

Trends and Solutions in Wellness and Wellbeing

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| Agenda

Introduction

Mental Health Care

Gender Affirming Care

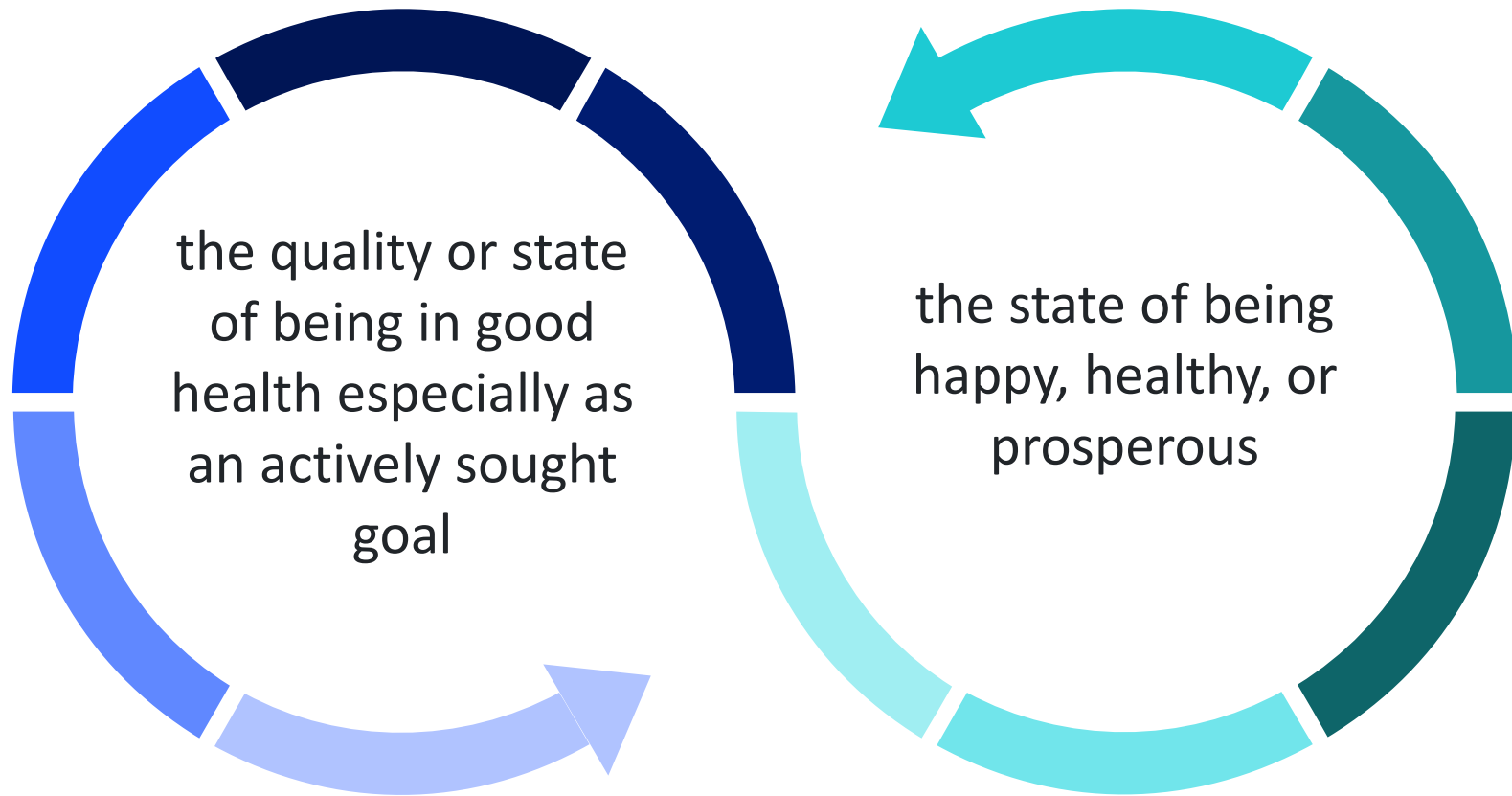
Diabetes Management

Diabetes and Obesity

Musculoskeletal Care

Musculoskeletal Pain Management Challenges

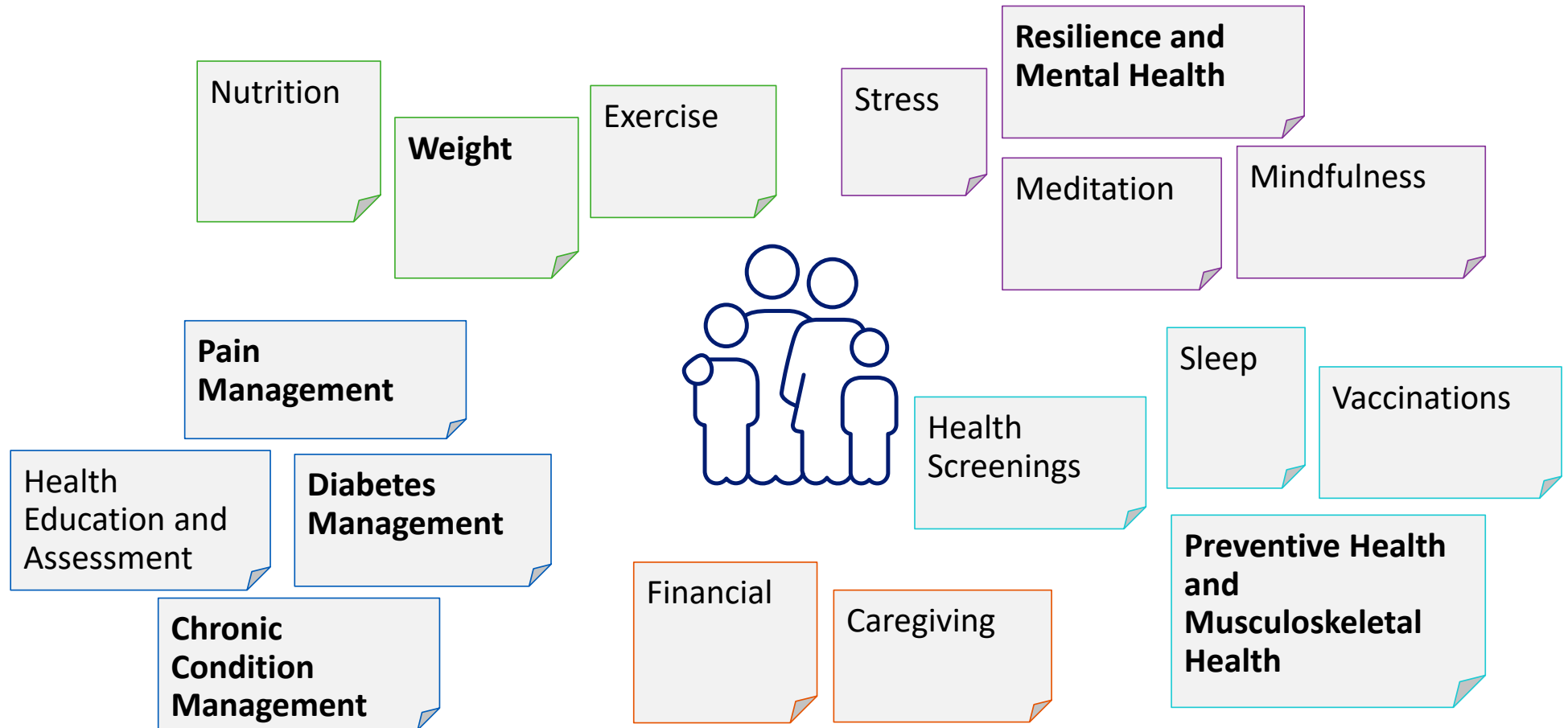
Definition of Wellness and Wellbeing (Merriam-Webster)



