

January 2024

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PTSD, RTW & Nema's Care Model

Sofia Noori, MD, MPH



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About Nema Health

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Clinical Leadership

Our survivor- and clinician-led team is comprised of experienced healthcare operators and clinical experts, including the inventor of the first-line therapy we use.



Sofia Noori, MD, MPH

Co-founder & CEO

Clinical Faculty at Yale Psychiatry. Survivor & former crisis counselor.



Kate Chard, PhD

Advisor & Lead Trainer

Co-inventor of CPT. Professor at UC College of Medicine.



Lashauna Cutts, LCSW

Clinical Director

Former Social Work Supervisor in PTSD & Anxiety Clinic at Connecticut VA.



Isobel Rosenthal, MD, MBA

Co-founder & Psychiatrist

Child & Adolescent Fellowship. 2019 APA Innovation Prize Winner.

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Agenda

1. About PTSD & Its Treatments
2. About Nema Health
3. Lessons on RTW and Return to Life
4. Questions

All About PTSD

PTSD and DSM-5 Diagnostic Criteria

Post Traumatic Stress Disorder (PTSD) is triggered by exposure to trauma, such as death, injury, abuse, or assault. Symptoms include intrusive thoughts such as nightmares or flashbacks, hypervigilance, self-blame and avoidance.

With usual care, many patients do not recover from PTSD and develop further co-morbidities, such as suicidality, substance use, chronic medical illnesses, & more.

1

Criterion A traumatic event

2

Intrusion symptoms (*1 required*)

3

Avoidance symptoms (*1 required*)

4

Arousal symptoms (*2 required*)

5

Negative alterations in cognition and mood (*2 required*)

PTSD Stats

1 in 11

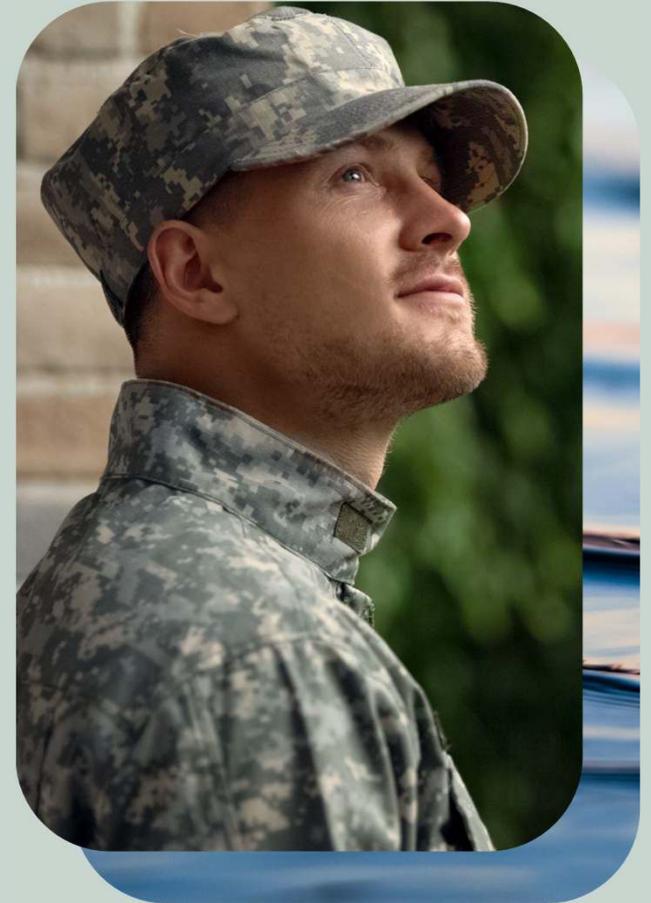
people will be diagnosed with PTSD at some point in their lifetime

