



Equip

Democratizing Access to Gold
Standard Eating Disorder Care

August 24, 2021

- The Problem
- Equip Solution
- Case Study
- Cigna Partnership
- Q&A

Eating disorder care built with lived experience and clinical expertise

Expert
founding
team



Kristina Saffran
CEO



Erin Parks, PhD
Chief Clinical Officer

Expert clinical team



Cara Bohon, PhD
VP Clinical Programs



Katherine Hill, MD
Medical Director



Jennifer Derenne, MD
Psychiatric Medical
Director



Tana Luo, PhD
Therapy Director



Megan Hellner, PhD
Nutrition Director



JD Ouellette
Director of
Mentorship



Dori Steinberg, PhD
Director of Research



Samuel Kolander, MD
Adult Psychiatric
Director

Clinical Advisors

Evelyn Attia, MD

Professor of Psychiatry at Columbia University Medical Center & Weill Cornell Medical College; Director, Eating Disorders Program, NYS Psychiatric Institute

Daniel Le Grange, PhD

Benioff UCSF Professor of Children's Health & Director of Eating Disorders Center; Principal creator of Family-based Treatment (FBT)

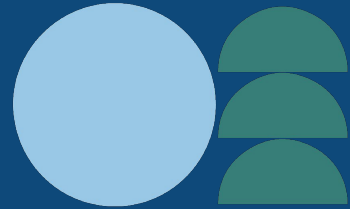
Industry Advisors

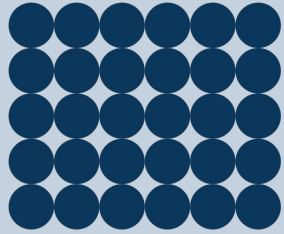
Patrick Kennedy – Former Congressman

Susannah Fox – Former CTO HHS

Martha Temple – Former CEO Optum Behavioral Health

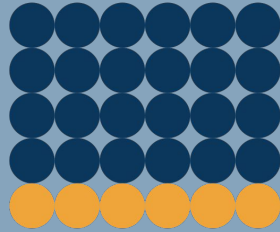
The Problem





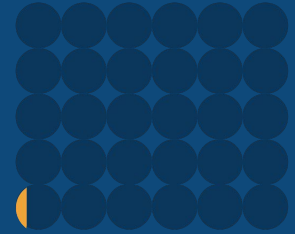
5M

Americans
will get an
eating disorder
this year₁



20%

will get care₂



only 1%

will get
treatment that
works

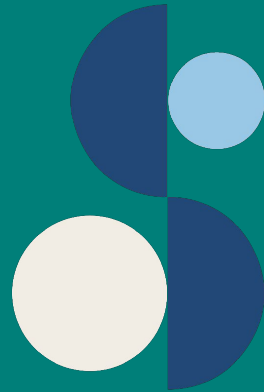
Meet Sam

A young white woman with anorexia nervosa who has been in and out of residential centers for 15 years

- + Had 10+ residential stays in treatment
- + Insurance paid \$900k; her family paid over \$500K out-of-pocket
- + Finished high school outside of school setting
- + Never held a real relationship
- + Leaves friends, art class, soccer team
- + Sam describes her life as essentially pausing at 15



Equip's Solution



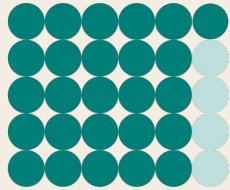
Transforming care through Family-Based Treatment, delivered at home

We know the treatment that works.
But it's stuck in academic settings.

