



REMOTE PATIENT MONITORING

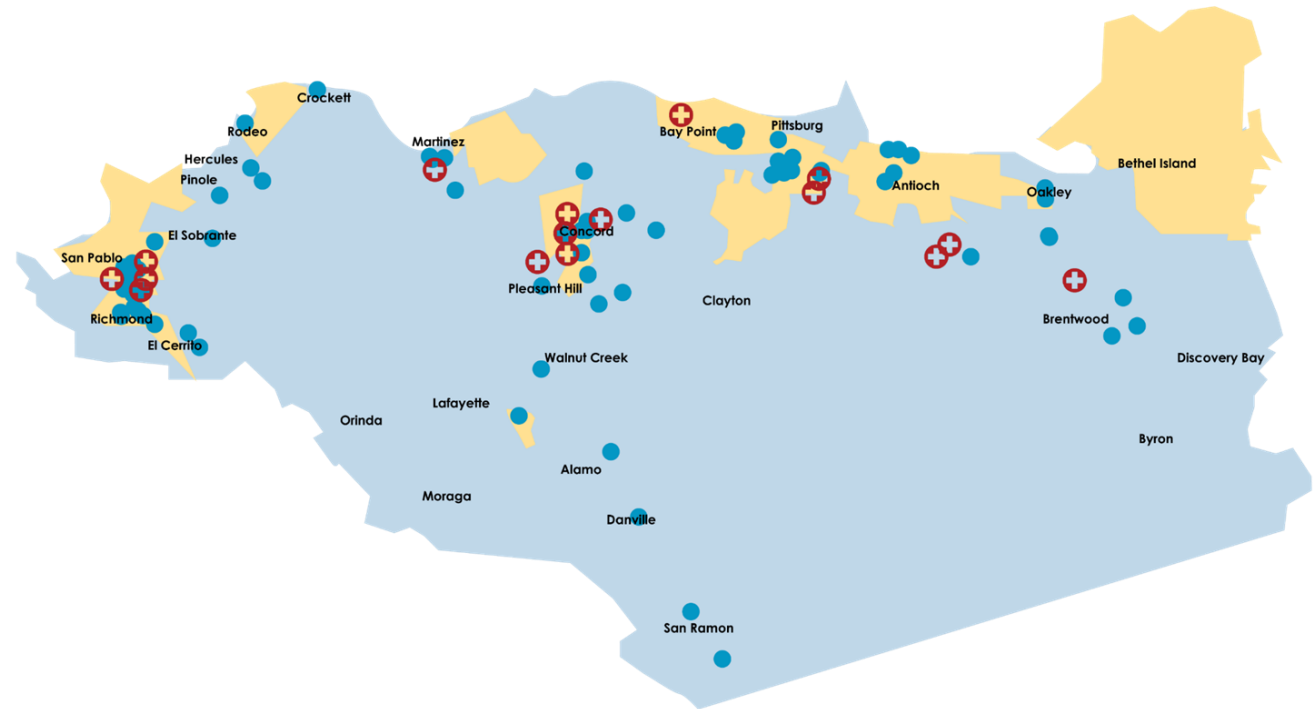
CELLULAR ENABLED GLUCOMETERS & DISEASE MANAGEMENT