70%

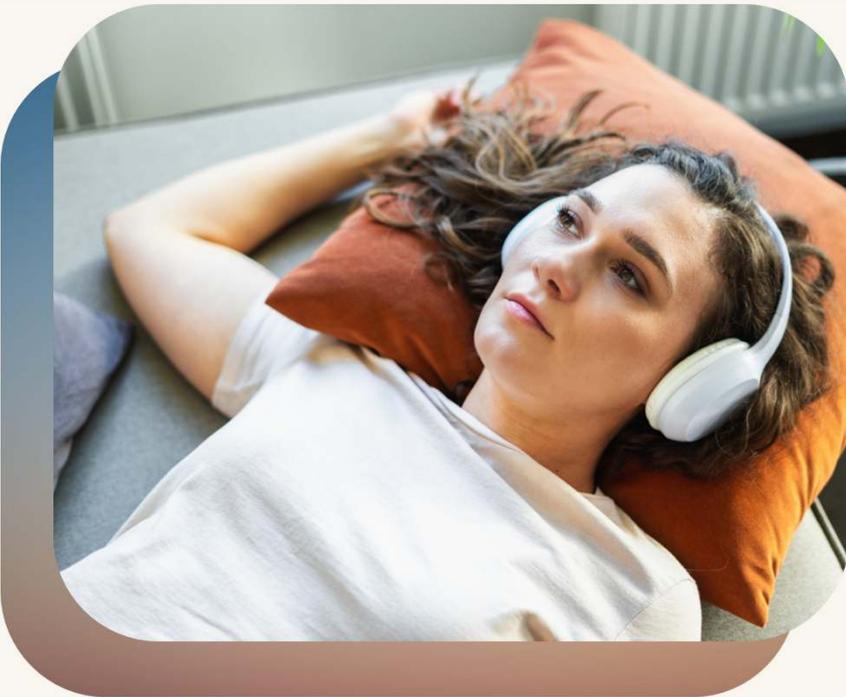
of adults in the U.S. have experienced at least one traumatic event in their lifetime. Up to 20% will go on to develop PTSD.

2x

more likely for women to be diagnosed with PTSD as men



PTSD: A Common Illness



Not solely a veterans' issue

Interpersonal traumas are most likely to cause PTSD. First responders and healthcare workers suffer at higher rates (up to 20–30%).



Increasingly common

Women are 2x as likely to develop PTSD as men. The estimated lifetime prevalence of PTSD appears to be increasing due to COVID-19.



Costly, despite proven treatments

Average annual direct healthcare spend per patient is ~\$19k. Only 20% of patients get any direct treatment, and fewer have access to the evidence-based care that permanently improve symptoms.

PTSD is increasingly covered by worker's comp

Connecticut Expands Workers' Compensation Coverage for Post-Traumatic Stress Injuries for All Employees

Workers Comp

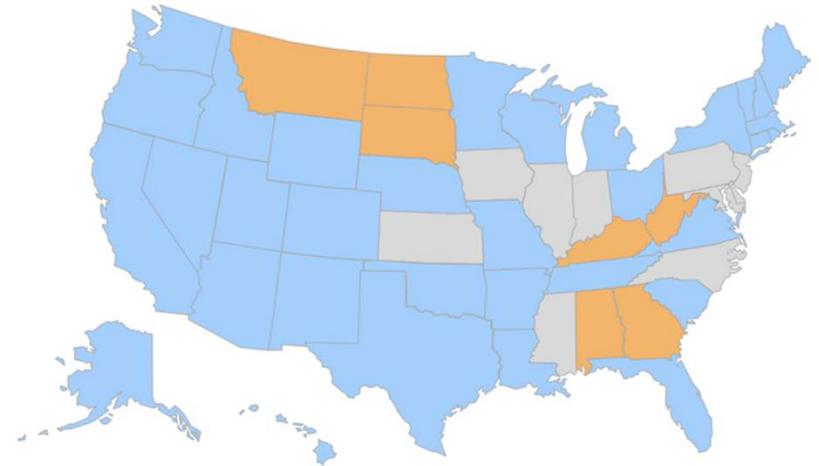
States push expansion of PTSD benefits in comp

Louise Esola

February 01, 2023

Mental-Mental Injuries and Workers Compensation

States That **Exclude Coverage**, **Specify Coverage**,¹ or Are Silent on Coverage² in Statutes



¹The extent of such coverage varies across jurisdictions

²Subject to existing case law

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Factors for Developing PTSD

Most people who are exposed to trauma will experience PTSD symptoms in the immediate aftermath (e.g., flashbacks, nightmares, self-blame, and mood changes) – yet the majority recover

Risk Factors

- Age, gender, trauma type
- Repeated exposure
- Low social support
- Lack of job training
- Low work experience

