



Effective Diabetes Management

MARCH 28, 2024

- ❑ **Welcome** – Phil Belcher, HCTN
- ❑ **Effective Diabetes Management – Part I**
 - Effective Diabetes Management – What does Good Diabetes Management Look Like? (25 mins)
 - Vanderbilt
 - Effective Diabetes Management – Downstream Impacts of Uncontrolled Diabetes (25 mins)
 - Renalogic – Chronic Kidney Disease (CKD)
- ❑ **Effective Diabetes Management – Part II**
 - Effective Diabetes Management – Diabetes Management Point Solutions- What is the ROI and What does Success Look Like? (20 mins)
 - Cedar Gate & Catalyst for Payment Reform (CPR)
 - Effective Diabetes Management – Employer Resources and Supports (10 mins)
 - Employer Principles & Checklist - Cristie Travis/HCTN
 - National DPP and Diabetes Management **No Cost** Pilots – Trinette Small/HCTN



Effective Diabetes Management Part I

MARCH 28, 2024

HCTN-Nashville Employer Council Meeting

Effective Diabetes Management

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Population Health Clinical Pharmacist

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Population Health Clinical Pharmacist

Vanderbilt Health
Affiliated Network



Objectives

- Describe the impact of diabetes across the country and, more specifically, in Tennessee
- Understand the multiple facets that contribute to poor diabetes outcomes
- Identify the elements of successful, comprehensive diabetes care
- Apply knowledge of diabetes to guide selection of employer benefits



Meet Denise

- Denise is a 43-year-old employee who recently went to her primary care provider (PCP) for physical
- Feeling tired, fatigued, worn down
- Urinating a lot, really thirsty
- Labs drawn: A1c of 9.7%
- New diagnosis of type 2 diabetes

A Growing Concern Across the U.S.



Diabetes is currently the **7th** leading cause of death nationwide.



More than **135 million** Americans have prediabetes or diabetes (nearly a quarter of people diagnosed with diabetes do not know they have it).

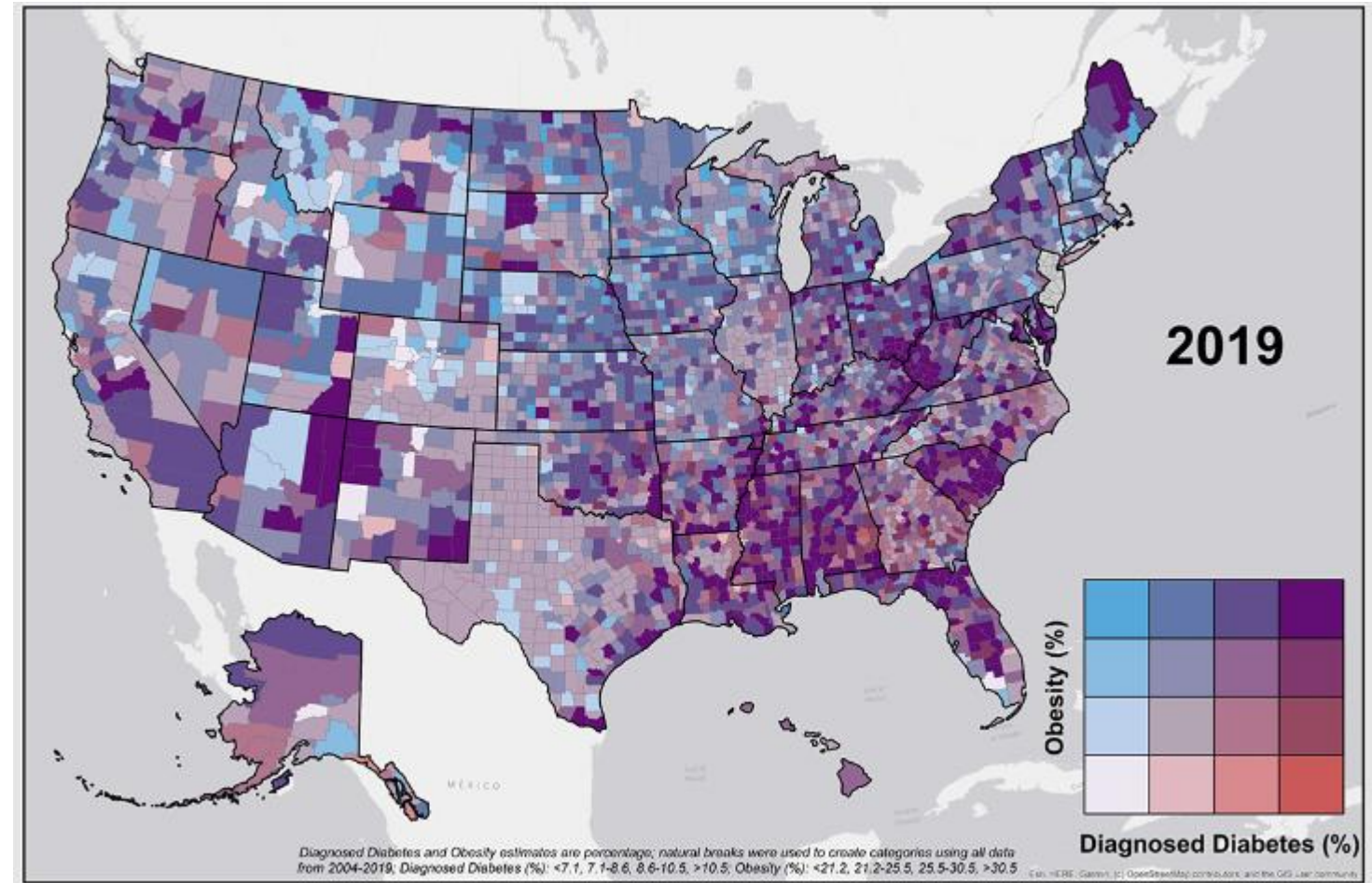


\$413 billion spent on care of diabetes in 2022.

A Serious Concern in the Southeast

The southeastern U.S. is home to some of the highest diabetes rates in the country.

- At least **11 percent** of the region's population lives with diabetes.
- The South is home to nine of the 10 states with the highest type 2 diabetes rates.



Impact in Tennessee



In Tennessee, the burden of diabetes is especially heavy.

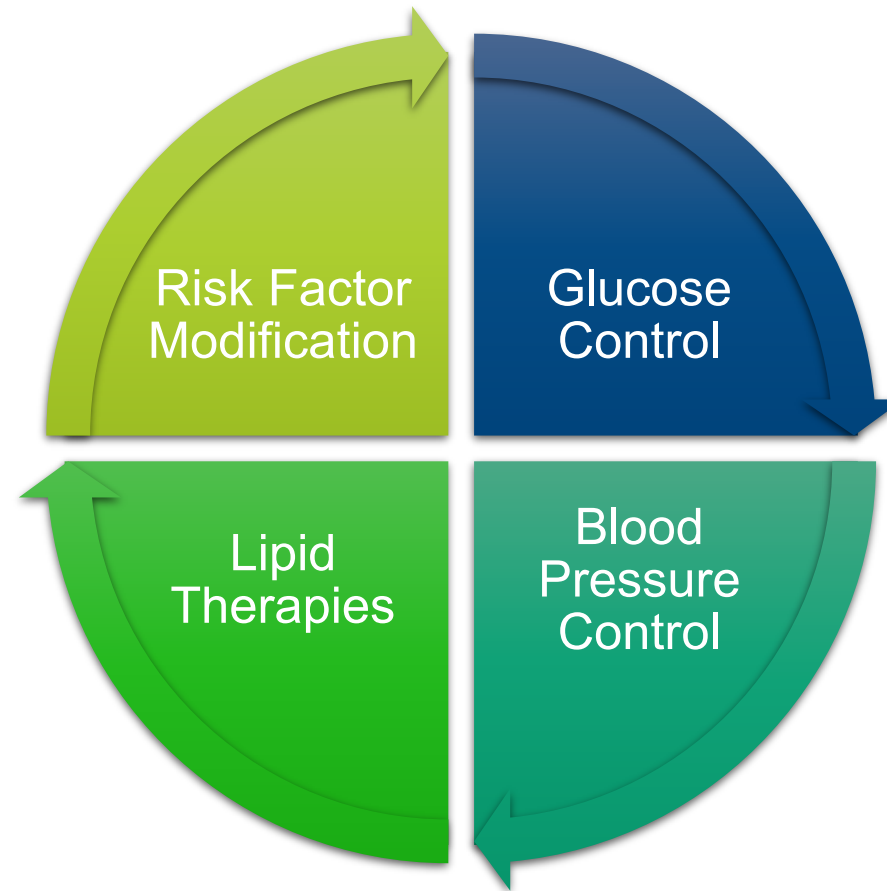
- Nearly **13 percent** of adults in Tennessee have diabetes - the 5th highest rate in America.
- Diabetes diagnoses cost Tennessee an estimated **\$7.3 billion** each year (American Diabetes Association).
- That cost keeps going up — for patients and for the healthcare industry.

Diabetes is About More than Glucose

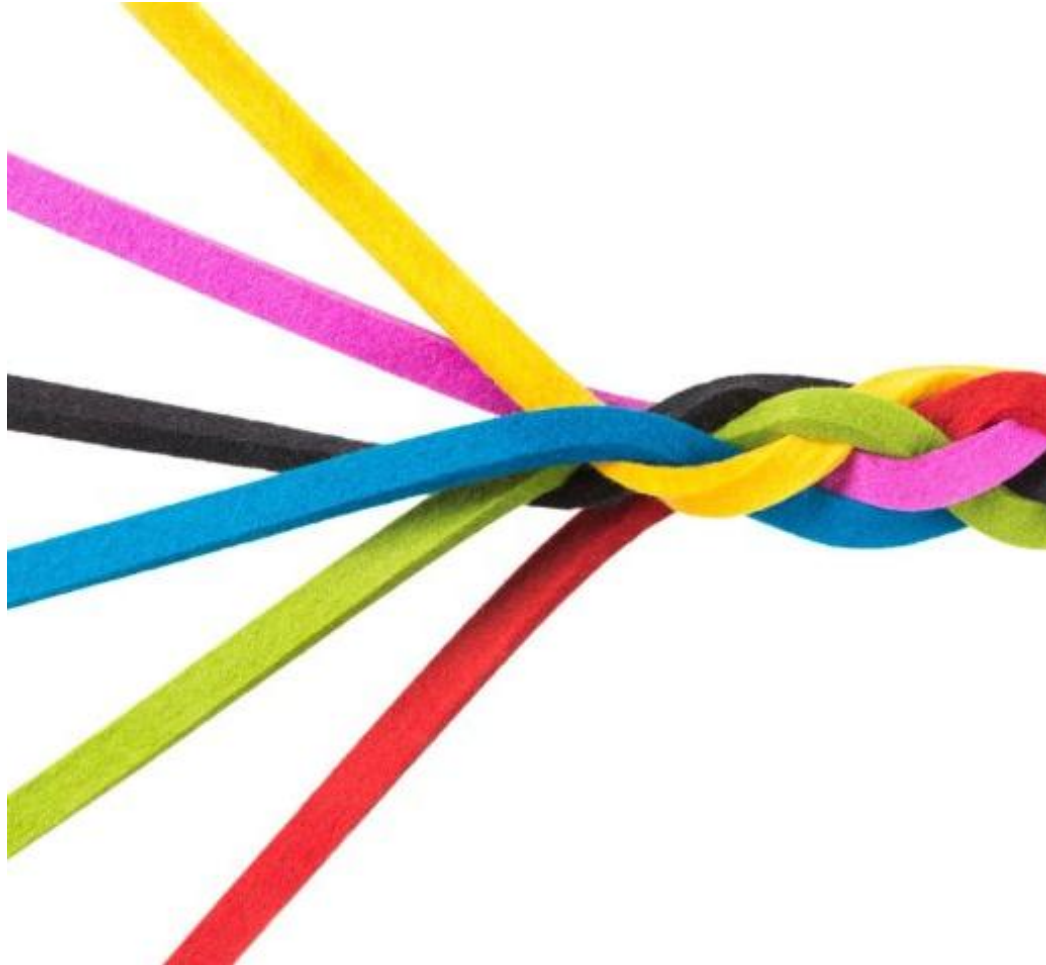
Complications of diabetes include:

- Blindness/impaired vision (retinopathy)
- Chronic kidney disease or dialysis
- Cardiovascular disease including heart attacks, heart failure and strokes
- Decreased sensation and circulation in the extremities
 - Chronic foot/leg wounds
 - Amputation
 - Severe skin/bone infections

How Do We Prevent Diabetes Complications?