90%

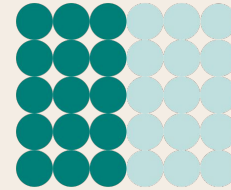
of patients can receive outpatient
treatment without higher level of
care when using evidence-based
treatment like FBT₄

Family-Based Treatment (FBT) is built on the radical idea that families should be included in their child's care



86%

of patients see
positive outcomes
from FBT⁵



47%+

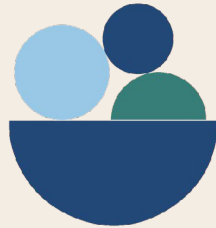
of adolescents with
anorexia nervosa see
full remission with FBT⁶

Equip builds upon
Family-Based Treatment
with what we call FBT+

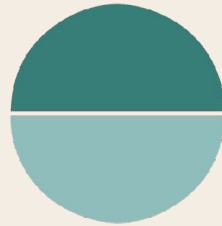
+ We provide all patients with a dedicated 5-person care team



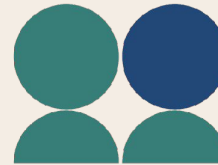
Physician/
Psychiatrist



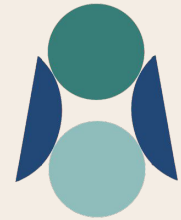
Dietitian



Therapist



Peer
Mentor



Family
Mentor

+ We adapt treatment to be fully virtual

- **Increased accessibility**
The vast majority of Americans don't live near eating disorder providers
- **Treatment is arranged to fit family's needs and schedule**
Helps patient build a life worth living



+ We add mentorship to help patients stay in treatment

- Recovered peer and family mentors help patients and families believe **recovery is not only possible—it's worth it**
- Patients and families are matched with mentors who have **shared lived experiences** to ensure treatment is a safe space

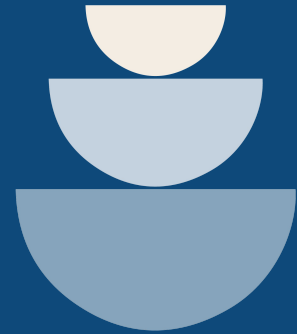


+ We meet underserved communities where they are

- We've built our provider team with a wealth of **diverse backgrounds and life experiences**
 - BIPOC
 - LGBTQIA, including trans/non-binary providers
 - Spanish speaking team
 - Shared experiences including higher weight bodies, disabilities, poverty, single parent families, divorced/co-parenting
- We solve for **food insecurity, technology gaps, and needed community resources** to ensure that treatment is accessible to all.



Program footprint & initial outcomes



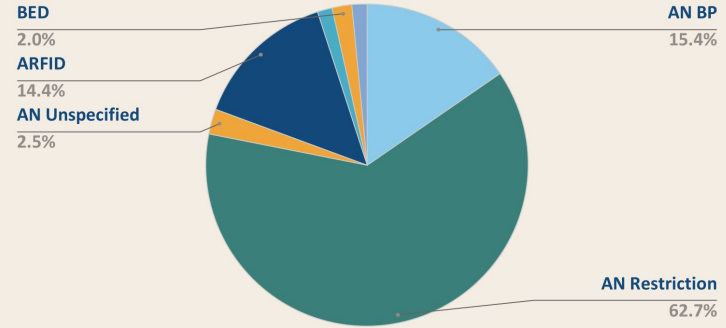
Patient Demographics

198+
Patients
enrolled to
date

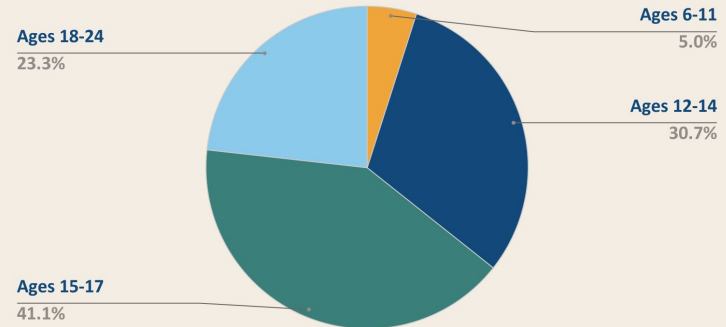
Our Patients at a Glance

- Admitting patients ages **6-24**, living CA, TX, NY & NJ with any ED dx
- Treating all gender identities; **17%** of patients identify as cis-male, transgender, or nonbinary
- Providing **culturally humble care**

