningful improvements in physical and behavioral health across diverse populations with cardiometabolic and MSK conditions + Outcomes validated by rigorous research and 29+ peer-reviewed publications + Full recognition of deployments of our Prevention program by the CDC's National Diabetes Prevention Recognition Program and multiple accreditations (e.g., ADCES, NCQA, URAC) demonstrate adherence to quality and safety standards
Access to Care	+ Over one million all-time members served, enhancing access to equitable, condition-specific care + Fast, responsive support using data from connected devices and member input + Supported by many employers and health plans—with a $0 co-pay for cardiometabolic program members—enabling home-based condition management
Member Experience	+ Proactive outreach, peer support, and engaging evidence-based care between doctor visits + Compassionate and personalized care, building relationships for behavior change + High member satisfaction with seamless multi-condition care
Care Team Experience	+ Qualified, credentialed, and stable care team essential for quality care + Low attrition and long tenure indicate satisfaction and engagement + Recognized as a Great Place to Work and one of Fortune Magazine's Best Workplaces in Healthcare
Impact on Healthcare Cost and Utilization	+ High-quality, personal care leads to clinical improvements and projected cost savings + Projected healthcare savings increase in each of the first three years after enrollment + Fewer high-cost healthcare encounters among Omada members compared to controls
Eye on Equity	+ Emphasis on equitable care and evaluating clinical effectiveness across diverse populations + Personalized care addressing diverse needs, with an equity-minded workforce + Potential to reduce population healthcare costs and burden by improving care for those most in need

It's time for virtual healthcare to take a more holistic approach to measuring value, and prioritize the patients who receive care and the people and systems that serve them. This approach should be rooted in *equity intentionality*[4]—understanding who is engaged, how they are engaged, and to what end they are engaged. This aims to reduce the persisting disparities in health across race and ethnicity, socioeconomic status, age, geography, language, gender, disability status, and sexual identity and orientation. The AMA Return on Health framework offers a prime opportunity to adopt a broad, evidence-based approach for how to define value in virtual care. As our member base grows and changes, Omada strives to adapt its personalized program to effectively meet their unique needs. We commit to staying true to our company's mission of *inspiring and nurturing lifelong health, one day at a time*. In order to continue to offer an engaging and effective virtual healthcare program, we are committed to thoroughly evaluating the multi-condition care we provide. Doing so will lead to a greater understanding of how virtual programs, like Omada, benefit the greater healthcare ecosystem.

Background

Virtual healthcare has experienced a revolution over the last decade. Though virtual care had already been steadily increasing in popularity, the need to offer innovative care solutions during the COVID-19 pandemic accelerated the adoption of many virtual care solutions across the United States (U.S.). Innovation in the virtual care space has been further realized in the uptake of the hybrid care model—an integrated care approach in which virtual health care enhances and closes the gaps between in-person care visits—in efforts to effectively meet the wide-ranging needs of diverse patient populations.

But how exactly do we evaluate whether virtual healthcare is delivering on its promise? The typical approach is to focus on return on investment (ROI), or the financial value provided by these programs—usually by measuring short-term returns on a narrow range of clinical outcomes. However, this type of approach only looks at one piece of the puzzle, providing a fractional and incomplete picture of value. Focusing narrowly on ROI and select clinical metrics is also inconsistent with how we evaluate traditional healthcare, which we consider with a more nuanced and holistic perspective. Moreover, buyers expect more from the digital health industry with respect to the value that digital solutions can provide, as evidenced by our 2022 publication on buyer preferences.[5] Similar findings were also recently reported in 2024 by the Peterson Health Technology Institute (PHTI).[6] Examining value on investment (VOI) challenges us to take a more multifaceted, evidence-based approach to understanding the qualitative and quantitative value that virtual healthcare programs offer.

ROI Best Practices

Even if ROI is just one piece of the puzzle, ROI is still an important part of measuring the value of virtual healthcare. Calculating ROI requires a sophisticated and transparent approach that adheres to scientifically rigorous best practices, ensuring credibility and reliability of the results. By adhering to these best practices, virtual health companies can produce ROI calculations that are accurate, credible, and informative—supporting sound decision-making by stakeholders. The most important considerations include:

1. Methods & Results Documentation

+ Prioritize peer-reviewed manuscripts over white papers, as they offer rigorous scrutiny and validation, enhancing the credibility and scientific grounding of the findings.
+ Ensure transparency by clearly detailing methodologies, data sources, analytical techniques, assumptions, and limitations. This clarity builds trust and facilitates study replication.
+ Create balanced comparisons by controlling for factors such as pre-index healthcare costs and patient characteristics that could impact potential future cost savings.
+ Employ sensitivity analyses to assess the robustness of findings under various scenarios, providing insights into the reliability and range of potential outcomes.

> **Omada has published multiple peer-reviewed manuscripts describing its cost savings and ROI methodology and results,[7–12] which are rare in a virtual health industry where the vast majority of companies only produce white papers and reports that haven't been vetted by unbiased scientific experts.**

2. Data Source Integrity

+ Utilize real-world member data instead of a selective sample of successful cases. Real-world data reflect the true performance and impact of the digital health initiative across diverse populations, enhancing the generalizability and credibility of the results.

> **Omada's ROI estimates have been calculated based on standard commercial member data as opposed to members enrolled in a study or selected based on a stringent set of criteria. Using selective inclusion criteria can create a biased sample and result in an inflated and misleading ROI that does not generalize to the member population at large.**

3. Sample Size

+ Ensure an adequate sample size to enhance the statistical power of the findings. A larger sample size increases confidence in the results by reducing the margin of error and ensuring the findings are representative of the broader population.

> **Omada's recent manuscript, "Modeling the economic value of cardiometabolic virtual-first care programs," was based on 176,000 commercial members with clinical data reported at 12+ months post-enrollment.[9] We also extrapolated the model to 502,000 members with clinical data six to 12 months post-enrollment and saw consistent results,* demonstrating our robust sample size and the generalizability of our results.**

ROI Best Practices (continued)

4. Utilization of Real-World Performance Data

+ Integrate actual member program data alongside theoretical or simulated data in economic models. Leveraging real program metrics allows for more accurate and trustworthy projections of costs and benefits, directly reflecting the operational realities beyond what might be possible in experiments conducted under controlled circumstances.

Omada uses actual member data, including program engagement and clinical outcomes, in our cardiometabolic ROI models. This increases confidence that our findings are grounded in reality rather than best-case hypothetical scenarios.

5. Realistic Savings Expectations

+ Set realistic savings expectations and time frames. Avoid inflated and short-term projections that can be misleading. Accurately estimate savings by considering both short-term and long-term impacts, allowing stakeholders to understand the true financial benefits over an appropriate time horizon.

We believe Omada stands out in the industry by its continued commitment to using rigorous scientific methodology and transparency with our program evaluation and outcomes, including ROI. The potential for use of biased methodology makes it all too likely for virtual care companies to overpromise and underdeliver when it comes to ROI, setting unrealistic industry-level expectations. The reality is that behavior change is challenging and takes time. Based on what we know from decades of scientific literature, healthcare cost savings across diverse populations takes place over a longer time horizon, coinciding with improvements in health outcomes resulting from sustainable health behavior change supported by lifestyle management programs like Omada.

*Taking into account that savings estimates were updated from 2022 to 2024 dollar years when extrapolating the data[○]

The Return on Health framework is an evidence-based approach to assessing the various ways in which virtual care generates value. It was developed by the American Medical Association (AMA) and Manatt Health by leveraging broad frameworks for healthcare improvement.[1] Informed by existing literature on virtual health's impact and interviews with experts on virtual care delivery, financing, technology, and research, the framework is analogous to the Quintuple Aim.[2] The Return on Health framework highlights five value streams while also prioritizing health equity as a core component integrated across all value streams: 1) Clinical Outcomes, Quality and Safety, 2) Access to Care, 3) Member Experience, 4) Care Team Experience, and 5) Impact on Healthcare Cost and Utilization. At maximum value, this framework represents the state in which everyone has the opportunity to achieve the best health outcomes possible.

Omada Health was recently featured by the AMA in a case study demonstrating how to measure the impact of virtual healthcare using the Return on Health framework.[13] This report builds upon the AMA's previous case study by providing detailed evidence for each value stream across all four Omada programs, as well as a more in-depth look at how health equity initiatives are woven into each value stream.

While many industry stakeholders remain steadfast in evaluating virtual care primarily through a narrow set of success metrics, we at Omada are committed to continuing to push industry standards by evaluating and reporting on a broader range of success metrics that are meaningful from multiple perspectives, including the most important stakeholder—the member. Omada is leading the way in adopting a more thorough, population health approach using a well-accepted framework adapted for virtual care that centers on whole-person well-being and a commitment to health equity. This approach is replicable, based on best practices, and recognized as standard in the traditional healthcare space, and we hope that the industry will join us in our pursuit.

Omada Health Overview

Omada is a multi-condition, virtual care provider that helps members achieve their health goals.

Omada seeks to expand access to recommended, evidence-based care for the prevention and treatment of chronic cardiometabolic and musculoskeletal (MSK) conditions in a multi-condition environment. Much like in a busy primary care practice, our members come to us at various stages throughout their healthcare journey, including with variable diagnoses, levels of acuity, and personal care preferences.

Omada is a virtual care provider with a human-led, dedicated, proactive care team approach. We use technology and data science to empower our health coaches, cardiometabolic specialists, and physical therapists to effectively drive member outcomes. All Omada health coaches complete the Diabetes Prevention Program (DPP) Lifestyle Coach Training Certification program led by a Master Trainer. Each member in our cardiometabolic programs is paired with a dedicated health coach to develop a longitudinal relationship fostering trust, rapport, and consistency throughout the member's care journey, even as their health care needs evolve.