Psychological Changes

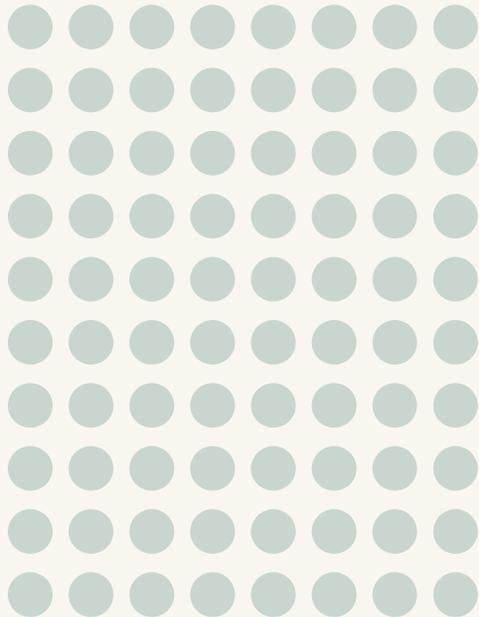
- Fear conditioning and avoidance
- Persistence of maladaptive thinking

Neurobiological Changes

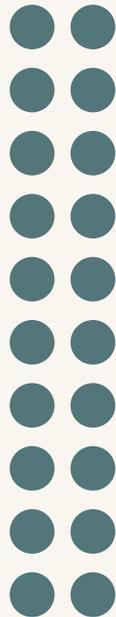
- Strengthened “fear circuitry”
 - Reduced hippocampal volume
 - Reduced activity and size of prefrontal cortex
 - Increased amygdala reactivity
 - HPA axis dysfunction

Millions are affected by PTSD and unable to access evidence-based, effective treatment

25M have PTSD +
40M incoming cases



Only 20%
get treatment



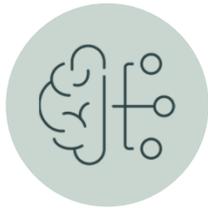
Treatments today...

- Lack evidence-based care
- Do not permanently improved symptoms
- Are siloed

...which all translate into poor outcomes and ongoing medical and behavioral costs

PTSD Treatments - Time Limited & Effective

The VA and National Center for PTSD recommends the following manualized, trauma-focused psychotherapies as the most effective treatments. **These therapies have a primary component of exposure and/or cognitive restructuring.**



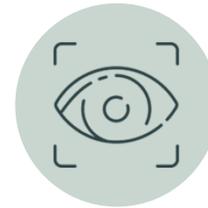
Cognitive Processing Therapy (CPT):

10-12 50-minute sessions
Practice Assignments
Exposure **not** required



Prolonged Exposure (PE):

8-16 90-minute sessions
Practice Assignment
Exposure required



Eye Movement Desensitization & Reprocessing (EMDR)*:

8-12 60-minute sessions
No practice assignments
Exposure required

**EMDR not recommended as first line across all guidelines*

Alternatives When Individual Trauma-Focused Psychotherapy is Not Readily Available or Not Preferred



Pharmacotherapy

Antidepressants with proven efficacy in PTSD such as Sertraline, Paroxetine, and Venlafaxine



Non-Trauma Focused Manualized Therapies

Including:
Present-Centered Therapy (PCT)
Stress Inoculation Training (SIT)
Interpersonal Psychotherapy (IPT)

Note: Internal Family Systems, Brainspotting, EFT (tapping) are not considered EBTs nor are they recommended alternatives to EBTs

Pharmacologic Management

Not as effective as therapy and **always** considered second-line. Below based on 2023 [DOD guidelines](#)

Strong For: Sertraline, paroxetine and venlafaxine

Weak For: MBSR, prazosin (for nightmares only)

Insufficient evidence: Stellate ganglion block, psychedelics, MDMA, bupropion, lamictal, all other SSRIs/SNRIs

Weak Against: Atypical antipsychotics and prazosin, ECT, prazosin

Strong Against: BZAs and cannabis

CPT: The Gold Standard for PTSD

Cognitive Processing Therapy (CPT) is a time-limited, manualized therapy protocol for PTSD that can be delivered in 15 sessions or less. With over 45 randomized controlled trials demonstrating efficacy, CPT is considered a gold standard treatment for PTSD.

Lasting outcomes

CPT leads to a significant reduction in PTSD symptoms in 90% of all patients & treats related co-morbidities. Patients sustain improvements even after 10 years.

