



Harvard Pilgrim  
Health Care

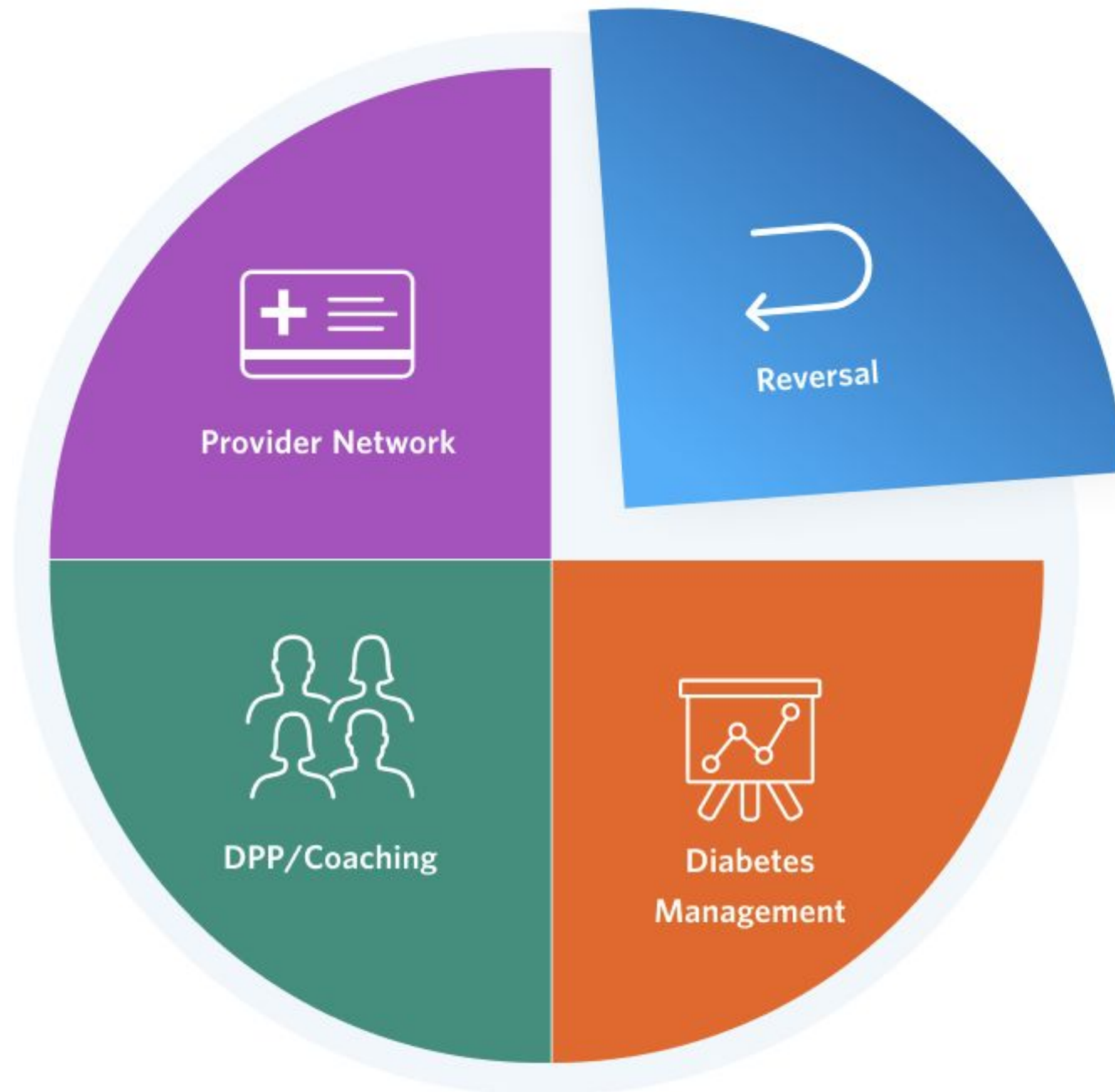


# Diabetes Reversal for City of Boston

## **If we only had 90 seconds today...**

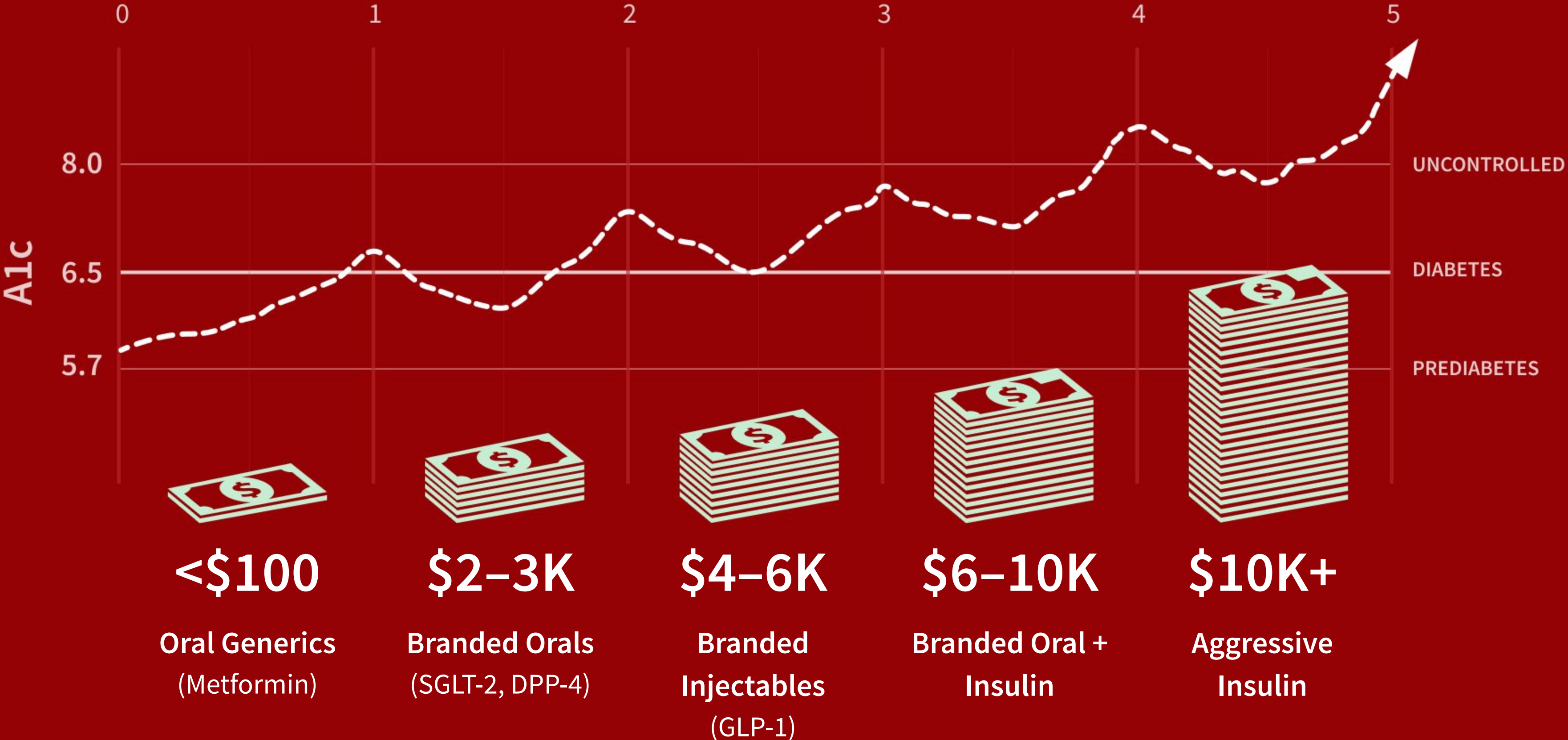
1. Diabetes reversal is possible, and Virta now cited by ADA in 2019/2020 as first line therapy
2. Virta can *reverse* T2 Diabetes, eliminate Rx, *save \$4,800/year, & impact lives*
3. Our clinical results peer-reviewed/published 6 times, Validation Institute approved.
4. Virta is both a provider and vendor at scale, wiring up to plans and employers at scale
5. Already live w/ Veterans Administration, BSCA, BCBSNE, employers like Comcast, US Foods, Purdue University, Tippecanoe County, etc. as well as several health plan CEOs as patients
6. *~700 Americans die every day* due to diabetes - yet now we can reverse the disease