In addition, clinicians with specific expertise are included as part of the care team to support members with specialized needs. At Omada, Certified Diabetes Care and Education Specialists (CDCES) with prior experience as Registered Dietitians or Registered Nurses provide direct member care as clinical specialists for members in our Diabetes and/or Hypertension programs. Licensed physical therapists provide direct member care in our MSK program. Licensed clinical social workers (LCSWs) are available to consult with health coaches when members report elevated symptoms of depression and anxiety on standardized symptom inventories or express behavioral health challenges in their private messaging with coaches or CDCES clinical specialists.

Through this continuity of care, our care teams are able to provide person-centered care that addresses each member's comorbid conditions and personalize their guidance based on the context of the member's unique needs.

Our customers continue to cite obesity, diabetes, hypertension, and MSK conditions as top factors impacting their population's health and driving up the total cost of care. However, according to a 2022 article from The Segal Group, some employers found themselves contracting with as many as ten different point-solution vendors to construct a health benefits offering that meets their needs.[14] This approach can result in several program implementations, employee and employer confusion and friction, program underutilization, and difficulty measuring outcomes across an employee population. Omada offers a single platform that delivers integrated, evidence-based programs for multiple conditions without the need to contract with multiple point solutions to cover weight management, diabetes, hypertension, and physical therapy, providing a streamlined and convenient experience for members.

The Omada Suite | Multi-condition care, between doctor visits

	Prevention	Diabetes*	Hypertension*	Musculoskeletal†
Program				
Additional Support	+ Embedded GLP-1 Care Track			
	+ Embedded Behavioral Health Tools†			
Care Team	Health Coach Behavioral Health Specialist‡	Health Coach CDCES Clinical Specialist Behavioral Health Specialist‡	Health Coach CDCES Clinical Specialist Behavioral Health Specialist‡	Physical Therapist Behavioral Health Specialist‡
Connected Devices	 Scale	 Scale, BGM, CGM	 Scale, BPM	 MSK Kit  Video Visits
Feature Highlights	SMART goals Nutrition & activity coaching	Biometrics tracking Medication adherence	Peer groups Topic-based communities	1:1 Care planning 1:1 PT video consults

* NCQA Population Health Program accreditation for Diabetes and combined Diabetes and Hypertension programs; ADCES accreditation for our Diabetes Self-Management Education and Support

† URAC Telehealth accreditation for Omada for MSK

‡ Behavioral health specialists operate behind the scenes with other members of the care team and do not have a member-facing role

Value Stream 1

Clinical Outcomes, Quality and Safety

Improving clinical health outcomes of our members across diverse populations by adhering to established industry standards for quality and safety.

In 2018, it was estimated that approximately 52% of U.S. adults had at least one chronic condition, a portion of which includes chronic cardiometabolic conditions that Omada's programs help manage, like obesity, diabetes, and hypertension. In addition, 27% of adults live with multiple chronic conditions.[15] These estimates have increased over the past several years, and this trend is expected to continue.[16] Additionally, research shows that chronic cardiometabolic conditions commonly co-occur alongside MSK conditions.[17] For instance, one systematic review and meta-analysis of existing literature estimated that the prevalence of any type of MSK condition among adults with diabetes is approximately 58%.[18] To effectively treat highly prevalent and comorbid chronic conditions, we believe that a broad, coordinated, and population health approach that addresses the whole person is needed.

Moreover, we are committed to using validated metrics to evaluate clinical outcomes. Some virtual cardiometabolic programs mix and match lab HbA1c values with less rigorous measurement approaches, and some MSK providers rely on metrics like self-reported surgery intent to determine success. We believe Omada stands out due to its clinical and scientific rigor and transparency in methodology and measurement. Clinical outcomes from our programs are reported in our numerous **peer-reviewed** publications.

CLINICAL OUTCOMES

Omada's goal as a virtual healthcare provider is to improve clinical outcomes and help members successfully manage their conditions while upholding high standards of clinical quality and safety. **Our cardiometabolic programs, which include Omada for Prevention, Omada for Diabetes, Omada for Hypertension, and Omada for Diabetes and Hypertension, have been shown to effectively improve members' long-term clinical outcomes in our rigorous peer-reviewed research studies and evaluations.** Outcome goals are personalized for each member based on a combination of their health goals, current health status (e.g., current HbA1c), and goals set by their primary care provider, which are then supported by Omada's between-visit care team guidance.

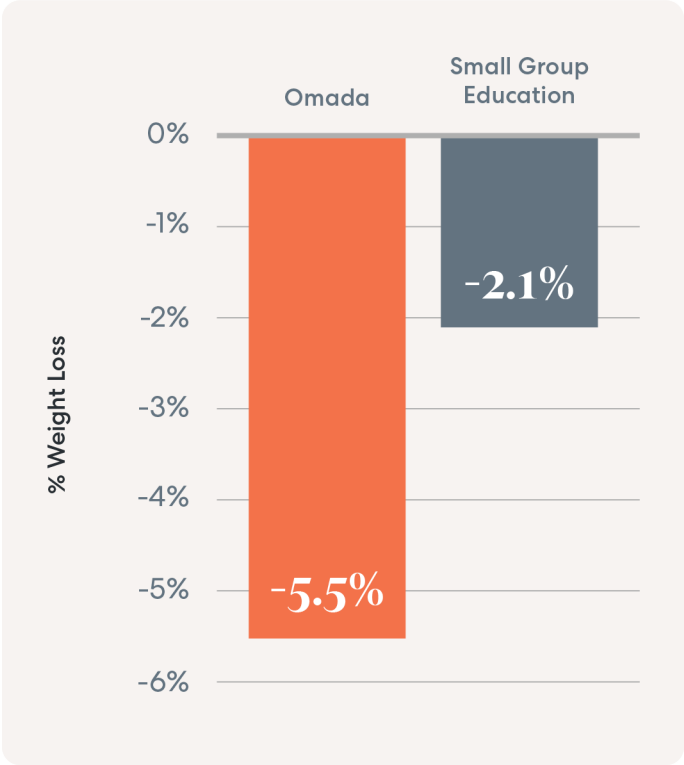
Members have demonstrated both clinically meaningful and statistically significant reductions in weight, HbA1c, and blood pressure over the course of 12 months. Furthermore, Omada's cardiometabolic programs have been shown not only to improve clinical outcomes among high acuity members (those that start with higher values at baseline) but also to help members maintain values within the recommended ranges over time. To evaluate our outcomes, we employ different types of recognizable study designs—including randomized controlled trials and retrospective observational analyses of real-world program data—to obtain a more complete picture of program effectiveness. We determine when randomized controlled trials are needed, such as when a program or specific features are new or untested, and when real-world evidence is more relevant, such as when the greater need is to evaluate the impact of the program at scale under conditions that reflect real patients' lives.

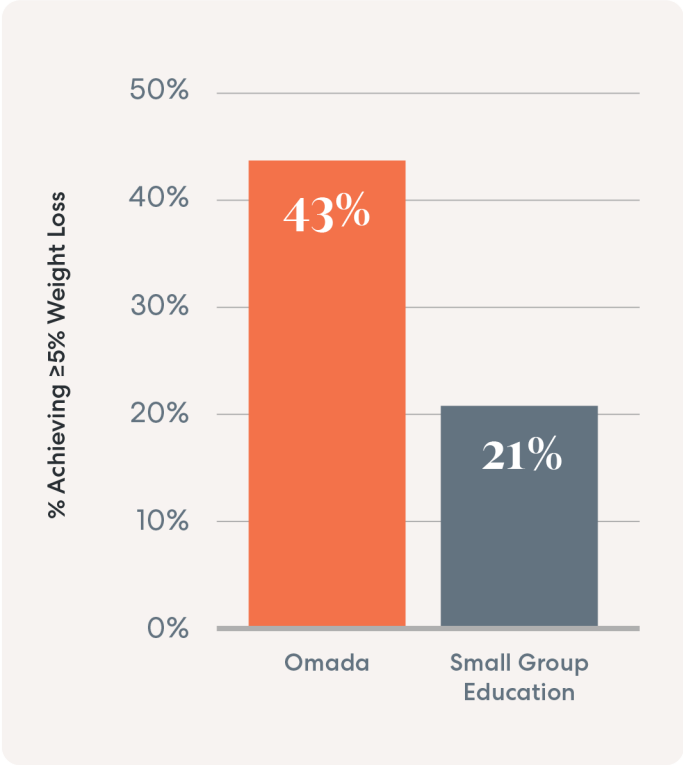
Program	Omada for Prevention & Weight Health	Omada for Diabetes	Omada for Hypertension
Methods	**Study Design:** Randomized clinical trial (RCT) **Study Time Frame:** Recruited between December 2017 and April 2019; data collected through June 2020 **Study Endpoint:** 12 months **Treatment:** Omada; n=299 **Control:** Small Group Education; n=300	**Study Design:** Retrospective observational cohort study **Study Time Frame:** Enrolled between January 2019 and January 2022 **Study Endpoint:** 12 months **Study Sample:** Members with baseline and ≥1 follow-up value at 3, 6, 9, or 12 months (n=1,322) • Baseline HbA1c ≥8% (n=411) • Baseline HbA1c <8% (n=911)	**Study Design:** Retrospective observational cohort study **Study Time Frame:** Enrolled between January 2019 and September 2021 **Study Endpoint:** 12 months **Study Sample:** Members with baseline and 12-month follow-up data (n=1,117)
Outcomes	**-5.5%** average weight loss among Omada members[19]	**-2 pt** average reduction in HbA1c among members with HbA1c ≥8%[21]	**SBP: -10.3 mmHg** **DBP: -7.5 mmHg** average reduction among members with SBP ≥135 mmHg or DBP ≥85 mmHg[23]

Omada for Prevention[A]

In the PREDICTS randomized controlled trial, participants in the Omada for Prevention program lost 5.5% of their body weight at 12 months—significantly more than participants in the control group, who lost 2.1% of their body weight over the same time period. Additionally, 43% of Omada participants achieved ≥5% weight loss at 12 months compared to 21% in the control group.[19] This level of weight loss is associated with an approximately 46% reduction in the risk of developing type 2 diabetes.[20] In addition to weight loss, Omada participants on average also experienced significant improvements in multiple cardiovascular risk factors at 12 months compared to the control group, including HbA1c, HDL, and cholesterol/HDL ratio.