Diabetes is a Team Sport



- Patient
- Primary care provider
- Specialty providers
 - Endocrinology
 - Nephrology
 - Cardiology
 - Neurology
 - Ophthalmology
- Longitudinal support providers
 - Clinical Pharmacists
 - Nutrition/dietary
 - Life coaches
 - Behavioral Health

Patient-Centered Care

- Diabetes care is **not** one-size fits all
- Diabetes **is** a lifelong disease – a marathon, not a sprint
- Important to **meet the patient where they are**
 - **Listen** to the patient's goals and priorities
 - **Identify** patient's barriers to care (financial, health literacy, transportation, caregiver support)
 - **Improve accessibility** by leveraging technology – texting platforms, telemedicine visits
 - **Implement manageable changes** that patients are motivated to pursue
- Empower the patient to make **smart, sustainable** decisions
- Promote a culture of acceptance in the workplace
- Remember that the patient is in the driver's seat

Back to Denise...

- Upon diagnosis, she engaged with a team-based program offered through her PCP's office
 - Nutritionist/dietitian
 - Regular check-ins with lifestyle coach/CDCES
 - Pharmacist
- Referral to specialists: ophthalmologist, podiatrist
- Shared decision-making discussion around medication options



Screening for Diabetes Complications

- Patients with type 2 diabetes should have the following performed annually (or more often as clinically indicated):
 - Dilated eye exam
 - Comprehensive foot exam (monofilament)
 - Urine microalbumin/creatinine ratio
 - Lipid panel
 - Renal function panel
 - Pro-BNP



Medication Therapy for Preventing Diabetes Complications

- Evidence-based diabetes treatment options
 - Metformin first, generally
 - GLP-1 receptor agonists (Ozempic, Trulicity, Victoza):
 - Can reduce risk of cardiovascular events in patients with T2DM and elevated cardiovascular risk
 - SGLT-2 inhibitors (Farxiga, Jardiance):
 - Can prevent progression of chronic kidney disease
 - Can reduce secondary risk of cardiovascular events in patients with established cardiovascular disease
 - Can reduce hospitalizations and death from cardiovascular disease in patients with heart failure
- Complimentary medications
 - Statins for reduction of cardiovascular disease risk
 - ACE-inhibitors/ARBs for kidney protection

Glucose Monitoring



- Great tool in general to empower and engage most patients
- Help identify trends to more safely make lifestyle changes and medication adjustments
- Several options available:
 - Traditional self-monitoring blood glucose: fingerstick with test strip, glucometer, lancets
 - Continuous Glucose Monitoring (CGM): newer, wearable technology that affords improved glucose control, less time with low blood sugar, and improved patient satisfaction

Empowering Patients

- Diabetes is a constant in patient's lives, try to provide the patient with as many tools as possible
- Educate, educate, educate – do not assume the patient has a complete knowledge of their disease state, and the state of diabetes care is always changing!
- CGM therapies – allow patients to have real-time feedback on current state, can help guide behavioral decisions
- Consider barriers to care: financial, health literacy, transportation, caregiver support

How Can We Evaluate Diabetes Care Providers?

- Physicians/practices:
 - What care team members are available to assist?
 - Do they offer flexible appointment options?
 - What is their appointment availability?
 - Do they have robust care coordination or interface with providers/practices outside of their own system?
 - STAR ratings
- Ancillary programs (dietary, coaching, remote monitoring programs):
 - How often are they checking in with patients?
 - What is their internal evaluation process for gauging success/outcomes?
 - Is patient feedback available?
 - How do they interface with patient's primary care team?
 - Do they offer very specific niche of diabetes care, or are they more comprehensive?

Finally, Denise...

- Denise was able to engage with her team to find small, sustainable lifestyle changes she could make
- Worked with PCP/PharmD to get started on medication that helped lose weight and augment those changes
- Checked her blood sugar to identify trends: what makes it go up/down?
- 6 months later:
 - A1c down to 6.3%!
 - Down 40 lbs
 - Feeling great: more energy, no more increased thirst/urination





Downstream Impacts of Uncontrolled Diabetes

MARCH 28, 2024

Chronic Kidney Disease: An Avoidable Downstream Impact of Uncontrolled Diabetes

March 28, 2028

Scott Vold

Chief Commercial Officer

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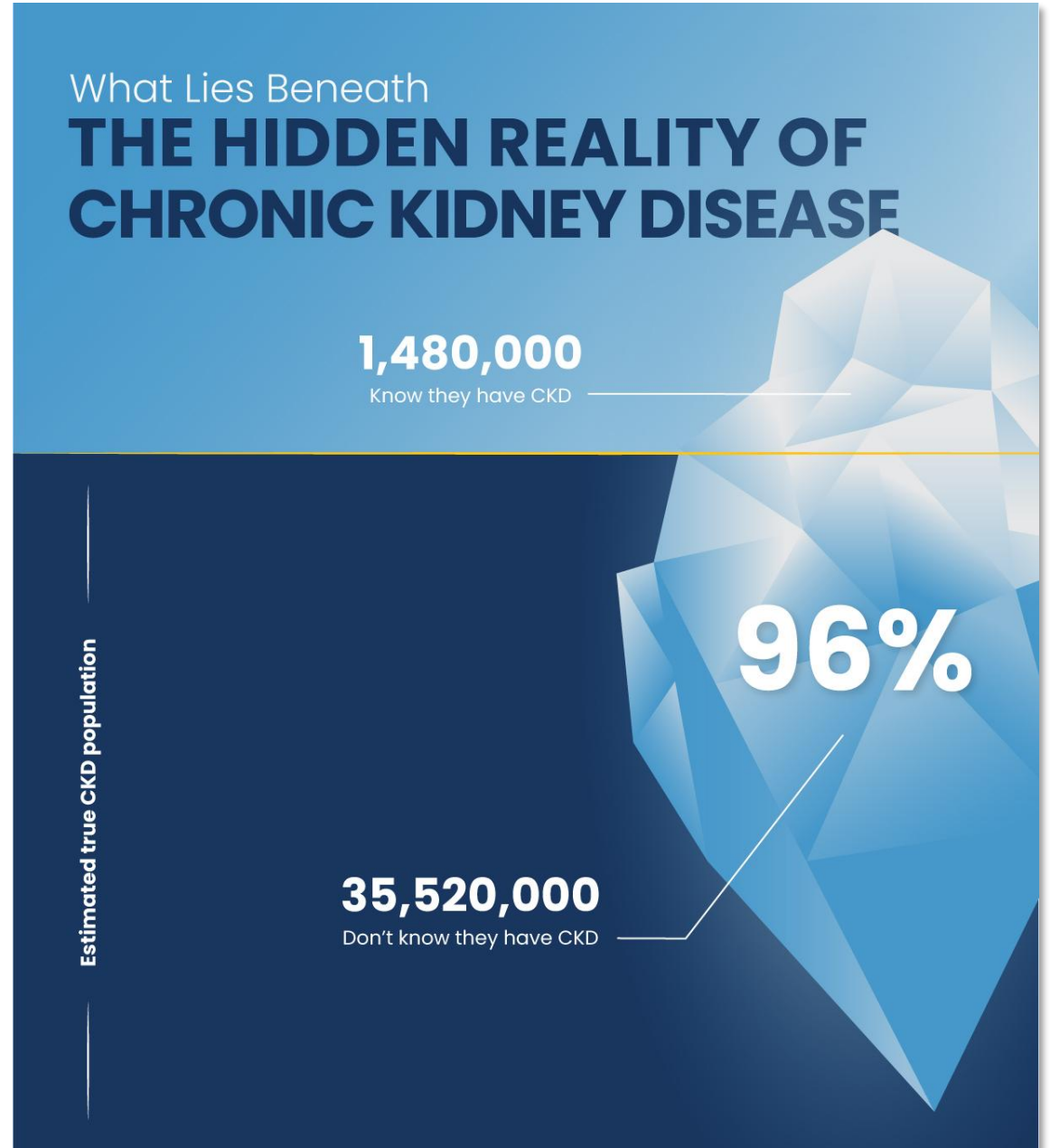
Today, we'll answer the following questions:

- Why should we care about Chronic Kidney Disease (CKD)?
- What is CKD?
- Who is at risk of developing CKD?
- How does CKD affect health plan finances?
- What can we do to protect health plan members from CKD and contain CKD costs?

Why Should We Care About CKD?

CKD is the public health crisis too few people are talking about

- **37 million** Americans (1 in 7) are estimated to have CKD
- **38%** of diabetics also have CKD (USRDS 2023)
- **90%+** of people with kidney disease don't know they have it
- **48%** of people with late-stage CKD are unaware they have it
- **9th** leading cause of death in US, expected to be 5th leading cause of death by 2040