# Complete your diabetes portfolio by offering reversal

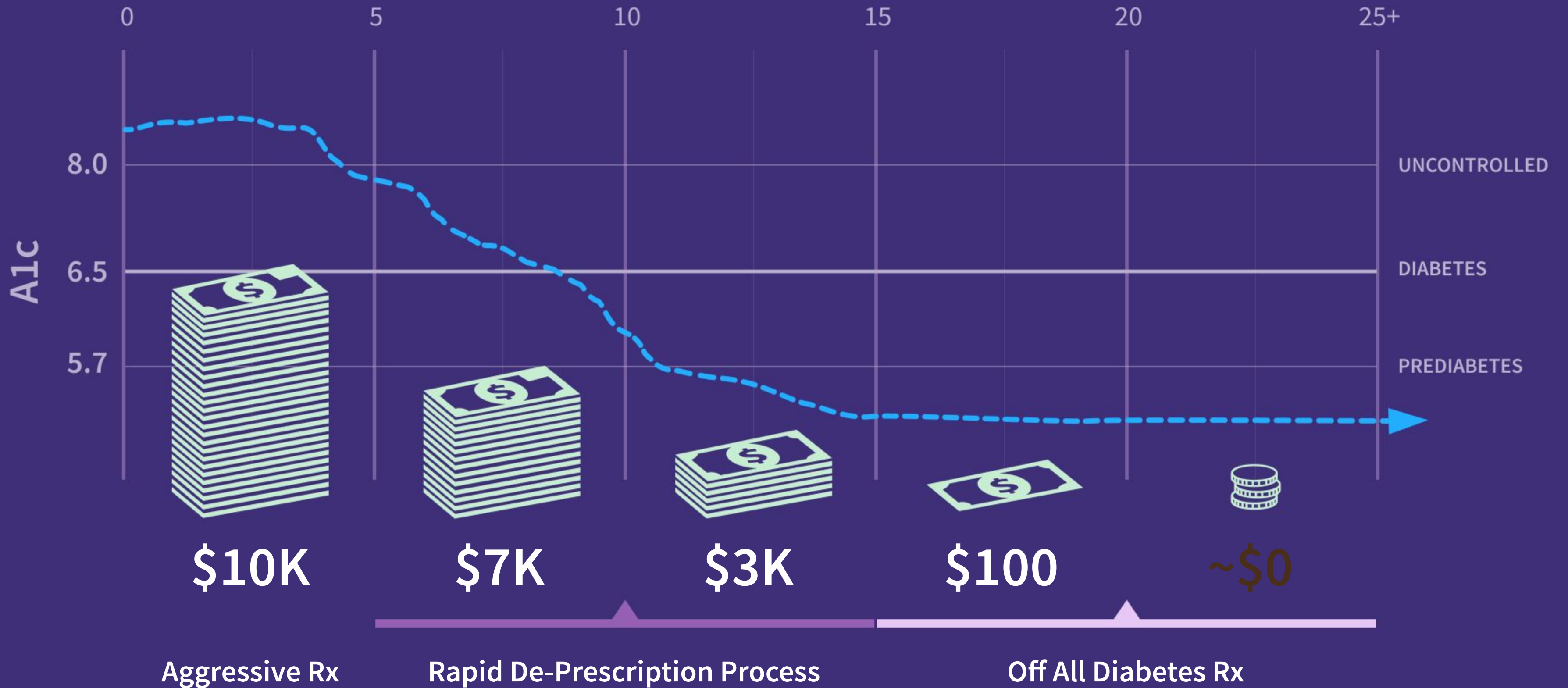


- Members/patients want to stop using diabetes Rx and improve their health, but currently don't have that option. Enter Virta.
- No one solution will capture 100% of members. **Virta is offered by payers to members with no admin or setup costs. 100% fees at risk.**
- Diabetes reversal slots in alongside other diabetes mgmt programs, allowing members to opt in and complement their PCP care. Goal is reversal and not medication adherence (only slows the disease).