Diagnosis



Age

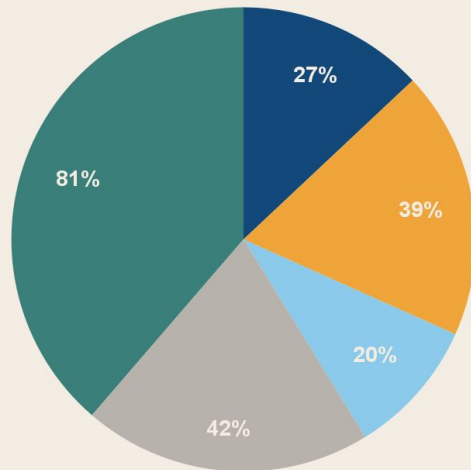




Patient Medical History

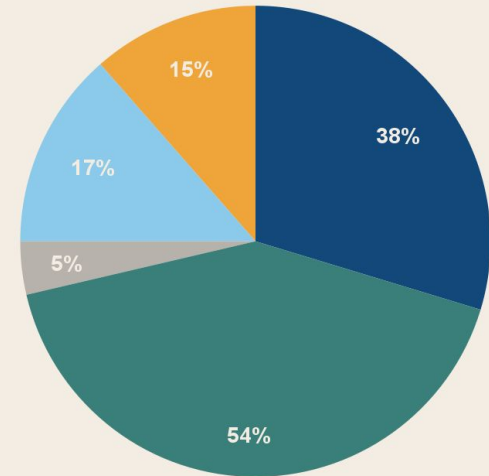
Equipped to handle the most fragile, complex cases

ED Treatment History



● None ● Inpatient / Hospitalization ● RTC ● PHP/IOP ● Outpatient

Comorbidities



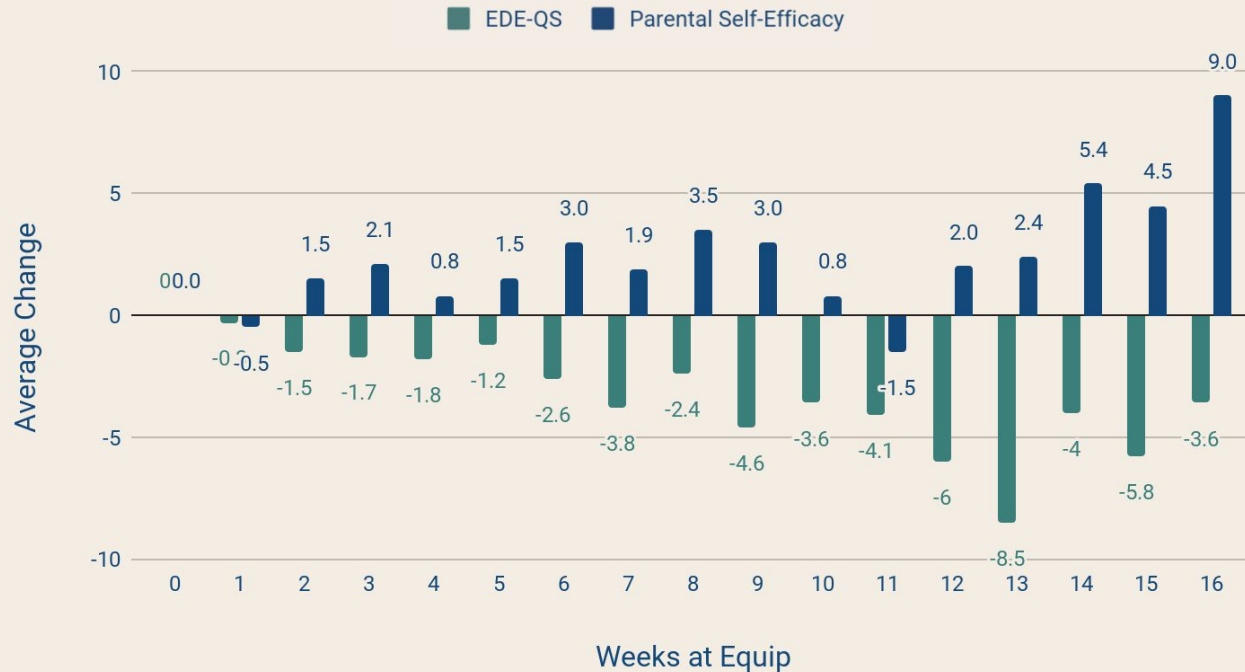
● Depression ● Anxiety ● PTSD ● OCD ● ADHD

