ONE DIGITAL HEALTH PROVIDER

FOR THE FIVE MOST COSTLY CHRONIC CONDITIONS

Five chronic conditions drive substantial negative impact on the U.S. workforce; Omada brings value to your company addressing the top chronic health conditions that cost you and your employees time, money, and worry.

DIABETES

MUSCULOSKELETAL

CARDIOVASCULAR

HYPERTENSION

BEHAVIORAL HEALTH

MULTIPLE CONDITIONS

CROSS-CONDITIONAL LEARNING

Omada intentionally addresses the five most costly chronic conditions in an integrated way. We build cross-conditional learnings, working to understand how conditions are connected so you can prevent and address comorbidities in your workforce.

90% OF HEALTHCARE SPEND
is driven by people with chronic and mental health conditions[1]

40% OF AMERICANS
struggle with two or more chronic conditions[2]

NEARLY 70% OF PEOPLE WITH DIAGNOSED DIABETES
also have hypertension[3]

2X MORE LIKELY FOR PATIENTS WITH DIABETES
to experience depressive symptoms than their peers without diabetes[4]

58% OF PATIENTS WITH DIABETES
have a musculoskeletal (MSK) disorder[5]

HUMAN-LED, **DATA-DRIVEN CARE**

At Omada, we use data to **create the most effective, personalized plan for each member** and implement that plan with a care team and technology platform. We adapt the plan to our members' needs to enable them to maintain their engagement over time to get and stay healthy.

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Our utilization reports showed a large number of employees with issues around nutrition, obesity, and stress. I was looking for a partner to effectively inspire employees to take proactive steps to improve these issues.

—Employee Benefits Manager, City of Saint Paul, MN
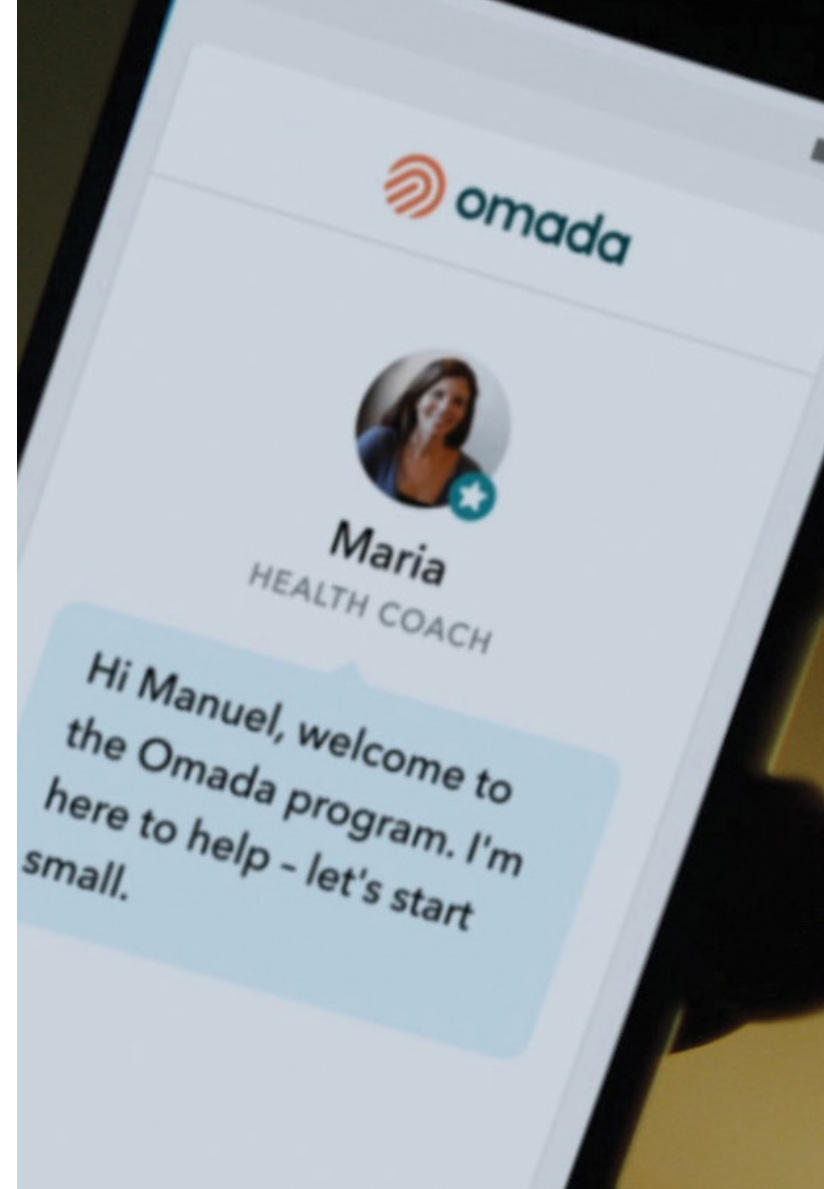
ACTIVATING EMPLOYEES TO IMPROVE THEIR HEALTH