# Years in Diabetes Management



# Weeks in Diabetes Reversal



# Proprietary Medical Nutrition Therapy



Nutritional Changes



Medication Changes



Biomarker Feedback



Patient

# Technology-enabled Continuous Remote Care

Care Team



Data & Analytics



EMR & Population Health



# The patient experience

**1**

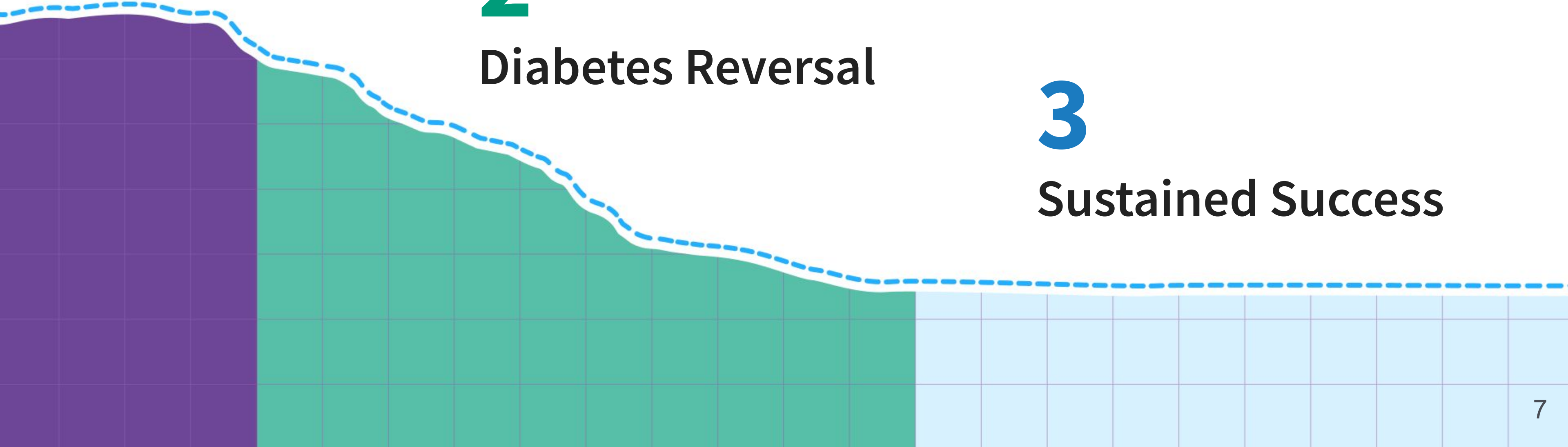
**Onboarding**

**2**

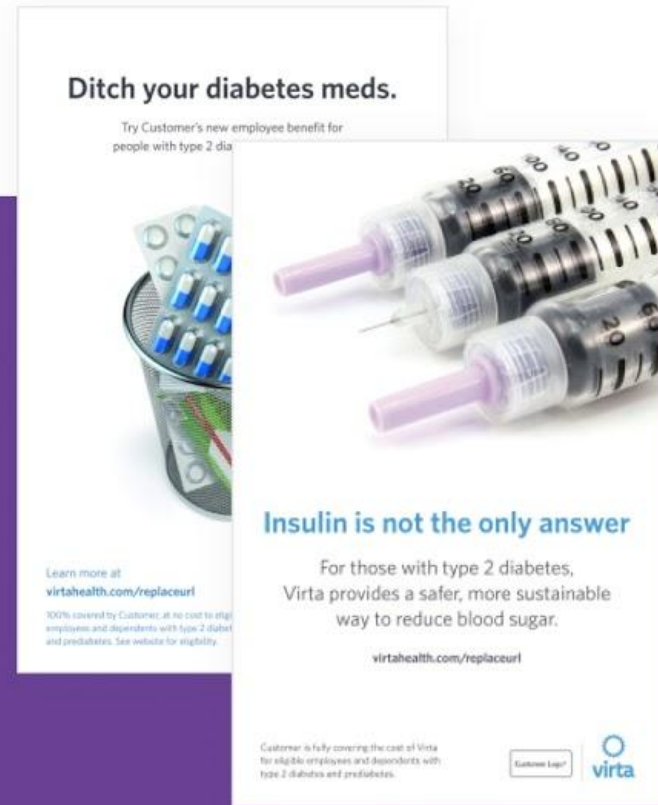