Prior to starting treatment at Equip, 46% of patients reported suicidal ideations and 7% made a suicide attempt



Our patients are seeing meaningful improvement

Symptom Severity & Parental Self-Efficacy by Weeks at Equip



65%
of patients saw
improvements in
EDE-QS score

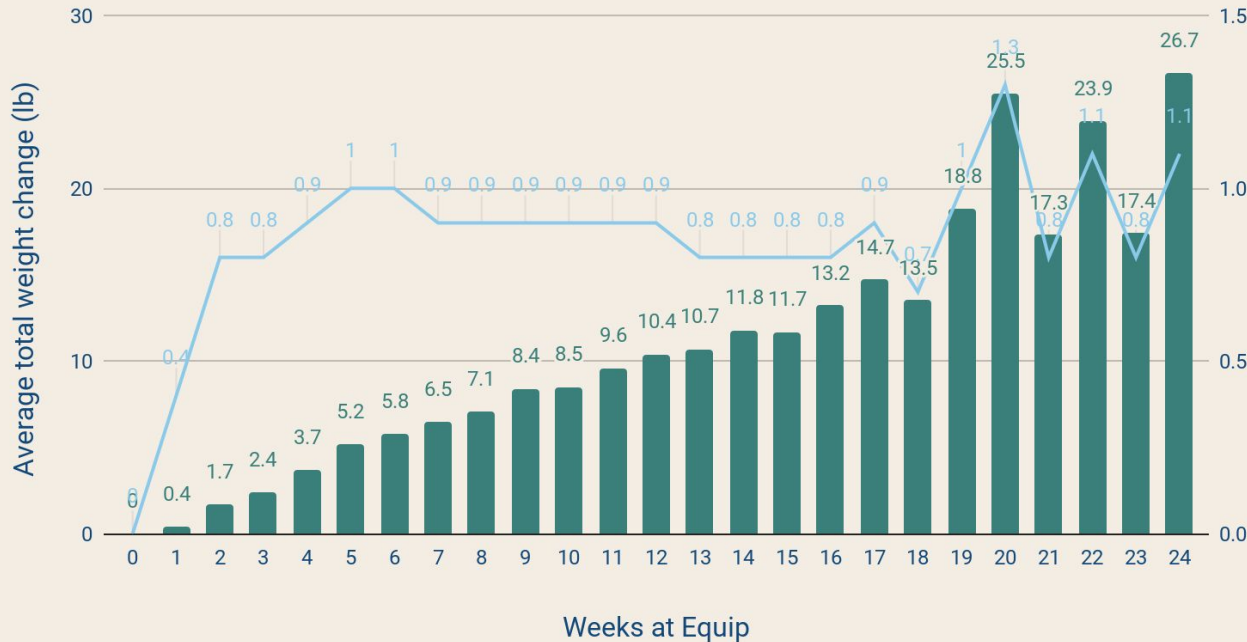
68%
of families saw
improvements in
self-efficacy

8.5/10
Average family
satisfaction score
(NPS)



