



**Oregon Educators Benefit Board/Public Employees Benefit Board
Strategies on Evidence and Outcomes Workgroup**

Tuesday, March 3, 2026

9:00 a.m. – 11:05 a.m.

[Click here to join the meeting](#)

AGENDA

- I. 9:00 a.m. – 9:05 a.m.**
SEOW Attachment 1
February 2026 SEOW Meeting Synopsis
(review/ discuss/action)
Kimberly Hendricks, SEOW Chair
- II. 9:05 a.m. – 10:35 a.m.**
SEOW Attachment 2
**OEBB/PEBB Vender Management Report Project –
Type-2 Diabetes and Associated Comorbidities**
(review/ discuss/action)

*Mercer will review the recommendations from the OEBB/PEBB
Vender Management Project Report for Type-2 Diabetes and
associated comorbidities vendors for SEOW to determine and
forward to the Boards.*
- II. 10:35 a.m. – 11:05 a.m.**
SEOW Attachment 3
**2026-27 OEBB/PEBB Clinical Renewal Priorities –
Cardiovascular Health**
(review/ discuss/action)

*Mercer will discuss the status of the analysis, analysis of carriers’
current programs and proposed SEOW Research Group
recommendation for SEOW to review and consider.*

Public Comment

**Oregon Educators Benefit Board
Strategies on Evidence and Outcomes Workgroup
February 2, 2026
Meeting Synopsis**

The Strategies on Evidence and Outcomes Workgroup (SEOW) of the Oregon Educators Benefit Board held a meeting on February 2, 2026, by Microsoft Teams.

Attendees:

Workgroup Members:

Kimberly Hendricks, SEOW Chair
Bill Graupp, SEOW Vice Chair
Dr. Andrea Lara, OEGB
Greg Clouser, PEBB
Andria Fultz, OEGB
Robert Young, OEGB
Glenn Baly, OEGB/PEBB
Ali Hassoun, OEGB/PEBB
Barry Burke, OEGB/PEBB

Carriers/Other Representatives:

Mercer Consultant Team
Providence Representatives
Kaiser Permanente Representatives
Moda Health Representatives
Willamette Dental Group Representatives

1. December 2025 SEOW Meeting Synopsis (SEOW Attachment 1) (review/discuss/action)

Chair Kimberly Hendricks called the meeting to order at 9:00 a.m. and took roll call, confirming quorum. The December 6, 2025, SEOW Meeting Synopsis was reviewed. There was a question of clarification on page 4 of 7 and **Rebecca Aparicio** confirmed that those were typos and should have been stated as OEGB and PEBB. The SEOW committee accepted the synopsis by consensus with the typo correction being made by **Rebecca Aparicio** for clarity purposes.

2. OEGB/PEBB Vender Management Report Project – Type 2 Diabetes and Associated Comorbidities (SEOW Attachment 2) (review/discuss/action)

Mercer provided the results of the OEGB/PEBB Vender Management Project Report for Type-2 Diabetes and associated comorbidities vendors, as well as recommendations for SEOW to review and potentially forward recommendations to the Boards.

Discussion Points:

1. Champion Program:

- **Bill Graupp** emphasized the need for a champion in each building or small district to lead the program, noting that prior meetings had decreased, especially during COVID.

2. Presentation Review:

- **Bill Graupp** expressed uncertainty about the accuracy of his understanding of the data presented, citing speed filtering and potential misconceptions.
- **Bill Graupp** raised concerns about recommendations that were not included in the presentation.

3. Data Review and Recommendations:

- **Glenn Baly** suggested considering a delay to review the data before making recommendations, especially regarding replacement and consolidation actions.
- **Robert Young** supported the idea of taking time to analyze the information, stating the need for clarity on potential replacements and added costs related to the proposals.

Comments:

- **Kimberly Hendricks** noted the importance of absorbing the data presented, emphasizing that direct discussions help clarify understanding.
- Participants acknowledged the workload and expressed gratitude for the effort put into the presentation.

Action Items:

1. Data Review:

- Participants to review the presentation materials and their notes before the next meeting.
- **ACTION:** SEOW to compile additional questions for Mercer regarding the data and recommendations and email those to **Glenn Baly**.

2. Follow-Up Meeting:

- **ACTION:** SEOW proposed to revisit the recommendations in the March meeting to discuss findings and address any new questions or insights.

3. Cost Analysis:

- **ACTION:** Rob Fouhy to provide a detailed analysis of the added costs related to proposed actions for further discussion.

3. 2026-27 OEBC/PEBC Clinical Renewal Priorities – Cardiovascular Health (SEOW Attachment 3) (review/discuss)

Mercer will discuss optimal cardiovascular health care, analysis of carriers' current programs and next steps for SEOW to review and consider.

1. Current State of Programs:

- **Dr. Ian Chuang** discussed the need to evaluate existing health programs offered by carrier partners, such as Kaiser, Moda, and Providence.
- **Dr. Ian Chuang** highlighted that while these programs are available, it's crucial to assess their effectiveness and accessibility for all members, including diverse needs.

2. Feedback and Insights:

- **SEOW** discussed the responses from round one renewal letters and emphasized the need for deeper insights into the effectiveness of these health initiatives.
- **Dr. Ian Chuang** proposed gathering evidence on member engagement and outcomes, particularly regarding cardiovascular health.