Notable Celebrities with CKD



Nick Cannon
Singer/Actor



Alonzo Mourning
Pro Athlete



George Lopez
Actor



Tina Turner
Singer



Sarah Hyland
Actor



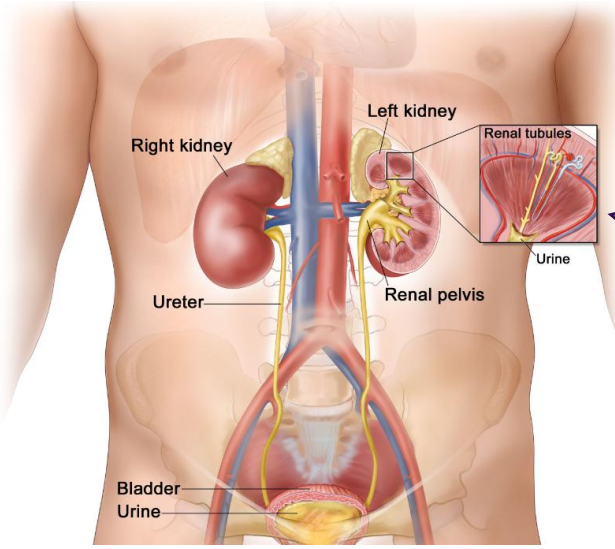
Tracy Morgan
Actor



Chris Kemoeatu
Pro Athlete

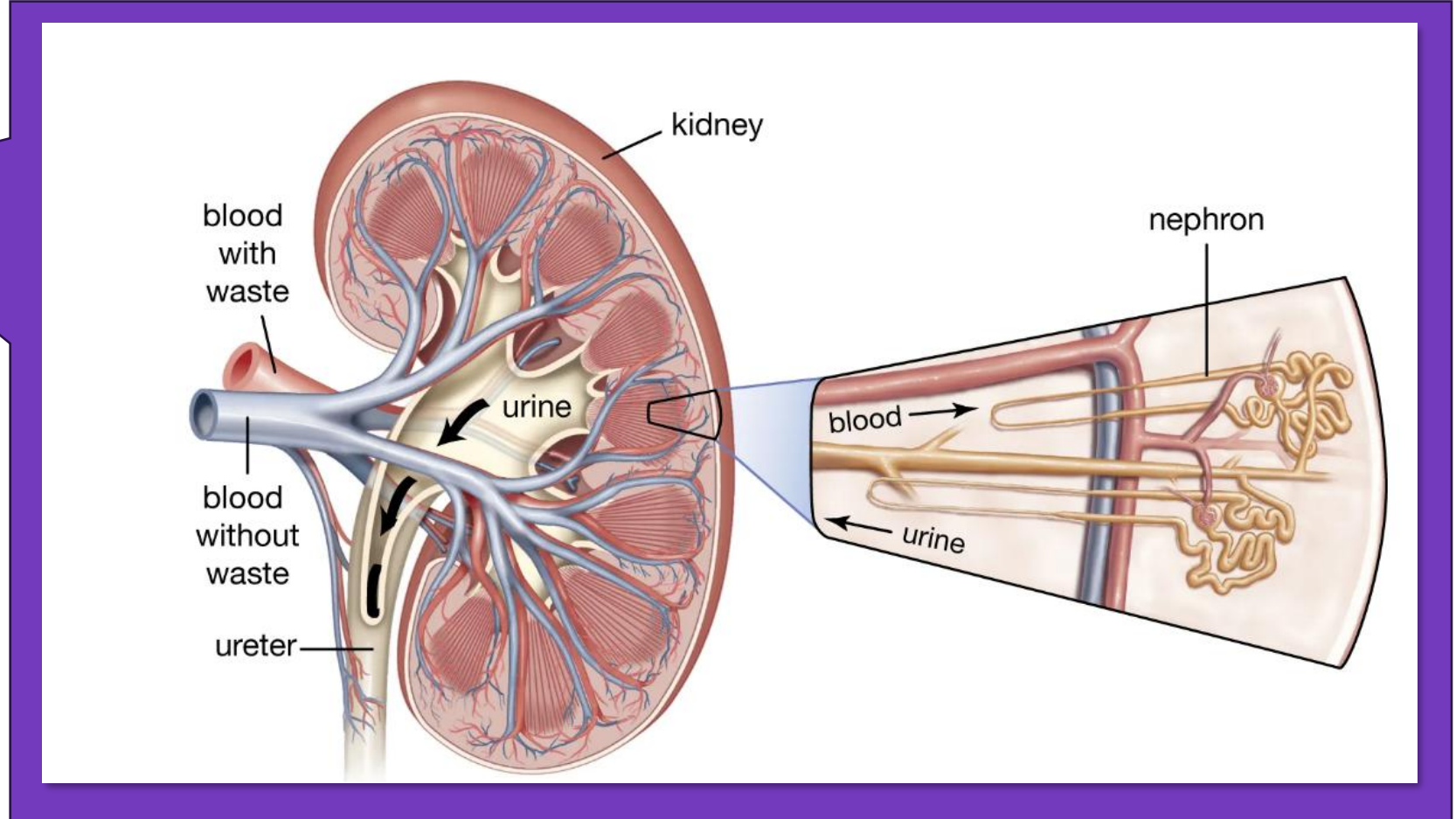
What Is CKD And Who Is At Risk?

A Quick Anatomy Lesson



Kidneys have two jobs:

1. Maintain the water-to-electrolyte balance in your blood
2. Clean your blood



Causes and Symptoms of CKD







The causes and comorbidities of CKD are well understood, most are avoidable/addressable:

- Diabetes
- High Blood Pressure
- Heart Disease
- Obesity
- Smoking
- Lupus and other autoimmune diseases
- Age
- Family History Factors
- SODH Factors

Most people with CKD are asymptomatic until they reach the late stages of the disease. When they do experience symptoms, these symptoms manifest as:

- Foamy or bloody urine
- Fatigue
- Numbness or swelling in arms, legs, ankles, feet, or face
- Muscle cramping
- Shortness of breath
- Nausea or vomiting
- Breath smells like ammonia (also described as urine-like or “fishy”)

CKD Is Typically Diagnosed Too Late

STAGES OF CHRONIC KIDNEY DISEASE		GFR*	% OF KIDNEY FUNCTION
Stage 1	Kidney damage with normal kidney function	90 or higher	 90-100%
Stage 2	Kidney damage with mild loss of kidney function	89 to 60	 89-60%
Stage 3a	Mild to moderate loss of kidney function	59 to 45	 59-45%
Stage 3b	Moderate to severe loss of kidney function	44 to 30	 44-30%
Stage 4	Severe loss of kidney function	29 to 15	 29-15%
Stage 5	Kidney failure	Less than 15	 Less than 15%

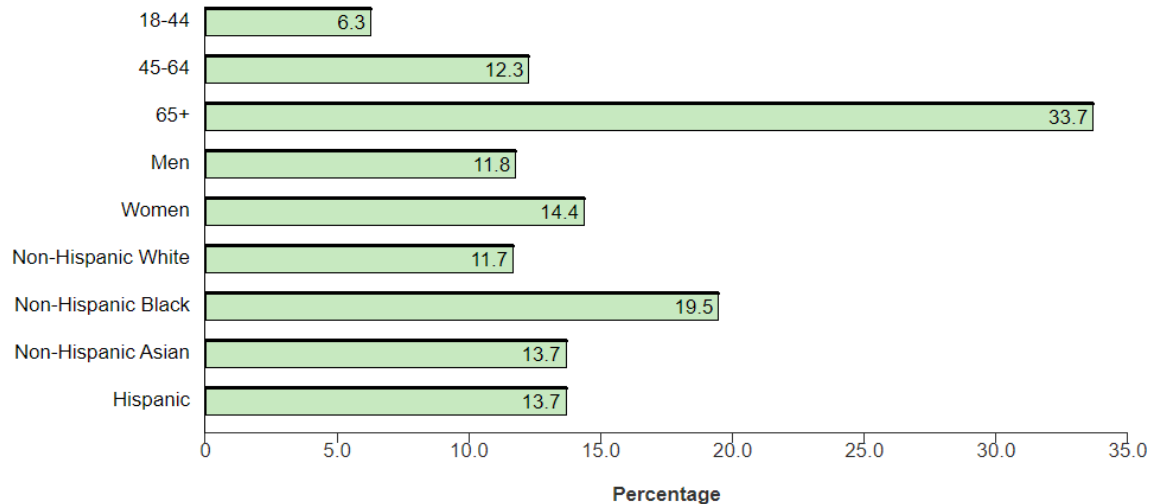
* Your GFR number tells you how much kidney function you have. As kidney disease gets worse, the GFR number goes down.

- CKD is defined as an estimated glomerular filtration rate (eGFR) of less than 60 ml/min/1.73m², persisting for 3 months or more. (NIH)
- Many patients are still asymptomatic at this stage.
- **But, an eGFR of less than 60 ml/min/1.73m² is already Stage 3a!**
- That means that using the current standard of care, millions of people are getting diagnosed decades too late.
- More sensitive tests to accurately measure eGFR exist and are inexpensive, but they are not commonly ordered, unless specifically requested by a patient.

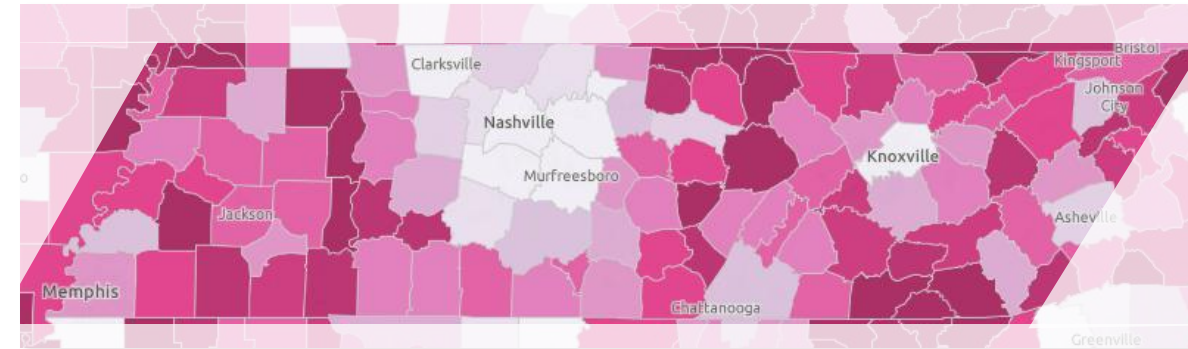
Who Is At Risk for Developing CKD?

CKD primarily impacts older adults, and it's disproportionately prevalent among people of color

Percentages of US Adults with CKD (2020)



Heatmap of Estimated CKD Prevalence Adults in Tennessee (2021)



Note: actual prevalence likely to be much higher in seemingly low prevalence areas

Who Is At Risk for Developing CKD?

CKD hits certain industries harder than others



Hospitality



Agriculture / Farming



Public Sector



Manufacturing



Trucking

Who Is At Risk for Developing CKD?

Socioeconomic factors impact CKD development, awareness, and management

Community & Social Context

- Support systems
- Discrimination



Economic Stability

- Employment
- Medical bills



Education

- Literacy
- Awareness



Food

- Access
- Hunger



Health Care System

- Access
- Quality of care



Neighborhood & Physical Environment

- Housing
- Transportation



Mental Health Aspects of CKD

- Anxiety: **46%** of CKD patients receiving hemodialysis report experiencing anxiety and 30% still had it 16 months later.
- Depression: **3-4x** higher with CKD patients than general population.