Weight gain outcome demonstrate it's working

Weight Gain by Weeks at Equip



1.1 lbs

Average weekly weight gain

60%

of patients reach 95% of target weight by week 16

21%

of patients gain 5 lbs by week 3

Meet Equip's patients

Meet Ayesha

15-year old cisgender Pakistani-American girl with anorexia nervosa whose life has become her treatment

- + In-hospital care for 4 years including PHP, IOP, medical, and psychiatric admissions
- + Multiple admissions to a residential treatment center
- + Multiple suicide attempts
- + Treatment has become her life and she has little space for hobbies or friends
- + Hasn't been to her school in 2+ years
- + Her family has relocated to a different state to get treatment
- + Was discharged from institutional treatment settings because of treatment resistance



Ayesha's Equip experience

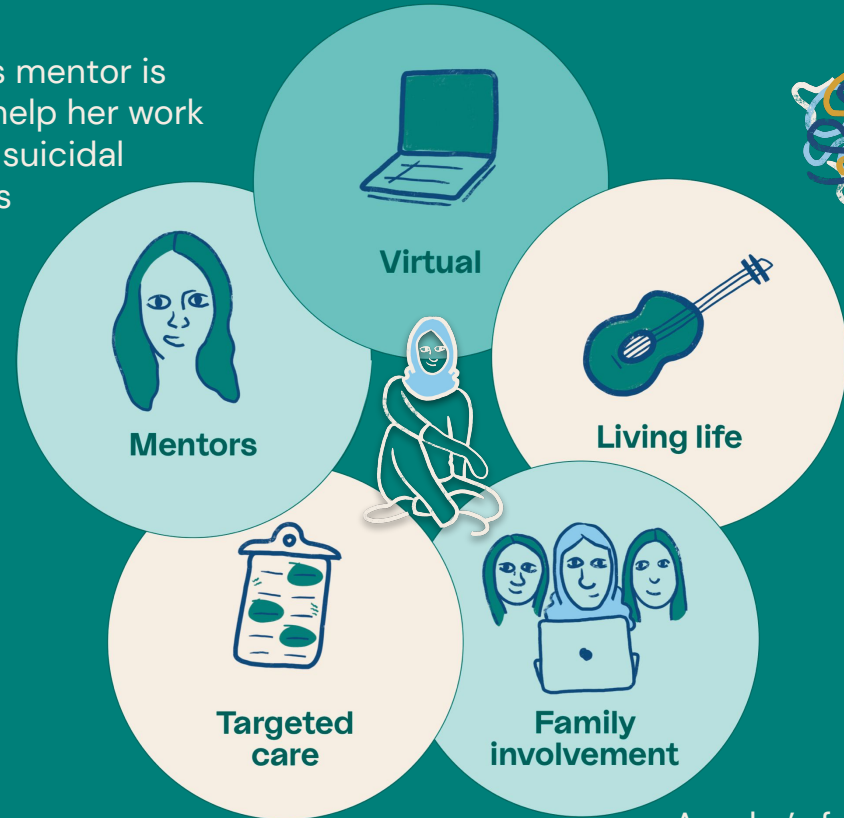
Personalized goals

- + Stabilize medical and psychiatric vitals
- + Help family manage suicidal behavior
- + Develop meal compliance
- + Allow Ayesha to go back to school – her biggest wish

Outcomes

- + 1-2 pounds of weight gain per week until TWR
- + Prevented hospitalization
- + Started medication after previously resisting