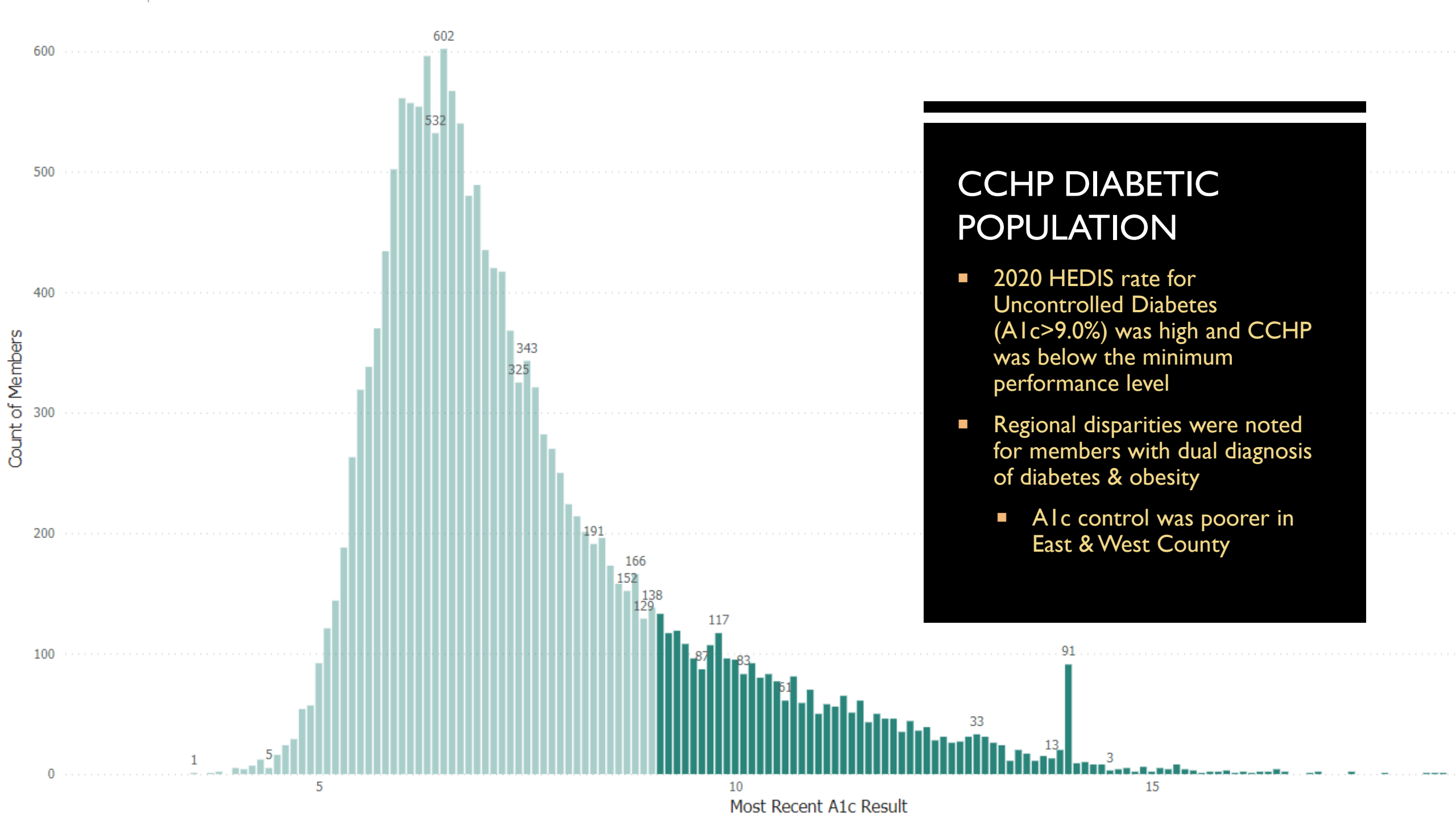
FEBRUARY 2023



CONTRA COSTA HEALTH PLAN

- Serves nearly 200,000 in our Regional Medical Center & Community Provider Networks
 - Some of our bigger partner organizations include La Clinica de la Raza, Lifelong, and John Muir
- 1/4 of members are Spanish speaking
- County is generally divided into East, Central, and West County
 - Over 40% of members live in East/Far East region of County