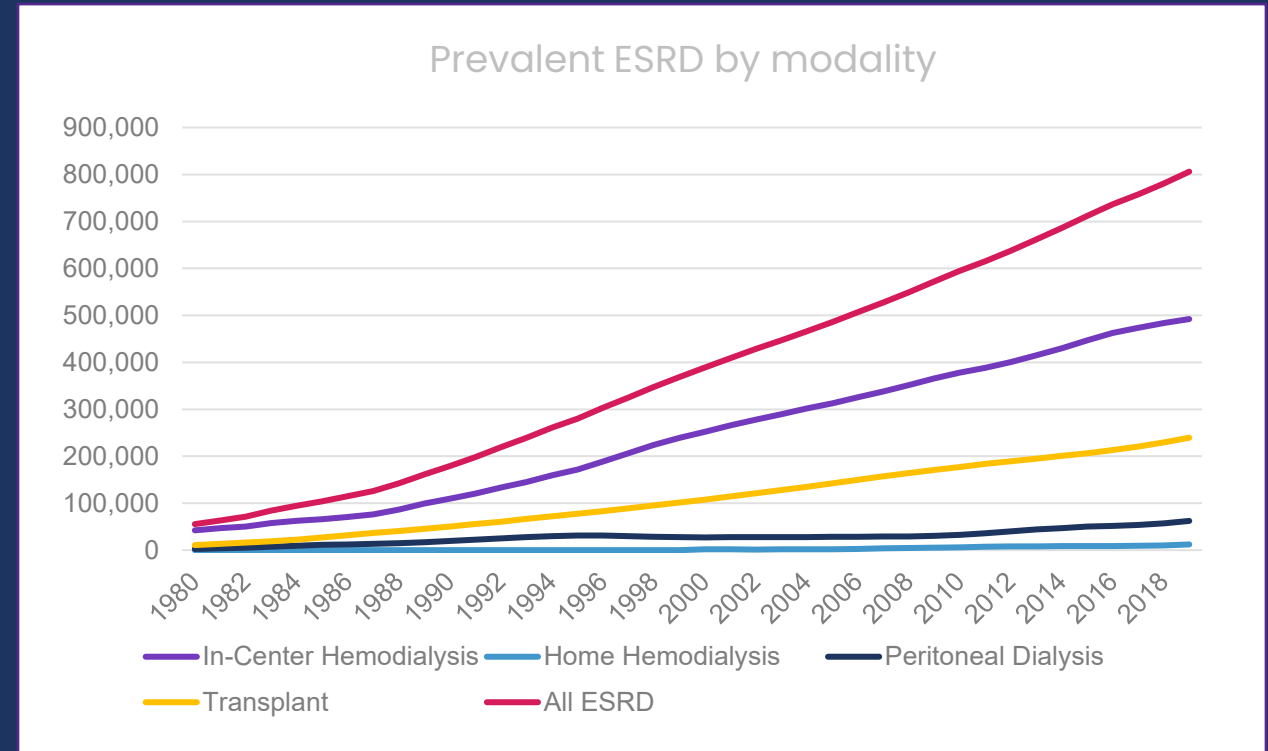


- Stress, anxiety, depression and substance use can worsen CKD symptoms:
 - Alter sleep and eating
 - Raise blood sugar and blood pressure levels
 - Impact coping and following treatments



ESRD Rates Have Exploded Over Last 40+ Years

- Since 1980, the prevalence of ESRD has increased **1,352%**
- Since 2000, the prevalence of ESRD has increased **100%**
- At present, there are roughly **808,000** diagnosed with ESRD, and about **80,000** are commercial insured



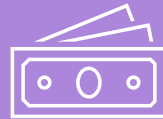
Data Source: ESRD Database. US and US territories ESRD patients. Persons with "Uncertain Dialysis" type were excluded

How Does CKD Impact Health Plan Finances?

The Cost of CKD to Self-Funded Plans



CKD is **#5** for commercially-insured employer plans.



Last year, CKD cost commercial health plans **\$100 billion.**



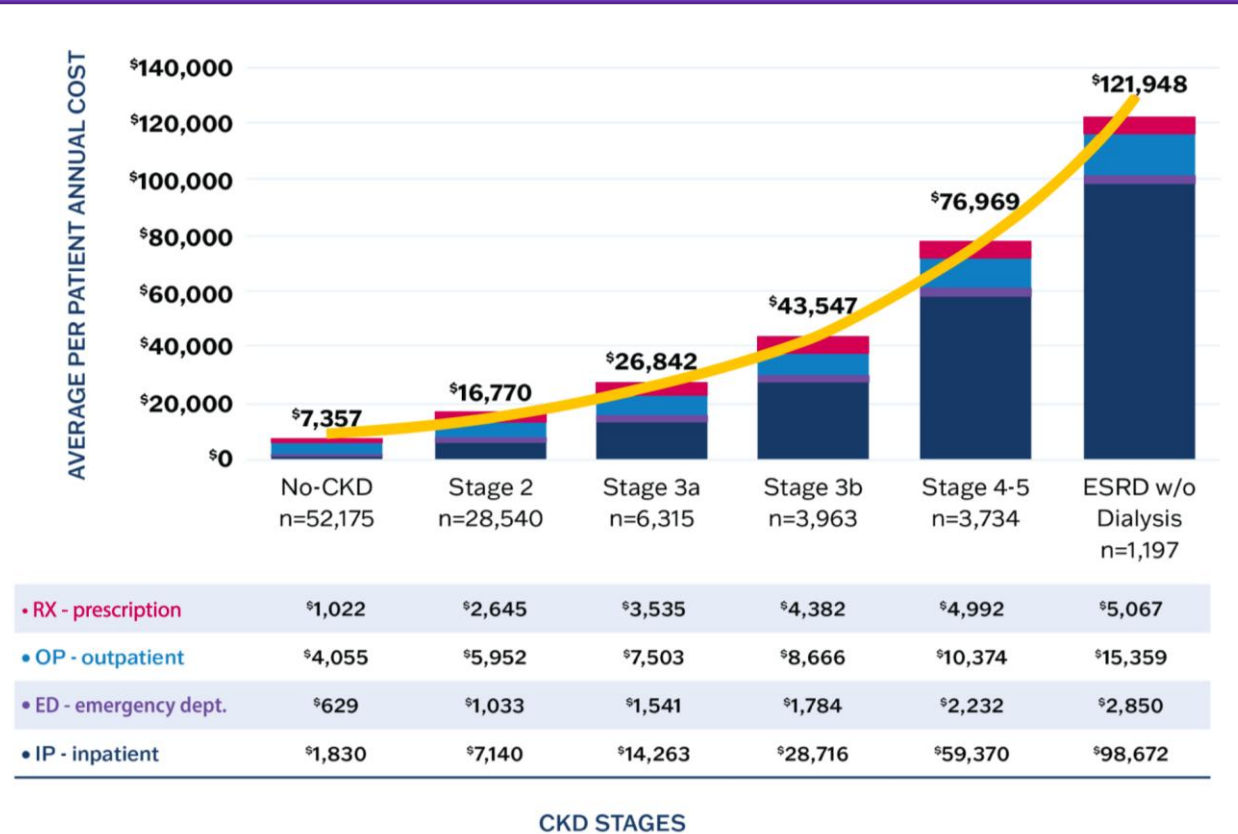
\$300,000 average annual cost of dialysis for self-funded plans.

The CKD Cost Curve

The total cost of care for a health plan member with CKD increases exponentially as the disease worsens

- The interplay between comorbidities creates a vicious cycle that drives more hospital and ambulatory utilization
- 80% of patients requiring dialysis start emergently, which is costly and fraught with complications

Annual Claims Expense for CKD Members of Commercial Self-Funded Plans



American journal of managed care, Presented at the National Kidney Foundation Annual Conference 2020

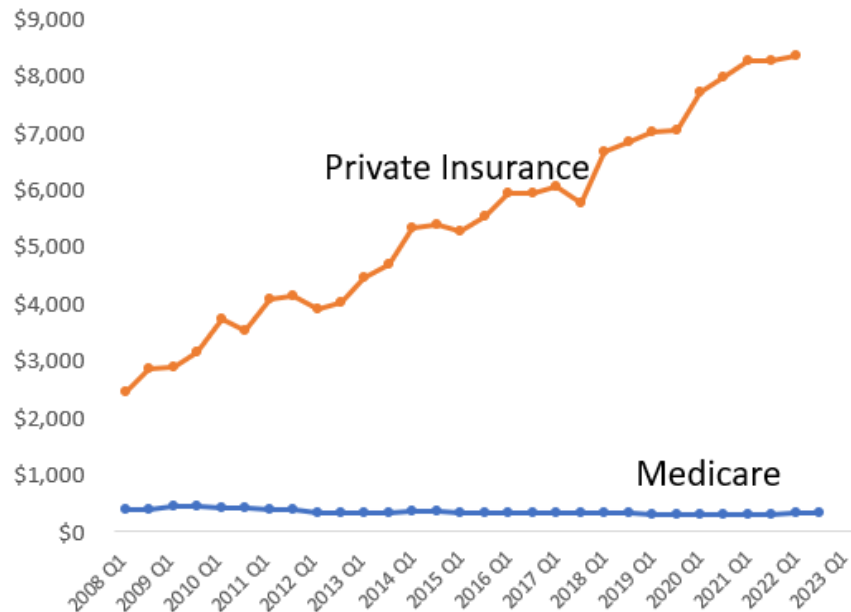
Dialysis Costs Unfairly Burden Self-Funded Plans

400% Cost Increase

Since 2008, dialysis costs have increased nearly 400%. Dialysis providers raise their prices by 10-15% every year.

Billed Charges Per Dialysis Treatment

Includes Dialysis, Labs, Rx, and DME

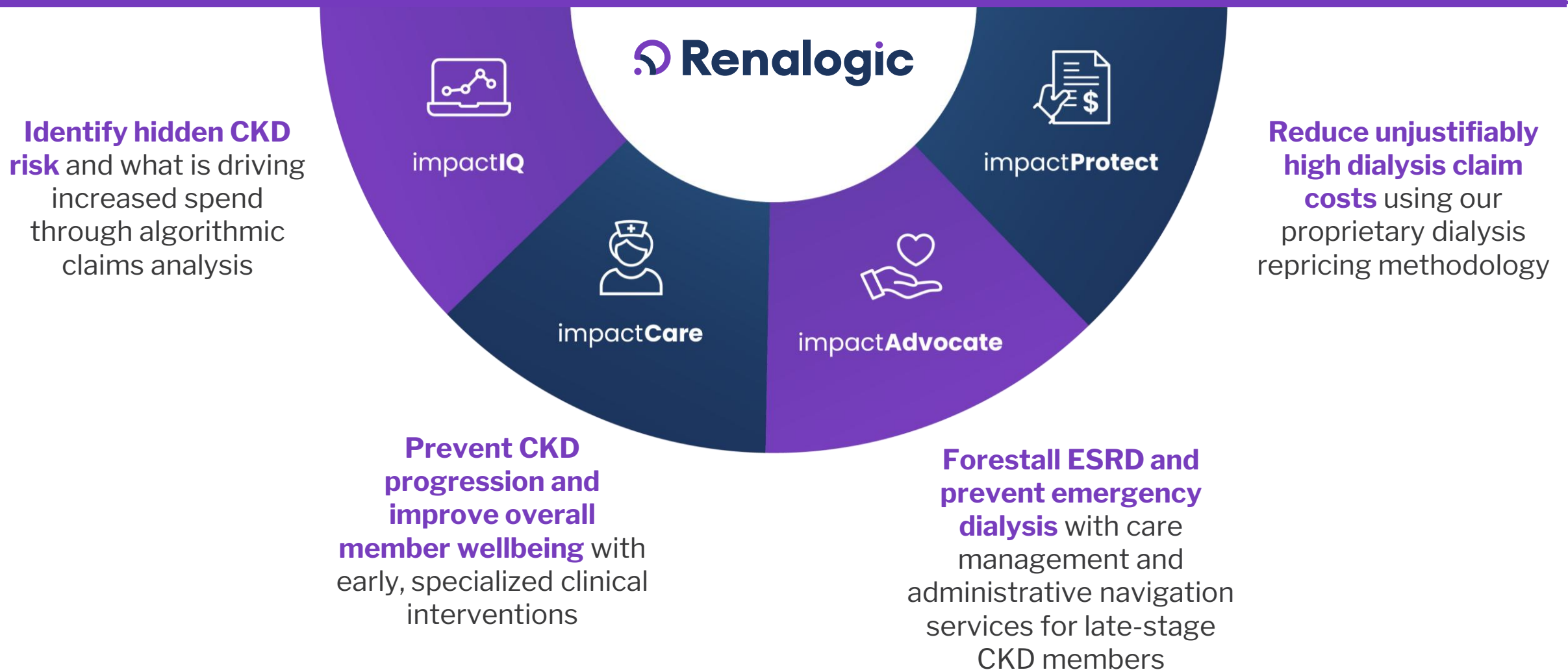


Average Commercial Costs as a Percentage of Medicare



What Can You Do To Protect Your Health Plan Members and Finances?