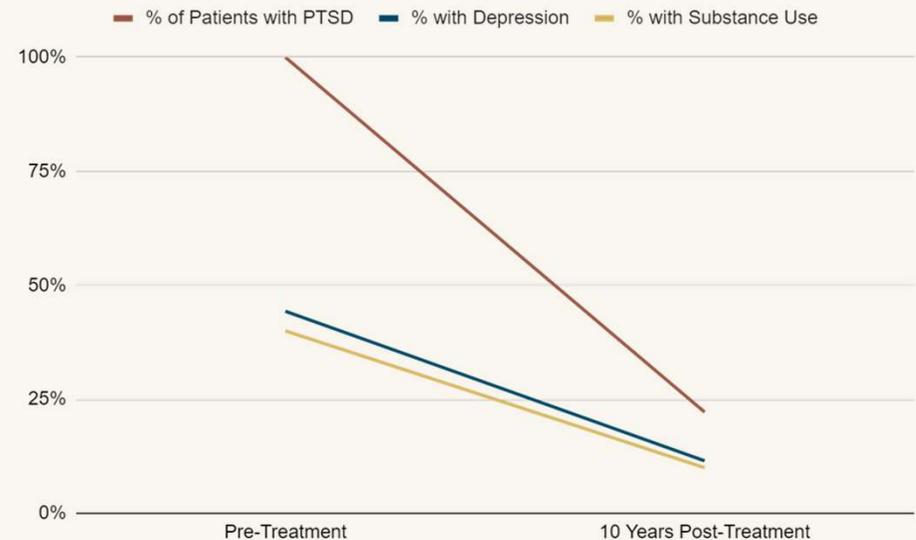
Works for many people

CPT has been shown to improve outcomes for people regardless of age, gender, race/ethnicity, number or type of trauma, even if administered decades after a trauma.

Cost effective

CPT is significantly more cost-effective to deliver than other PTSD therapies, and demonstrates equivalent outcomes when delivered via telehealth vs. in person.

Diagnoses Over Time Pre and Post CPT Treatment



About Nema Health

Nema Health provides **virtual, intensive, trauma therapy and adjunctive services** that maximize sustained recovery for survivors.

Our program is built on **evidence-based PTSD treatments** and is **tailored to diverse presentations** so we can meet survivors where they are.

Nema Provides Effective Treatment for PTSD



- 1 Intensive care for rapid recovery
- 2 Evidence based treatment
- 3 Tech enabled engagement
- 4 High fidelity therapy
- 5 Active care management

Our Model Promotes Durable Recovery

Nema enables rapid and lasting recovery from PTSD by offering evidence-based therapies, support & resources for trauma survivors in one centralized platform.



Objective	Care Components
Complete accurate, actionable & timely assessment to address patient needs & optimize outcomes	<ul style="list-style-type: none"> • 75-90 min structured diagnostic intake with expert clinician • Care management • Risk stratification & safety planning
Provide centralized offering using high-fidelity therapies & resources to comprehensively treat PTSD	<ul style="list-style-type: none"> • ~15-20 sessions of PTSD EBT/DBT • Care management • Clinician-directed assignments • Symptom monitoring & management • Tech-enabled dashboard & support
Achieve long-lasting recovery to prevent recurrence and utilization	<ul style="list-style-type: none"> • Follow-up & symptom monitoring • Monthly follow up sessions • Clinician-led & self-guided courses • Community support