Average weight loss from baseline to 12 months by treatment group[19,A]

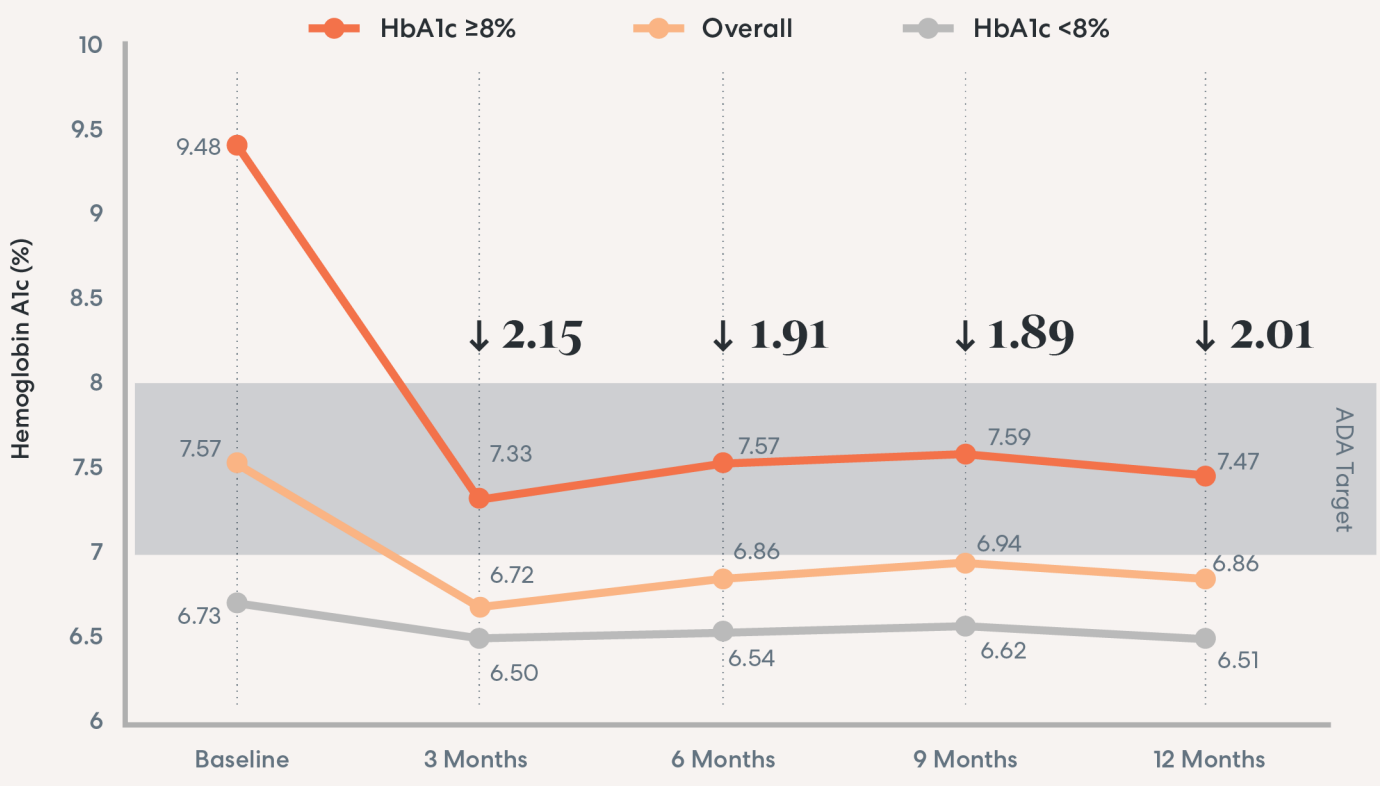




Omada for Diabetes[B]

Members enrolled in the Omada for Diabetes program between January 2019 and January 2022 with a baseline HbA1c ≥8% experienced an average two-point reduction in HbA1c at 12 months (9.48% at baseline to 7.47% at 12 months).[21] This statistically significant reduction in HbA1c is clinically meaningful because it has the potential to reduce the risk of comorbid illness and complications in individuals with diabetes. For example, research shows that a 1% reduction in HbA1c is associated with a 21% decline in diabetes-related deaths and 37% reduction in certain microvascular complications (e.g., diabetes retinopathy, diabetic nephropathy).[22] Additionally, members with a baseline HbA1c of <8% on average maintained glycemic stability at 12 months (6.73% at baseline to 6.51% at 12 months).[21] Finally, Omada for Diabetes members, regardless of their starting HbA1c, showed significant average reductions in weight (-3% weight loss) and BMI (-1.17 kg/m^2) at 12 months.[21]

Average HbA1c reduction from baseline to 12 months[21,B]



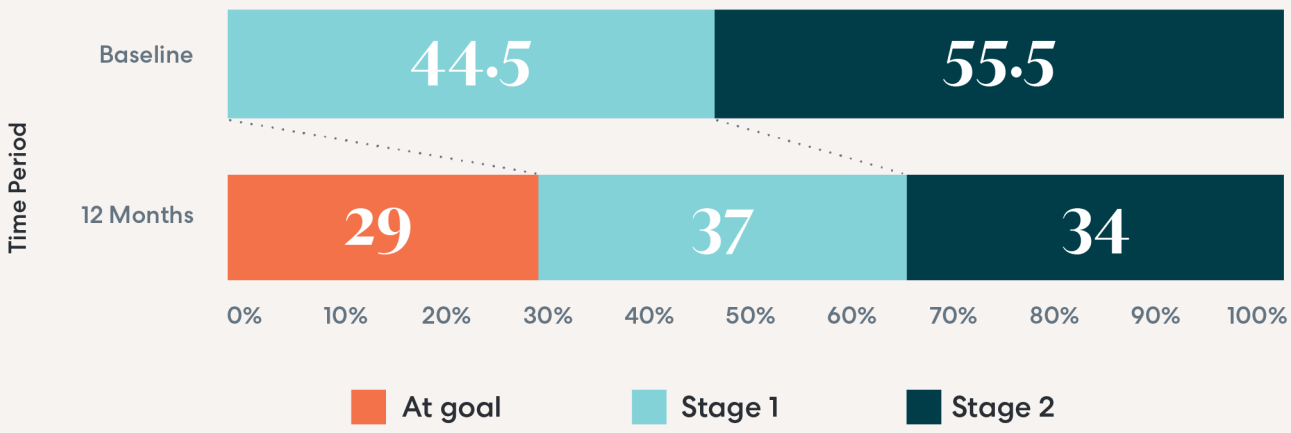
Note: Means from mixed models after adjusting for age, sex, and race/ethnicity as fixed effects and weight and HbA1c measurement type as time-dependent effects

Omada for Hypertension[C]

Among members enrolled in Omada for Hypertension between January 2019 and September 2021, 49% of those with uncontrolled blood pressure at baseline (systolic blood pressure [SBP] ≥130 mmHg and/or diastolic blood pressure [DBP] ≥80 mmHg) lowered their blood pressure enough to shift down by at least one hypertension stage category over 12 months. Those with stage 2 hypertension saw an average 10.3 mmHg reduction in SBP and a 7.5 mmHg reduction in DBP. Additionally, those with controlled blood pressure at baseline (SBP <130 and DBP <80 mmHg) on average maintained their blood pressure within the goal range at 12 months.[23] This magnitude of blood pressure improvement is clinically meaningful since a 10 mmHg reduction in SBP or 5 mmHg reduction in DBP has been shown to significantly reduce the risk of major cardiovascular disease events by approximately 20%.[24,25] Regardless of their starting blood pressure values, members also experienced significant reductions in average weight (-6.2 pounds) and BMI (-1.0 kg/m^2) at 12 months.

On average, members showed **significant improvements in systolic and diastolic blood pressure at 12 months** regardless of starting blood pressure values.

Hypertension category percentages at baseline and 12 months[23,C]



Note: Hypertension Categories: At goal = systolic blood pressure (SBP) <130 mmHg and diastolic blood pressure (DBP) <80 mmHg; Stage 1 = SBP between 130-134 mmHg and/or DBP between 80-84 mmHg; Stage 2 = SBP ≥135 mmHg or DBP ≥85 mmHg

INSIGHT **Virtual care from Omada provides clinically effective support that prioritizes whole-person well-being.**

A Focus on Behavioral Health

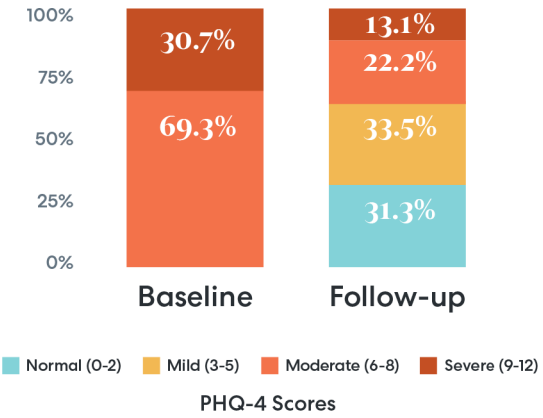
Supporting psychological wellness is an integral part of cardiometabolic risk management, and equitable approaches to behavioral health care are important to ensuring clinical effectiveness for all populations. To help understand changes in psychological wellness in our population, we evaluated changes in symptoms of depression and anxiety (PHQ-4) among members who enrolled in our cardiometabolic programs and reported follow-up outcomes at week 16, as well as diabetes distress among Omada for Diabetes members that had follow-up outcomes at 12 months.[D] Overall, we found that these cardiometabolic program members showed a significant improvement (0.7 points, on average) in PHQ-4 scores from program start to week 16. Even more notable, we saw a significant improvement (3.2 points, on average) among members who started the program with elevated depression and anxiety symptoms (PHQ-4 score ≥6) at week 16.