**Diabetes Reversal**

**3**

**Sustained Success**



# 1 Onboarding



Marketing & Enrollment

Intro to Clinical Team

DME

Supported Education and insight



# 2 Diabetes Reversal



○ Individualized  
Nutrition Protocol

○ Health  
Coaching

○ Biomarker  
Logging

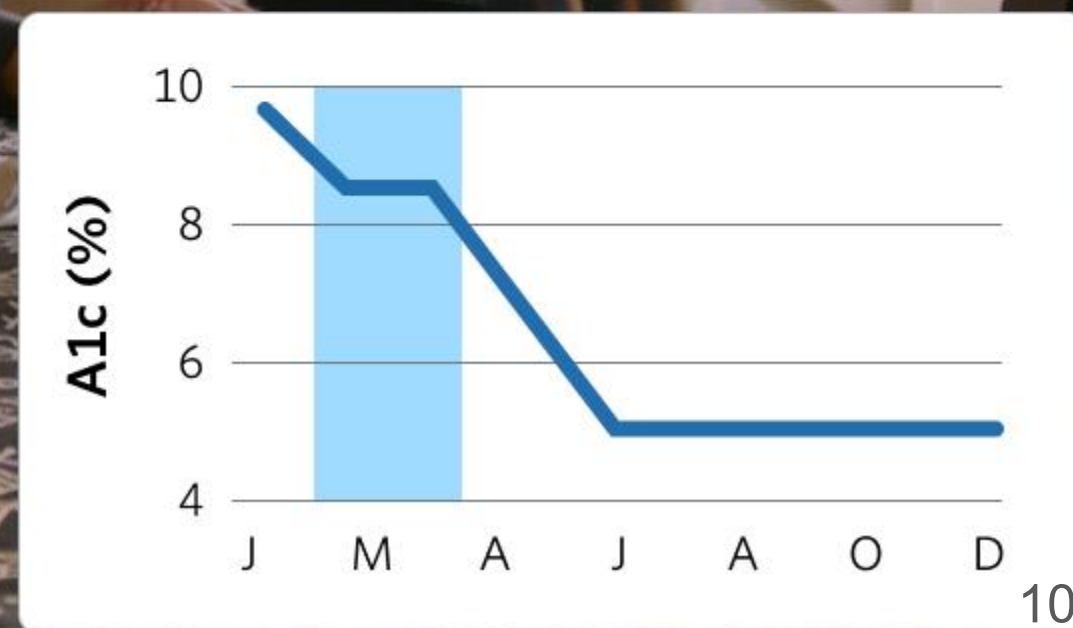
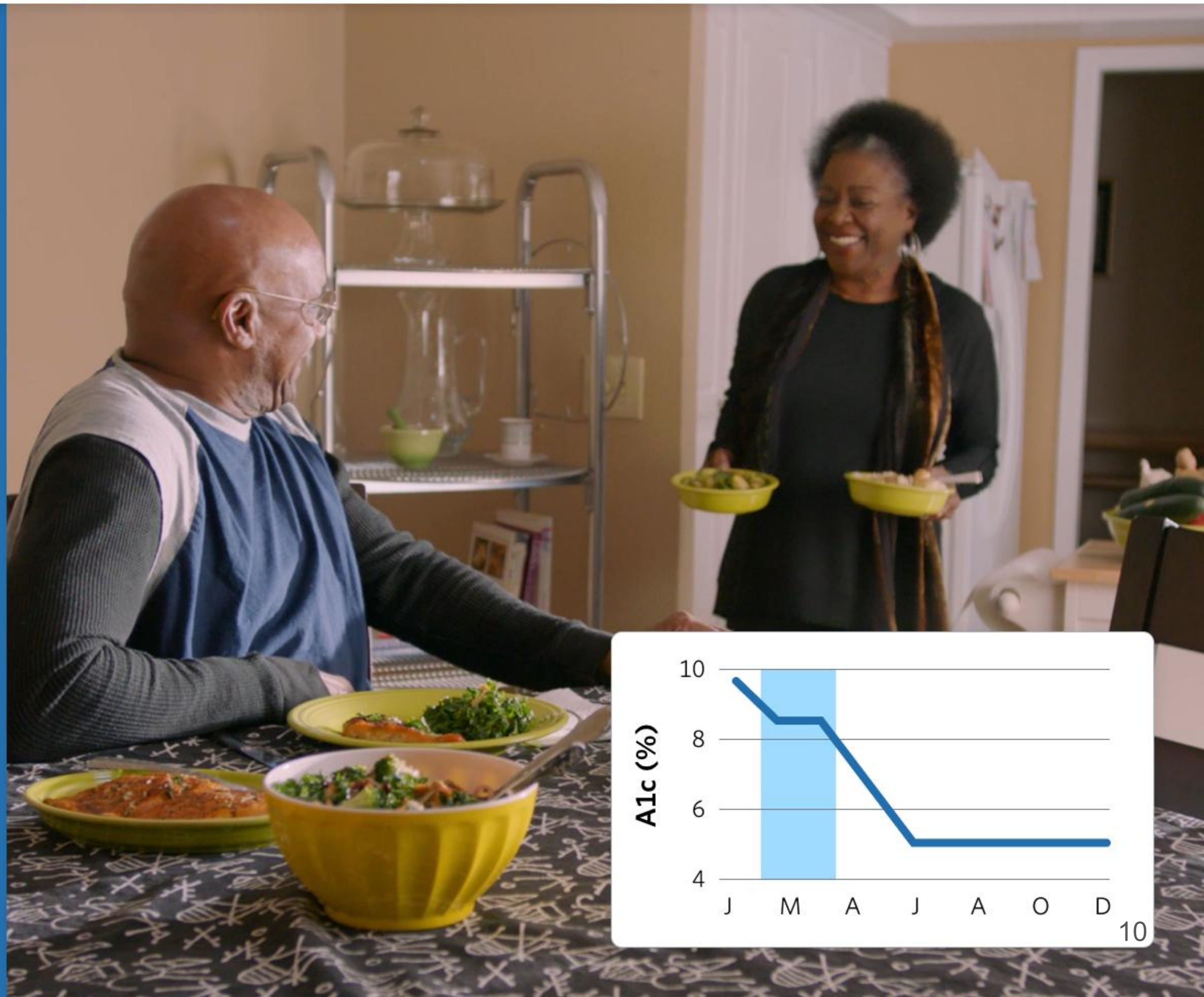
○ Physician-led  
De-prescription