The Eight Dimensions



2024 Wellness Trends



What You're Up Against



**Status
quo bias**

Inertia and
fear of change



Complexity

People just
don't understand



**Hedonistic
tendencies**

Pleasure



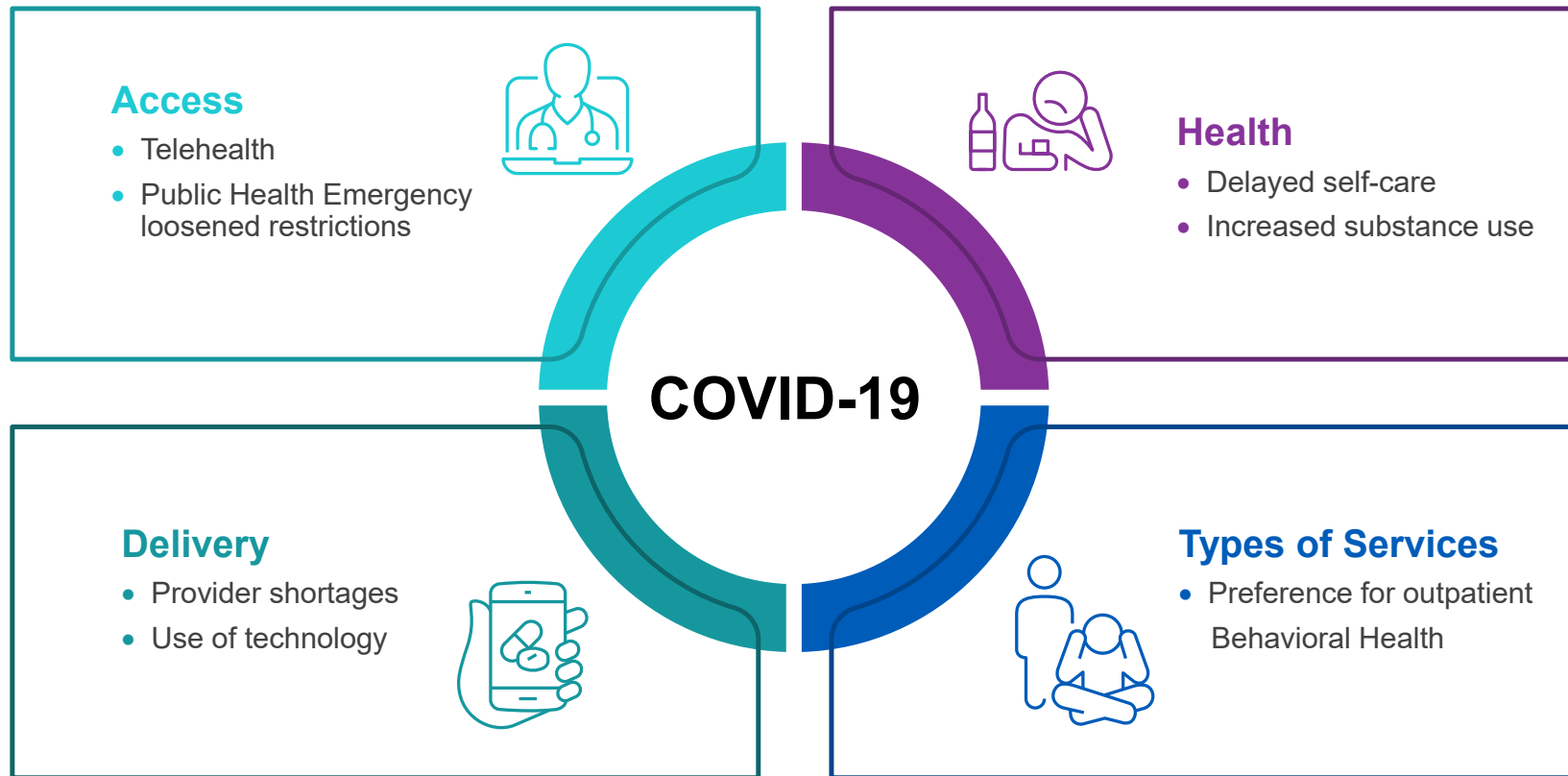
**Information
overload**

Too many notifications

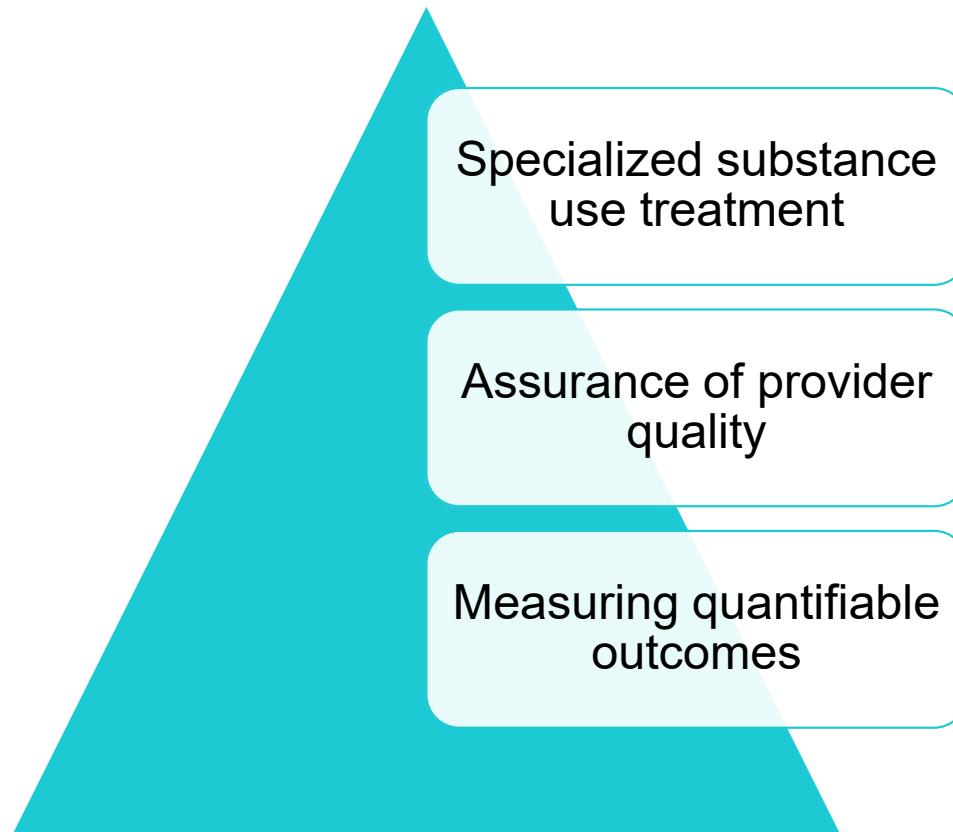


Mental Health Care

The Pandemic Effect



Emerging Mental Health Trends





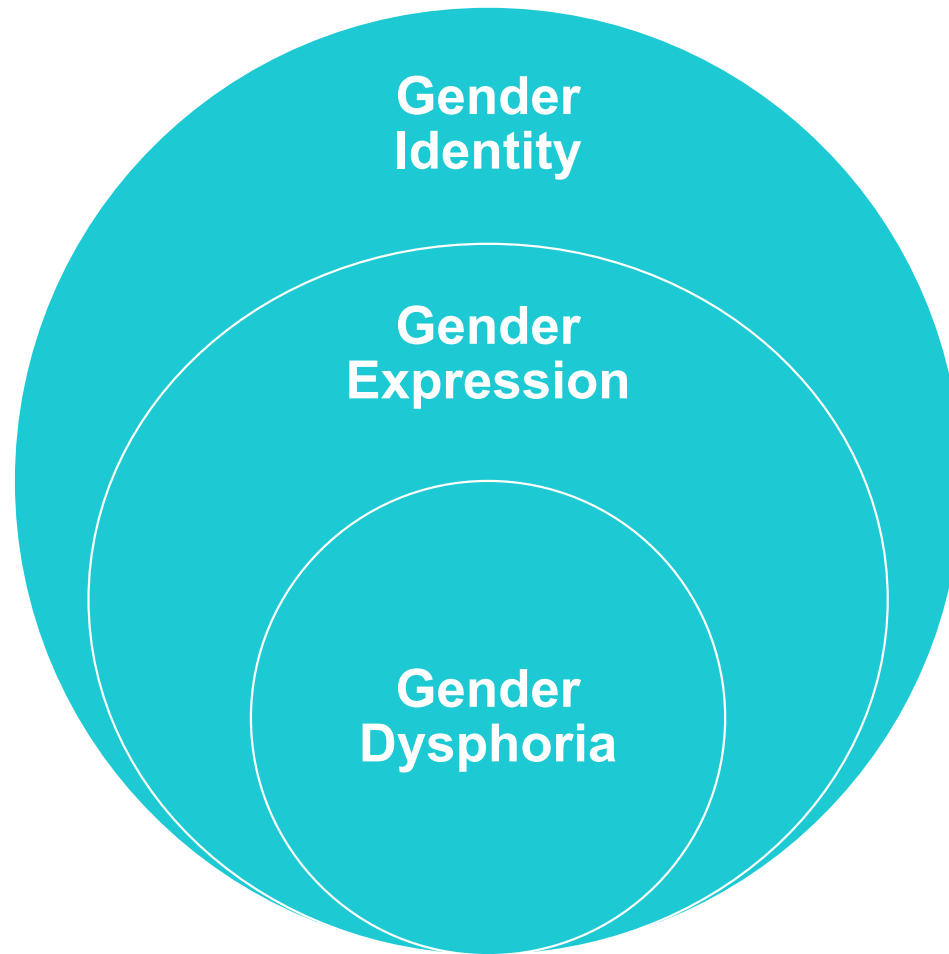
Spring Health

Jen Foley, LMHC, CEAP
Sr. Director, Clinical Partnerships

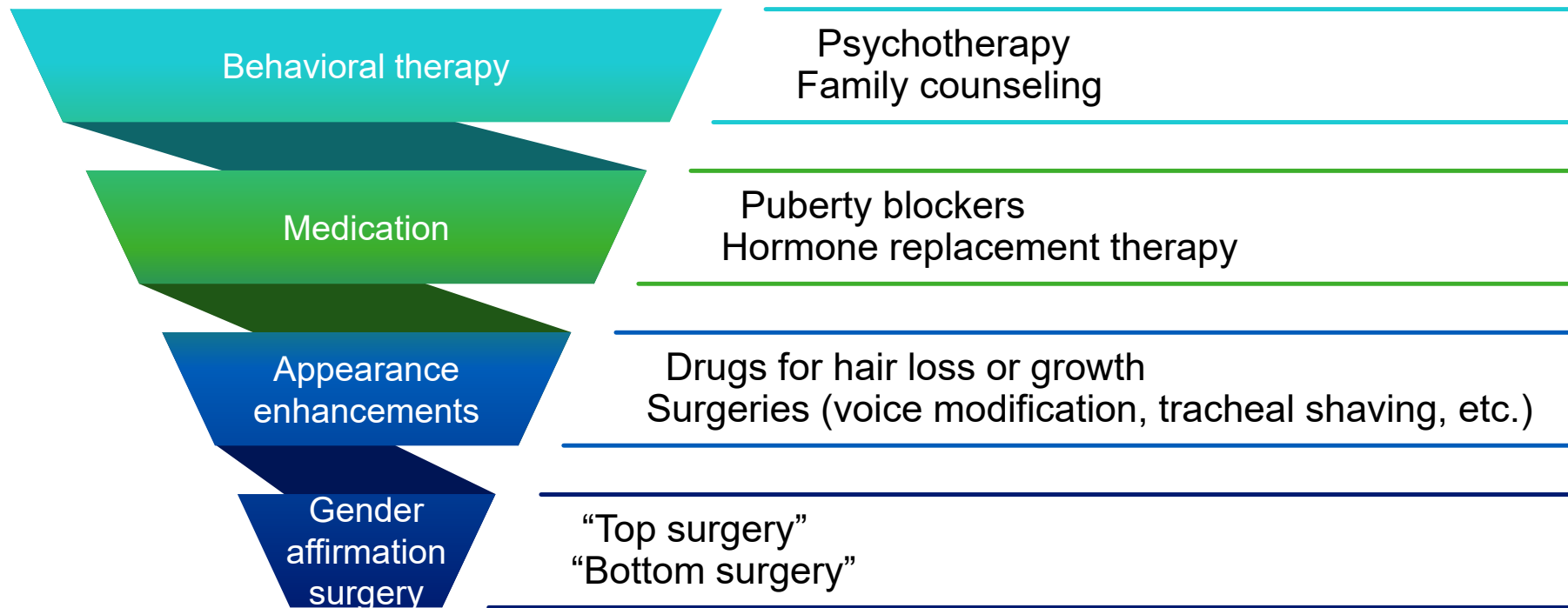


Gender Affirming Care

Terminology for Gender Affirming Care



Treatments for Gender Affirming Care



Treatment Considerations for Gender Affirming Care

Medical necessity
of services

Age of participant

Cancer
screenings based
on gender

Reproductive
preservation
services

Reversal

Mental health
support

Since gender dysphoria is a mental health condition, consider regulatory implications of plan design changes.

Gender Affirming

Gender Affirming Care Highlights

Drugs used in transgender patients are commonly used for other reasons (i.e., hormone replacement therapy) and often times are already covered under a client's benefit.



Treatment in those < 18 years of age remains controversial.



According to the NY Times, new estimates based on CDC health surveys point to a stark generational shift in the growth of the transgender population of the United States.

*Analysis found that about 122K children were diagnosed with gender dysphoria 2017 to 2021.
(Reuters)*

Gender-Affirming Care

- Transgender people may have health care concerns related to their transition. Because many want their physical appearance to match their gender identity, the transition process may include medical treatments, such as hormone therapy and gender confirmation surgery.
- Gender-affirming hormone therapy is used to minimize unwanted characteristics (e.g. facial hair or breasts).
- Masculinizing hormone therapy uses male hormones like testosterone to create a more masculine appearance.
- Feminizing hormone therapy uses anti-androgen hormones to block testosterone production along with female hormones such as estrogen.
- For adolescents who are unsure of their gender identity, puberty blockers or hormone blockers can help delay physical changes, such as breast development or facial hair growth, that don't match their gender identity.
- Psychotherapy is not required before gender-affirming medical and/or surgical treatment (GAMST) but may be helpful to some.
- Gender-affirming hormone therapy is not one-size-fits-all. The type and dosage of hormones must be individualized to each patient to get the best possible effects with the lowest amount of risk.

Source: JAMA. Standards of care for Transgender and gender diverse people

Hormone Regimens – Transgender Patients

- Some people choose estrogen-based GAHT, which is also known as feminizing hormone therapy.
- GAHT consists of estrogen, testosterone blockers, and progesterone (alone or in combination).
- These medications are commonly prescribed to trans women.
- Estrogen is available in tablet, injection and patch.
- Some products may commonly be excluded by clients.

Male-to-Female	
Estrogen	Example drug names
Oral Estrogen	<i>estradiol acetate, Estrace</i>
Transdermal estrogen systems	<i>estradiol patch, Alora, Minivelle, Vivelle-Dot,</i>
	<i>Climara, Esclim, Menostar</i>
Injectable estrogens	<i>Delestrogen, estradiol valerate, Depo-Estradiol, estradiol cypionate</i>

Hormone Regimens – Transgender Patients

Male-to-Female	
Antandrogens	Example drug names
Spironolactone	spironolactone, Aldactone
GnRH analogs	<i>Leuprolide acetate: Lupron Depot (Ped), Eligard, Camcevi, Fensolvi</i>
	<i>Triptorelin: Trelstar, Triptodur</i>
	<i>Histrelin acetate: Vantas, Supprelin LA, Zoladex</i>
	<i>Goserelin acetate: Zoladex</i>
	<i>Nafarelin acetate: Synarel</i>
Progesterone	medroxyprogesterone, Provera, Depo-Provera
Finasteride	Finasteride 1mg (generic for Propecia) [5mg (generic for Proscar) is used mostly for BPH], Dutasteride (Avodart)
Dutasteride	for Proscar) is used mostly for BPH], Dutasteride (Advodart)

- Finasteride is noted in several resources for treatment of hair loss in transwomen and for male pattern baldness in transmen.
 - Finasteride can also be used to regulate body hair growth, sebaceous glands, and skin consistency.
 - Finasteride has also been used to reduce masculinizing properties in male-to-female transgender youth patients.
- Some of these products can also be used to delay puberty in adolescents and preadolescents.
- Some products may commonly be excluded by clients.