Additionally, a significant proportion of these members who started in the moderate or severe PHQ-4 categories improved enough to move into lower categories of symptom severity. In total, 72% of these members shifted into a lower severity category at 16 weeks. Significant improvements in average PHQ-4 were seen across all race and ethnicity and education groups, indicating that:

> **Across diverse sociodemographic populations, Omada members experienced improvements in depression and anxiety symptoms.**

The Omada for Diabetes program has also been shown to help manage or reduce diabetes distress among members: 81% of members had diabetes distress scores that improved or stayed the same at 12 months.[26,E]

Baseline and 16-week follow-up PHQ-4 scores among members with elevated symptoms (score ≥6)[D]



At follow-up...

72% of members shifted to a lower PHQ-4 category

3.2 pt average improvement in PHQ-4 scores

Our analyses demonstrate that virtual, between-visit care was associated with improvements in PHQ-4 and diabetes distress outcomes. Improved behavioral health support and well-being tools could help reduce cardiometabolic disease development and complications.

81% of members had diabetes distress scores that improved or stayed the same[E]

Eye on Equity

Weight Loss Across Income and Education Levels

+ Cardiometabolic disparities among those with lower socioeconomic status have been well-documented and continue to persist.[27] However, virtual health programs like Omada are uniquely positioned to help reach and provide essential support for individuals between in-person doctor visits. Our program may be particularly beneficial for socioeconomically disadvantaged populations who have barriers to more frequent in-person doctor visits (e.g., proximity to care, time, affordability).
+ We evaluated a random subsample of Omada for Prevention members who met a minimum threshold of program engagement for 6 months. After controlling for differences in baseline weight, our analysis showed that on average, members with sociodemographic and follow-up clinical data experienced similar rates of weight loss over a one-year period regardless of education level or household income—with all groups experiencing an average of 2.5% to 3.5% weight loss at one year.[F]
+ By showing significant clinical outcomes among individuals regardless of socioeconomic status, these results demonstrate that **Omada's approach to providing virtual care between doctor visits can help drive positive change for those with varying socioeconomic positions**.

Positive Clinical Outcomes Across Diverse Populations and Settings

Our published research shows sustained, clinically significant weight loss and other clinical outcomes across diverse populations and settings. See the table below for research on our Omada for Prevention program:

Type of Population	Clinical Condition(s)	Main Findings for Omada Members
Workforce population[28]	Adults with overweight/ obesity and prediabetes	At 12 months: + 31% lost ≥5% weight + Improved average fasting blood glucose and nutritional intake
Medicare Advantage population[29]	Adults with prediabetes and/or metabolic syndrome	At 12 months: + 7.5% average weight loss + Improved average HbA1c (-0.1%) and average total cholesterol (-7.1 mg/dL) At 16 weeks: + Improved behavioral health (average PHQ-4 score: -0.4 points)
Medicaid-insured, bilingual, low-literacy safety net population[30]	Adults with overweight/ obesity and prediabetes	At 12 months: + 4.4% average weight loss + 37% lost >5% weight
Veterans Administration population[31]	Adults with overweight/ obesity and prediabetes	At 12 months: + 4.1% average weight loss

Note: Refer to the full peer-reviewed publication for each study for further details on study timeline, populations measured, and study inclusion criteria.

Omada for MSK

Omada for MSK is our mobile app-based MSK care program, which is delivered by licensed physical therapists and tailored to each member's condition and life circumstance. Our MSK program showed significant average reductions in pain of -2.69 points on a zero to 10 scale with zero being "no pain" and 10 being "worst pain imaginable" (visual analogue scale). The study also showed significantly increased average physical function by +2.67 on a zero to 10 scale with zero being "completely unable to perform" and 10 being "able to perform normally" (patient-specific functional scale).[32,G] These improvements in pain and function are both statistically significant and clinically meaningful, with effect sizes greater than a minimal clinically important difference of ≥1.5 points for pain and ≥1.3 points for function.

Improving MSK symptoms, such as pain and function, is shown to be associated with increased physical activity levels, improvements in quality of life and reductions in overall healthcare costs.[10,33–35]

These findings indicate that engaging in Omada for MSK has been associated with clinically meaningful improvements in both pain and function.

Self-reported pain and function outcomes after an episode of care[32,G]

Pain

-2.69 pts

On a 0-10 scale, there was a significant decrease in pain, after controlling for comorbidities and demographics.

Function

+2.67 pts

On a 0-10 scale, there was a significant increase in physical function, after controlling for comorbidities and demographics.

INSIGHT **Virtual physical therapy from Omada delivers effective MSK care.**

CLINICAL QUALITY AND SAFETY

While adoption of virtual care is widespread, some believe that quality and safety standards for virtual care have yet to be created, let alone widely adopted. Omada takes a different approach: we believe that virtual care can and should stand up to **existing accreditation, quality, and safety frameworks**. Omada has pursued various accreditations to pave the way for providing virtual care that meets many of the same standards as in-person care, including receiving full recognition from the CDC's National Diabetes Prevention Recognition Program for certain deployments of Omada for Prevention, along with receiving the following accreditations: the National Committee for Quality Assurance (NCQA) Population Health Program (PHP) accreditation for our Diabetes and combined Diabetes and Hypertension programs, the Association of Diabetes Care & Education Specialists (ADCES) accreditation for our Diabetes Self-Management Education and Support, and the URAC Telehealth accreditation for Omada for MSK.

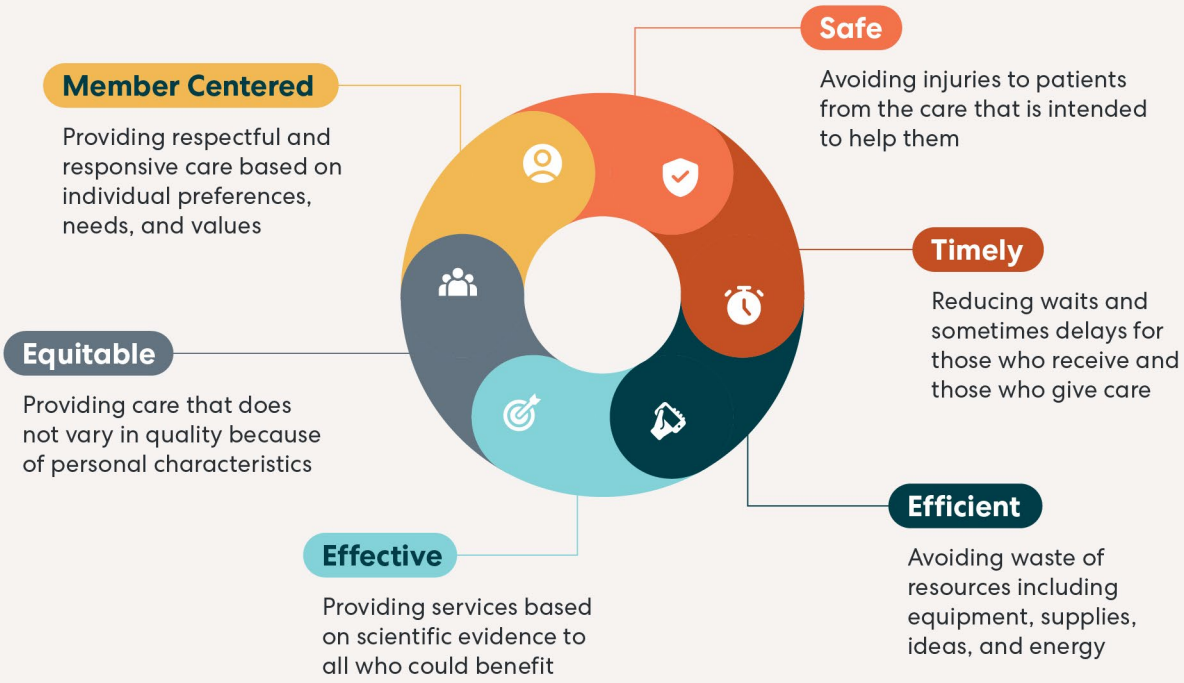
Full recognition from the CDC's Diabetes Prevention Recognition Program for certain deployments of Omada for Prevention

NCQA Population Health Program accreditation for our Diabetes and combined Diabetes and Hypertension programs

URAC Telehealth accreditation for Omada for MSK

ADCES accreditation for our Diabetes Self-Management Education and Support

Healthcare Safety & Quality[36]



Omada uses an innovative and evidence-based approach to clinical quality and safety. This approach includes implementation of the STEEEP framework (Safe, Timely, Effective, Efficient, Equitable and Patient-centered care),[36] which has been endorsed by the National Academy of Medicine (NAM) and the Agency for Healthcare Research and Quality (AHRQ), alongside a systematic quality and safety reporting system—all viewed through a health equity lens.

Although the STEEEP framework is commonly used in conventional in-person healthcare settings, we believe its integration into the virtual healthcare landscape is less common. Omada's adoption of this framework's quality measurement through our established structures highlights our work as a leader in this space. These efforts align with, and further operationalize, key accreditation and industry standards including those set by the NCQA.