3. Next Steps:

- **Dr. Ian Chuang** suggested that **Mercer** work with both OEBC and PEBC carriers over the next several weeks to analyze current programs and explore new strategies for improvement.
- A review of findings is scheduled for March SEOW meeting to determine recommendations for the OEBC and PEBC Boards.

4. Questions Raised:

- **Kimberly Hendricks:** Highlighted the importance of personal responsibility in health care and expressed concerns about members fearing the knowledge of their health status. She inquired about the efficacy of current programs and the need for continued work.

5. Action Items:

➤ **Motion to Continue Work:**

- **Kimberly Hendricks** called for a motion for **Mercer** to continue its work and present findings at the March SEOW meeting.
- **Bill Graupp** made the motion to agree, which was seconded by **Greg Clouser** and **Andrea Lara**.

➤ **Voting on Motion:**

- The motion was unanimously approved with all members in favor.

➤ **Next Steps for Mercer:**

- Mercer to collaborate with both OEBC and PEBB carriers to gather insights and outcomes from current health programs.
- Prepare findings for review at the March SEOW meeting

➤ **Continued Communication:**

- **Dr. Ian Chuang** to keep the group informed about developments and findings as they proceed with the analysis.

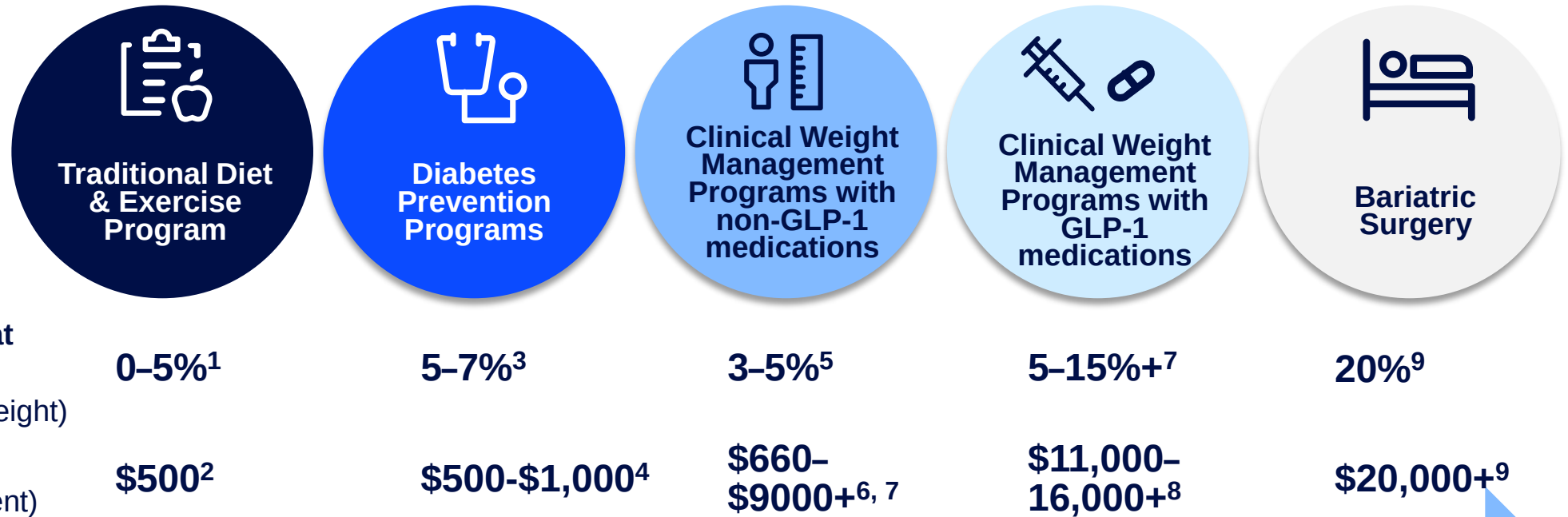
4. Public Comment

- No Public Comment

Vendor Strategies for Type-2 Diabetes and Associated Comorbidities



An Overview of Available Weight Management Interventions



Prevalence generally decreases as interventions become more clinical, invasive, and costly. **Traditional diet/exercise programs are still the most popular and widely used first-line option**, with **DPPs also common** in eligible at-risk populations. **Medication-based clinical programs (non-GLP-1 and GLP-1)** have lower overall penetration (despite recent growth in GLP-1 use) due to eligibility, access, tolerability, and cost/coverage. **Bariatric surgery is the rarest**, used by a small subset meeting clinical criteria and willing/able to pursue an invasive intervention.