Hormone Regimens – Transgender Patients

Female-to-Male	
Testosterone	Example drug names
Injectable testosterone	<i>testosterone cypionate, Depo-Testosterone, Delatestryl, testosterone enanthate, Xyosted, Aveed</i>
Transdermal: testosterone gel or patch	<i>testosterone gel, AndroGel, Fortesta, Testim, Vogelxo, Androderm, Axiron</i>
Other Testosterone	
Implantable testosterone	<i>Testopel (pellet)</i>
Buccal testosterone	<i>Striant (buccal system)</i>
Nasal testosterone	<i>Natesto (nasal pump)</i>
Oral testosterone	<i>Jantezo, Kyzatrex, Tlando (capsule)</i>

- Some people choose Testosterone-based GAHT, or masculinizing hormone therapy, as part of their gender-affirming care.
- Testosterone is one of sex steroid hormones involved in various physical changes in the body like hair growth, changes in voice, etc.
- There are several different forms of testosterone to choose from.
- Some products may commonly be excluded by clients.



Diabetes Management

Diabetes & Pre-Diabetes

Diabetes by the Numbers — National Norms

1 in 9 Americans
has **diabetes**¹

94.3%
of those with diabetes are
type 2 diabetics²

38% of adults have
pre-diabetes²

**25% of all health
spending**
is from people diagnosed with
diabetes³

Per capita spend
for people with diabetes is **2.6x**
higher than for those without
diabetes³

People with diabetes are
twice as likely to have a
stroke
as those without diabetes¹

¹ American Diabetes Association. Statistics About Diabetes. <http://www.diabetes.org/diabetes-basics/statistics/?loc=db-slabnav>

² Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>

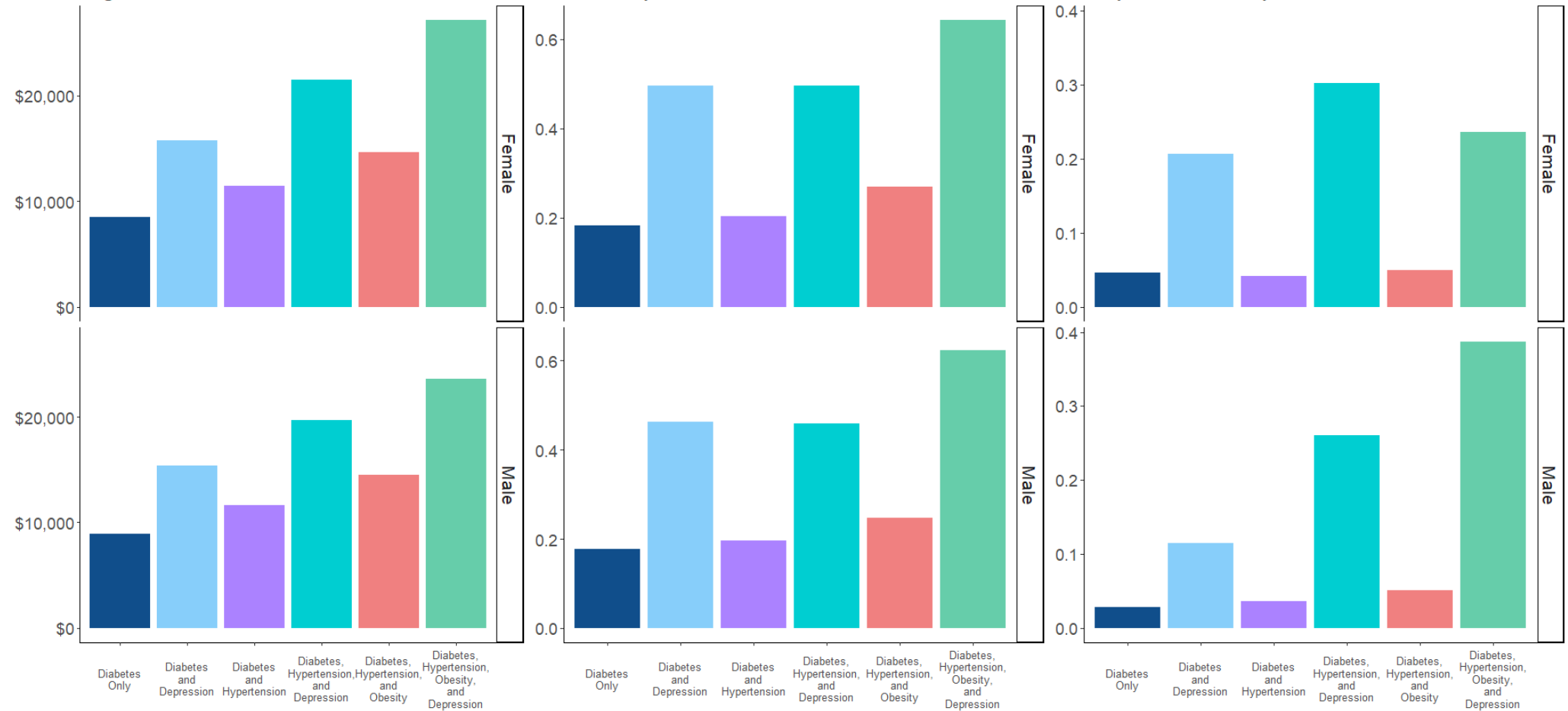
³ Economic Costs of Diabetes in the U.S. in 2022 <https://pubmed.ncbi.nlm.nih.gov/37909353/#:~:text=For%20cost%20categories%20analyzed%2C%20care,which%20are%20attributable%20to%20diabetes.>

The Intersection of Diabetes and Depression

Avg. Cost PMPY

ER Visits per Year

Hospital Admissions per Year



Source: Segal's SHAPE data warehouse

First-Line Therapy

Medical Nutritional Therapy

- The American Diabetic Association (ADA) recognizes that through lifestyle modification and medical nutrition therapy, type 2 diabetes can go into remission.
- The ADA and the UK National Health Service (NHS), through Diabetes Remission Clinical Trial (DiRECT), have amended their recommendations to include medical nutrition therapy as front-line therapy for type 2 diabetes.

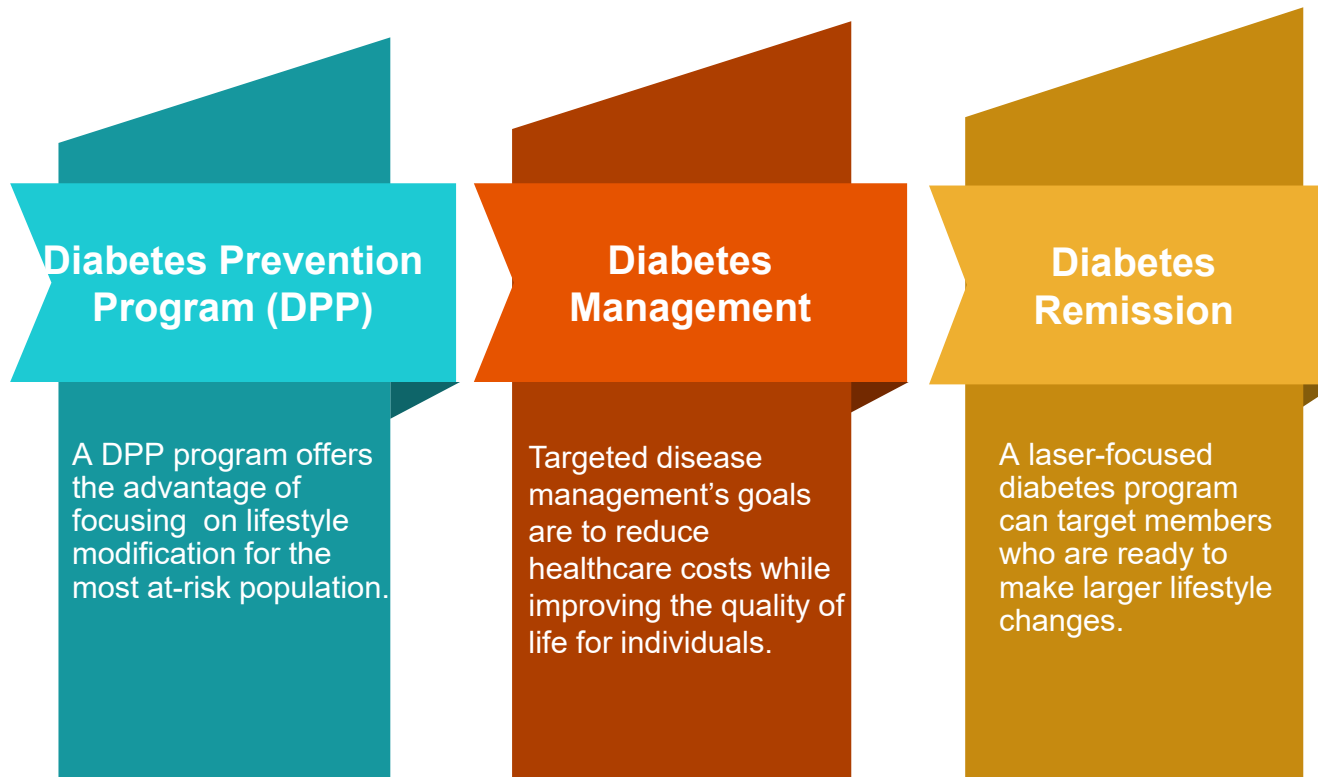




The Value of Health Coaching

- Needs whole person care, not just medication access
- Health coaching is of paramount importance to:
 - Build ongoing, trusted relationship with the recipient of the medication
 - Monitor the medication side effects and interactions
 - Address the medication goal areas and adherence
 - Discuss dosages, interactions, side effects, and concerns related to the medication
 - Advocate, speaking directly with physician or pharmacy
 - Monitor and help manage medication tolerance and contraindications
 - Provide in-person or virtual access points

The Diabetes Solutions Landscape



All outcomes hinge on identification and engagement.

Strategies for Value

- Coordination of vendors
- Clinical rigor
- Performance guarantees
- Clear, targeted communications
- Monitor ROI
- Avoid pitfalls
 - Technology trends
 - Aggressive sales tactics
 - Confusion about benefits
 - Unproven outcomes
 - Emerging tech startups

Population Health and Diabetes

Diabetes Education and Awareness

- Materials focus on:
 - Risk factors and prevention
 - Condition management
 - Strategies for prevention and self-care
- Articles, videos, webinars, and interactive tools

Risk Assessment and Screening

- Risk assessment tools considering age, weight, family history, and lifestyle habits
- By identifying individuals at higher risk, organizations can target interventions more effectively and provide personalized support

Behavioral Change Support

- For healthier habits and effective diabetic management
- To encourage adherence to medication, diet, exercise, and other lifestyle recommendations:
 - Goal-setting tools
 - Self-monitoring features
 - Reminders
 - Incentives

Wellness Programs Supporting Diabetes

Nutrition and Meal Planning

- Wellness programs include diabetes-specific meal planning tools
- Healthy recipes, meal trackers, carbohydrate counting guides, and personalized dietary recommendations based on individual preferences and dietary restrictions

Blood Glucose Monitoring and Management

- Most diabetes point solutions include tools for tracking and managing blood glucose levels, such as glucose monitoring apps, connected devices, and integrated health platforms
- These tools allow individuals to monitor their blood sugar levels, track trends over time, and share data

Remote Monitoring and Telehealth

- Allows individuals to receive personalized care and access support
- Identifies real-time trends and allows speedy intervention

Other Prevention Strategies

Well-Being Activities	Benefit Design	Vendor Partnership	Communication
<ul style="list-style-type: none">• Health risk assessments and biometric screening• Lunch & Learn sessions• Online health education classes• Walking groups• Competitions• Lifestyle coaching• Chronic condition coaching• Gym memberships• Plan-reimbursed fitness trackers	<ul style="list-style-type: none">• Remove limitations on nutritional counseling• Evaluate bariatric surgery benefits• PBM coverage of weight loss medication• Incentives/penalties	<ul style="list-style-type: none">• Well-being platforms• Diabetes Prevention Program (DPP)• Digital Therapeutics	<ul style="list-style-type: none">• Communication is ongoing• Behavior economics/science



Diabetes and Obesity

Diabetes Prevalence

11.3% of total US population have diabetes.