Omada's three-year NCQA Population Health Program Accreditation for our Diabetes program and combined Diabetes and Hypertension program, as well as our URAC accreditation for telehealth physical therapy, underscore our commitment and capability to effectively implement population health principles similar to what is obtainable in traditional healthcare settings.

INSIGHT **Omada advances care quality in virtual health through achievement of recognized accreditations and adherence to established frameworks.**

Eye on Equity

We have implemented a **data-driven quality improvement process** using the Donabedian framework (structure, process, and outcomes)[37] alongside the STEEEP framework[36] to **assess performance with respect to equitable quality of care**.

Research has shown preventable harm disproportionately affects marginalized patients.[38] Thus, it is best practice to embed equity into every step of safety/adverse event analysis. Omada's cross-functional Clinical Quality Committee works to ensure that equitable, safe, and high-quality care is provided to all Omada members. To achieve this, we collect and analyze race and ethnicity data on members with safety incident tickets to better understand demographic disparities. Omada care teams complete a safety reporting form detailing the safety event and note any biases or structural inequities (i.e., policies, practices, and/or processes) that may have contributed to the incident during their analysis.

By working to ensure our safety data is detailed and disaggregated by key demographic metrics like race and ethnicity, we are better positioned to identify disparities in the occurrence and impacts of safety incidents among different member populations. This information can also help guide targeted actions to improve safety for all members and facilitate ongoing training and education for care teams on health equity and its impact on member safety. Finally, monitoring these data over time serves as an accountability mechanism to ensure continuous attention to equity in safety reporting and intervention processes.

Value Stream 2

Access to Care

Equitable access to timely, patient-centered virtual care to improve the care continuum.

Cardiometabolic and MSK condition management can be especially difficult considering the complexities of accessing in-person care.[39] Individuals with cardiometabolic health concerns like diabetes are often encouraged to visit their doctor at regular intervals,[40] but may have few resources to help support the lifestyle changes they are making between visits. Evidence suggests that specialized lifestyle programs like Diabetes Self-Management Education and Support (DSMES) are underutilized due to low physician referral and patient enrollment.[41,42] Additionally, individuals with MSK concerns may also face barriers or delays in accessing in-person physical therapy (PT) due to limited geographical availability of providers, or difficulties acquiring a PT referral from their physician.[43] To increase the number of people who have equitable access to health management tools and professionals who can support and coach them, **Omada is committed to delivering our programs for chronic condition management in all areas of the U.S., even in locations with limited in-person service availability.**

1,001
average coach messages sent per month[H]

58%
of messages initiated by coaches[H]

Our Omada cardiometabolic programs are easily accessible, app-based virtual programs that are fully covered by many employers and health plans. In addition to a virtual care team, our cardiometabolic programs include third-party connected health devices depending on the specific program, such as a body weight scale, blood glucose monitor, continuous glucose monitor, and blood pressure monitor. This multifaceted virtual approach to care enables members to self-monitor progress and manage their conditions from the convenience of their homes regardless of their access to Wi-Fi or socioeconomic status, at no additional cost to the individual. Providing members with easily accessible programs and smart health devices simplifies the process for getting access to the necessary information that members need to confidently and effectively manage their conditions between in-person care visits.

Our cardiometabolic care teams provide fast, responsive support that meets members where they are.

+ Chronic conditions do not operate on a 9 to 5 schedule—needs can arise at any moment. About 45% of Omada messages are received outside of normal business hours, with about 20% of them coming overnight (9 p.m. to 8 a.m.). Our protocol is to respond to member messages within one business day regardless of the time that the message was received.
+ Over 3.6 million messages were sent to members by health coaches and specialists in a single year.[H]
+ Each health coach sends an average of 1,001 messages per month.[H]
+ Health coaches conduct proactive outreach to better understand members' experiences and build rapport, with 58% of messages initiated by a health coach.[H]

Care teams use data from third-party connected devices, such as weight, blood glucose, and blood pressure levels to surface actionable recommendations to members in a timely manner.

+ Members in the Diabetes program can opt into a 24/7 response system in which a CDCES clinical specialist will provide a phone call related to exceptionally high or low glucose values recorded in the app. The on-call clinical specialist will confirm the glucose value with the member, recommend a recheck of the value, and ask about relevant symptoms. The content of these calls is educational in nature, deferring assessment and decision-making back to the primary care provider.
+ Members in the Hypertension program who experience critically high and low blood pressure values receive time-sensitive outreach and education by their CDCES clinical specialist. Within one business day, the clinical specialist will reach out to the member to confirm if the value tracked was an accurate reading and provide education on safety precautions to take, including caution with exercise with abnormal blood pressure values and encouragement to reach out to their primary care provider.

+ Guided by goals set by members' non-Omada healthcare providers, Omada care teams collaborate with members on creating an individualized care plan to address behavioral changes that can lead to improved clinical outcomes. Members have the ability to export and share their tracked data for further goal refinement during progress checks with their primary care provider.

Our Omada for MSK program provides personalized care delivered by licensed physical therapists to meet each member's condition and life circumstance. Consistent adherence to a PT treatment plan is a crucial factor that can significantly influence clinical outcomes;[44] however, nonadherence can be as high as 70% for traditional in-person PT.[45] Virtual PT programs like Omada for MSK remove many access barriers contributing to potential nonadherence with PT, such as the logistics of getting to appointments and availability of providers.

+ Members can schedule an initial PT appointment within 24 to 48 hours. A previous study of members who completed the Omada for MSK program showed that over half of members completed their initial video consultation within 24 hours.[32,G] In addition, 100% of members in the study completed their initial video consultation within 48 hours of enrolling for the Omada for MSK program.[I] This lies in contrast to real-world evidence showing that the median time to the first in-person PT appointment following documentation of a primary care consultation for low back pain was 14 days.[46]
+ Our physical therapists have licensure across all 50 states.
+ For each episode of care, members completed 27.4 workouts on average, and physical therapists sent an average of 54.7 chat messages to a member.[J]
+ Physical therapists utilize data on pain and function levels, high-pain alerts, frequency of exercise performance, and exercise feedback from the member. Computer vision technology also provides real-time data on members' range of motion (discussed in more detail in Value Stream 3: Member Experience). These data points allow the physical therapist to provide asynchronous care and modify the program between video sessions.

>50%

Over half of participants had their initial consultation with their PT within 24 hours of enrolling in the program[32,G]

For each episode of care...

100%

PT access within 48 hours nationwide[I]

27.4

Average workouts completed[J]

54.7

Average messages sent by physical therapist to member[J]

Omada has served more than one million all-time members, demonstrating our commitment to provide timely, accessible condition-specific care.

Eye on Equity

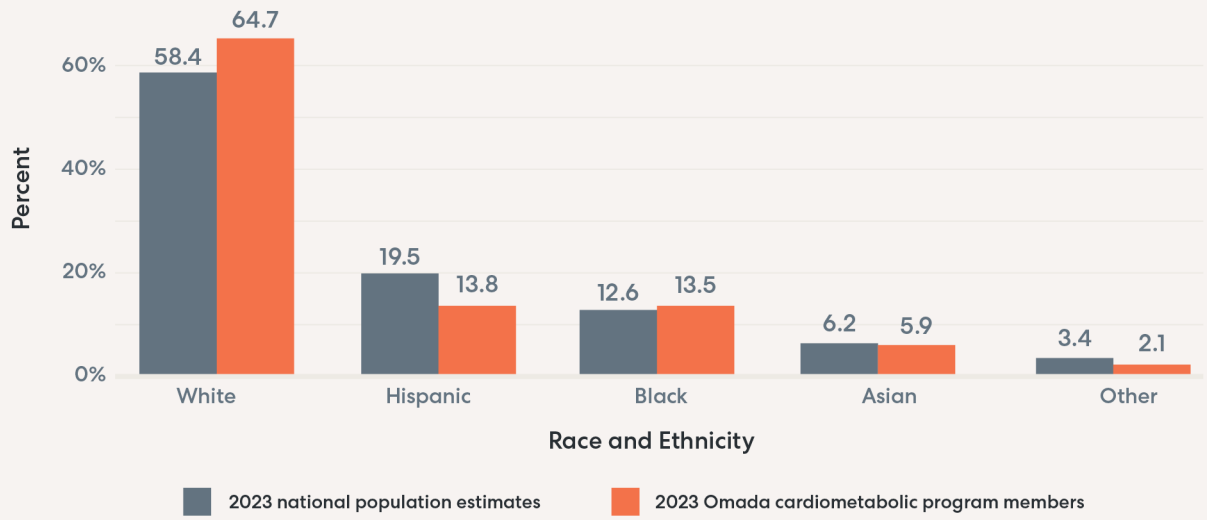
Overall, Omada is focused on providing care that reaches and resonates with diverse populations.

A comparison in the racial and ethnic breakdown of the national population versus a sample of the Omada cardiometabolic program population in 2023 demonstrates that our program reached Black and Asian members at a proportional rate. We continue to explore opportunities to enhance equitable access to care for all populations.[K]

Additionally, despite stereotypes that older adults are not interested or do not have the technological proficiency to use app-based PT, our research of members in the Omada for MSK program showed that on average, members 60+ years of age performed 64% to 101% more workouts and had a 78% increase in the odds of being an engaged member compared to members that were 20 to 29 years of age. Older adults using Omada for MSK demonstrated high average levels of engagement with the virtual PT care program, showing that even members who may experience access barriers have the opportunity to access the healthcare they need.[47,L]

Members aged 60+ performed 64% to 101% more workouts than members aged 20-29[47,L]

Racial and ethnic breakdown of Omada cardiometabolic program members and national population estimates[K]



INSIGHT **Virtual programs like Omada can increase access to virtual cardiometabolic and physical therapy programs across diverse populations.**

Value Stream 3

Member Experience

Improving the health of our members by meeting members where they are using an evidence-based approach, grounded in relationships.