The Winning Strategy In The Fight Against CKD



Renalogic's Proven ROI

ImpactIQ

Advanced CKD Analytics

230%

Better at identifying undiagnosed CKD than Commercial Cohort.

38%

More accurate at identifying proper disease stage than Commercial Cohort.

34%

Better at identifying and properly diagnosing Members with CKD 3 and CKD 4.

ImpactCare

Specialized Care Management

\$207 PMPM

Savings in total cost of care for enrolled members.

51.2%

More effective at forestalling progression from CKD2 to CKD 3 than Commercial Cohort.

98.3%

Effective at preventing enrolled members from developing ESRD.

ImpactAdvocate

Specialized Care Management and Administrative Services

\$160,000

Av. net savings per avoided emergent dialysis start.

86.5%

Effective at preventing enrolled members from progressing from CKD4 to ESRD.

85.7%

Effective at preventing enrolled members from progressing from CKD5 to ESRD.

ImpactProtect

Dialysis Cost Containment

\$110,000/YR

Av. net savings per repriced dialysis member per year.

84.5%

Av. savings against contracted rates (confirmed by Validation Institute).

99%+

Success rate on appeals faced.

Q&A

Learn more by visiting renalogic.com

- Solutions
- Case studies
- Resources



Follow up with me: svold@renalogic.com



Effective Diabetes Management Part II

MARCH 28, 2024

Point Solution ROI

DETERMINING THE VALUE OF POINT SOLUTIONS
FOR DIABETES MANAGEMENT



AGENDA

- › Employer Challenges: Managing Diabetes & Point Solutions
- › Key Steps to Evaluate Point Solution Impact
- › Case Study: Our Analysis of Point Solution ROI

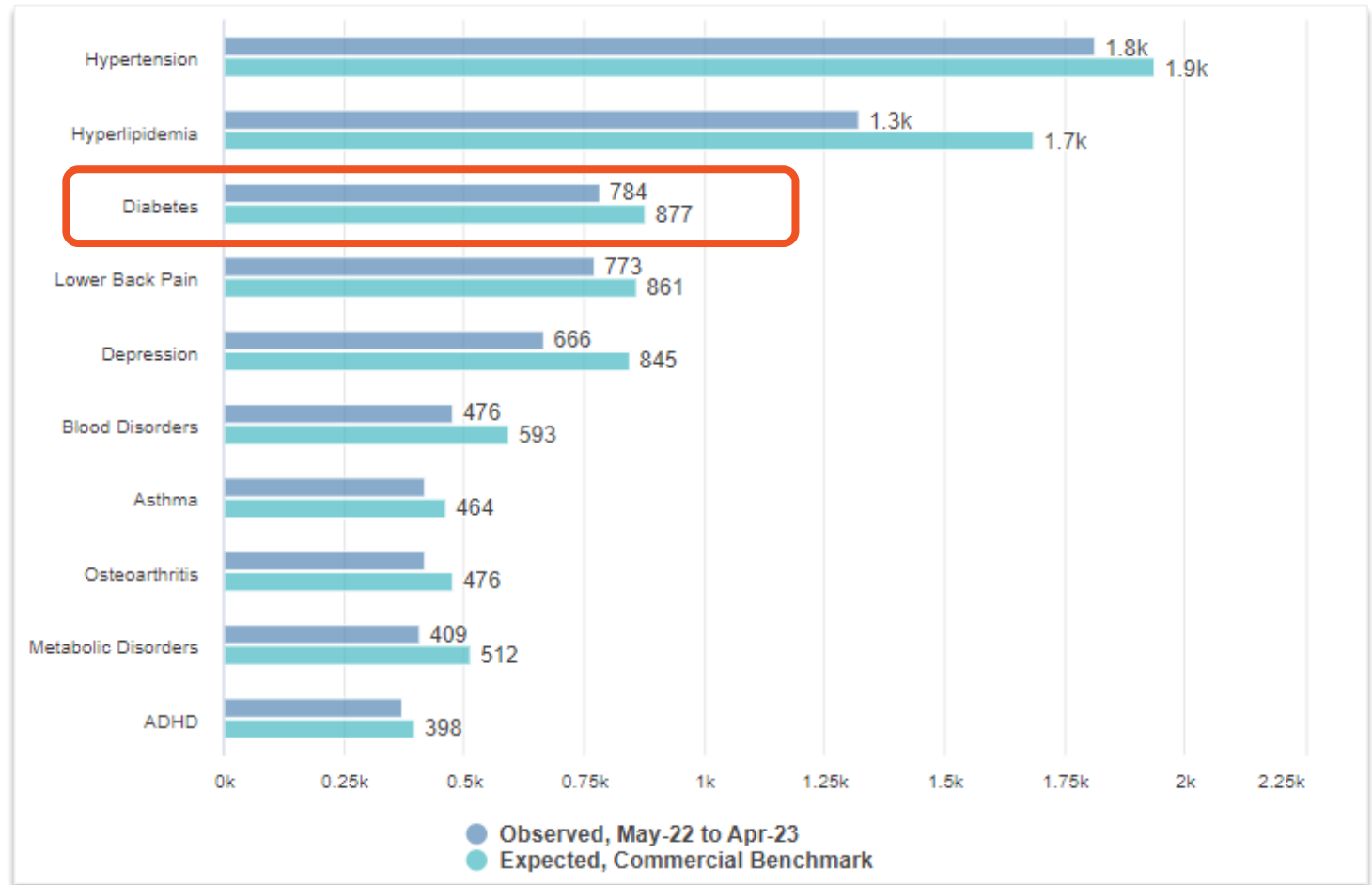
Employer Challenges

Multiple point solutions promising to help manage chronic conditions like diabetes

Employers inundated with point solutions are asking, "How do we..."

- > ... identify members who will benefit most from a point solution?
- > ... measure engagement and outcomes for existing and future point solutions?
- > ... evaluate ROI in specific, measurable ways to share with key stakeholders?

TOP 10 CHRONIC CONDITIONS BY MEMBER COUNT





Evaluating Point Solution Impact

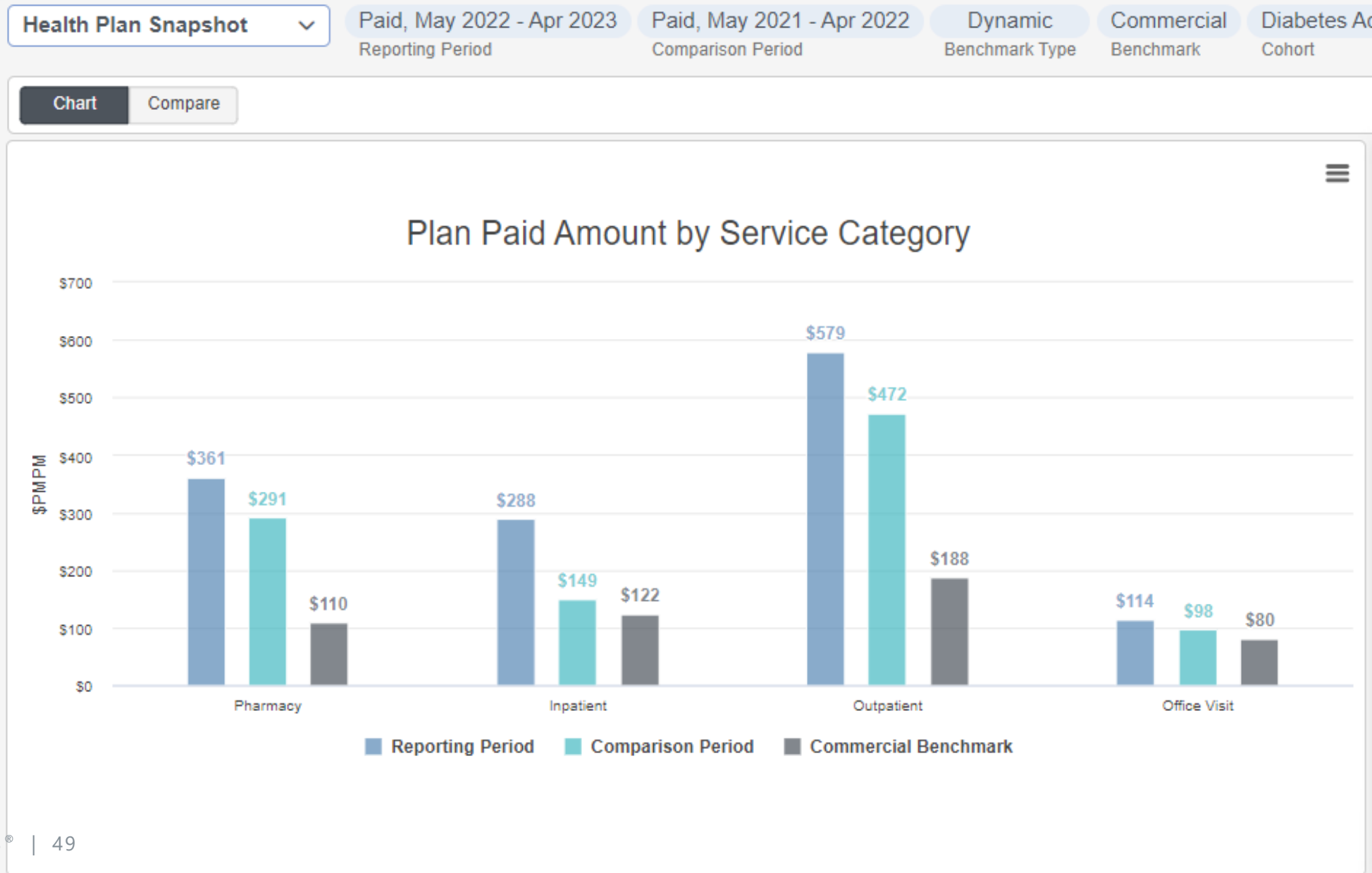
- › Identify opportunities for cost reduction and quality improvement
- › Risk-stratify the population
- › Track participation
- › Measure impact and ROI