1. Chin SO, 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,
2. Noom list price,
3. [Diabetes Prevention Program information, CDC](#), accessed November 2023
4. CDC & Teladoc list price
5. Academy of Nutrition and Dietetics Evidence Analysis Library, Accessed November 2023

6. Virta list price
7. Cost Savings Opportunities in Chronic Weight Management, IPD Analytics, RX Insights, October 2023
8. [In US, GLP-1s cost hundreds more than similar nations](#), Becker's Hospital Review, August 18, 2023,
9. NTMC, "how-much-does-bariatric-surgery-cost", accessed 5/3/2023; Maciejewski ML, Arterburn DE, Van Scoyoc L, et al. Bariatric Surgery and Long-term Durability of Weight Loss. *JAMA Surg*. 2016,

Cardiometabolic Vendor Innovation

Program Differences Across the Landscape

Individualized Approach	Physician Support	Weight Management Drugs	Reversal
			
• Focus on each individual's unique metabolic profile and impacts • Microbiome analysis and dietary substitution • Culturally sensitive coaching and dietary considerations • Support for multiple medical nutrition approaches • Limited AI balanced with live coaching	• Telemedicine MD visits with high-risk members (~ 30%) • Ability to prescribe short-term continuous glucose monitoring, order labs and optimize medication • May lead to additional fragmentation	• GLP-1 obesity medication prescription, optimization, monitoring, weaning • Virtual video coaching regarding food, sleep, exercise, and emotional health • Average 15% weight loss • Concerns around financial sustainability of coverage • Guidelines call for engagement with intensive lifestyle interventions to optimize outcomes	• Medical Nutrition Therapy with weight management focus (very low carbohydrate diet with goal of ketosis) • Medication deprescribing • Lifestyle coaching • Reduce or eliminate need for Insulin • Potential issue around sustainability

Best Practices for Cardiometabolic Management Programs

Weight Management Support

- ▶ **Lifestyle modification**, including weight loss and exercise, is a common approach in treating cardiometabolic conditions. Weight Management Support refers to individual lifestyle modifications for weight management that may include **goal setting** and **tracking tools to measure progress**. This support may be less comprehensive than nutritional counseling.

Nutritional Counseling

- ▶ A health professional with special training in nutrition **helping people make healthy food choices and form healthy eating habits**. Programs typically include **access to a Registered Dietitian** who can provide Medical Nutrition Therapy.

Social Determinants of Health

- ▶ The conditions in the environments where people live, work, learn and socialize that affect quality of life and health outcomes. Social determinants of health include economic stability, education access and quality, healthcare access and quality, neighborhood environment, and community. Effective Weight Management programs will **assess for this factor and tailor recommendations based on member's circumstances**.

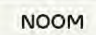
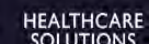
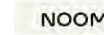
Mental Health Support

- ▶ Program should include **screenings for depression and anxiety** to help refer higher acuity member to the appropriate level of Mental Health care. Support for low acuity members often includes digital cognitive behavioral health therapy.

Cardiometabolic Vendor Landscape

Legend:

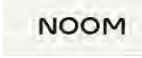
 Prescribes
  Self-Pay Available

Weight Management	Pre-Diabetes and Certified Diabetes Prevention Program	Diabetes Management	Hypertension	Pharmacy Benefits Management for GLP-1
             	              	                  	         	     GLP-1 Management                  

End-to-End Support (includes integrated BH)