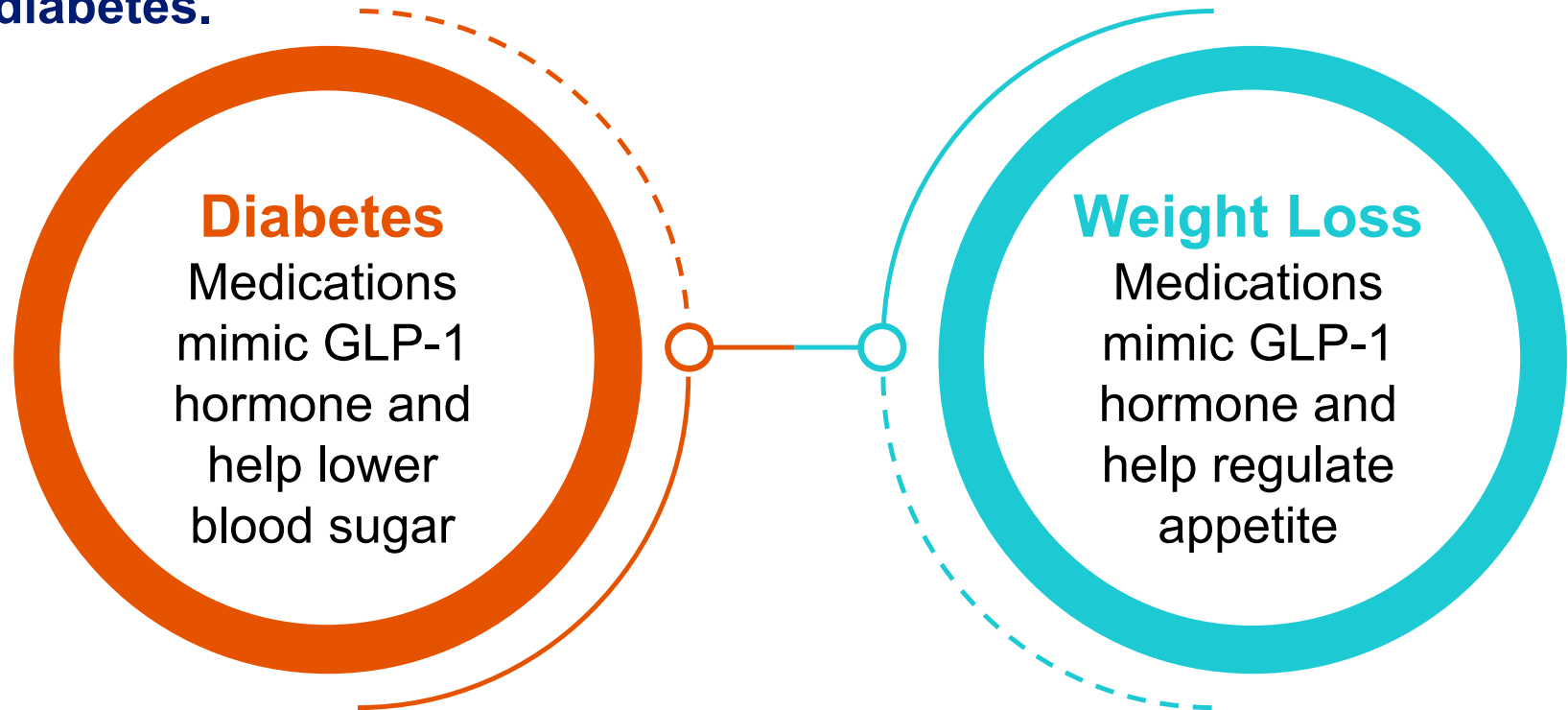
Losing 5-7% of their body weight and added 150 minutes of exercise per week can reduce risk of developing diabetes by up to 58%.



Potential market for new drugs is significant

What are GLP-1 Medications?

GLP-1 is a hormone found naturally in our bodies that targets the area of the brain that regulates appetite and is insufficient in people who have type 2 diabetes.



What Names do we Know for GLP-1 Agonists¹?

- Diabetes drugs in the GLP-1 agonists class are generally taken by a shot (injection) given daily or weekly and include:
 - Dulaglutide (Trulicity) (Eli Lilly)
 - Exenatide (Bydureon BCise and Byetta) (AstraZeneca)
 - Semaglutide (Ozempic, Rybelsus oral) (Novo Nordisk)
 - Liraglutide (Victoza) (Novo Nordisk)
 - Lixisenatide (Adlyxin) (Sanofi)
 - Tirzepatide (Mounjaro²) (Eli Lilly)
- Pharma developing more medications based on the success of these medications in treating diabetes

1. GLP-1 agonists are a class of type 2 diabetes drugs that improves blood sugar control.

2. Mounjaro is the only FDA-approved GIP and GLP-1 receptor agonist

History of GLP-1 Medications

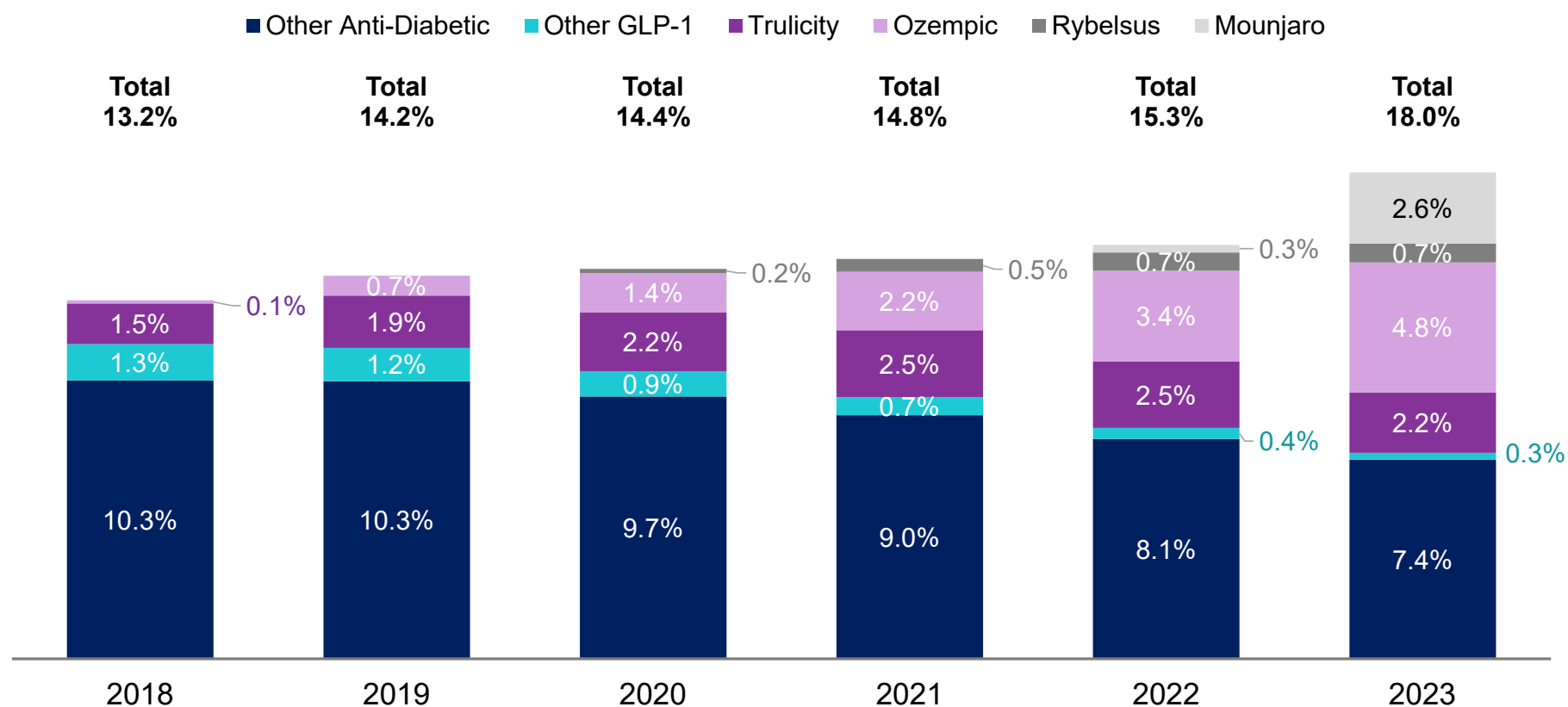
Until recently
GLP-1's considered a
second-line agent to
treat diabetes

2021, ADA
recommends prescribing
GLP-1s to reduce health
complications regardless
of A1C or metformin use

2023 ADA guidelines
emphasizes both
supporting higher weight
loss and focusing on
obesity as chronic disease

Led to increased utilization of GLP-1s for diabetes AND weight loss

Plan Spending on Anti-Diabetic Medications with Weight Loss is Rising Steadily



Source: Segal SHAPE, Segal's data warehouse, 2018 to 2023

Utilization Concerns

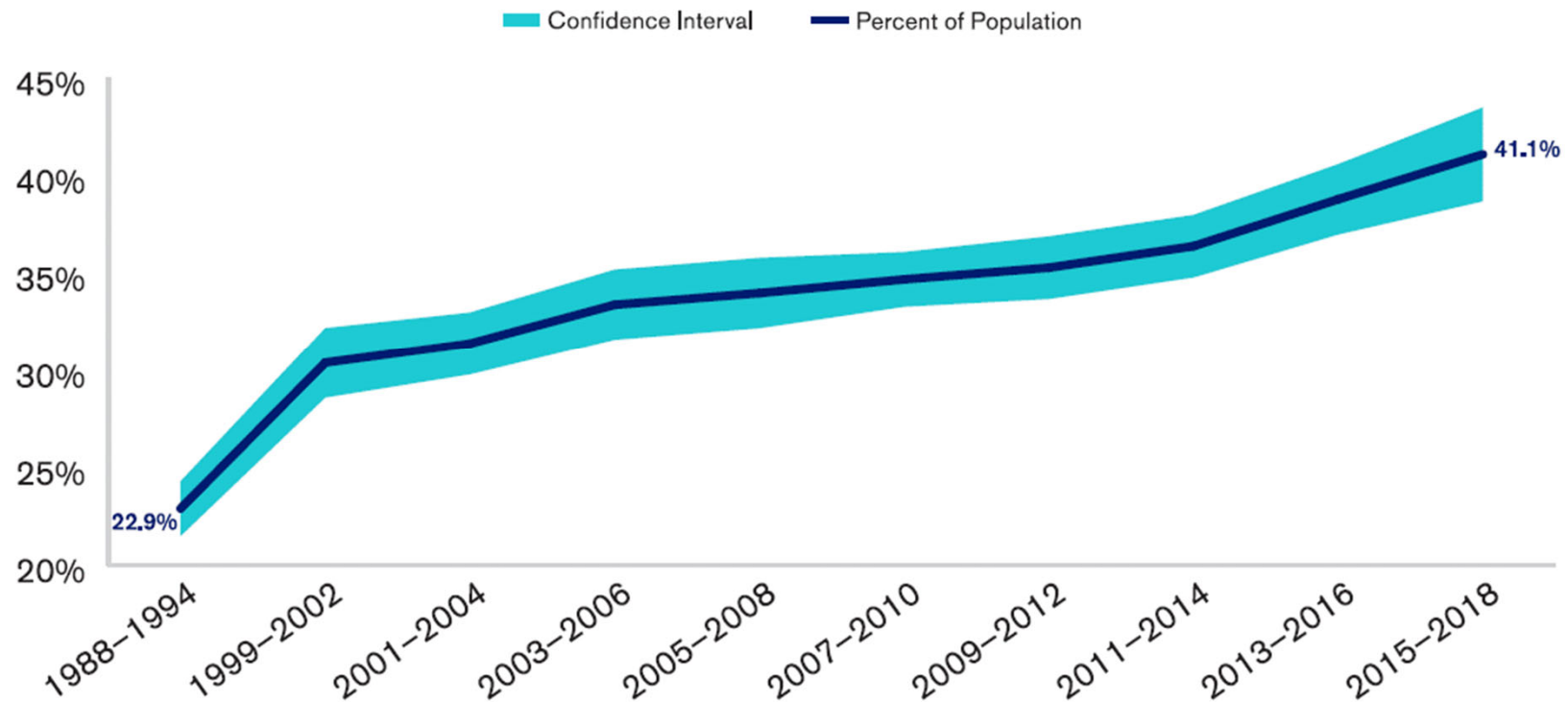
- Off label use of diabetes GLP-1 therapies (i.e. Ozempic) for weight loss.
- Social media has been a big contributor to using Ozempic for weight loss which, in turn, has caused drug shortages.
- PBMs are offering utilization management programs to curb off-label spend for the GLP-1 medications.
- GLP-1s are in the top drug spend for many plan sponsors in 2024.