Identify the Target Population Using Analytics

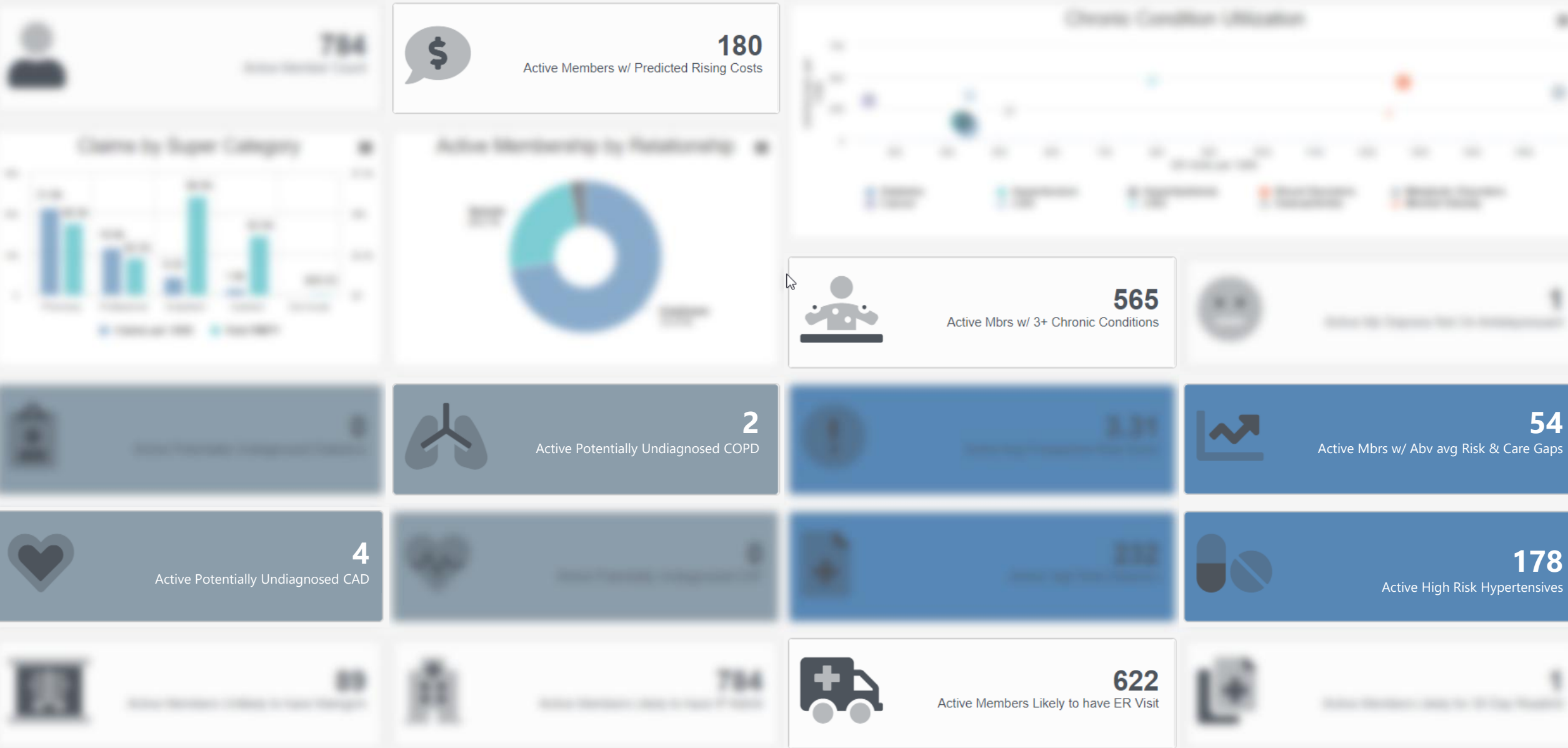
Diabetes management costs are higher than benchmarks across key categories:


- > Pharmacy
- > Inpatient
- > Outpatient
- > Office


Population shows an upward trend of cost and utilization related to diabetes care.





Dig Deeper into Member Details to Risk-Stratify Cohorts





 **180**
Active Members w/ Predicted Rising Costs


 **565**
Active Mbrs w/ 3+ Chronic Conditions

 **2**
Active Potentially Undiagnosed COPD

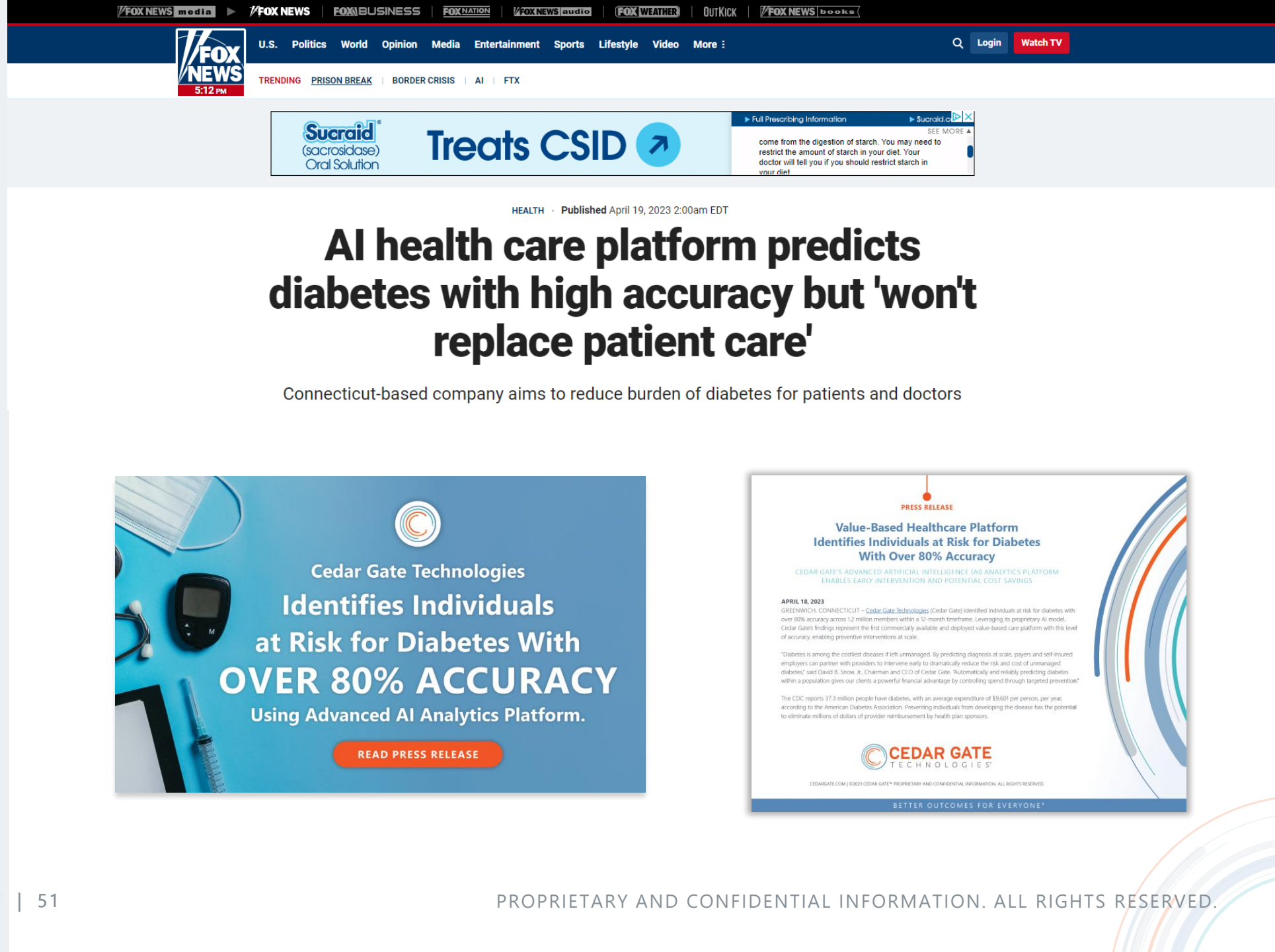
 **4**
Active Potentially Undiagnosed CAD

 **54**
Active Mbrs w/ Abv avg Risk & Care Gaps

 **178**
Active High Risk Hypertensives

 **622**
Active Members Likely to have ER Visit

Leverage Advanced Predictive Models



Manage and Track Point Solution Participation

ELIGIBILITY

Member is eligible for the point solution based on plan benefits and medical condition(s)

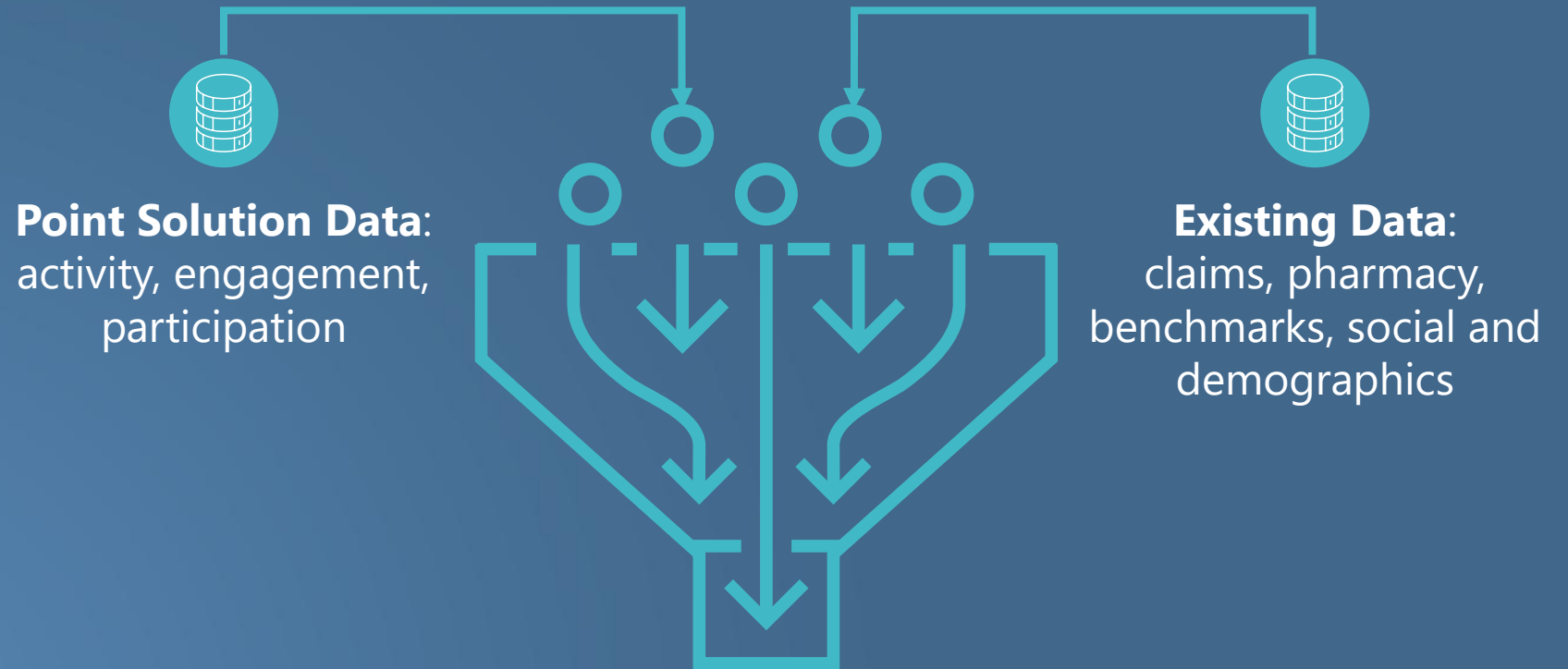
ENROLLMENT

Member has enrolled in the point solution

ENGAGEMENT

Member has engaged with the point solution by participating in certain activities

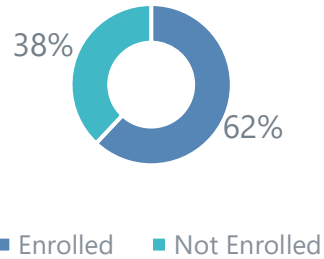
Combine Point Solution Data with Existing Data