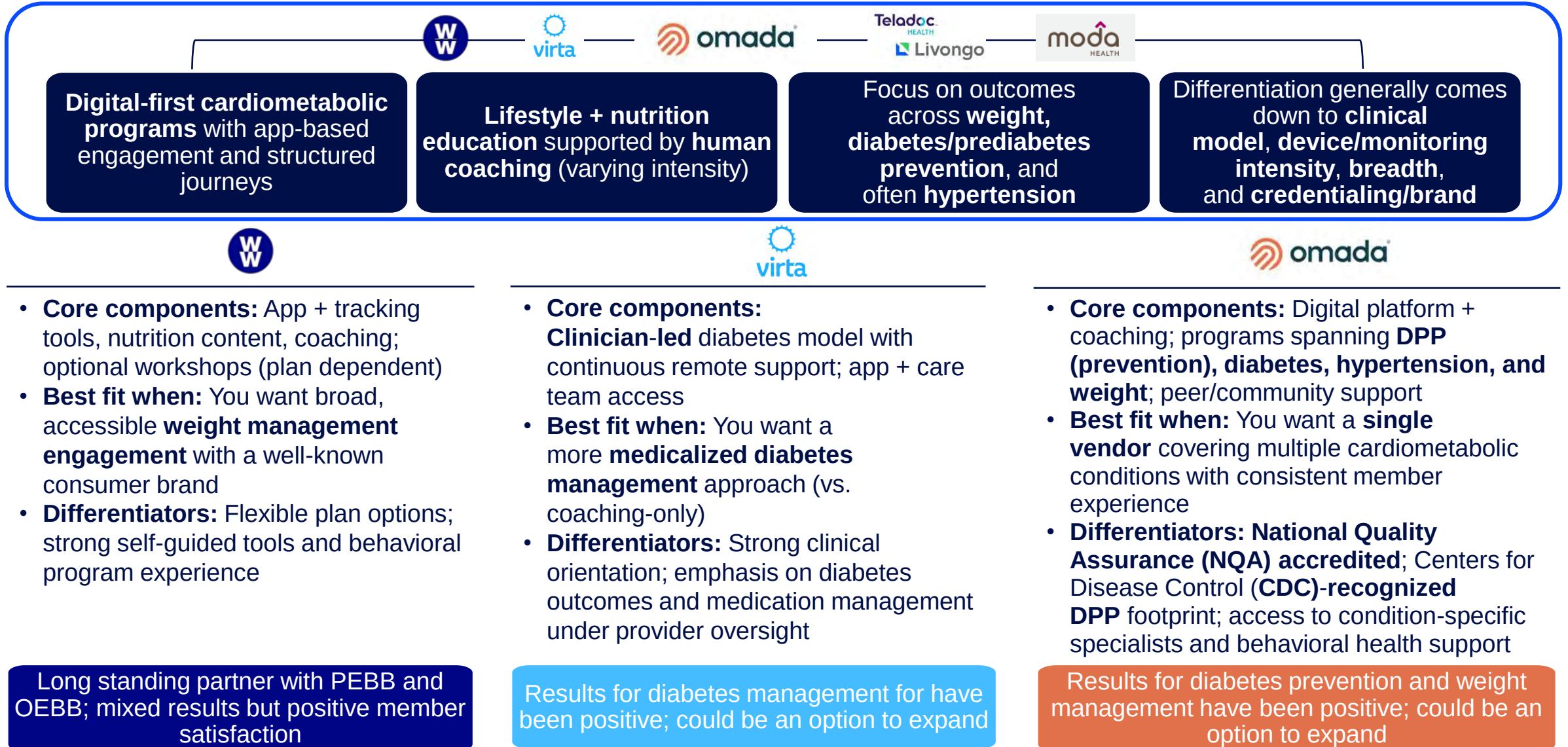


Current State: OEGB/PEGB Cardiometabolic Vendors

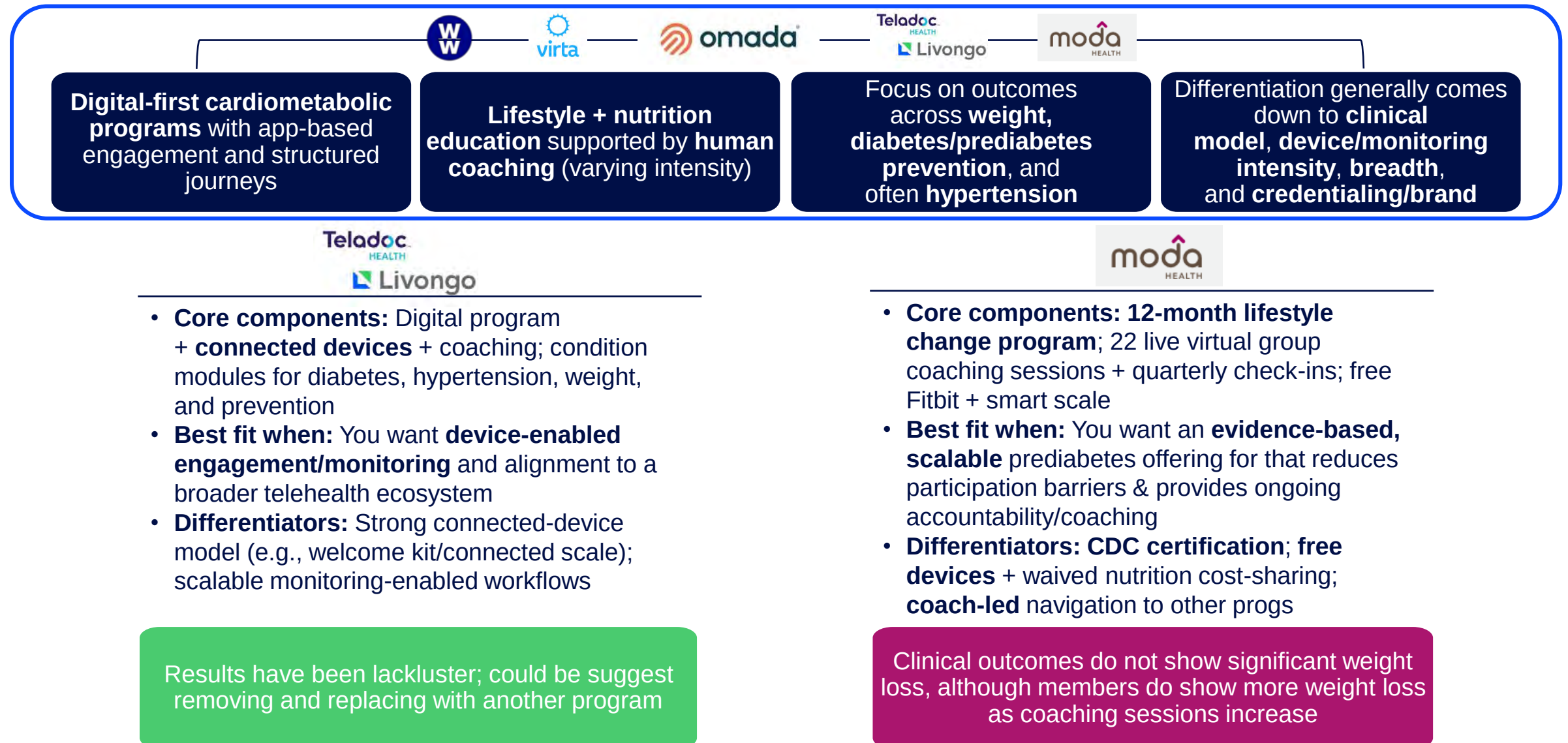
OEGB and PEGB: Vendors supporting type 2 diabetes and associated comorbidities

Core Program	Population Serving	Diabetes Prevention	Weight Management	Diabetes Management	General Lifestyle Health Coaching
	OEGB PEGB		   	 	✓
	OEGB			 	✓
	PEGB				
	PEGB				

Incumbent Cardiometabolic Vendors



Incumbent Cardiometabolic Vendors Continued



Recommended Actions

PEBB

- **Weight Management:** Monitor performance of other vendor partners (Weight Watchers [WW]) and consider future changes as necessary
 - Explore options for evolving WW into voluntary discount program
- Pending the results of the med/Rx RFP, determine which cardiometabolic solutions are being proposed for 2027
 - Contract negotiations will begin in May of 2026, at that time PEBB can consider these SEOW findings and determine appropriate actions.