Everything we do at Omada is in service to our members. **We aim to improve the health of our members by offering an engaging and personalized experience using an evidence-based approach supported by our care team.** Our dedicated care team of health coaches, CDCES clinical specialists, and physical therapists consists of real people who proactively work with members to tailor the program experience to each person's individual needs.

> "Omada is different because it's not a one size fits all. Everyone is different. We all have different scenarios and different goals. It works with you to make changes to help you reach your goals."
>
> —
>
> RUBY, OMADA FOR PREVENTION MEMBER

Our member satisfaction rating, ranging from 88% in our cardiometabolic programs to 96% in our MSK program, is a testament to the value of prioritizing the needs of the member. In large part due to our high member satisfaction rates, our customers are also highly satisfied, as evidenced by our Net Promoter Score of 75 as of December 31, 2023.

To maintain high satisfaction among our members, we provide personalized care grounded in relationships built through direct care team access and opportunities for peer support. Our care team of healthcare professionals works with members to support their individual goals and condition-specific needs by meeting members where they are on their journey. Members receive additional peer support for their unique needs and interests through topic-based communities and group support from others moving through the program at the same time.

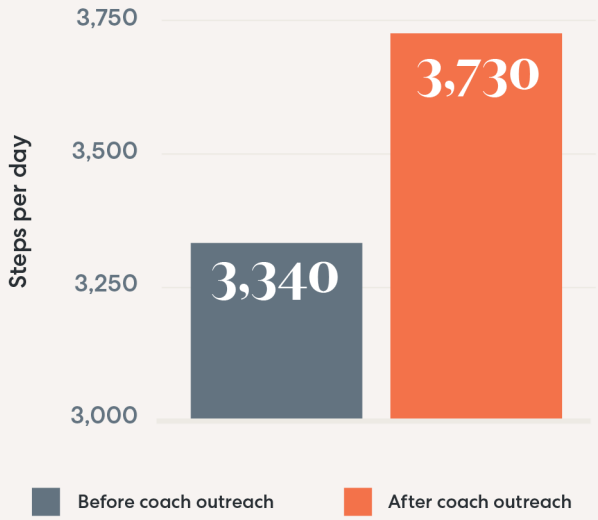
Satisfaction with our care can also be quantified in part through member engagement with Omada's suite of cardiometabolic and physical therapy programs: 400+ million data points from connected devices, 25+ million private messages, 10+ million comments from groups and discussion boards, and the outbound member messages of gratitude to health coaches every two minutes on average.

To personalize the member experience, the **Omada Insights Lab** uses data-driven approaches to understand which strategies and interventions are most likely to help members achieve health behavior change and leans on our care teams' clinical expertise to deliver tailored, member-specific support. In addition, we use AI-powered technology to provide clinical decision support, including context summarization and data trends and insights to benefit our care teams in service of improving the member experience.

Omada utilizes care teams supported by technology to deliver compassionate, adaptable, and timely member support.

In one example of our Omada Insights Lab at work, we investigated changes to our educational lessons and the subsequent impact on member engagement. We found that members who were provided with the option to select learning paths tailored to their health barriers and focus areas they selected sent 20% more messages per week to their care team, set 13% more goals, and had 6% more physically active days compared to members who did not have the opportunity to choose their learning path.[M]

Steps per day before and after coach outreach to low-activity members with elevated PHQ-4 symptoms[N]



Given our commitment to integrating behavioral health tools with our programs, the Omada Insights Lab also implemented a coach outreach strategy focused on discussing the behavioral health benefits of physical activity with cardiometabolic program members who were less active (<5,000 steps/day) and showed elevated baseline PHQ-4 symptoms (score ≥6). We found that these members showed a significant increase in their physical activity after the new coach outreach strategy was implemented, with an average of about 400 additional steps/day. This outcome demonstrates the potential impact of personalized coaching in our health programs, particularly for individuals with behavioral health concerns and low initial physical activity.[N]

In Omada for MSK, members experiencing acute or chronic musculoskeletal health concerns receive care provided directly and exclusively by physical therapists. These members receive a personalized treatment plan tailored to their specific needs after a video-visit evaluation. Computer vision technology facilitates personalized progress tracking

"My coach is always so supportive, answers questions quickly and makes me feel like she truly cares about my success."

— CINDY, OMADA FOR HYPERTENSION MEMBER

by allowing members to receive real-time data concerning their range of motion, creating a more engaging experience for members. Asynchronous exercise assessments are assigned by physical therapists who review the results to determine whether patients are performing exercises correctly between video visits. Along with measurement and quantification of exercise performance, computer vision can be utilized to enhance the patient experience to improve home program adherence and outcomes.

Physical therapy delivered via a mobile app resembles in-person PT in that it depends on strong relationships between patients and providers to be successful. Our previous research demonstrated that video follow-up visits were positively associated with member satisfaction, the completion of more weekly workouts, and persistence in the program, which were key ingredients for recovery.[48] Additionally, the personalized and direct care provided by physical therapists to Omada members has been correlated with higher program engagement. Each additional weekly message sent by a physical therapist was significantly associated with an 11% increase in the number of workouts per week.[48,G]

Overall, Omada is invested in understanding and meeting members where they are in order to provide personalized care throughout their health journey.

> **"You have access to coaches that really listen to your needs and act accordingly. It's not just your average food tracking app. It's personal attention, motivation and inspiration right when you need it."**
>
> —
>
> **LISA, OMADA FOR DIABETES AND HYPERTENSION AND OMADA FOR MSK MEMBER**

Eye on Equity

As part of our approach to personalization, our care platform has integrated tools to collect data on members' health behavior-related needs. This proactive needs assessment offers the opportunity to identify and address factors that can impact health outcomes, such as navigating eating on a budget or being physically active with limited access to exercise facilities. Data on member needs are utilized by the care team and data-driven approaches are used to identify specific need profiles, allowing us to provide individualized outreach and resources.

Our care team also leverages behavior change counseling expertise bolstered by cultural competency training to address member needs in efforts to ensure a more equitable approach to care.

INSIGHT **Omada's personalized and relationship-focused approach to care drives member engagement, beneficial behavior change, and a satisfying program experience.**

Value Stream 4

Care Team Experience

Empowering a satisfied and engaged care team to provide human-centered, compassionate care while harnessing advanced technology.

Burnout and high turnover are all too common among healthcare professionals: provider burnout prevalence rates range from 0% to 80.5%,[49] and 31.5% of nurses reported leaving a job due to burnout.[50] Given that burnout has been associated with decreased quality of care and increased costs for the healthcare system,[51,52] focusing on the well-being of healthcare professionals is an essential part of providing sustainable, high-quality care.

At the core of Omada is our care team and a human-centered, proactive approach to care delivery. Our member-facing care team consists of credentialed health coaches, CDCES clinical specialists, and physical therapists that provide compassionate, consistent, and condition-specific care personalized to the member's health care needs—even as they evolve over time. A highly engaged and stable workforce enables the continuity of care that helps members remain engaged.

> **Investing in our care team results in meaningful, high-quality care for our members.**

Our emphasis on the well-being and satisfaction of care team members is evident through their low attrition rates and high levels of engagement and satisfaction in the past two years. These achievements illustrate a positive and supportive work culture within Omada Health.

+ Results from the 2023 and 2024 Great Place to Work survey place our organization in the top quartile of healthcare industry benchmarks, emphasizing the strength of the positive environment among our employees, including our care team.
+ We are one of **Fortune Magazine's Best Workplaces in Healthcare 2024** (#28 out of 50).
+ We have maintained <10% attrition among our Omada health coaches and CDCES clinical specialists since 2022.
+ Our 2023 engagement surveys reflect that our health coaches and CDCES clinical specialists are overall engaged and satisfied with their experience at Omada.

"While I love the work that I get to do with members every single day, this genuine care and incredible company culture is what I believe keeps Omadans showing up eager to do their best work every day."

—

CHELSEA JOHNSON,
HEALTH COACH AT OMADA
FOR 2 YEARS

"At Omada, I find both joy and accomplishment in watching the lifestyle/health evolution of our members, knowing this is more than something they do; it is someone they become."

—

KAREN FOSTER,
CDCES CLINICAL SPECIALIST
AT OMADA FOR 5 YEARS

Omada has also prioritized making the experience of our care team more seamless and effective. Our care team dashboard incorporates a Generative AI tool to support our human-led care approach by helping the care team quickly gather context from a large volume of member messages, which facilitates review of these results by the care team and results in even more effective member outreach. The tool also helps synthesize meal tracking data into patterns and trends so the care team can provide personalized food recommendations to members. This tool, which was designed with input from care team members themselves, allows the care team to focus on delivering higher-touch, compassionate care when it counts. Overall, Generative AI helps care teams synthesize and summarize existing data but relies on the care team to draw conclusions from the data and decide how it will inform their care approach.

Eye on Equity

Equity and retention in hiring is of particular importance at Omada. At Omada, we are focused on enhancing equity across our care teams by employing various strategies to attract and retain a more diverse pool of candidates. Additionally, **Omada has a wide range of Employee Resource Groups (ERGs)—employee-led groups which help build community and increase retention among employees who share similar backgrounds or experiences**. ERGs like Out at Omada, Onyx at Omada, Latinx at Omada, and AAPI at Omada have played an important role in this initiative.

+ A formalized recruiting process has been established so that members of these ERGs can make direct applicant referrals in relation to a job posting.
+ In collaboration with Capability at Omada—our ERG focused on supporting individuals across the spectrum of disability—we have established interview accessibility standards across our virtual processes to ensure an equitable experience for candidates requiring accommodations.