Treatment Outcomes Across Nema's Population

95%

completion rate of Intensive Care phase

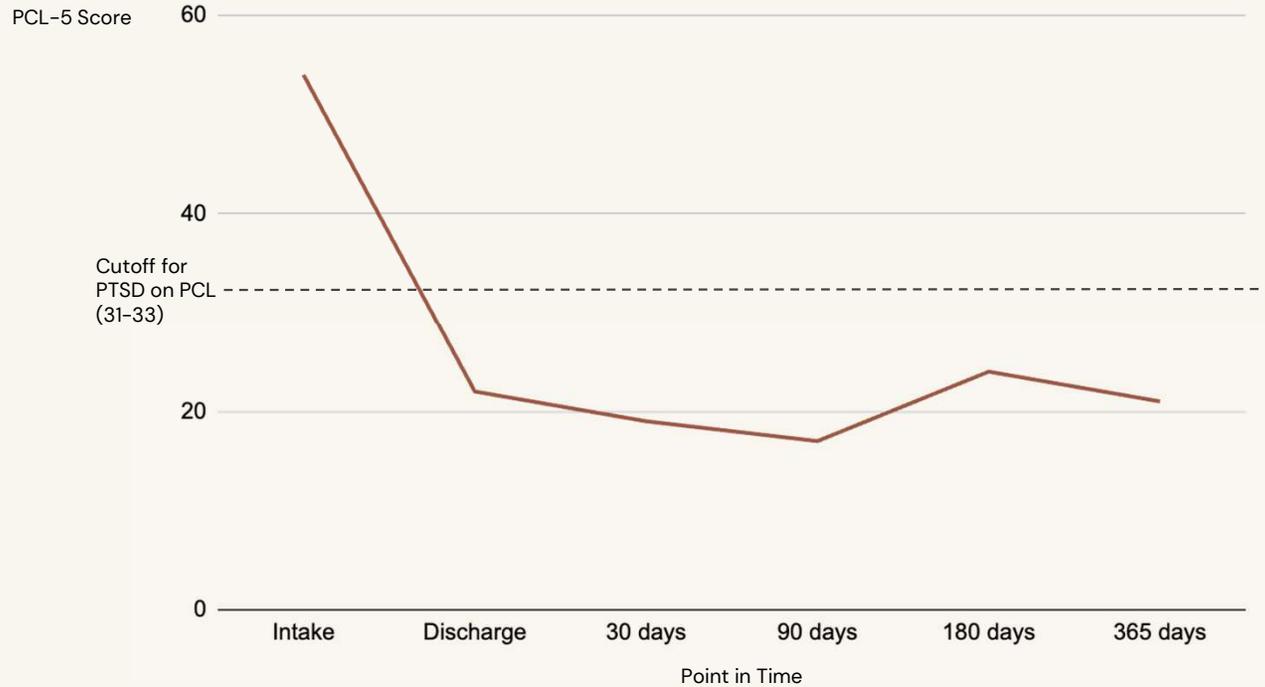
76%

no longer meet criteria for PTSD post-treatment¹

90%

see clinical improvement in PTSD symptoms²

1, 2. As measured on PCL-5



Note: Analysis completed by independent statistician with poster presented at 2023 ISTSS Conference

Amy F.