OEBB

- **Weight Management:** Monitor performance of other vendor partners (Weight Watchers [WW]) and consider future changes as necessary
 - Explore options for evolving WW into voluntary discount program
- **Diabetes Management:** Replace Livongo with Virta for Moda population
- For Moda, expand *Pre-D* to weight management and diabetes management

Appendix I:

Incumbent Program Descriptions Additional Vendor Detail

Diabetes Prevention Programs



The Omada DPP is a digital health program accessible via smartphone, tablet, and computer that helps members with prediabetes achieve a healthy weight and reduce the risk of diabetes. It supports members between doctor visits by providing guidance, support, and a plan backed by clinical research and behavioral science.



Livongo's Prediabetes Management Program (also known as Diabetes Prevention Program) gives individuals the tools and encouragement — including a connected scale, prevention classes, activity tracking, support forums and one-on-one coaching — to adopt healthy behaviors to delay or avoid the development of diabetes. This program is for individuals who are at risk of developing type 2 diabetes but not diagnosed with type 2 diabetes.



Moda's Pre-D Program is a CDC certified diabetes prevention program aimed at identifying a member's risk of type-2 diabetes, including resources and professional support to mitigate risk and help people feel their best (at no cost). The program includes group coaching sessions with a certified health coach, free Fitbit and smart scale, and guidance to lose weight, be more physically active, and manage stress.

Weight Management Programs



The Omada weight management program leverages Omada's existing platform for the DPP program to expand access beyond prediabetes by delivering the appropriate and desired level of care to members who are overweight or have obesity, but who may not have prediabetes or an elevated prediabetes screening test score.



Weight Watchers is a community-based weight loss program that uses a personalized points system, PersonalPoints, to help people lose weight and adopt healthy eating and lifestyle habits. WW plans are personalized according to a person's initial assessment and a BMI calculation to estimate their body fat.



A group of experienced physicians and educators will provide medical supervision, behavioral and nutritional advice, and weekly group support sessions all in a convenient online format. The team of Kaiser Permanente medical and weight loss professionals will be available to monitor members' health and progress. This includes periodic check-ups and lab tests.

Diabetes Management Programs



The program helps members manage their diabetes and lead a healthy, enjoyable life. As part of the program, members are assigned a personal diabetes care manager who's either a specially trained nurse or a pharmacist. The care team also includes a physician who will work closely with the member's diabetes care manager, a health educator to answer any basic questions about diabetes, and a registered dietitian.



This program offers personalized support to help members understand their blood sugar, develop healthy lifestyle habits that improve their glycemic control, support comorbidities, and, if their condition is poorly controlled, connect with a Teladoc Health provider.



Virta can help members reverse type 2 diabetes and lose weight by changing what they eat. Virta's medical team and health coaches help every step of the way, and the program and nutrition plan is tailored to each individual's lifestyle.

Incumbent Cardiometabolic Vendors — WeightWatchers



Concept Overview	Founded in 1963 Public company Suite of digital tools (WW app, tracking tools, recipes and support groups) Offers online nutrition concepts videos, games, and tutorials. Reward programs Target clients: – >1,000 employee size – fully-insured or self-insured
Strengths	• Multiple plan options (digital-only; unlimited workshops + digital; WW for diabetes; GLP-1 & obesity) • Personalized behavior change program with specialized GLP-1 support • multi-tier coaching + members-only digital community • Virtual Obesity Care Clinic (1:1 clinician check-ins, in-depth metabolic testing, access to prescription weight management meds, insurance coordination, ongoing care-team support) • 12 weekly 1:1 video coaching sessions + weekly coach summaries • Curated virtual workouts/meditations • Activity tracker syncing
Considerations	• Strong brand recognition • Coaches require bachelor's degree + 35 hours in-person training • Employer partnership support (dedicated account manager, co-branded employee communications/website, custom participation & weight-loss reporting) • 24/7 coach chat; English & Spanish (may be able to honor other special languages) • Ranked #1 doctor-recommended weight-loss program (IQVIA 2020), global presence
\$	• Per enrolled member per month (PMPM)