Externally, Omada regularly posts care team roles on diversity-focused job sites. This effort has led to a long-term partnership with Circa Diversity Jobs, where all care team roles are prominently featured upon posting. We are proud to report that these collective endeavors have increased the overall percentage of diverse hires across our care teams. That being said, we remain committed to continuously testing and refining our sourcing platforms and internal interview processes to further enhance the diversity of our care team.

INSIGHT **Investing in care teams is foundational to providing a better member experience and high-quality care.**

Value Stream 5

Impact on Healthcare Cost and Utilization

Driving healthcare cost savings and reductions in high-cost care encounters, demonstrating the financial value of our virtual programs.

Omada is designed to support the management of weight health, prediabetes, diabetes, hypertension, and MSK conditions. **By providing additional between-visit support for cardiometabolic condition management and a virtual alternative to in-person PT, we aim to help our members access timely support to avoid complications, mitigate disease progression, and improve condition-specific outcomes.**

We work with our members to promote effective care, which in turn has been shown to reduce downstream costs. Just like with traditional healthcare, demonstrating cost savings and financial viability is an important facet of the overall value equation. We use a combination of scientifically validated Markov savings simulation models and healthcare claims analytics to evaluate the financial impact of our programs. Our cardiometabolic models are based on methodology that leverages our member data (e.g., clinical outcomes, demographics) combined with nationally representative survey (National Health And Nutrition Examination Survey)[53] and medical expenditure data (from the Medical Expenditure Panel Survey).[54] These models simulate potential cost savings following enrollment in Omada, demonstrating the long-term impact of our programs. We also subject our methodologies and results to the scientific peer-review process, which sets us apart in the industry.

Increased engagement with preventive services and appropriate medication use to promote risk reduction will likely have associated costs. Although realizing cost reductions from improvements in clinical outcomes at a population level can take time,[55] our published research informed by real member clinical outcomes suggests that improved condition management through increased prevention efforts may help to reduce high-cost acute events and costs related to delaying care.

> **Promoting effective care does not mean promoting less care.**

As part of our dedication to evaluating the cost effectiveness of our programs, our research indicates that participation in Omada may lead to medical cost savings and fewer high-cost care encounters. To better understand the estimated cost savings of our cardiometabolic programs, we used Markov-based microsimulation models informed by real

Simulated gross healthcare cost savings[O]
(models average savings for members that report clinical data at months 6-12)

Program	Year 1	Year 2	Year 3
Prevention	$950	$2,017	$3,128
Hypertension	$916	$1,982	$3,138
Diabetes	$1,088	$2,426	$3,947
Diabetes and Hypertension	$1,403	$2,948	$4,672

member improvements in clinical outcomes like weight loss, systolic blood pressure, and/or HbA1c, depending on the program.

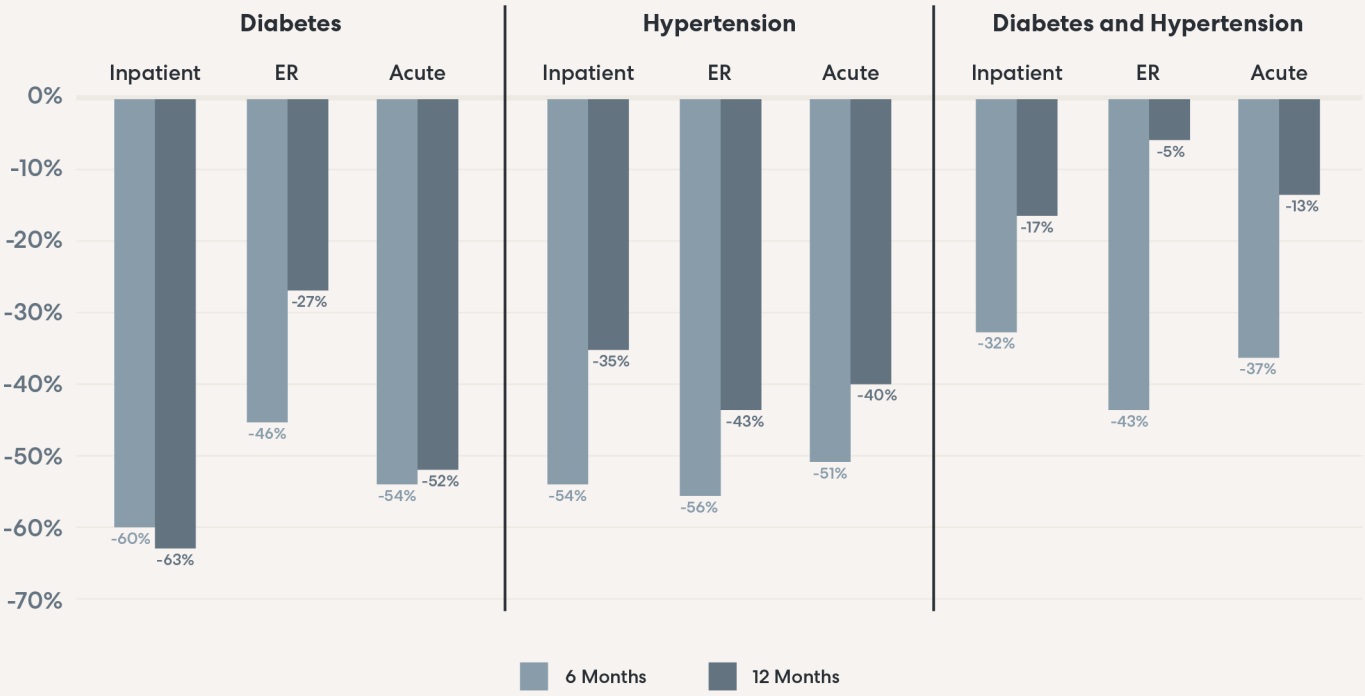
Our savings projections for our cardiometabolic programs are based on a simulation model and customized savings calculator created by a third party. The model is based on real demographics and clinical data and outcomes collected from members in our cardiometabolic programs.[9] This savings model estimates projected gross savings in healthcare costs of about $916 to $1,403 after one year, $1,982 to $2,948 after two years, and $3,128 to $4,672 after three years—all in 2024 dollar years. Our model assumes that the improvements in members' clinical outcomes (weight loss, SBP, and/or HbA1c, depending on the program) at year one that inform the model will be maintained in future years, and projections do not include fees paid by our customers for the Omada programs themselves.[O]

These findings mean that our modeled healthcare savings grow every year following enrollment in Omada among members with follow-up clinical data. Additionally, estimates found in a Medicare population[12] were similar to these cost saving projections. These modeled savings are driven by the reductions in expected chronic disease onset based on the positive clinical outcomes and improvements in risk factors experienced by Omada members.[9]

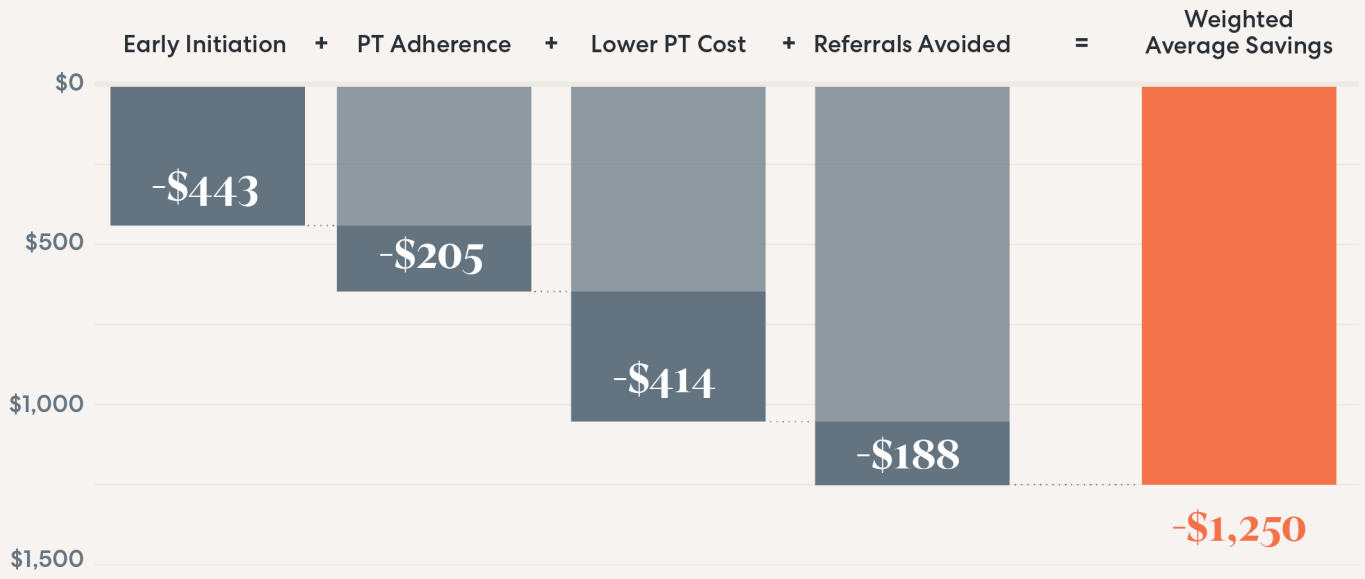
In addition to estimating projected cost savings, we have also evaluated healthcare utilization to better understand health-seeking behaviors among our members. Through a rigorous analysis of medical claims data among members in our cardiometabolic programs, we found a 32 to 60% average reduction in emergency room visits and inpatient stays over six months for members in our Diabetes, Hypertension, and Diabetes and Hypertension programs compared to matched control patients. The number of acute encounters remained lower in Omada members over 12 months following enrollment in Omada.[P] These findings indicate that our between-visit care may help members avoid complications that lead to high-cost acute care like emergency room visits and inpatient stays.