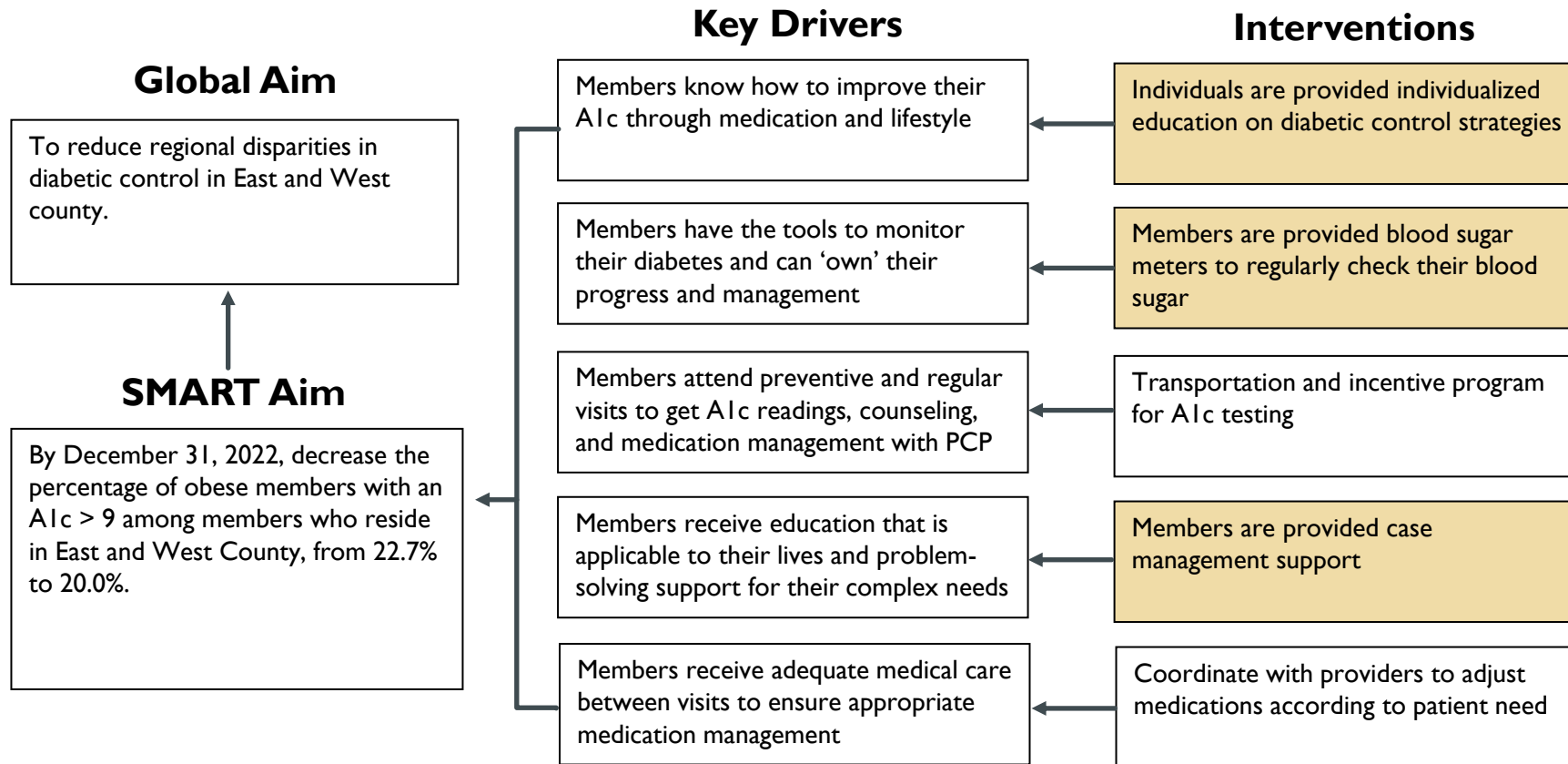




CCHP DIABETIC POPULATION

- 2020 HEDIS rate for Uncontrolled Diabetes (A1c>9.0%) was high and CCHP was below the minimum performance level
- Regional disparities were noted for members with dual diagnosis of diabetes & obesity
 - A1c control was poorer in East & West County

KEY DRIVER DIAGRAM



REMOTE PATIENT MONITORING

- Partnered with Gojji Pharmacy for cellular enabled glucometers & diabetes disease management
- Members were considered for inclusion if:
 - CCHP Medi-Cal (no Medicare duals)
 - Reside in East/West County
 - Obese
 - Most recent A1c $\geq 9.0\%$
- Small pilot with CCHP Disease Management Nurse
- Expanded pilot to 312 members

Phase I Pilot: CCHP (RPM Started March 2021)

- Pairing Diabetes Disease Management Nurse + Gojji Glucometer

Phase II Pilot: CCHP + Gojji (Started May 2022)

- CCHP DM RN manages higher risk members
- Gojji manages up to 500 medium/rising risk members

Expansion (Future)

- CCHP DM RN continues to manage higher risk members
- Remove limitations on who can be referred/how many Gojji manages