Incumbent Cardiometabolic Vendors — Virta



Concept Overview	• Founded in 2014 • Focus on diabetes management and reversal, prediabetes, and weight management • A virtual provider-led medical group with board certified clinicians licensed in 50 states • Partners with Castlight Health, Weltok, Accolade, and Included Health • Nutrition-first approach • Personalized nutrition therapy, medication deprescription, responsible GLP-1 prescribing, and fully virtual, provider-led care • Target client: – >1,500 employees – Fully-insured or self-insured • Works with 350 employers
Strengths	• Suite spans full spectrum of cardiometabolic health • Add-on can include nutrition therapy + behavior support, GLP-1 step-off, and GLP-1 prescribing. • Clinical staffing model with coaches working in collaborative pods; physician interaction via video chat/phone; every member paired with a health coach with support via app/text/phone/face-to-face; connected glucose/ketone meter + Bluetooth scale • T2DM/prediabetes/obesity reversal members work with both a Virta provider and coach; no formal graduation — member can opt out any time.
Considerations	• English & Spanish only • Ineligibility may include pregnancy/nursing, non-English/Spanish, dialysis, no smartphone access, or outside age 18–79 • Intervention does not include exercise (does not prescribe/track) • Nutrition therapy emphasizes carbohydrate restriction (potential sustainability/food access concern) • Requires ketone monitoring • 100% fees at risk.
\$	• Per Participant Per Month (PPPM)

Incumbent Cardiometabolic Vendors — Omada



Concept Overview	• Founded in 2011 • Cardiometabolic solutions cover: Prevention (Prediabetes + At Risk); Diabetes Type 1 and Type 2 (added 2020); Hypertension; Diabetes + Hypertension • Offers wraparound support for GLP-1 medications at no additional cost for all cardiometabolic programs • Does not prescribe medications for cardio-metabolic conditions, but can provide support • Behavioral health support are integrated across all programs • Care team include health coach, behavioral health specialist, diabetes and hypertension specialist, and peer groups and community support • Offers one-on-one and group coaching
Strengths	• NCQA accredited • One-on-one dedicated coach; bachelor's degree in science or health • Largest CDC-accredited DPP provider in the world • Partners with Cirrus MD to provide telemedicine consults for Continuous Glucose Monitoring (CGM), labs and medication management/ optimization • Integrated behavioral health support • Up to 100% fees at risk
Considerations	• If the member does not qualify for the prevention program, there is not a weight management offering
\$	• PPSM

Incumbent Cardiometabolic Vendors — Livongo



Concept Overview	• Founded in 2014 • Merged with Teladoc in 2020 • Solutions include diabetes management, weight management, hypertension, healthy living and diabetes prevention, and behavioral health • GLP-1 program include two tiers: – Advanced Weight Management – Comprehensive Weight Program • Food log of photo journaling allows coach to see portion control, provide feedback, recipes, and so forth via messaging or on phone • Unlimited one-on-one sessions with coaches • Welcome kit: connected smart scale and other pertinent devices
Strengths	• CDC-certified Diabetes Prevention Program • Cellular-connected scale • Weight management program criteria can be adjusted to fit a population health strategy (not only Diabetes prevention criteria) • Weight management solution could be purchased with Chronic Care Complete Program (diabetes, hypertension, pre-diabetes), or as a standalone option • Up to 100% fees at risk
Considerations	• Focus is on Livongo's equipment • Chronic Care Complete program covers people with prediabetes, diabetes and hypertension
\$	• PPM



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2026–2027 OEBB/PEBB Clinical Renewal Priorities