Potential market for new drugs is significant.
What does your current utilization look like?

Obesity and the GLP-1 Effect

The Obesity Rate of the U.S. Population Has Almost Doubled in Recent Decades



Source: Centers for Disease Control and Prevention. Health, United States, 2020-2021

Obesity Prevalence

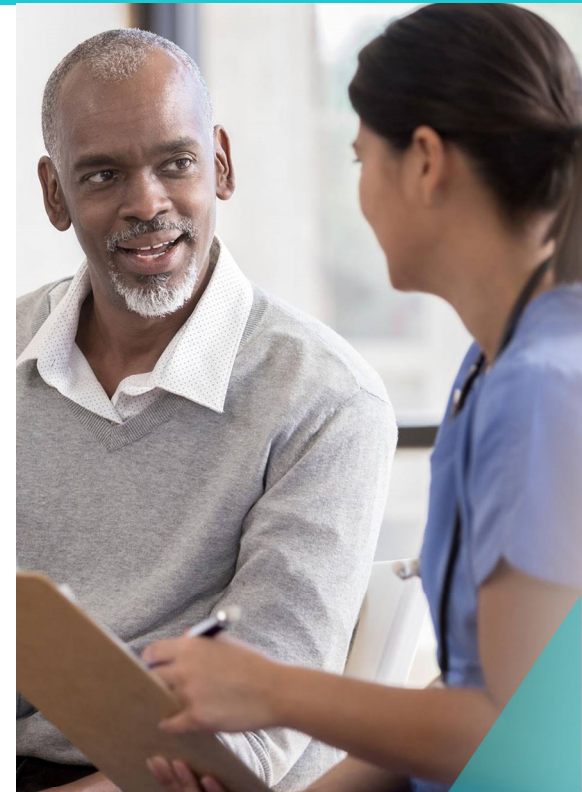
42% of US
adults are obese

Obesity is
recognized as a
chronic disease
since 2013

Potential market for new drugs is significant

Are Plans Covering Weight Loss Drugs and What Is Impact?

- Employers Health, a large group-purchasing organization for pharmacy benefits for 2021 reported 60% of clients exclude obesity drugs and 25% cover them with a PA.
- Medicare does not cover obesity drugs, but does cover bariatric surgery and intensive behavioral therapy.
- Nearly half of large employers (49%) expect to cover the new weight loss medications as part of their health plans, according to the [2024 Large Employers' Health Care Strategy and Plan Design Survey](#) by the Business Group on Health, which queried 152 larger employers.
- The survey of 502 employers by Accolade a company that provides healthcare programs for employers, and research firm Savanta said 43% of the employers it polled could cover GLP-1 drugs in 2024 compared to 25% that cover them now. (Reuters)



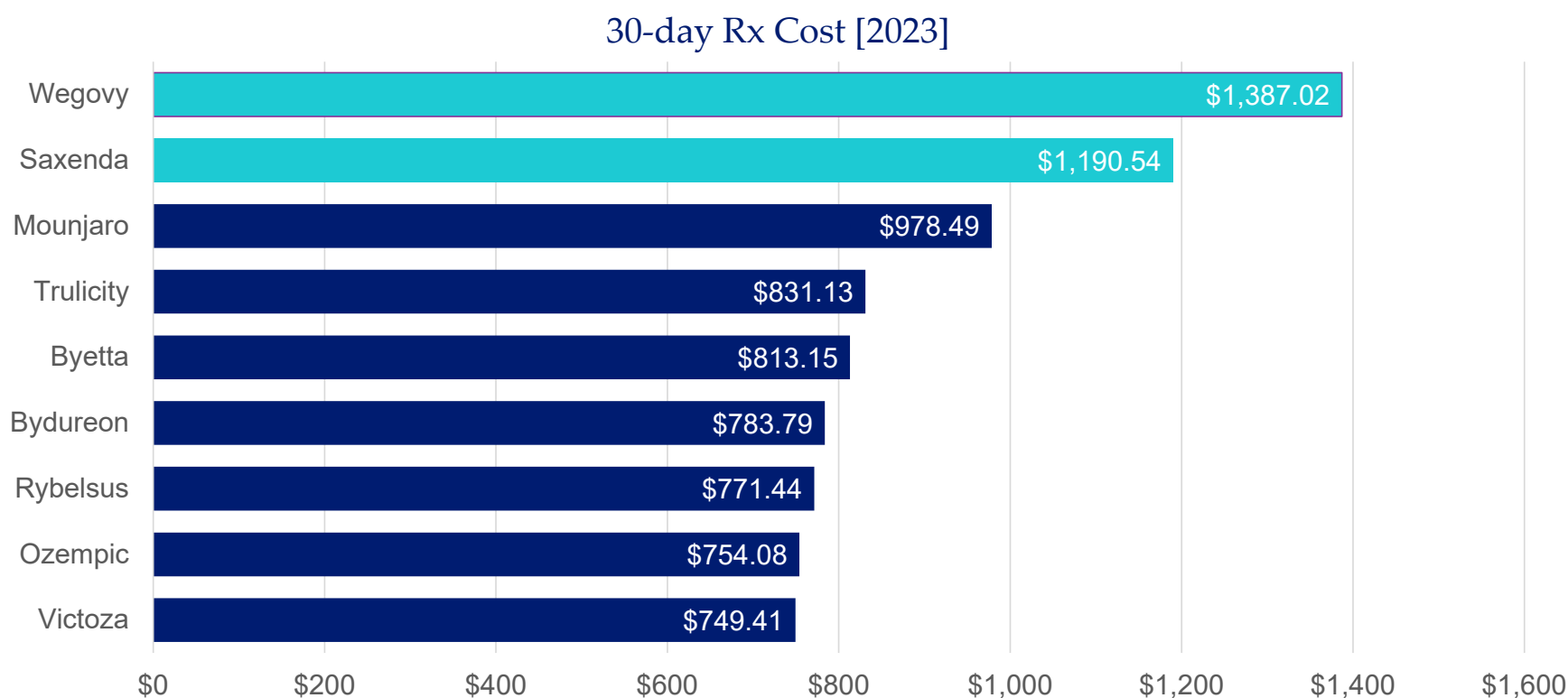
Should plans offer weight loss drugs?

What Drugs are the FDA Approved Anti-Obesity Medications?

FDA approved anti-obesity medications include the following:

- Older Anti-obesity Medications (AOMs)
 - Phentermine (Adipex, Lomaira) (Teva Pharmaceuticals, KVK Tech)
 - Phentermine/ topiramate ER (Qsymia) (Vivus)
 - Naltrexone/bupropion HCL (Contrave) (Curax Pharmaceuticals)
 - Orlistat (Xenical, Alli – otc) (CHEPLAPHARM, GlaxoSmithKline)
- Newer Anti-obesity Medications (AOMs)
 - Semaglutide (Wegovy) (Novo Nordisk)
 - Liraglutide (Saxenda) (Novo Nordisk)
 - Tirzepatide (Zepbound) (Lilly)
- Imcivree (setmelanotide) (Rhythm Pharmaceuticals and Genpharm)

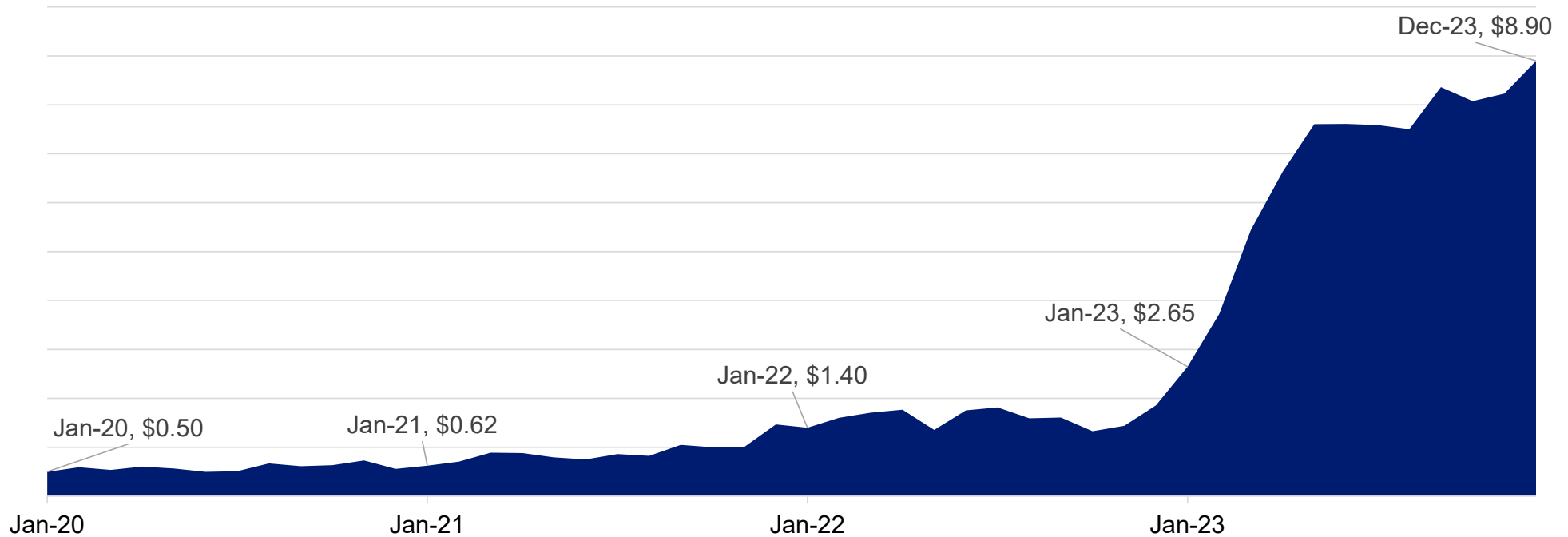
Obesity GLP-1 Medication Costs Compared to Diabetes GLP-1 Medications



Note that prices listed are mean charges after PBM discounts but before rebate offsets