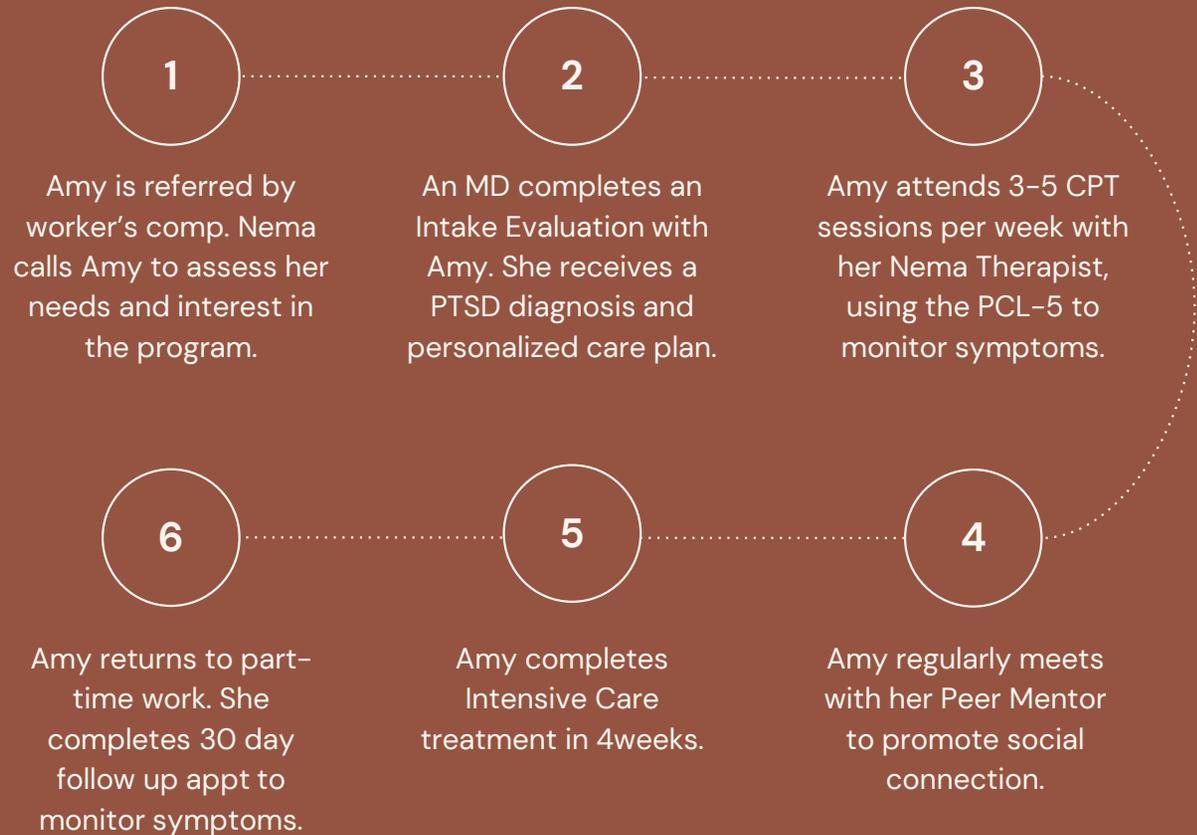
38 years old
Firefighter
Mom of 1

Traumas: Severe ambulance accident resulting in pregnancy loss, TBI and migraines

Psychiatric History: PTSD, MDD, GAD, suicidal ideation

Previous Treatments: Multiple previous therapy treatments, including EMDR.

BPD: borderline personality disorder. MDD: major depressive disorder. GAD: generalized anxiety disorder. AUD: Alcohol use disorder. IOP: intensive outpatient program.



Slide 21

1

inserted this slide

@sofia@nemahealth.com to be updated with a workers comp pt story
Assigned to sofia@nemahealth.com

Kate Dean, 1/19/2024

Amy's Outcomes

“

I was truly shocked at how **positively and effectively** this treatment affected my mental health.

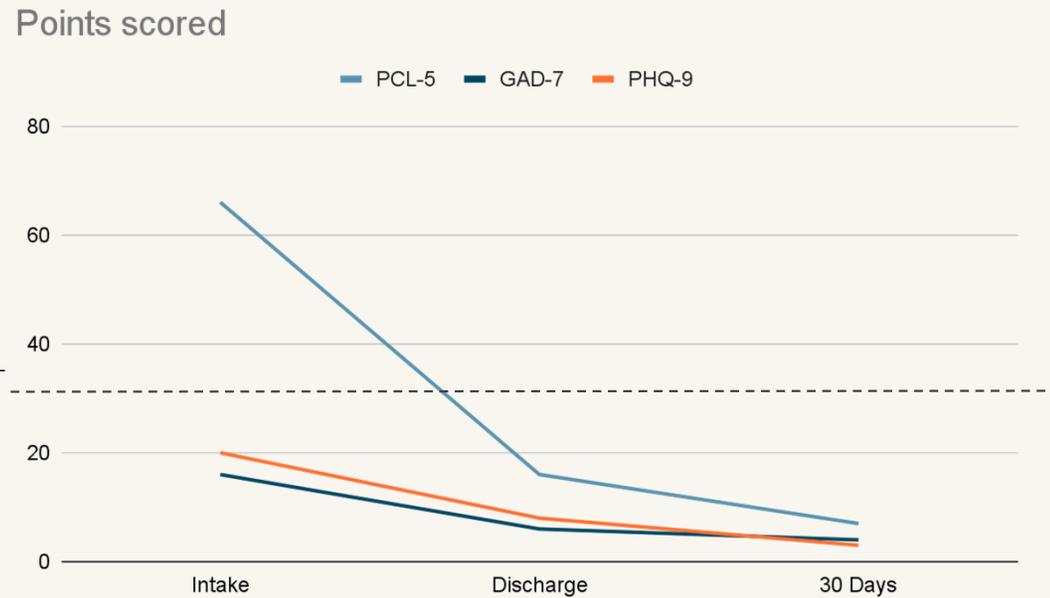
It made the world feel much less scary and much more manageable to exist in. I'm so grateful to have come across and been able to take advantage of this treatment.

At 30-Day Follow-Up:

I'm better able to **participate actively in my life** and engage in experiences and relationships that I find meaningful. It is such a gift to feel better, to feel like I'm coming home to my true self and **be able to exist in the present moment.**

”

Amy's Measurement-Based Outcomes



*Note: PCL-5 scored out of 80, PHQ-9 scored out of 27, GAD-7 scored out of 21

Slide 22

2

@sofia@nemahealth.com optional but could have this with workers comp patient story data if we have it - or just testimonials, etc.