**Personalized carb  
recommendation**

**Eat until satisfied**

**No calorie counting**

**Exercise not required**



# Virta is additive to the patient's existing care team, reporting progress frequently

## Progress Reports Overview

Virta will fax at 30, 60, and 90 days, then every 90 days.

- Results from labs tests Virta orders  
*A1c, lipid panel, glucose, weight, other T2D info*
- Comparison to prior values
- Rx changes



# Virta treats across the spectrum of member personas ready for change



## Ready to Reverse



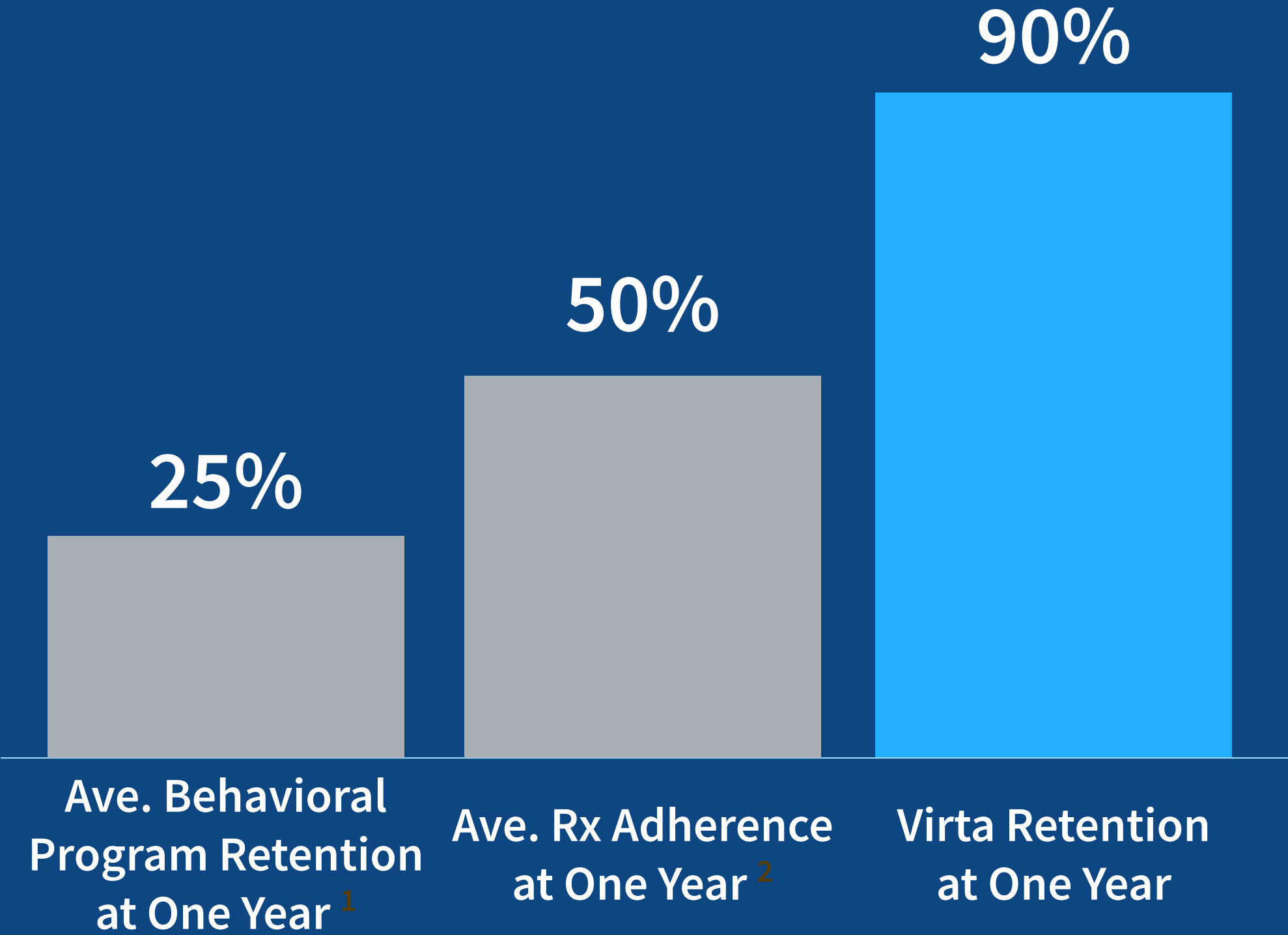
## Frustrated with Diabetes Mgmt



## Disengaged

<b>Primary Motivation</b>	Getting off diabetes meds	Frustrated with a plan that isn't producing results year after year: take meds, diet, exercise	Doesn't know how or doesn't have the tools to change
<b>Receptive to change</b>	High	High	Low
<b>Virta Approach</b>	Align with patient goals and coordinate with PCP	Present a provider-led solution that finally produces outcomes	Engaging strategies to educate and enroll, showing rapid impact
<b>Percent of Engaged T2D Population</b>	<b>40%</b>	<b>40%</b>	<b>20%</b>

# Sustained Success



## What drives Virta retention?

- Promise of Reversal
- Rapid Health Improvement
- Continuous Remote Care Team

1. Martin CK. Weight loss and retention in a commercial weight loss program. Int J Obesity. 2010 Apr; 34(4): 742-750; Curkendall SM, Thomas N, Bell KF, Juneau PL, Weiss AJ. Predictors of medication adherence in patients with type 2 diabetes mellitus. Curr Med Res Opin. 2013;29(10):1275-1286

# Top scientific and industry leaders advocate for Virta



**Robert E. Ratner, MD**

Former Chief Medical Officer of American Diabetes Association



**Martin Abrahamson, MD**

Chief Medical Officer, Joslin Diabetes Center



**Shawn Leavitt**

SVP Total Rewards, Comcast



**Alan Moses, MD**

Senior Vice President & Global Chief Medical Officer, Novo Nordisk



**Don Berwick, MD**

Former head of the Centers for Medicare and Medicaid Services



**Hassan Asar**

Former Head of Benefits, US Foods



# Virta: 6 Peer Papers, ADA citations as first line therapy!



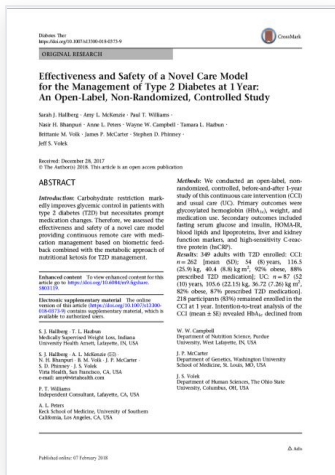
## Rapid Impact on Type 2 Diabetes

10 week outcomes



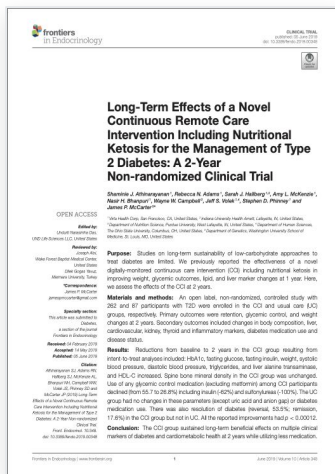
## Sustainability of Improved Health Outcomes (T2D Reversal)