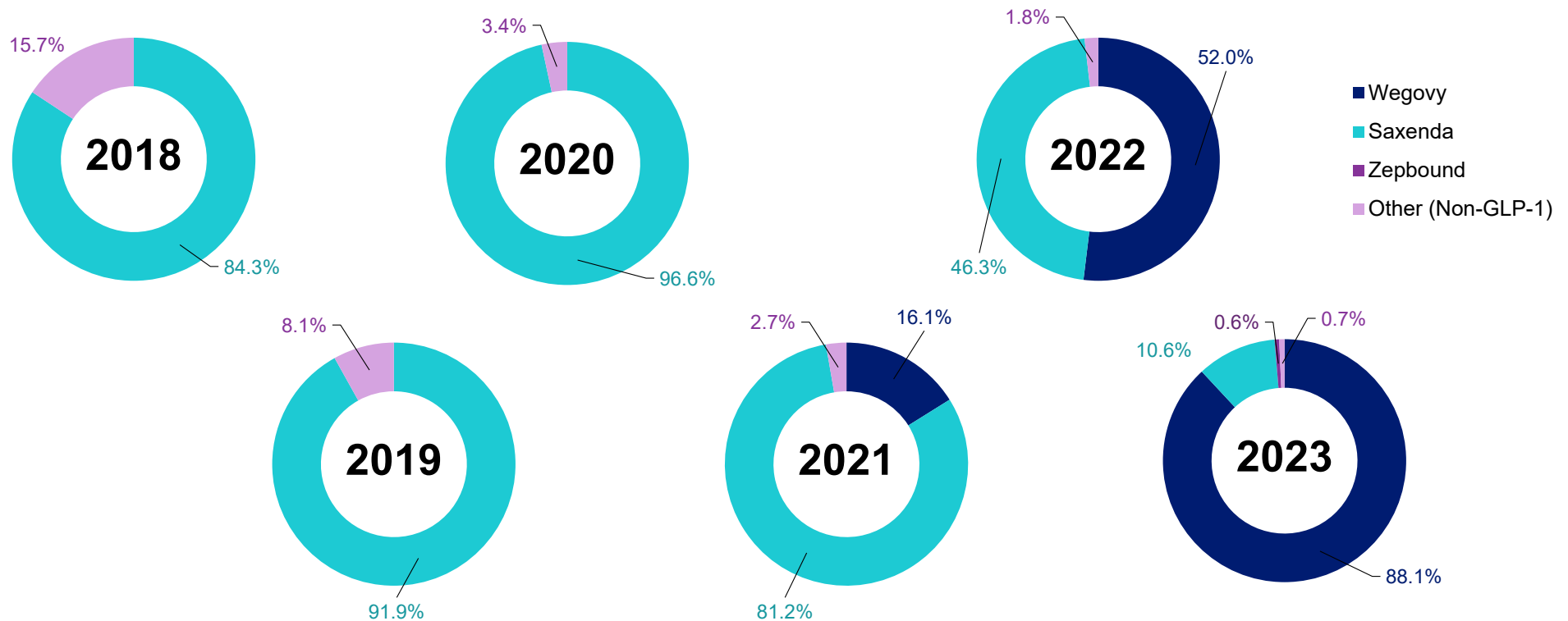
Dramatic Increase in Anti-Obesity Medication Spending due to GLP-1s

Segal Book-of-Business AOM
(Median Allowed Per Member Per Month)



Source: Segal SHAPE, Segal's data warehouse, 2020 to 2023 for clients covering anti-obesity medications

Plan Spending on Weight-Loss Medication Continues to Shift Towards GLP-1s



Source: Segal SHAPE, Segal's data warehouse, 2018 to 2023

Weight-loss Options Vary in Cost and Effectiveness

	Traditional Diet & Exercise Programs	Provider-Led Clinical Weight Loss	GLP-1 Drugs	Bariatric Surgery
Avg weight loss at ~ 1 year (% reduction in body weight)	0–5%	13%	15%+	20%+
Est. List Price (for one year of treatment)	\$500	\$1,800	\$12,000+	\$20,000+
	Chin, S., Keum, C., Woo, J. et al. Successful weight reduction and maintenance by using a smartphone application in those with overweight and obesity. Sci Rep. 2016; 6, 34563, Noom list price	McKenzie AL, et al. Nutrients. 2021; 13(3):749. Outcomes among one year completers, Virta list price	Wilding JPH, Batterham RL, Calanna S, et al. Once-Weekly Semaglutide in Adults with Overweight or Obesity. N Engl J Med. 2021;384(11):989-1002. Novo Nordisk; list price. https://www.novocare.com/wegovy/let-us-help/explaining-list-price.html - \$1309.42 per package. Accessed 10/18/22	NTMC, "How much does bariatric surgery cost," Accessed 1/25/2023, Maciejewski ML, Arterburn DE, Van Scoyoc L, Smith VA, Yancy WS Jr, Weidenbacher HJ, Livingston EH, Olsen MK. Bariatric Surgery and Long-term Durability of Weight Loss. JAMA Surg. 2016 Nov 1;151

Are there potential longer-term savings from lower obesity rates vs. near-term Rx costs?

Various PBM Cost Management Strategies

1

Use utilization management to ensure the diabetic GLP-1 drugs are only used for patients with diabetes

2

Smart logic to screen out patients who have diabetes. Smart logic utilizes both ICD diagnosis codes (if available) and prescription claims history to bypass PA requirements.

3

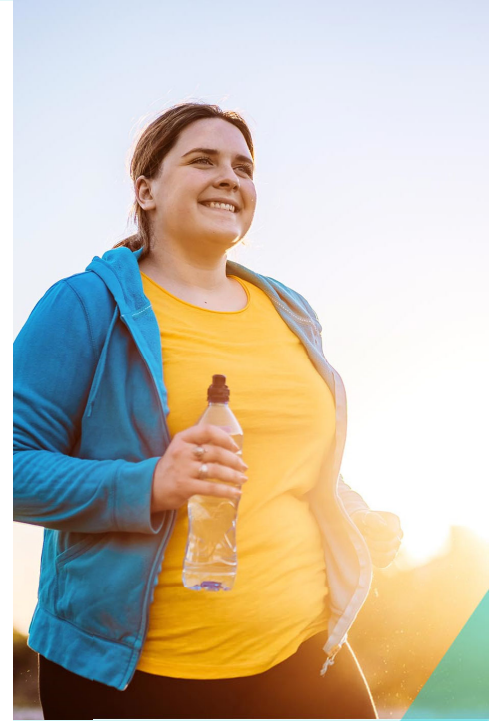
Doctor office to confirm diagnosis and “attest” to it in a PA case

4

Move from step therapy to prior authorization approach

Requiring documentation versus attestation for PA criteria

Requiring ICD-10 information as part of criteria



Be sure to consider any potential rebate impact

The Bigger Picture for Managing Obesity

- Negotiate lowest-net-cost PBM formulary changes.
- Provide educational support for appropriate and safe exercising.
- Offer access to virtual coaching.
- Implement accountability check-ins with patients.
- Consider implementing stricter coverage to target smaller group of plan participants.



The Bigger Picture for Managing Obesity

- Seek outcomes-based performance guarantees with PBMs when adding coverage of these high-cost anti-obesity meds tied to achieving minimum average weight loss amounts (e.g., at least 10% weight loss after 6 months use).
- Patients need whole person care, not just medication access.
- Health coaching is of paramount importance.
- Continue behavior change coaching for 1-2 years post treatment.
- Build and activate ongoing support network for each participant.





Musculoskeletal Care

What are Musculoskeletal Disorders?

Musculoskeletal Disorders (MSD) are injuries or disorders of the muscles, nerves, tendons, joints, cartilage and spinal discs.

Common MSDs

- Muscle/Tendon Strain
- Tendonitis
- Ligament Sprain
- Rotator Cuff Injury
- Carpal Tunnel
- Trigger Finger
- Back Injury
- Nerve Compression
- Degenerative Disc
- Arthritis



Time and exposure to risk factors can lead to MSD

- Ergonomics
- Repetition Posture Force
- Poor Health Obesity
- Working Conditions
- Genetics
- Age



How are Musculoskeletal Disorders Treated?

Prevention

- Education
- Exercise
- Nutrition
- Weight management
- Stretching
- Avoidance of aggravating activities
- Proper body mechanics
- Work ergonomics
- Safe work environment
- Avoid smoking

Acute

- Diagnosis/treat
- Pain management
- Physical and occupational therapy

Chronic

- Pain management
- Nonsteroidal or steroidal medications
- Injections
- Infusions
- Cognitive behavioral therapy
- Weight loss
- Spinal manipulation
- Massage
- Acupuncture

Surgical

- Treatment decision support
- Surgeon selection
- Device selection
- Pre- and post-operative rehab
- Pain management

Musculoskeletal Disorders in Multiemployer Industries

Most Prevalent Musculoskeletal Conditions, per Thousand Participants	
Condition	Prevalence
Musculoskeletal pain, not low back pain	130
Spondylopathies/spondyloarthropathy	71
Low back pain	37
Other specified connective tissue disease	36
Osteoarthritis	35
Biomechanical lesions	28
Tendon and synovial disorders	22
Other specified joint disorders	18
Other specified bone disease and musculoskeletal deformities	9
Acquired foot deformities	7

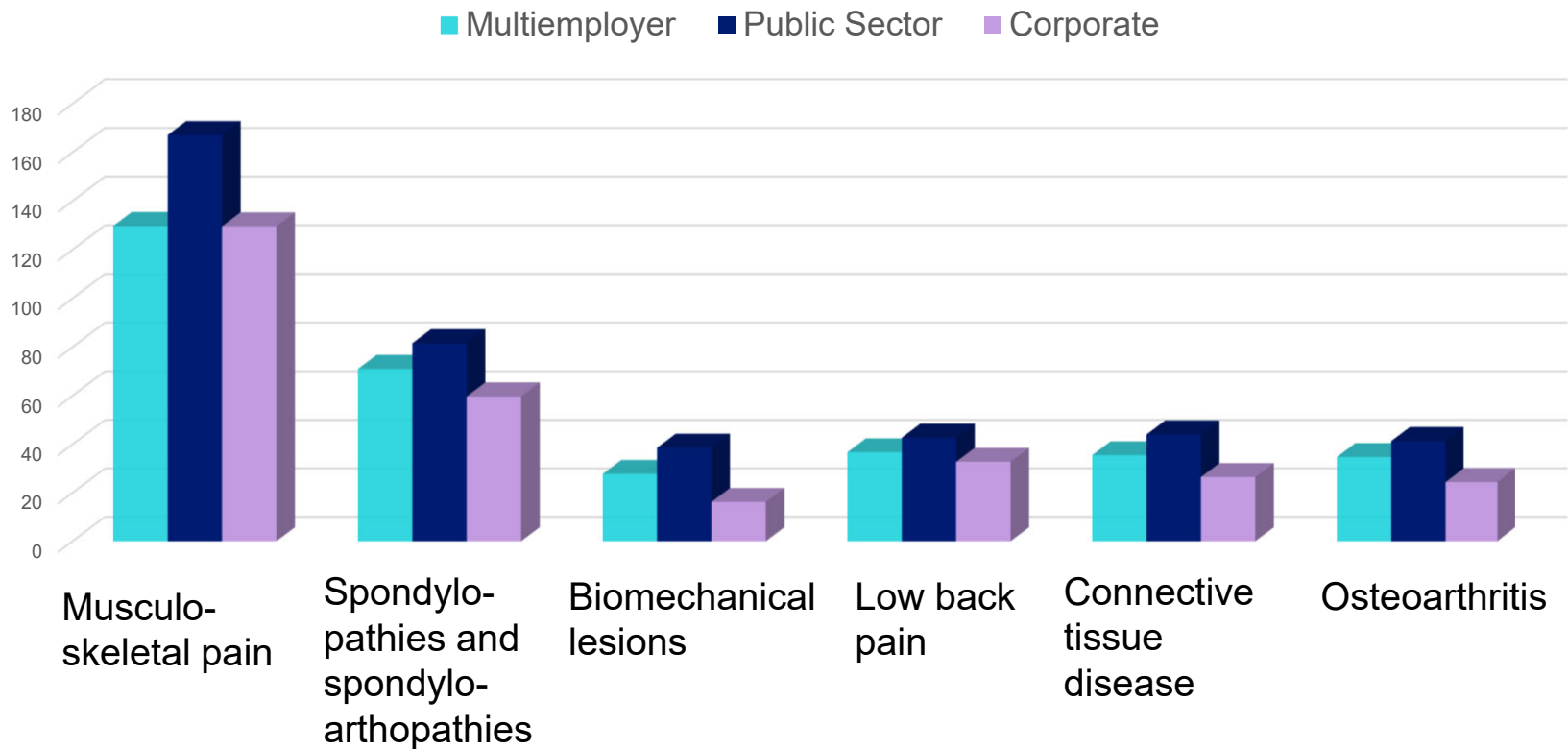
Most Costly Musculoskeletal Conditions, per Thousand Participants	
Condition	Cost
Osteomyelitis	\$5,994
Osteoarthritis	\$3,735
Pathological fracture, initial encounter	\$2,859
Spondylopathies/spondyloarthropathy	\$2,729
Rheumatoid arthritis and related disease	\$2,061
Neurogenic/neuropathic arthropathy	\$1,843
Acquired foot deformities	\$1,733
Juvenile arthritis	\$1,731
Aseptic necrosis and osteonecrosis	\$1,658
Tendon and synovial disorders	\$1,555