Assigned to sofia@nemahealth.com

Kate Dean, 1/19/2024

Lessons on RTW and Return to Life

Best Practices for Effective RTW - Early Support

Goal is to **reduce likelihood of developing PTSD and timely treatment referral**

- Provide psychoeducation, support and early connection to treatment as n
 - Almost everyone has post-traumatic stress symptoms after trauma
 - PTSD is a recoverable illness
 - **Full recovery is possible & expected**
 - IF symptoms are severe or last >30 days, refer to care
- Mandatory trauma “first aid” can actually **increase** symptoms
- Minimize fragilizing patients while supporting choices
- Respect recovery preferences while building clear structure for safe return to work
 - Remember risk factors and modify them with a plan →

Risk Factors

- Age, gender, trauma type
- Repeated exposure
- Low social support
- Lack of job training
- Low work experience

Best Practices for Effective RTW - Treatment

Goal is **effective, timely treatment to maximize recovery**

- **Get patients with PTSD into an evidence-based PTSD treatment ASAP**
 - CPT
 - Prolonged Exposure (PE)
 - EMDR
 - Each has its own directory of certified therapists
- For best results, find therapists who do massed (or intensive) treatment
- Co-morbidities are the norm - they are NOT an excuse to not start treatment
- For treatment-resistant cases:
 - Complete 2nd EBT
 - Can offer short course of medications with expectation of taper

Best Practices for Effective RTW - Sustaining Recovery

Goal is to **reduce redevelopment of PTSD and promote resilience**

- PTSD EBT usually leads to sustained recovery
- Some patients may require “booster” sessions of PTSD EBT
 - Usually still time-limited
- If on medication, can taper within 3–6 months of symptom stability
- If re-develops symptoms, return to treatment

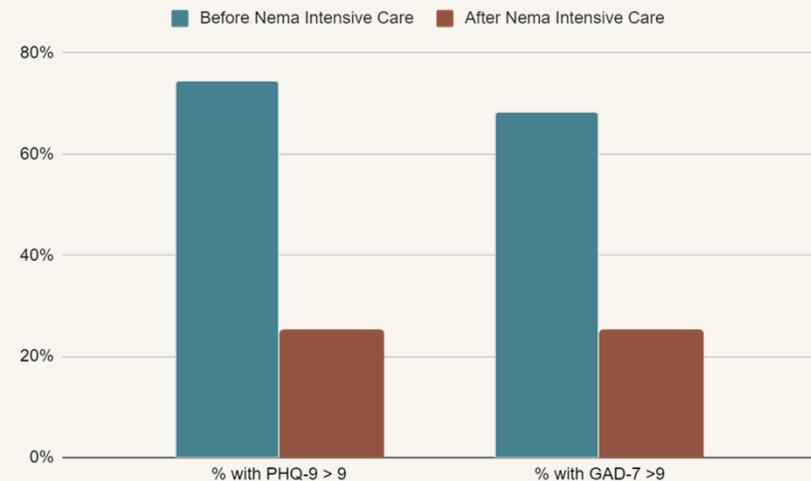
Complex Cases & Treatment of Comorbidities

80% of Nema patients have comorbidities, suffering from at least 2 additional psychiatric diagnoses and 1 additional contributing medical condition. Nema's program is designed to address co-occurring disorders through direct care and coordination with other providers.

Common PTSD Comorbidities:

- Anxiety
- Depression
- Borderline personality disorder (BPD)
- Suicidal ideation and attempts
- Obsessive-compulsive disorder (OCD)
- Traumatic brain injury (TBI)
- Substance use disorder (SUD)

Rate of co-morbid depression and anxiety symptoms (as measured on PHQ-9 and GAD-7) - 54 Participants



How to Refer to Nema

Two Easy Ways to Refer

1

Provide [Nema website](#) to patient to self-schedule a free Intro Call — we have same day availability!

2

Complete [HIPAA-compliant referral form](#) on our website. We will contact the patient in 48 hours or less!

Current Patient Requirements

- 18+ years old
- Not imminently suicidal
- Able to abstain during sessions
- Receive care in CT, NY or NJ

2024 growth plans include expansion to MA and other states

nemahealth.com
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Thank you!

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Appendix

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