1 year outcomes



## Long-term Effects (T2D Reversal)

2 year outcomes



## Improvement on Cardiovascular Risk Factors

1 year outcomes



## NAFLD Improvement and Reversal

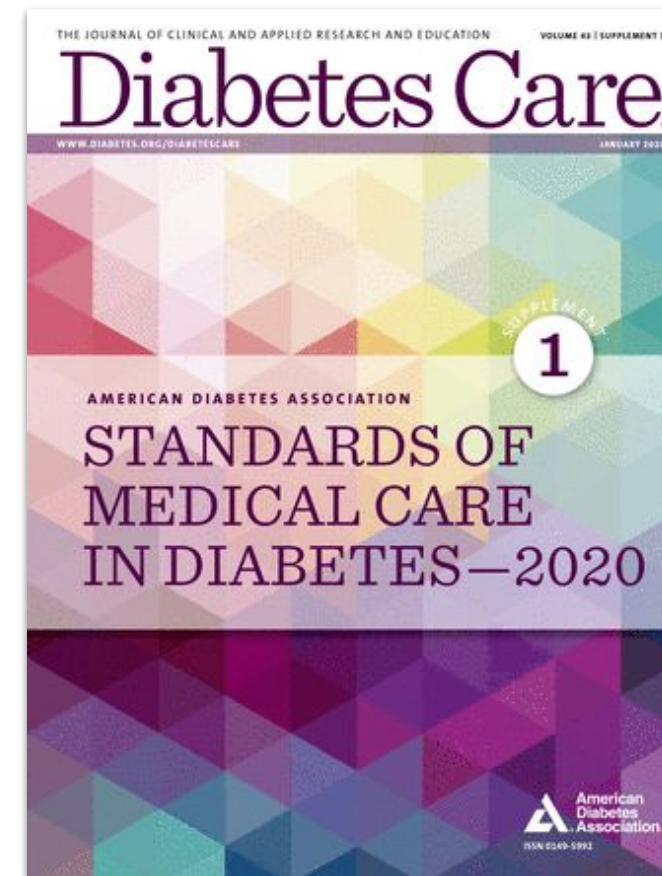
1 year outcomes



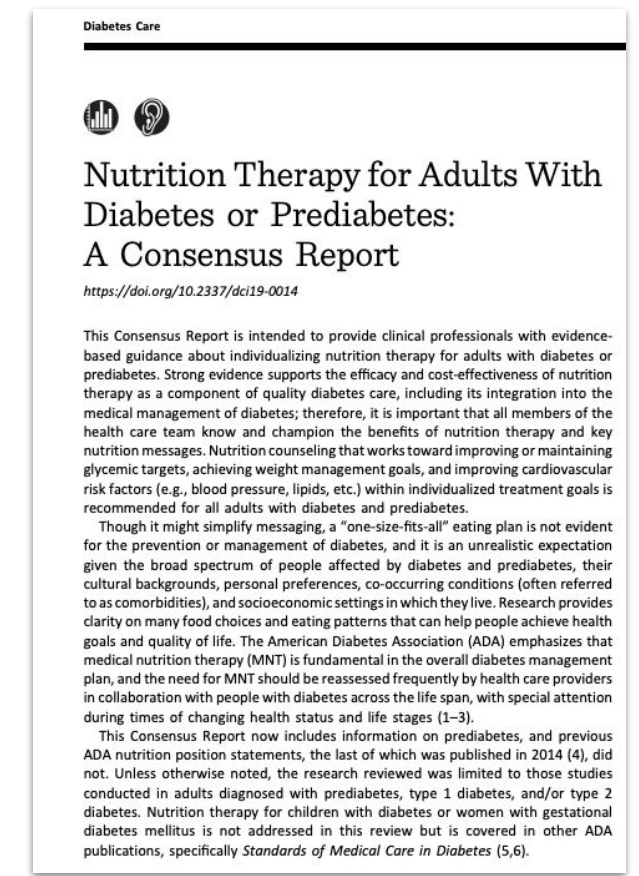
## Sleep Quality

1 year outcomes

## Citations in ADA Evidence-Based Standards of Care 2020



“Low carbohydrate eating plans may result in improved glycemia... and the potential to reduce antihyperglycemic medications.”



“Carbohydrate-restricted eating pattern... does not appear to increase overall cardiovascular risk.”




**Validation**Institute

“When it comes to reporting outcomes, many diabetes vendors make big promises that do not stand up to close analytical scrutiny. **Virta is the first and only diabetes treatment** to meet Validation Institute’s high bar for delivering clinical outcomes that are both transformational and verifiable.”

RD Whitney, CEO, Validation Institute



# One-Year Virta Results vs Traditional Diabetes Mgmt

	Usual PCP Care	Diabetes Mgmt	 virta
A1c (Point Change)	▲ 0.2	▼ 0.6	▼ 1.3
Rx Cost (Percent Change)	▲ 6%	▲ 3%	▼ 71%
Weight Loss (Pound Change)	0 lbs	▼ 1 lb	▼ 30 lbs

Source: Virta Health Registry for Remote Care of Chronic Conditions; Hallberg SJ et al. Diabetes Therapy. 2018;9(2):583-612; Livongo Health, Empowering People with Chronic Conditions, September 2018.