Source: Segal's SHAPE Database

Musculoskeletal Disorders

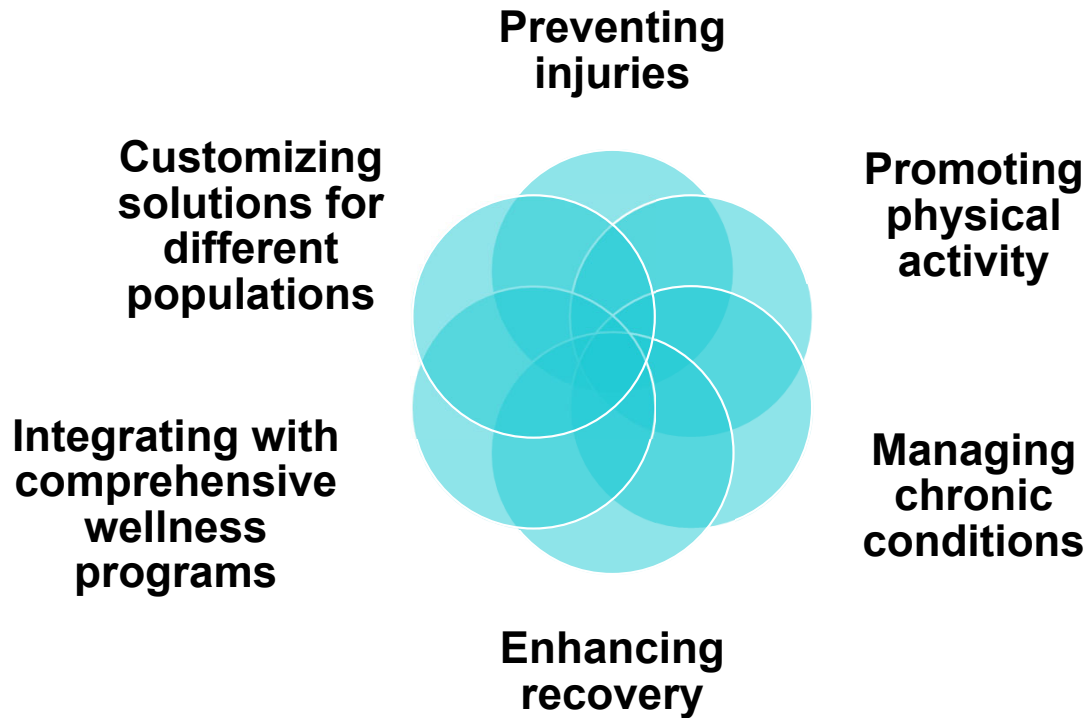
Treatment Across Industries

Most Common Musculoskeletal Conditions, per Thousand Participants



Source: Segal's SHAPE Database

Integration of Musculoskeletal Solutions with Wellness Programs





Nimble Health

John Lawrence
Executive Director

MUSCULOSKELETAL HEALTH SERVICES

High Cost & High Growth

Musculoskeletal (MSK) disease is one of the largest & fastest growing components of healthcare spend



10% - 15% of medical spend is for MSK care (and growing)

33% & 17% increases in hip and knee replacements among Americans ages 35-64 since 2010

50% of adults are affected by musculoskeletal conditions

171% & 189% hip and knee replacements are projected to grow respectively by 2030

80% of members with chronic pain are not receiving recommended non-surgical preventative care

\$73B projected increase in national MSK disorder spend from 2014- 2024

OVERVIEW

Nimble Health is a patient-first musculoskeletal concierge program

We proactively identify and engage with members very early, offering clinical decision support, valuable digital tools, care navigation and concierge scheduling to high-quality providers, acting as a trusted guide to members along their entire MSK care journey.



Nimble Health core competencies & services

Proactive Member Identification & Engagement	Member Education/ Decision Support by MSK-Trained Nurse Health Coaches	Provider Assessment & Navigation	Concierge Scheduling* (Advanced imaging, PT, Virtual PT, Pain Management, Virtual Expert Opinions & Surgery)	Pre/Post Operative Assistance	Opioid Awareness & Education
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*Virtual PT/2nd Opinion vendor can vary based on client preference

2023 BOOK OF BUSINESS PERFORMANCE METRICS

Nimble Health has successfully worked with patients to help them access a variety of services and to support their entire MSK journey.

Contact Rate

74%

Engagement Rate

78%

Customer
Satisfaction Score



96%

Net Promoter Score
(NPS)



+83

Average Speed of
Answer (ASA)



7Seconds

Advanced Imaging Redirection Rate

20%

MSK Surgery Avoidance Rate

10%

ROI

2.5-3x

A GROWING MSK ECOSYSTEM

Nimble Health integrates & partners with various point solutions to offer a seamless end-to-end MSK program

Prior Authorization



Patient Navigation/ General Concierge



Specialty Provider Networks/COEs



Virtual 2nd opinion



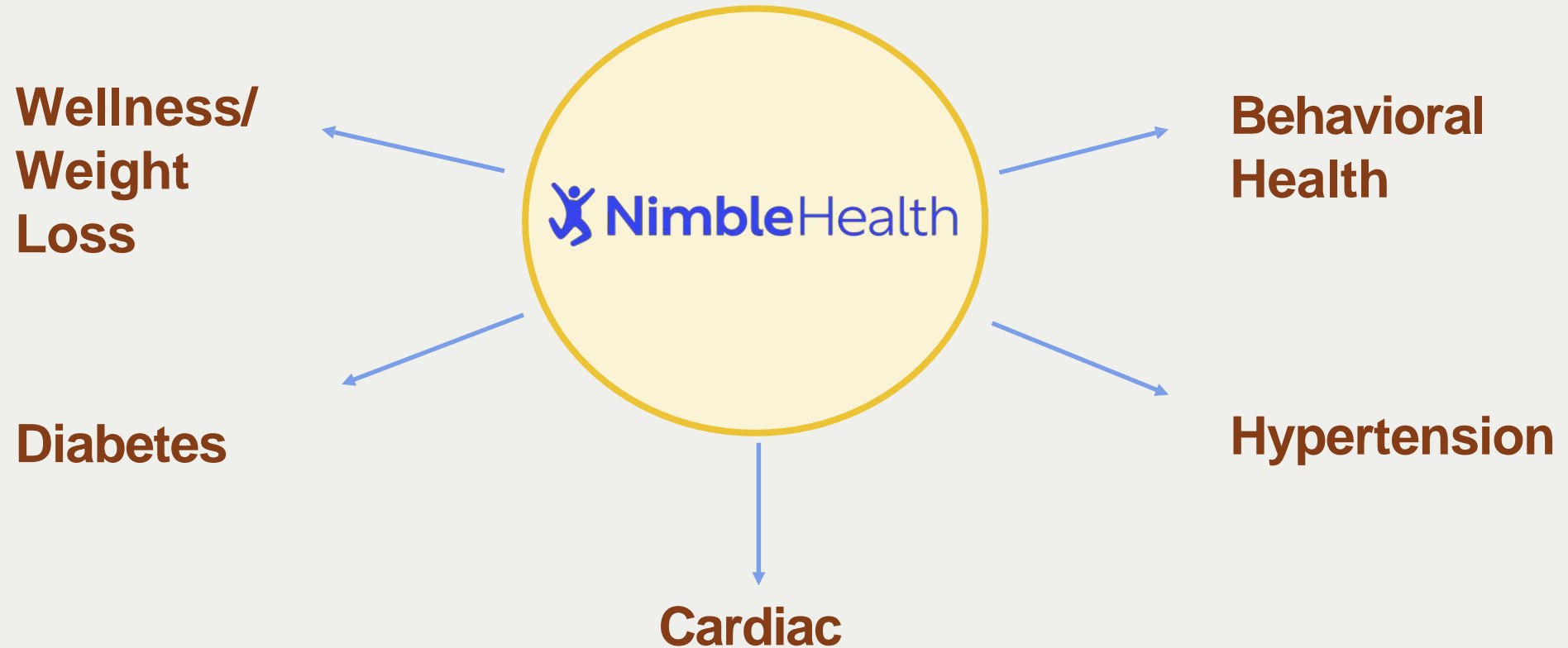
Virtual PT/Home Exercise



In-Clinic PT/At-Home PT



Common MSK Comorbidities – Opportunities to Increase Member Participation in Other Chronic Disease Management Programs



Complete

CLOSING OPTIONS

Client A | Health Plan | (Industry Type) | VSO: Cleveland Clinic | VEP: Include

Other Client Details:

- 1) Accolade
- 2) Virta – Diabetes, Obesity
- 3) Edison COE
- 4) EAP

(Updated 1.1.2024 Changes are red)

Conference with MD

MD Expert Opinion

Surgical Consult

Education

Physical Therapy

External Vendor Referral

Other

Complete

External Vendor Referral

External Vendor(s) shown below for AB . Please select an External Vendor to refer the member to and create a new goal record.

Showing 4 of 4 items

Vendor	Phone
<input type="radio"/> Accolade	18885555555
<input type="radio"/> Virta Health	18885555555
<input type="radio"/> Edison	18885555555
<input type="radio"/> EAP	18885555555

Previous

Next

If you do not want to select a path from the left side of the screen, use the **Exit** button to close out of this goal.

Exit

Nimble Health's Simplified Case Rate



Services Included:

- ✓ Member Engagement, Clinical Decision Support and Education Services
- ✓ Digital Tools & Educational Materials
- ✓ Provider Assessment & Navigation (advanced imaging, physical therapy, pain management, virtual expert opinions & surgery)
- ✓ Concierge Scheduling
- ✓ Pre & Post-Op Patient Support
- ✓ Opioid Awareness & Education with Acute Post-Op Monitoring

Case rate covers unlimited MSK interactions and services over a rolling 12-month period



Summary

Nimble Health can engage more members, provide more services, deliver a better experience, and produce stronger financial results

Value

- ✓ Major components of the MSK journey wrapped into a single solution
- ✓ Best in class engagement levels
- ✓ Higher adoption of other key chronic care programs
- ✓ Proven track record of market-leading member satisfaction
- ✓ Flexibility to integrate with your existing vendor partners

Benefits

- ✓ Singular focus on a top 3 medical cost driver
- ✓ Improved program awareness & higher utilization results
- ✓ Strong financial results & ROI
- ✓ Administrative ease
- ✓ A happier, healthier member