Cardiovascular Health

Dr. Ian Chuang, Partner



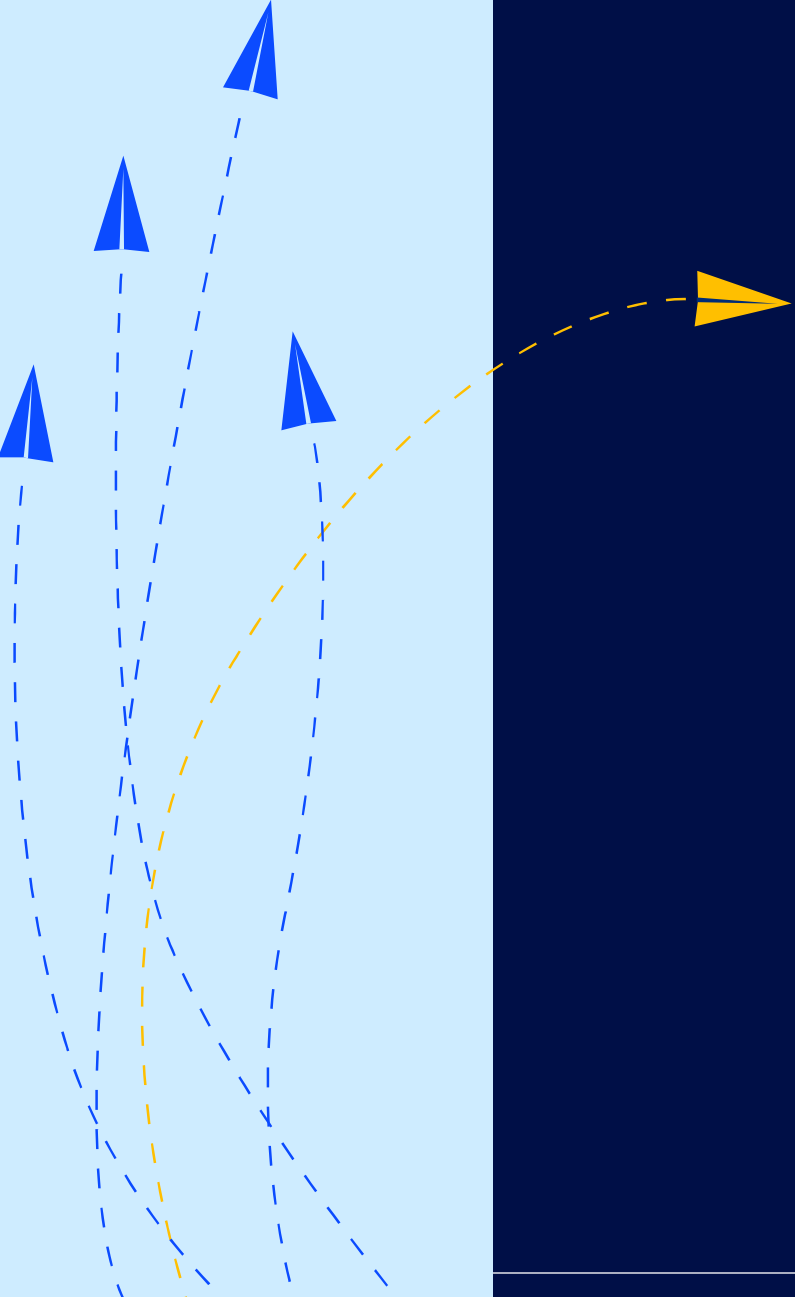
Agenda

1. Background and Goals
2. Findings and Recommendations
3. Next Steps

Background and Goals

01

Background

- 
- Cardiovascular (CV) health was selected as the clinical priority for the 2026/2027 renewal cycle because of the number of affected educators and associates, high cost of total spend, and broad opportunities for equitable care improvement.
 - In the February Strategies on Evidence and Outcomes Workgroup (SEOW) meeting, we reviewed three cardiovascular care optimization pillars:
 - Proactive interventions
 - Remove barriers for members and providers
 - Improve care experience
 - Since the February SEOW discussion, Mercer reviewed carrier responses to CV questions more closely and had discussions with carriers on potential interventions.

The goals for today are to review:

- 1. Findings on where carriers are now, relative to cardiovascular care pillars**
- 2. Recommendations for each pillar**
- 3. Next steps for engagement**



Findings and Recommendations

02

Key Takeaways

- Carriers have already implemented certain programs intended to optimize cardiovascular care, but there is room for improvement and further expansion
- Improvements can be addressed through operational changes rather than through contracting changes (i.e., improvements can be addressed outside of the renewal process)
- The general recommendations focus on improvements to the “bones” of the current programs rather than redesigning benefits



Cardiovascular Care Optimization Pillars

- Achievable in the short term
- Moderate challenges
- Higher difficulty, achievable in the long term

Pillar 1: Proactive Interventions

- Target asymptomatic risk
- Measure what matters
- Focus on high-impact moments

Pillar 2: Remove Barriers for Members and Providers

- High-value, low total cost interventions
- Pharmacist-led interventions
- Ease provider burdens

Pillar 3: Improve Care Experience

- Simplified care journey
- Member personalization
- Employer partnership strategies
- Digital engagement

Pillar 1: Proactive Interventions

		Why does it matter?	General Findings	Recommendations
Achievable in the short-term	Target Asymptomatic Risk	OEBB and PEBB members may not “feel sick” even if they have CV disease	1. Carriers have programs intended to target members at-risk (e.g., targeted messaging to members) 2. However, we do not have complete picture of the volume of members engaged, and whether that outreach is working	Explore carrier reporting on: 1. How many members have been targeted with cardiovascular care engagement 2. Of those targeted, how many have engaged in treatment and remain adherent over the long term
	Measure What Matters	Traditional performance measurement (e.g., HEDIS®) does not provide a real-time assessment of impact	1. Carriers report on HEDIS measures intended to track progress improvement on cardiovascular outcomes over time 2. However, we do not have real-time tracking of health outcomes	Explore additional performance metrics such as: 1. Proportion of days covered (PDC ≥80%) 2. Blood pressure (BP) and low-density lipoprotein (LDL). HbA1c control rates 3. Avoidable emergency department visits
Moderate challenges	Focus on High-Impact Moments	Treatment adherence is highest after clinical events which should be leveraged	1. Carriers have care management programs 2. However, we do not have a clear understanding of care management used after cardiovascular events	1. Identify process improvements for care management after cardiovascular events 2. Explore options to measure the impact of those interventions

Pillar 2: Remove Barriers for Members and Providers

		Why does it matter?	General Findings	Recommendations
Achievable in the short-term	High-value, Low Total Cost Interventions	Individuals may be more likely to abandon therapy due to upfront cost and deductibles	Carriers have a prescription value tier for maintenance medication: 1. OEBB plans have \$4 copays for a 30-day supply at retail pharmacies and \$8 copays for 90-day supply from mail order pharmacies 2. PEBB plans have a \$0 copay	Explore a pilot program to remove copays for commonly used, low-cost CV medications
	Pharmacist-led Interventions	Convenience matters and pharmacists are often accessible healthcare providers	Carriers have pharmacist-led interventions like medication therapy management	Explore additional options for pharmacist-led interventions such as: 1. Refill synchronization and auto-refill enrollment 2. Side effect troubleshooting and therapy simplification 3. Employer-site or near-site pharmacy programs
Moderate challenges	Ease Provider Burdens	Providers resist friction and making systems and processes easier to use will better impact care	Kaiser has imbedded processes to simplify care delivery for providers	Work with provider communities to identify largest provider barriers with CV care