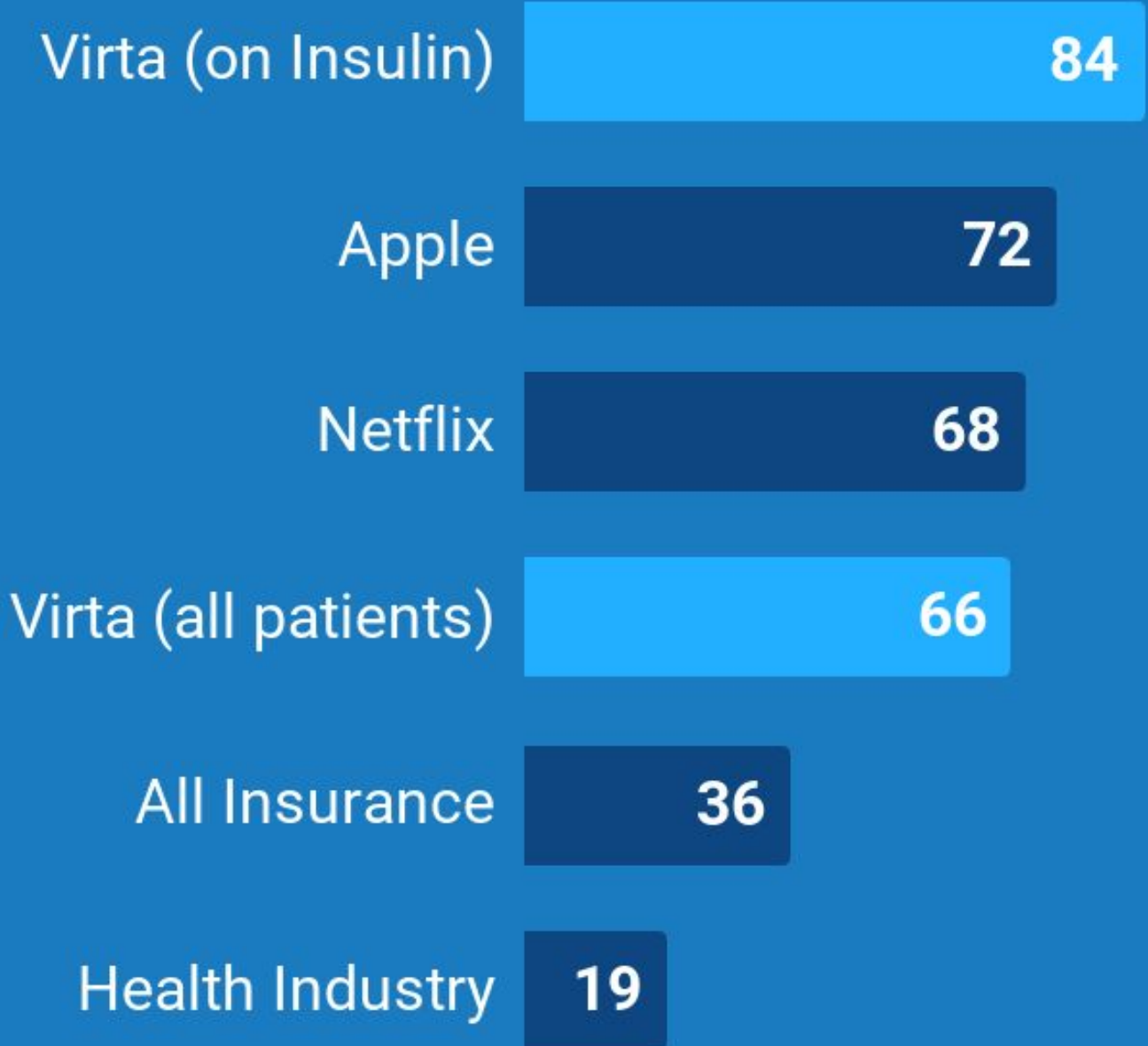
# Demographic-specific outcomes

## Reversing Diabetes Across the Board

	<b>VA</b>   U.S. Department of Veterans Affairs	Low Income (>\$35K)	Seniors (Ages 65+)	Virta BoB
A1c Reduction (Points)	0.9	1.9	1.3	1.3
Rx Cost Reduction (Percent)	53%	68%	58%	71%
Weight Loss (Pounds)	13 lbs	7 lbs	28 lbs	30 lbs
Timeframe	3 mo	3 mo	1 yr	1 yr

# Diabetes reversal is life-changing

## Patient Net Promoter Score



“Two years ago my A1C was 10.2 and my doctor told me I had a 40% chance of having a stroke or heart attack—I was only 40 years old. Virta literally saved my life!”



virta

# HPHC - Virta Pilot Overview at City of Boston

**When will the pilot take place?**

- We are targeting an April launch, exact date TBD
- Pilot will cover one year from participant's enrollment in the Virta program

**Who is eligible?**

- HPHC members at City of Boston with type II diabetes between ages 18 - 79
- Virta will conduct an intake interview with those who wish to join – some may not be eligible due to other medical conditions or medications
- Enrollment will be on first-come first-served basis until we reach 400 participants
- After that we will maintain a wait list should any participants drop out in the first few months

**What metrics will be tracked to measure pilot success?**

- Participant uptake, engagement, & retention (overall % & demographic profile)
- A1c (baseline lab test ordered by Virta upon uptake unless one is available within past 90 days, as well as at end of program; spot glucose readings captured automatically by Virta when Bluetooth glucometer is used)
- Weight & BMI (captured automatically by Virta when Bluetooth scale is used)
- Rx & Medical spend; ROI
- Satisfaction (NPS, testimonials)

**Will information be shared with City of Boston?**

- We will only share aggregate data with City of Boston
- No individual information will be shared

# City of Boston Population\*

- City of Boston HPHC members ages 18-79:  
**22,775**
- City of Boston HPHC members with Med or Rx Claim for Type II diabetes:  
**1,547**
- Percent at City of Boston 18-79 with Med or Rx Claim for Type II diabetes:  
**6.8%** (compared to **5.6%** for non City of Boston members)
- Average annual medical and pharmacy claims related to the diagnosis or treatment of type II diabetes at City of Boston:  
**\$14,783** (compared to **\$10,869** for non-City of Boston members)

\* All figures represent one year of claims from 12/2018 through 11/2019. Figures are for commercial members and do not include those on Medicare Enhance.