For more information on what we
and how we help members with
their musculoskeletal health care

www.Nimble-Health.com



83

net promoter score

96%

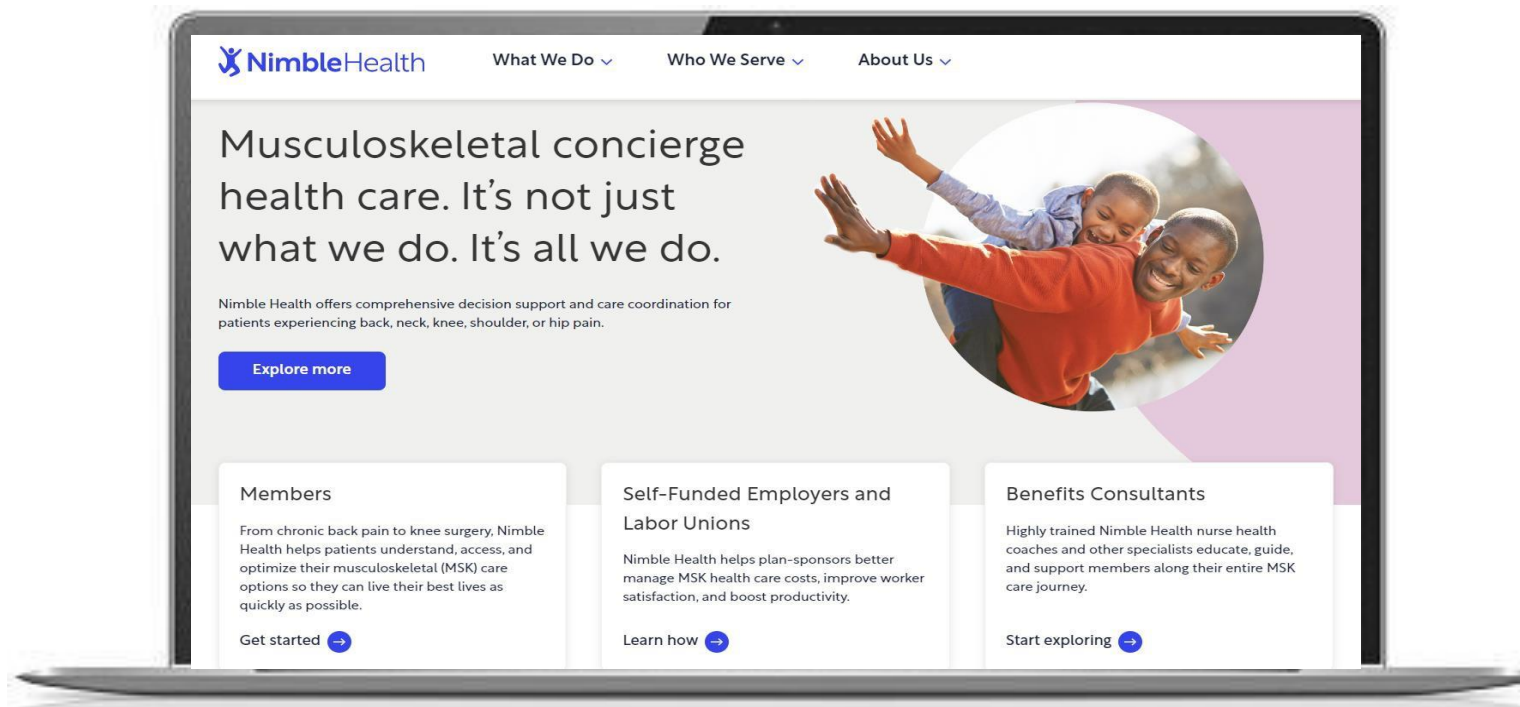
member satisfaction score

74%

contact rate

78%

engagement rate





Musculoskeletal Pain Management Challenges

Background Musculoskeletal Pain

Types	Affect acute or chronic pain that affects bones, muscles, ligaments, tendons, and even nerves
Symptoms	Aching, stiffness, burning sensations, fatigue, muscle twitches, pain that worsens with movement, sleep disturbances
Causes	Bone fractures, joint dislocation, direct blows to muscles, bones or joints, overuse injuries, poor posture, sprains
Diagnosis	Blood tests, CT scans, MRI, X-rays
Prevalence	54% of adults in U.S. (126.6 million individuals over age of 18 years) affected

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6348332/>

MSK Subgroups Cost Utilization

54% of adults in U.S. (126.6 million individuals over age of 18 years) are affected.

- **Cost Utilization in Subgroups:**

- ❖ Wear and tear conditions

- ❖ Strains, sprains, ruptured discs in the spine; or degenerative disease of the joints (63.5%)

- ❖ Major trauma

- ❖ Fractures and crush injuries (18.6%)

- ❖ Autoimmune conditions

- ❖ Rheumatoid arthritis (16.9%)

- **Within wear and tear conditions cost:**

- ❖ Back and neck or spine accounts for 42%

- ❖ Only back conditions **make up 29%**

- **Example: patient spend more than \$100,000 for back conditions**

Pharmacologic Treatments

Nonopioid Analgesics

- Acetaminophen PO/IV

NSAID:

- Ibuprofen PO
- Naproxen PO
- Ketorolac IV
- Diclofenac Topical

COX-2 inhibitors:

- Celecoxib PO

Opioid

- Morphine PO/IV
- Fentanyl IV/Sublingual/TTS
- Meperidine IV
- Oxycodone PO/IV
- Methadone PO
- Buprenorphine TD Patch
- Tramadol PO/IV
- Codeine PO
- Tylenol-3 PO

Adjuvants Analgesics

Antidepressants:

- Amitriptyline PO
- Nortriptyline PO
- Duloxetine PO

Anticonvulsants:

- Gabapentin PO
- Pregabalin PO
- Carbamazepine PO

Others:

- Dexamethasone PO/IV
- Prednisolone PO
- Lidocaine TD
- Capsaicin TD

Opioid Drugs Fast Facts

79,117

Americans died from drug-involved overdose between January and September of 2022¹

Members abusing Opioids will have

4x

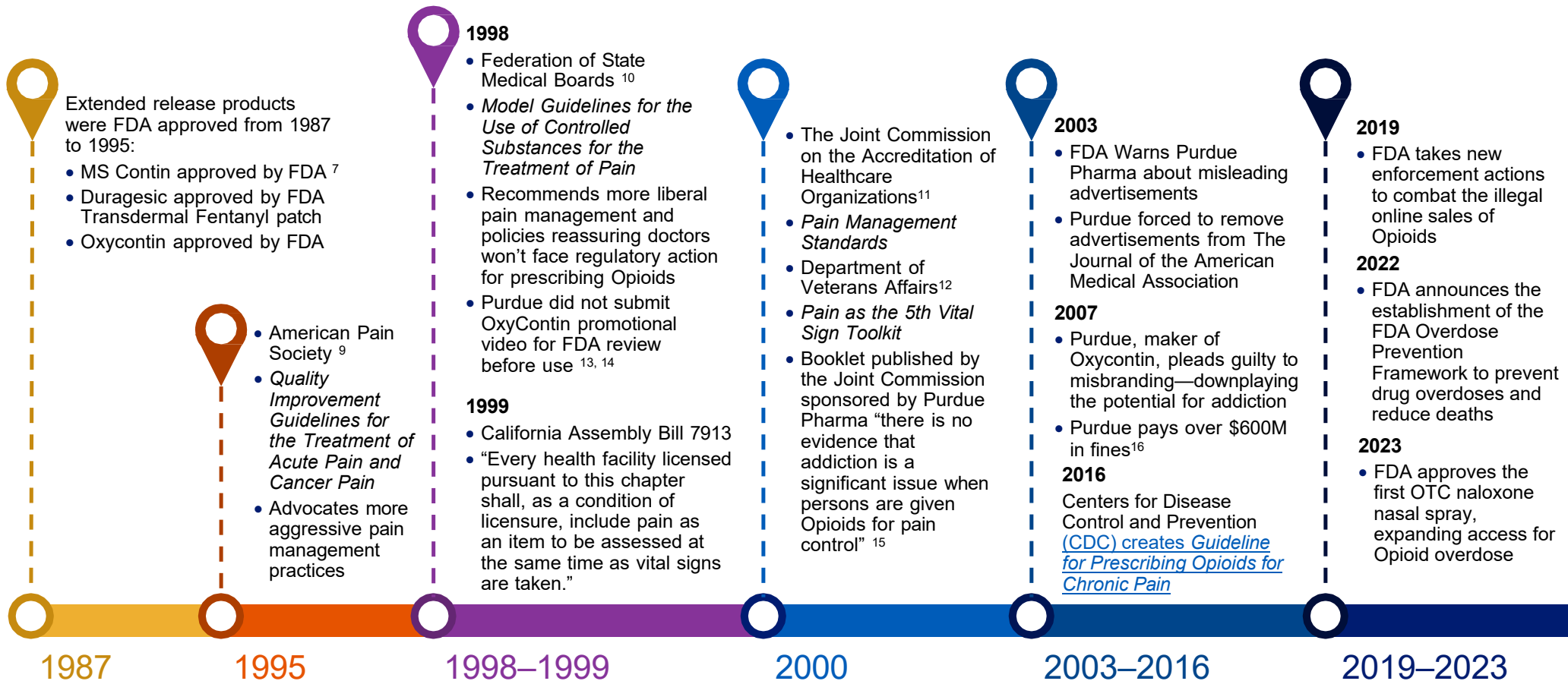
the Total Healthcare Costs²

70% of abused Rx drugs are provided by

**friends
and family**³

- The total economic burden from the Opioid epidemic includes not only healthcare costs, but mortality, criminal justice, family assistance, education, and lost productivity in the labor force.⁴
- A national employer survey in 2019 found that of the 75% of US employers who were affected by employee use of Opioids, only 17% were well prepared to handle the issue.⁴
- Up to 1 out of 4 patients on long-term Opioid therapy struggle with addiction.⁵
- Although prescription Opioid use is legal and prescribed for individuals with chronic or acute pain, either **prescribed or illicit** use of Opioids can lead to Opioid Use Disorder (OUD), a disease characterized by the chronic use of Opioids leading to impairment or distress.

Opioid Use Timeline



Understanding The Problem

How Did We Get Here



In the early 1990s, medical guidelines encouraged the aggressive treatment of acute and chronic pain



Since 1999, the amount of prescription Opioids sold in the United States nearly quadrupled.⁶



Drug overdose deaths have risen fivefold over the past 2 decades. In 2021, 106,699 deaths occurred.⁷

- Since the 1990s, when the volume of Opioids prescribed to patients began to grow, the number of overdoses and deaths from prescription Opioids has also increased. As the volume of Opioids prescribed for pain has increased, the amount of pain reported in the U.S. has not changed in comparison.
- Opioids were involved in 68,630 overdose deaths in 2020 (74.8% of all drug overdose deaths).
- Illicitly manufactured fentanyl were most commonly involved Opioids in overdose deaths.

<https://www.cdc.gov/drugoverdose/epidemic/index.html> ⁸

Flaws in Plan Design*

- The majority of Opioids are available as generics and are inexpensive
- Many plans make Opioids more accessible than alternative treatments including ²⁶
 - Physical therapy
 - Alternative therapies such as chiropractors and acupuncture
 - More expensive but potentially less addictive medications

* Opioid management may raise considerations related to compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) discussed further



PBM Strategies*

- Fraud Waste & Abuse Programs
 - Pharmacy / Prescriber Lock
 - Member / Prescriber outreach
- Utilization Management Solutions:
 - Quantity Limits
 - Step Therapy Edits
 - Prior Authorization (PA)
 - Other: Duration/Concomitant Use Edits

* Opioid management may raise considerations related to compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) discussed further at slide 35.



Multi-Prong Approach to Prevention*

- Follow CDC Guidelines for proper prescribing
- Support use of state prescription drug monitoring programs
- Explore other treatment modalities first

- FWA programs evaluating use and shopping habits
- Simplify treatment referral process
- Prior Authorization/Quantity Limit programs
- Network evaluation/restrictions
- CDC guidelines

Regulatory

- Drug Time & Dosage Limits
- Doctor Shopping Laws
- Tamper-Resistant Rx Forms
- Rx Drug Identification Laws
- First fill state laws
- Overdose Emergency Immunity
- Consider ways to increase use of [Prescription Drug Monitoring Programs](#), which are among the most promising state-level interventions.

Prescriber

PBMs

Regulatory

Plan Sponsors

Public

- Learn more about Opioids Awareness

- FWA programs evaluating use and shopping habits
- Simplify treatment referral process
- Prior Authorization/Quantity Limit programs
- Network evaluation/restrictions
- CDC guidelines

*Opioid management may raise considerations related to compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) discussed further at slide 34.

Thank You

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