24/7 access to highly trained and personally assigned Omada care teams empowers your workforce to take control of their health. We custom-deliver human-led engagements to spark positive, incremental increases in healthy behaviors.

OUR ENGAGING APPROACH LEADS TO SIGNIFICANT CLINICAL OUTCOMES:

31 AVERAGE ENGAGEMENTS PER WEEK
by each Omada member[6]

98% OF MEMBERS
see improvement in their area of concern[7]

55% OF BEHAVIORAL HEALTH MEMBERS
meet clinical target for symptoms of anxiety and depression[8]

0.8 POINTS OF A1C REDUCTION ON AVERAGE
among diabetes program members[9]

39 POINTS OF TOTAL CHOLESTEROL REDUCTION
on average for members with T2D and high cholesterol at start[9]

OMADA BENEFITS YOU
AND YOUR WORKFORCE

Benefits leaders face a multitude of challenges: numerous vendors, a siloed buyer experience, inconsistent data reporting, and underwhelming employee health outcomes to name a few. Omada simplifies your administrative headaches with a single, value-packed solution to the most costly and dangerous conditions impacting your workforce—saving you time, money, and worry.

To see how Omada can
save you time, money, and worry, contact

theteam@omadahealth.com

to secure a demo today.

References

1. https://www.cdc.gov/chronicdisease/about/costs/index.htm

2. https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm

3. https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

4. Depression Among Adults With Diabetes: Prevalence, Impact, and Treatment Options. Mary de Groot, Michael Kushnick, Todd Doyle, Jennifer Merrill, Mark McGlynn, Jay Shubrook, Frank Schwartz. Diabetes Spectrum Jan 2010, 23 (1) 15-18; DOI: 10.2337/diaspect.23.1.15

5. Kaka B, Maharaj SS, Fatoye F. Prevalence of musculoskeletal disorders in patients with diabetes mellitus: A systematic review and meta-analysis. J Back Musculoskelet Rehabil. 2019;32(2):223-235. doi:10.3233/BMR-171086

6. Omada internal study, member population data 10/2018-9/2019. Actual member outcomes may vary based on individual and demographic factors.

7. 2019 Physera Cohort Study. Study included a Physera cohort of 151 individuals and a non-Physera cohort of 1863 individuals. Actual member outcomes may vary based on individual and demographic factors.

8. These outcomes represent a population snapshot of Omada memberdata from 4/2020-10/2020. (n=1,005). Average time between baseline and latest follow up assessment is 9 weeks. Omada recommended clinical target is to reduce PHQ9/GAD7 score by 4 points for those with baseline score 10+ (moderate range and higher), or maintain PHQ9/GAD7 score for those with baseline score <10 (mild range and below). Actual member outcomes may vary based on individual and demographic factors.

9. Wilson-Anumudu F, Quan R, Castro Sweet C, Cerrada C, Juusola J, Turken M, Bradner Jasik C. Early Insights from a Digitally Enhanced Diabetes Self-Management Education and Support Program. Abstract presented at: 20th Annual Diabetes Technology Meeting Virtual Poster Session; November 19, 2020. https://www.omadahealth.com/press/press-release-evidation-study-validates-key-outcomes-for-omada-diabetes-program