Pillar 3: Improve Care Experience

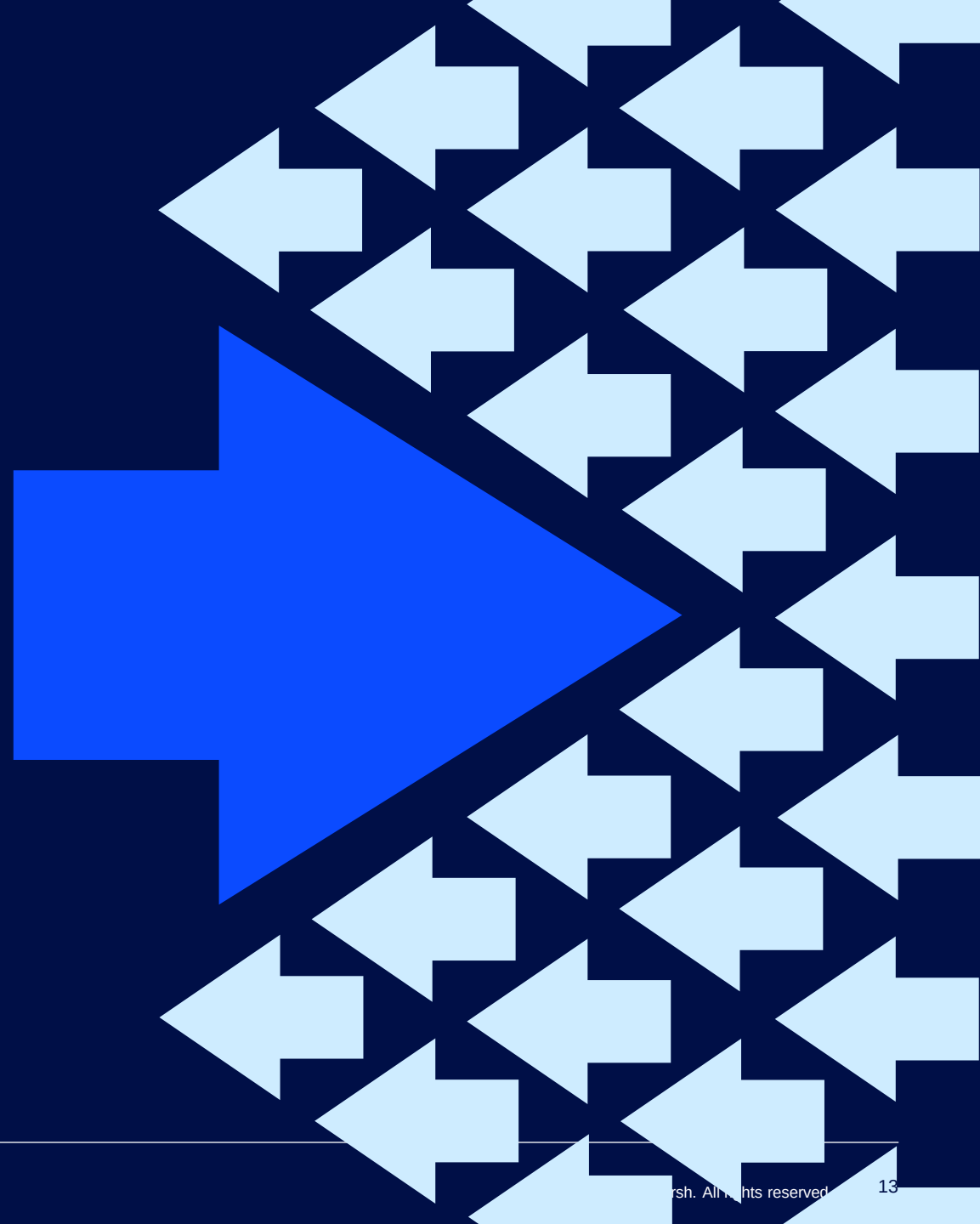
		Why does it matter?	General Findings	Recommendations
Achievable in the short-term	Simplified Care Journey	OEBB and PEBB members are busy	Member care experiences vary across plans, and across providers	Identify best practices to simplify the care journey to the greatest extent possible
	Member Personalization	OEBB and PEBB members are diverse with unique backgrounds and needs	Carriers have varying degrees of support to meet member needs such as language supports	Engage with the Health Equity Committee to explore how best to meet members where they are with CV care
Moderate challenges	Employer Partnership Strategies	Entities and agencies are key levers in OEBB and PEBB populations	There have been varying degrees of worksite education and care	Identify more opportunities for on site workplace CV education, testing, and care
Higher difficulty, achievable in the long term	Digital Engagement	Digital engagement helps meet members where they are — on their phones	1. Carriers have member portals and apps, and to some extent target proactive CV care 2. Some carriers also offer digital care monitoring options	1. Explore best practices for digital CV care engagement 2. Identify process improvements to implement those best practices

Next Steps

03

Next Steps

- Additional time and data are needed to understand how best to refine and adopt the recommendations
- We are proposing to explore cardiovascular care optimization recommendations as part of a SEOW late summer/early fall research group
- The cardiovascular care optimization research group would be in addition to the dental access research group previously discussed in SEOW





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