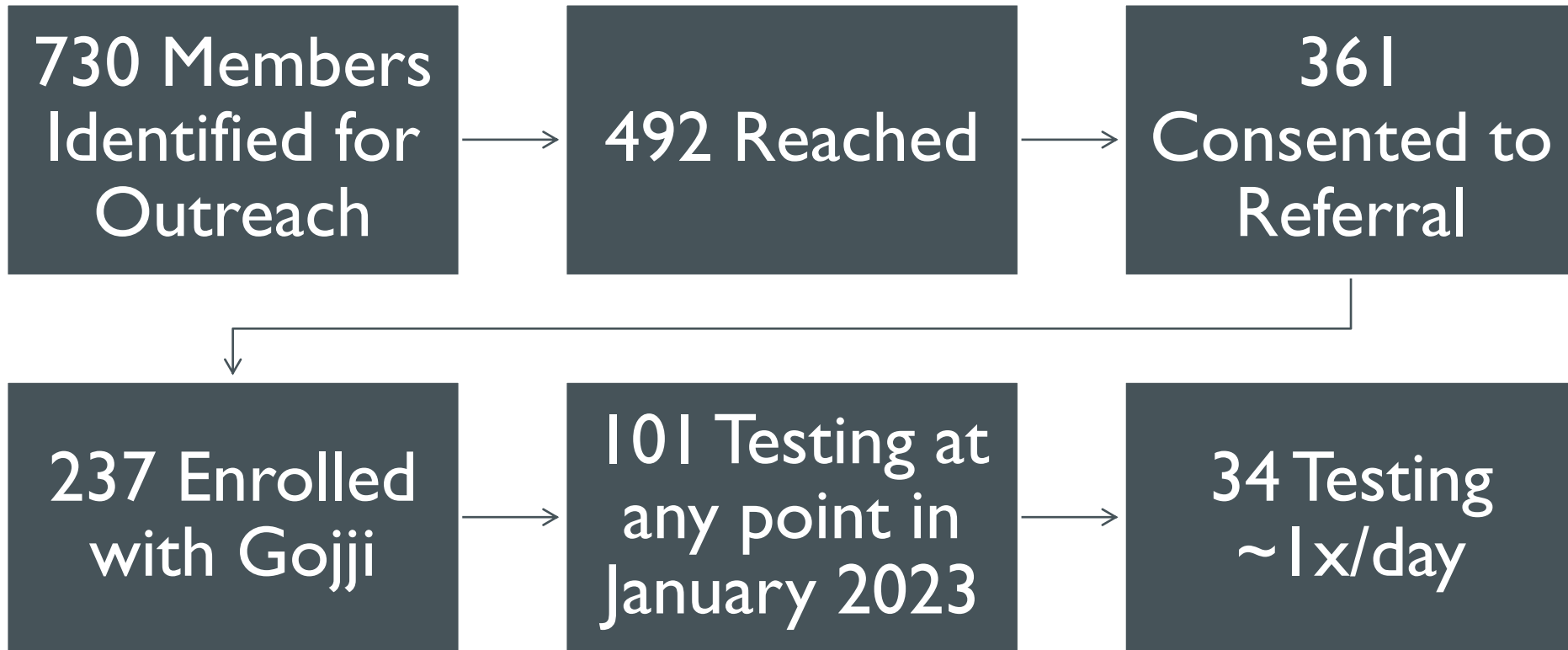
REMOTE PATIENT MONITORING ACTIVITIES

CCHP Disease Management + Gojji

- Review BG alerts and trends
- Individually tailored member education based on testing habits and BG readings
- Medication optimization/titration if applicable

Gojji:

- Meal planning by RDs based on member lifestyle & readings



MEMBER OUTREACH RESULTS

PROGRAM OUTCOMES



Percentage meeting testing recommendations

13.6%



Percentage with average blood glucose \leq 180 mg/dl

56.6%



Percentage with most recent A1c $<$ 9.0%

34.1%

SUCCESSSES



Enrolled 312 total members



Providers are supportive of the project & eager to see outcomes for their patients



Over 80% of respondents to a survey indicated that their overall experience in the pilot was positive



Survey respondents stated the education and resources provided were helpful

CHALLENGES

- Getting it off the ground
- Data Integration
 - How to notify providers of enrollment
 - Integrating testing data into CCHP EHR
- Member Responsiveness
 - About $\frac{1}{2}$ of members identified for outreach by CCHP were interested in referral to Gojji
 - Only about $\frac{2}{3}$ of members referred ultimately enrolled
- Member Engagement
 - Fewer than $\frac{1}{2}$ of active members testing at any point

NEXT STEPS

1

Continue to collect & analyze outcome data

2

Expand eligibility to all members with A1c \geq 8.0%

3

Utilize a data driven approach to identify members, obtain consent, and automate referral process

4

Integrate BG testing data into EHR

5

Expand RPM to other chronic diseases