Similarly, published findings from our MSK Markov counterfactual simulation model projected average gross total healthcare cost savings of $1,116 to $1,523 (weighted average $1,250) with patient initiated virtual care, not including fees paid by customers for the program itself. These projected savings are driven primarily by early initiation of PT and lower-cost PT.[10,Q]

Percent difference in utilization at 6 and 12 months among Omada cardiometabolic program members compared to matched control patients[P]

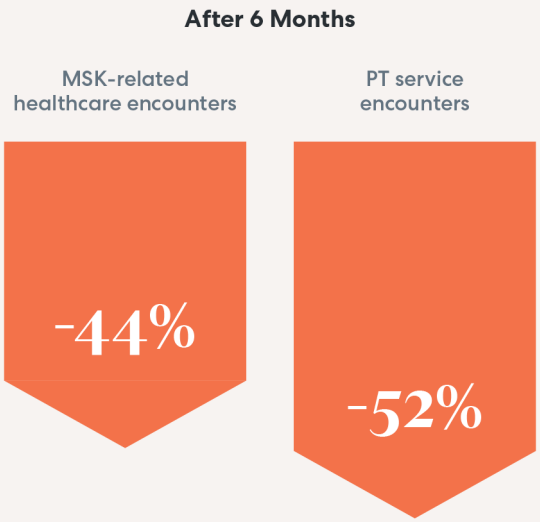


Estimated direct gross savings from effective patient initiated virtual physical therapy[10,Q]



Through our rigorous analysis of medical claims data, we also found that MSK-related healthcare encounters were 44% lower and PT service encounters were 52% lower at 6 months for our Omada members compared to matched control patients receiving in-person PT.[R] This indicates that virtual care provides an accessible solution that may reduce the need for in-person care and its associated costs, while still effectively improving pain and function.

Relative mean difference in healthcare utilization in Omada vs. control[R]



Eye on Equity

Health disparities are estimated to drive over $125 billion in excess medical spending annually.[56–58] Because populations with health disparities have been shown to be disproportionately affected by cardiovascular disease, it is important to provide effective care to these populations in order to have the largest long-term impact on healthcare cost and utilization reduction.[59]

At Omada, we are actively engaged in pursuing equity across all five value streams to help improve clinical outcomes and ultimately reduce healthcare costs and improve utilization. For example, Omada's approach to providing high-quality, accessible and personalized virtual care that improves condition management between in-person visits has been associated with meaningful clinical health improvements across diverse populations. Our research indicates that older adults covered by Medicare were estimated to achieve meaningful medical cost savings projected out to 10 years.[12]

INSIGHT

Omada's programs, which focus on providing between-visit care solutions for cardiometabolic condition management and virtual alternatives to in-person physical therapy, have been associated with healthcare cost savings and reductions in high-cost care encounters.

Conclusion

We believe that the future of healthcare is virtual.

However, only through thoughtful, robust evaluation can we guarantee that this future is one of improved outcomes, access, satisfaction, and equity for all stakeholders. The Return on Health framework presents a prime opportunity to challenge the way we think about value in virtual care. Direct healthcare costs are only a small piece of the large puzzle that comprises what is meaningful to the people who receive care, along with the people and systems that serve them. In our commitment to inspire and nurture lifelong health, Omada strives to deliver VOI across the spectrum of all value streams while remaining intentional in our efforts to advance health equity.

Footnotes

A. Participants aged ≥19 years with prediabetes and BMI ≥25 kg/m² (≥22 kg/m² if participant self-identified as Asian) were randomized to Omada's digital Diabetes Prevention Program (n=299) or small group education (n=300); analyses included members enrolled between December 2017 and April 2019 with ≥1 follow-up assessment; randomized controlled trial. Refer to citation 19 for full study details.

B. Analyses included members enrolled in the Omada for Diabetes program between January 2019 and January 2022 with baseline and ≥1 follow-up data at 3, 6, 9, or 12 months (n=1,322) and stratified by HbA1c at baseline ≥8% (n=411) and <8% (n=911); retrospective observational cohort study. Refer to citation 21 for full study details.

C. Analyses included members enrolled in the Omada for Hypertension program between January 2019 and September 2021 with baseline and 12-month follow-up data (n=1,117) and stratified by systolic blood pressure at baseline ≥130 mmHg (n=788) and <130 mmHg (n=329); retrospective observational cohort study. Members with SBP ≥130 had an average reduction of -8.1 mmHg SBP and -4.7 mmHg DBP. Refer to citation 23 for full study details.

D. This retrospective observational cohort analysis was conducted to determine changes in PHQ-4 score over time. Analyses included members who enrolled in our Omada cardiometabolic programs (Prevention, Hypertension, Diabetes, and Diabetes and Hypertension) between October 2021 and April 2024 with baseline and 16-week follow-up PHQ-4 scores (full sample: n=18,142; subgroup analysis with elevated depression and anxiety symptoms [PHQ-4 score ≥6]: n=2,202). T-tests were conducted to evaluate change in PHQ-4 score overall and by race and ethnicity and education. Stuart-Maxwell and chi-squared tests were conducted to evaluate change in PHQ-4 category (0-2=None; 3-5=Mild; 6-8=Moderate; 9-12=Severe).

E. Analyses included members enrolled in the Omada for Diabetes program with baseline and 12-month follow-up diabetes distress scores between January 2020 and December 2023 (n=4,979); retrospective observational cohort analysis

F. This retrospective observational cohort analysis was conducted to determine differences in weight change by education level and household income over time. Analyses included members who enrolled in the Omada for Prevention program during any of the months of January, April, July, or October 2023 who met a minimum threshold for program engagement at 6 months, and who had complete data for weight change at baseline, 16 weeks, 26 weeks, and 52 weeks, along with data on education level and/or household income. The sample for the analysis of differences in weight change by education level over time was n=8,317, and the sample for the analysis of differences in weight change by household income over time was n=6,378. Mixed models were conducted and accounted for baseline weight as a covariate.

G. Analyses included members in the Omada for MSK program who completed an episode of care between February 2019 and December 2020 and had self-reported clinical outcomes at the end of an episode of care (n=814); retrospective observational cohort study. Refer to citations 32 and 48 for full study details.

H. Includes data on all Omada cardiometabolic program members from January 2023 to December 2023.

I. Omada Book of Business 2020 data. Disclaimer: Requirement of video referral in limited jurisdictions may delay time to meet a physical therapist.

J. Analyses included episodes of care that took place between January and December 2023 (n=2,735 episodes of care); retrospective observational cohort analysis

K. This retrospective observational analysis was conducted to determine differences between the racial/ethnic breakdown of the national population versus a sample of the Omada cardiometabolic program population in 2023. Analyses included members who enrolled in any Omada cardiometabolic program during any of the months of January, April, July, or October 2023. National population estimates were obtained using 2023 estimates from the following U.S. Census table: **Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2020 to July 1, 2023**.

L. Analyses included members who completed the Omada for MSK program between February 2019 and July 2022 (n=5,883 episodes of care); retrospective observational analysis. Refer to citation 47 for full study details.

M. Analysis included Omada for Prevention members who enrolled between March and April 2024 (intervention: n=1,373; usual care: n=1,436)

N. This pre-post analysis included members across all cardiometabolic programs (n=429) who were in the first 6 weeks of the program between August and November 2023

O. To develop our cardiometabolic microsimulation model, data were pulled from n=176,002 members from our cardiometabolic programs between January 2019 and October 2022. Refer to citation 9 for more details on the methodology used for the microsimulation model. We extrapolated with clinical data collected at program enrollment and between 6 and 12 months post-enrollment and to include an aggregate total of over 502,000 members from our cardiometabolic programs between 2019 and 2023. Consistent results were noted across estimates from each sample evaluated, taking into account that savings estimates were updated from 2022 to 2024 dollar years when extrapolating the data.

P. This retrospective claims analysis evaluated differences in healthcare utilization among members who were enrolled in the Omada for Diabetes (n=317), Hypertension (n=1,102), or Diabetes and Hypertension (n=315) programs and 1:3 propensity-score matched (demographics, clinical characteristics and pre-index costs) to usual care controls (n=951, n=3,306, and n=945, respectively). To be included, Omada members needed to enroll in their respective Omada program between January 2020 and May 2022, and control patients needed to have an outpatient claim with a type 2 diabetes and/or hypertension diagnosis code between January 2020 and May 2022 (index date). All individuals included had commercial insurance, were 18-64 years of age, and had continuous medical coverage for ≥6 months prior to and following the index date. Healthcare utilization refers to the count of all healthcare encounters with an associated place of service code for ER and/or inpatient care. Acute care refers to the combination of ER and acute care.

Q. This Markov counterfactual simulation model was created by a third party based on a nationally representative sample of Medical Expenditure Panel Survey data from patients with MSK conditions (as reported by U.S. households) to estimate potential savings from patient-initiated virtual physical therapy services compared to usual care with physician-referred PT. Refer to citation 10 for full study details.

R. This retrospective claims analysis evaluated differences in healthcare costs and utilization over 6 and 12 months among members who initiated virtual PT as part of the Omada for MSK program (n=342 at 6 months, n=275 at 12 months) compared to propensity-score matched individuals who initiated in-person PT care (control patients; n=1,026 at 6 months, n=875 at 12 months). To be included in the analysis, Omada members needed to enroll in the Omada for MSK program between January 2020 and November 2022 and complete at least an initial PT evaluation, whereas control patients needed to have ≥1 medical claim with a PT evaluation associated with an MSK ICD-10 code between January 2020 and November 2022. All individuals included had commercial insurance, were 18-64 years of age, and had continuous medical coverage for ≥6 months prior to and following the date of their physical therapy evaluation. Total MSK services utilization refers to the count of all healthcare encounters with an associated MSK diagnosis, and PT services utilization refers to the count of healthcare encounters with an associated MSK diagnosis and physical therapy code. Manuscript under review.

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