Interview Title: Unlocking Technology for Medicaid
Interviewee: Sean Duffy, Co-Founder & CEO, Omada Health

The Medicaid market has been one I've just been really, really interested in wanting to progress at Omada for a while. For the first time in global human history, preventable chronic disease is killing more people worldwide than infectious disease. And unfortunately some of the populations hit hardest are those who are underserved. From day one at Omada we wanted to find a way to work in Medicaid...

We've done a whole lot of product improvement to make sure that our program could conceivably work in that population. We've just kicked off a clinical study really to prove outcomes in the Medicaid market which is, you know, that's job number one for us.

The diabetes incidents in the Medicaid space is extraordinary. It's a tragedy. It's crippling the fundamental financials of a lot of these plans and action needs to be taken. For us, what's interesting and happening in parallel is there is this extraordinary tech adoption and mobile penetration in all walks of life including underserved. If you look at reports for who's using smartphones, they change so quickly year over year that it's a foregone conclusion that the vast majority of Medicaid safety net members will be using technology. Now, you need to customize, you need to tailor to make sure it works. That's critical, and you also need to understand the near-term and long-term finances of a Medicaid managed care plan that you might work with to partner to deploy. But bit by bit, we're getting there, and we're starting to work in the space. The neat thing, I think for all of us, is about a month ago a CMS Medicare announced reimbursing for diabetes prevention programs and programs like what we've built. Which is amazing because our hope is that really helps tip the Medicaid world into doing the same.

Step one is not pretending that we're the right solution for everybody. I mean, if you're on a Medicaid plan and you don't have a place to live, or you need a different sort of care, our program is maybe not the right thing. But really, what you do is, A, work to make it accessible. You translate the curriculum - we have a Spanish version. We've built a low literacy version of the curriculum, so you don't have to be kind of a high literacy reader to go through it. And then we make sure to have coaches that are really tuned in to the specific and individual needs of this population to give everybody the best shot that's in.
Specific to Medicaid what's been fun and really a bit surprising is the clinical challenges haven't been as big as I expected. We had to do the product work, but so far, early data indicates that it's maybe just a minor predictor of you having a harder time in a program to be underserved, but it's nowhere near what we thought. And the people we've brought through have felt so appreciative. They feel so incredibly gracious that this program is offered to them, which has been a wonderful thing. And as for others entering the space, it needs to happen. We have one third of the adult population at risk for Type II diabetes right now. Please let there be plenty of people trying to work here.