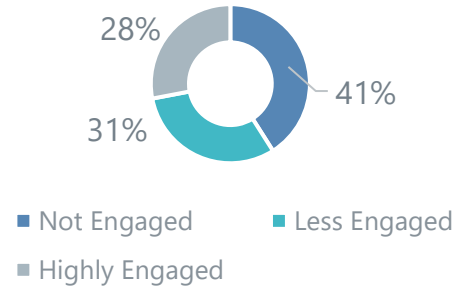
**Full picture of the impact of the
point solution on the identified population**

Monitor Performance and ROI

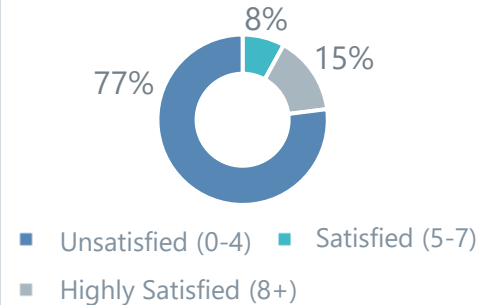
Total Eligible Members



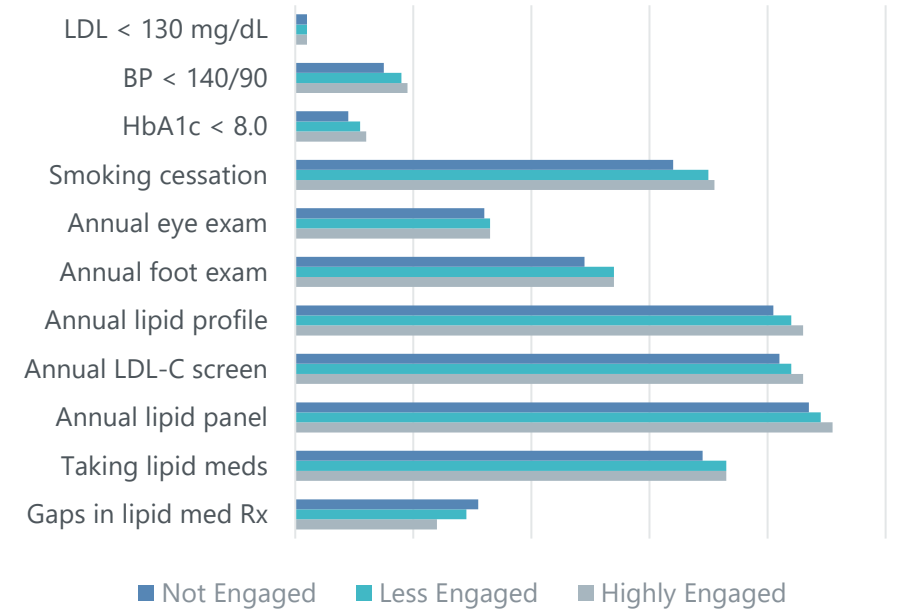
Engagement



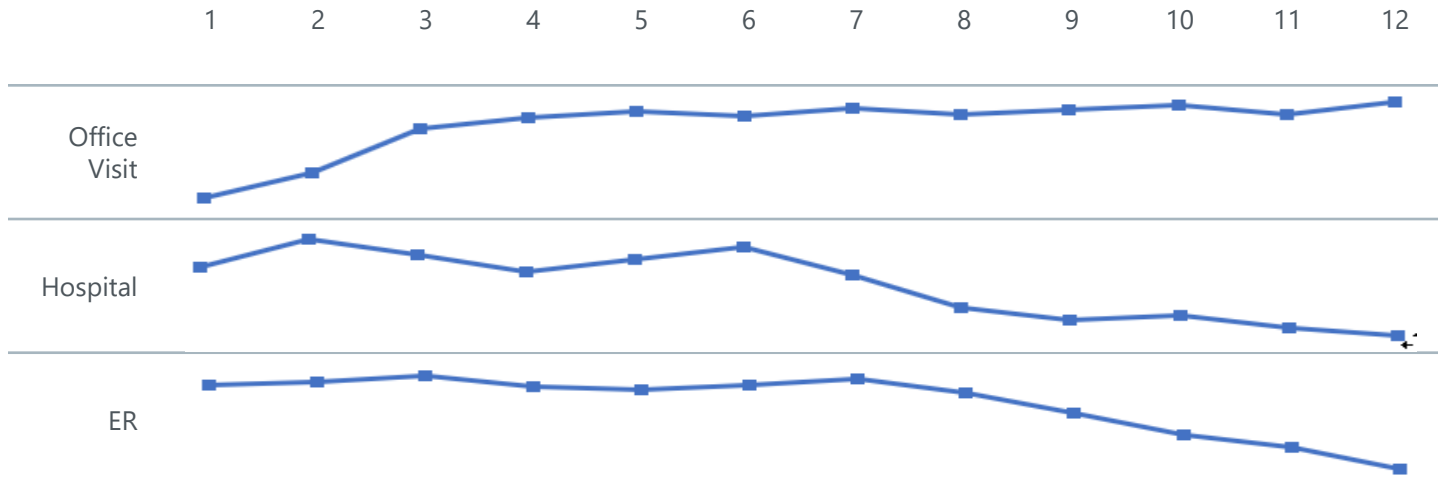
Participant Satisfaction



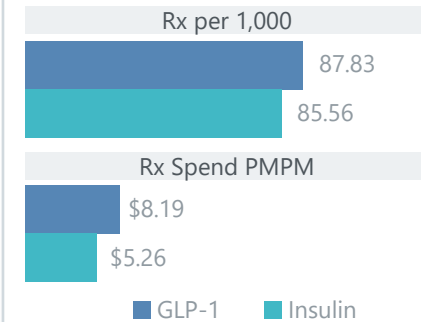
Quality Metrics



Enrolled Member Utilization per 1000 (from Program Start)



GLP-1 vs Insulin Rx



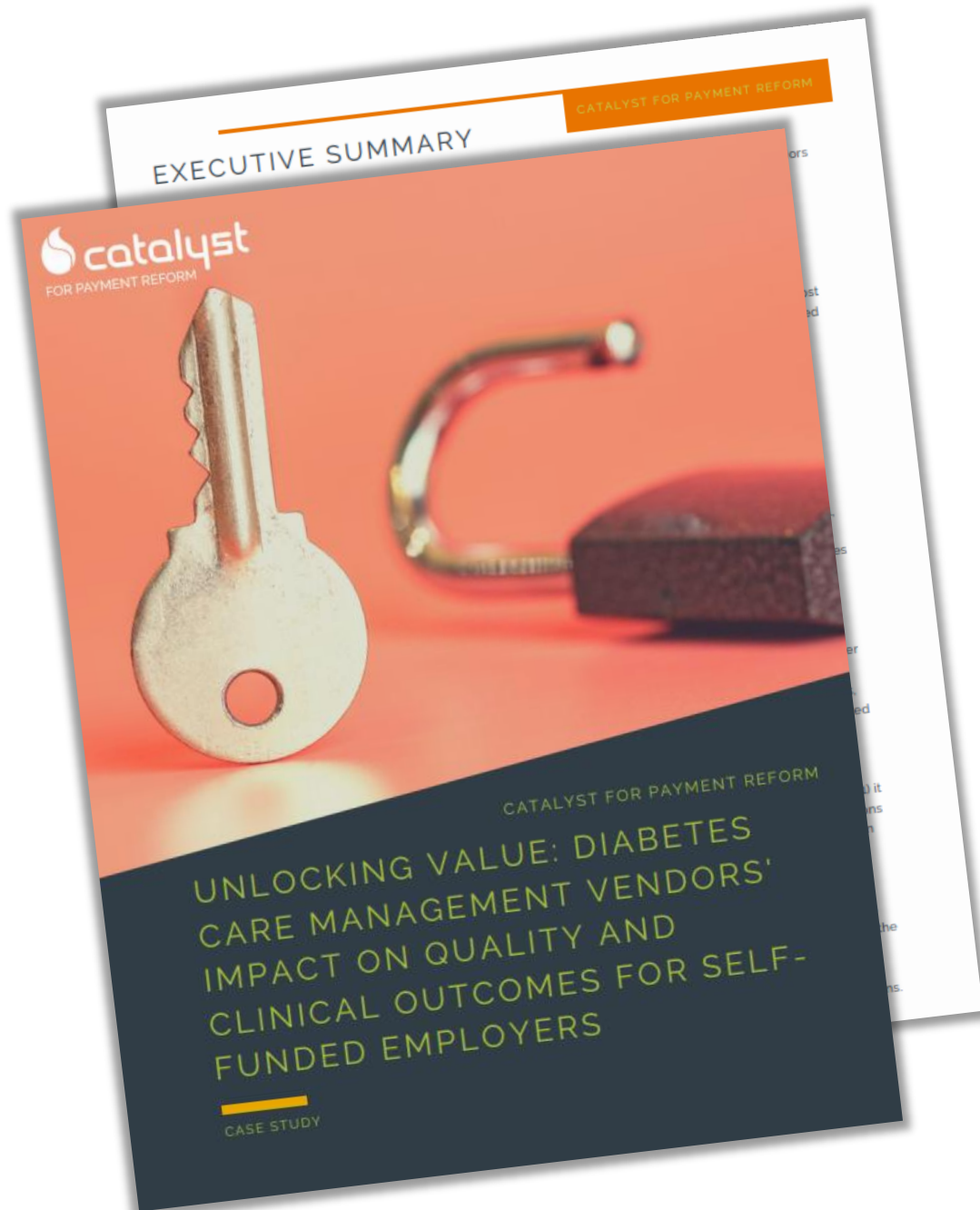
Total PMPM Spend

Not Engaged	\$1,395.83
Less Engaged	\$1,326.04
Highly Engaged	\$1,259.74



CPR Case Study: Point Solution Impact Evaluation

- › Study design
- › Results
- › Challenges & limitations



UNLOCKING VALUE: Diabetes Care Management Vendor Impact

Leveraged Cedar Gate's Healthcare
Benchmark Database With Data From
Nearly 13 Million Member Lives

3 Cohorts To Examine Impact
of Diabetes Point Solutions

Identified Quality Metrics Related
To Diabetes Management

Study Results

	Highly Engaged Diabetes Cohort (N=7.938)	Less Engaged Diabetes Cohort (N=8.827)	Not Engaged Diabetes Cohort (N=11.761)
DIABETES			
LDL <130 mg/dL	2%	2%	2%
Blood Pressure < 140/90 mmHg	19%	18%	15%
HbA1C < 8.0%	12%	11%	9%
Smoking Status & Cessation Advice/Treatment	71%	70%	64%
Annual Dilatated Eye Exam	33%	33%	32%
Annual Foot Exam	54%	54%	49%
Diabetes Annual Lipid Profile	86%	84%	81%
Annual LDL-C Screening	86%	84%	82%
HYPERLIPIDEMIA			
Annual Lipid Panel	91%	89%	87%
Taking Lipid-Lowering Medication	73%	73%	69%
Prescribed Lipid Lowering Therapy with Gaps in Prescription Refills	12%	11%	9%
HYPERTENSION			
Hypertension Diagnosis and Prescribed Lipid Lowering Therapy with Gaps in Prescription Refills	23%	28%	30%

What Makes ROI Analysis Challenging?