+ Ayesha's mentor is able to help her work through suicidal thoughts



+ Ayesha's family, including siblings, are an active part of her care team

Equip/Cigna Partnership



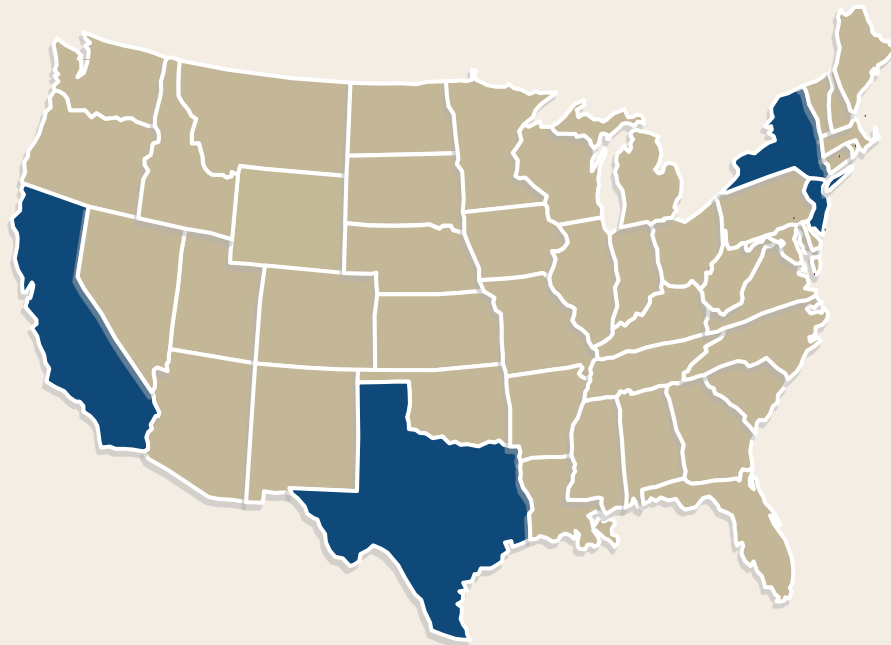
Cigna Partnership

In-network since April 2021

- Currently admitting commercial population members ages 6-24
- Able to accept all ED dx or suspected ED dx

Growing national footprint

- Live in CA, TX, NY, & NJ
- More states coming soon



How to refer patients



If you have a patient **ages 6–24 with a suspected ED diagnosis**, you can refer them to Equip by:

- Emailing join@equip.health with relevant contact, dx, and treatment history information
- Calling the Admissions team on our toll free line: 855-387-4378

Required referral info

- Member Name
- Parent/Guardian name
- Member DOB
- State of Residence
- Contact Phone #
- Prior ED hx &/or Tx

"Anorexia felt like trekking through a dense jungle —overwhelming.

Equip lifted the fog and handed us the map."



Questions?

Contact hello@equip.health to request more information or
contact join@equip.health to speak with our admissions team

References

1. Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, 61(3), 348–358.
2. Kazdin, Fitzimmons–Craft, Wilfley, A. K. E. F. C. D. W. (2017). Addressing Critical Gaps in the Treatment of Eating Disorders. *International Journal of Eating Disorders*, 1–35. <https://doi.org/10.1002/eat.22670>
3. Chesney E, Goodwin GM, Fazel S. Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World Psychiatry*, 2014;13(2):153–60.
4. Original source: Eisler, I., et al. "Maudsley service manual for child and adolescent eating disorders." Disponible sur: [www.national.slam.nhs.uk/wpcontent/uploads/2011/11/Maudsley Service Manual for Child and Adolescent Eating Disorders July \(2016\)](http://www.national.slam.nhs.uk/wpcontent/uploads/2011/11/Maudsley_Service_Manual_for_Child_and_Adolescent_Eating_Disorders_July_(2016).).
5. Loeb, LeGrange, K. L. D. L. G. (2009). Family-Based Treatment for Adolescent Eating Disorders: Current Status, New Applications and Future Directions. *International Journal of Child Adolescent Health*, 1–13. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2828763/>
6. Mysliwiec, R. M. (2020). Neuroscience of Adolescent Anorexia Nervosa: Implications for Family-Based Treatment (FBT). *Frontiers in Psychiatry*, 1–14. <https://doi.org/10.3389/fpsy.2020.00418>