1

Limitations of claims data, limited time window (in our study just a single year)

2

Multiple point solutions acting on a single member

3

Need access to larger normative datasets for benchmarking/ comparison

4

Setting expectations with stakeholders on realistic timeframes to realize cost savings, utilization changes

(studies show these impacts materialize 2+ years after implementation)



Go Deeper: Catalyst for Payment Reform Case Study

Case Study

www.catalyze.org/product/unlocking-value-case-study/

Webinar & Podcast

www.catalyze.org/product/unlocking-value-podcast-and-webinar/



Questions?

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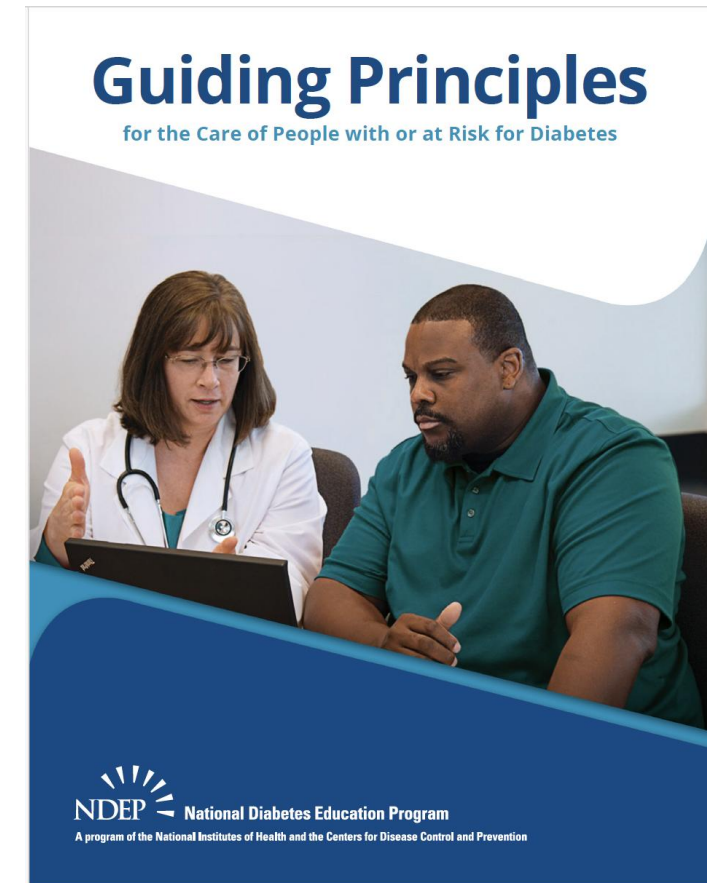


Employer Resources for Managing Diabetes

MARCH 28, 2024

Align Benefits with Effective Care

1. Identify People with Undiagnosed Diabetes and Prediabetes
2. Manage Prediabetes to Prevent or Delay the Onset of Type 2 Diabetes
3. Provide Comprehensive, Patient-centered Diabetes Care
4. Provide Ongoing Self-management Education and Support for People with Diabetes
5. Encourage Lifestyle Modification for People with Diabetes
6. Address Overweight and Obesity in the Management of Diabetes
7. Individualize Blood Glucose Management for People with Diabetes
8. Provide Multifactorial Cardiovascular Disease Risk Reduction
9. Detect and Monitor Diabetes Microvascular Complications and Provide Treatment to Slow Their Progression
10. Consider the Needs of Special Populations with Diabetes



Use HCTN Checklist to Identify Gaps



Guiding Principles for the Care of People With or at Risk for Diabetes
 Major Employer Actions
 Notes: Numbers refer to the specific Guiding Principle

#2 Manage prediabetes to prevent or delay the onset of type 2 diabetes: Offer **Diabetes Prevention Program**: this is a lifestyle intervention; reduces the incidence of diabetes by 58% over 3 years. Healthy low calorie, low-fat diet, and physical activity 150 minutes; weight loss goals are 5-10% of body weight.

#3 Provide comprehensive, patient centered diabetes care: Offer **health literacy training/resources**: ability to find, understand, interpret and communicate health information along with ability seek appropriate care and make critical health decisions. Consider **structuring benefits to support patient self-management resources**, including ability to afford office visits, testing, monitoring supplies, medications. Even people with health insurance may have difficulty with high deductibles, copays and coverage **gaps**: access to healthy foods. Consider **value-based insurance designs** and **adopt IRS-approved preventive care list changes** (first dollar coverage) to remove financial barriers, increase medication adherence, and improve health outcomes.

#4 Provide Ongoing self-management Education and Support: Consider **offering several different methods for self-management support since employee's needs will differ**: formalized/accredited Diabetes Education & Self-Management classes; motivational interviewing; health literacy; family support; group visits; telehealth, other technologies. Medicare covers up to 10 hours of initial education in a 12-month period, including 1 hour of individual and up to 9 hours of group and up to 2 hours a year after that: must be provided by accredited group and have a physician referral.

#5: Encourage lifestyle modification for people with diabetes: Consider **paying for or offering medical nutrition therapy**: Medicare covers 3 hours initial and then 2 hours thereafter with registered dietitian/registered dietitian nutritionist. Encourage physical activity. Consider **clinically managed weight loss programs, including DayTwo and Virta which have been successful in putting diabetes** into remission through medical nutritional therapy.

#6 Address overweight and obesity in management of diabetes: Cover pharmacotherapy and bariatric surgery if lifestyle change is not sufficient to achieve weight loss; intensive behavioral therapy and nutrition counseling for those with obesity (with or without diabetes) is also covered by Medicare.

#7 Individualized blood glucose management Consider recent **PCORI recommendations re: frequency of glucose self-testing**.

#8 Provide multifactorial cardiovascular disease risk reduction Tobacco use cessation: smoking doubles risk of CVD with diabetes

#9 Detect and monitor diabetes microvascular complications and provide treatment Consider **evaluating your data** to understand if those with diabetes receive regular screenings for: retinopathy, nephropathy, neuropathy, foot care. Work with your plan and network to improve utilization.

✓	Employer Action
	Offer Diabetes Prevention Program (or similar evidence-based program)
	Offer health literacy training/resources
	Provide health benefits that adequately cover visits, testing, monitoring supplies, medications
	Consider benefit designs that waive employee cost share for critical medications, etc
	Adopt IRS-approved preventive care list changes that include essential diabetes care
	Offer several methods for diabetes self-management as employee needs will differ
	Provide health benefits for medical nutrition therapy
	Consider offering medical nutrition therapy, such as DayTwo and Virta, that have been successful in putting diabetes into remission
	Provide health benefits for pharmacotherapy, with pre-authorization, for weight loss when lifestyle change is not sufficient
	Provide health benefits for bariatric surgery with pre-authorization
	Consider PCORI recommendations re: frequency of blood glucose monitoring
	Provide tobacco cessation for employees with diabetes
	Consider evaluating your data to know if those with diabetes receive regular screenings for retinopathy, nephropathy, neuropathy, foot care. Work with your plan and network to improve utilization

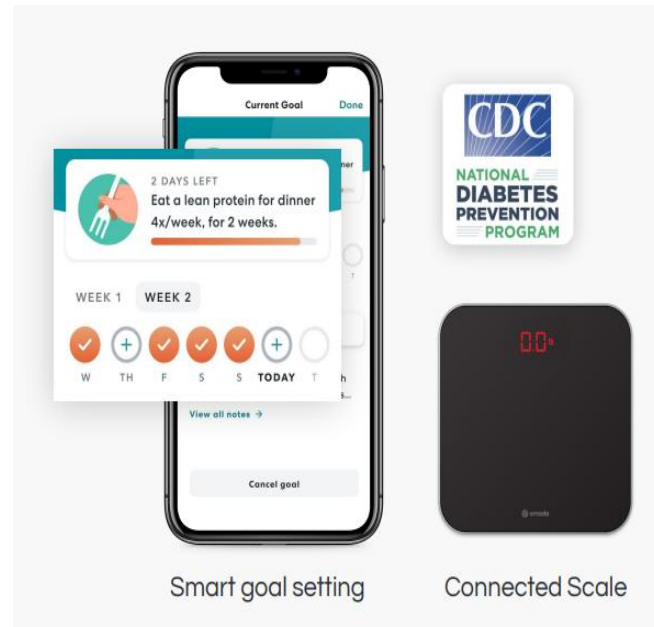
HCTN-OMADA DIABETES PILOT OVERVIEW

- **Free** to employers of TN & HCTN Members
- No contract required of participating employer
- Pilot participant maximum / 12 months in length
- Employer to provide Omada with eligibility file
- Full Omada program access-including mobile web-based app for tracking
- Aggregate reporting for participating employers
- Omada-Led Marketing - Dedicated Outreach/Enrollment Consultant/CSM

DIABETES PREVENTION PILOT

Reduce risk of diabetes onset by providing guidance and a plan backed by science:

- Connected scale
- Supportive Health Coach
- Peer network program
- Interactive lessons



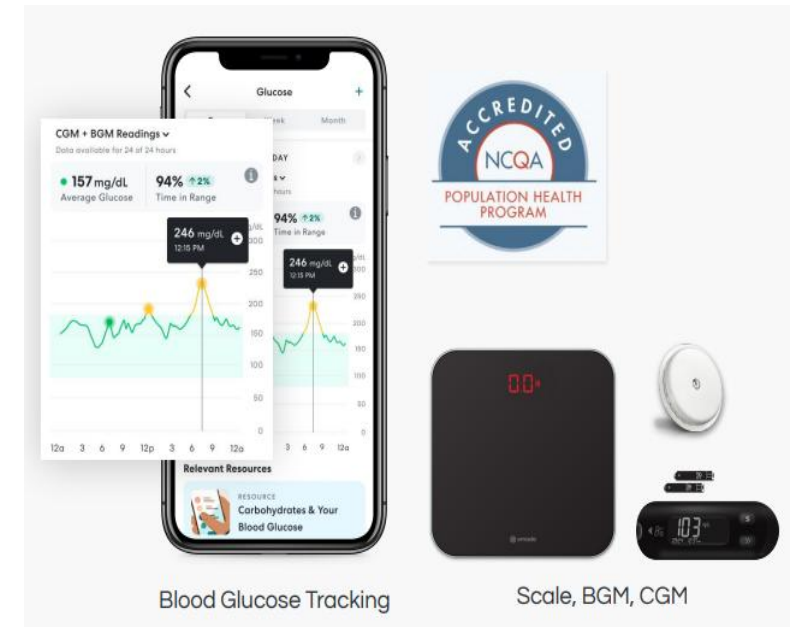
Smart goal setting

Connected Scale

DIABETES MANAGEMENT PILOT

Help participants take control of their diabetes with proactive support and data-driven intervention:

- Connected Devices
- Certified Diabetes Care and Education Specialists (CDCES)
- Supportive Health Coach
- Diabetes-specific Peer Groups



Blood Glucose Tracking

Scale, BGM, CGM



Wrap Up and Next Steps

MARCH 28, 2024

Upcoming Events



APR 9 – Health Benefits Peer Roundtable

APR 18 – ERISA Pre-Emption: Navigating the Federal-State Legal Maze Webinar

MAY 16 – Health & Well-Being Peer Roundtable

MAY 21 – Middle TN HCTN Conference

**Using the Power of Disruption to Improve Health: AI as a Catalyst
Nashville, Belmont University**

July 9 – Health Benefits Peer Roundtable

AUG 14 – West TN HCTN Conference

**Using the Power of Disruption to Improve Health: Obesity Management
Memphis, University of Memphis**