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Why Hypertension Should Still Matter to Employers: Business Risks & Actionable Strategies

October 23, 2024

AGENDA

- **Welcome -** HealthCareTN
- **Taking Control of Hypertension with Data and Outcomes-Driven Approaches**
  - Kyi-Sin Than, MPH, Senior Director Center for Healthcare Economics and Policy - FTI Consulting
- **Navigating Hypertension: Clinical Perspectives on Risk and Treatment Gap**
  - Lyndi Tarr, PharmD, MBA, BCPS, Population Health Clinical Pharmacist - Vanderbilt Health
- **Real-World Solutions: Insights from HCTN Hypertension Pilot**
  - Joshua Hermalik, Senior Regional Vice President Sales – Omada
- **Closing Comments -** HealthCareTN

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Taking Control of Hypertension with Data & Outcomes-Driven Approaches

October 23, 2024

Taking Control of Hypertension with Data and Outcomes-Driven Approaches

HealthcareTN

FTI CONSULTING
Center for Healthcare Economics and Policy

Taking Control of Hypertension with Data and Outcomes-Driven Approaches

Kyi-Sin Than
Senior Director
FTI Consulting Center for Healthcare Economics and Policy

Thank you to:

The CDC Foundation

Greater Philadelphia Business Coalition for Health

National Forum for Heart Disease and Stroke Prevention

Employers who previewed, reviewed, and have tested the tools, including Metro Nashville Public Schools

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This project is supported by a sub-award from the CDC Foundation and is part of the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) financial assistance award totaling $400,000.00 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Hypertension is the **most common** health condition among US adults and affects more workers than either diabetes or depression.

Hypertension:
3 in 10

Depression:
2 in 10

Diabetes:
1 in 10

Employed adults are younger on average than the overall US adult population, yet 3 in 10 employees have hypertension

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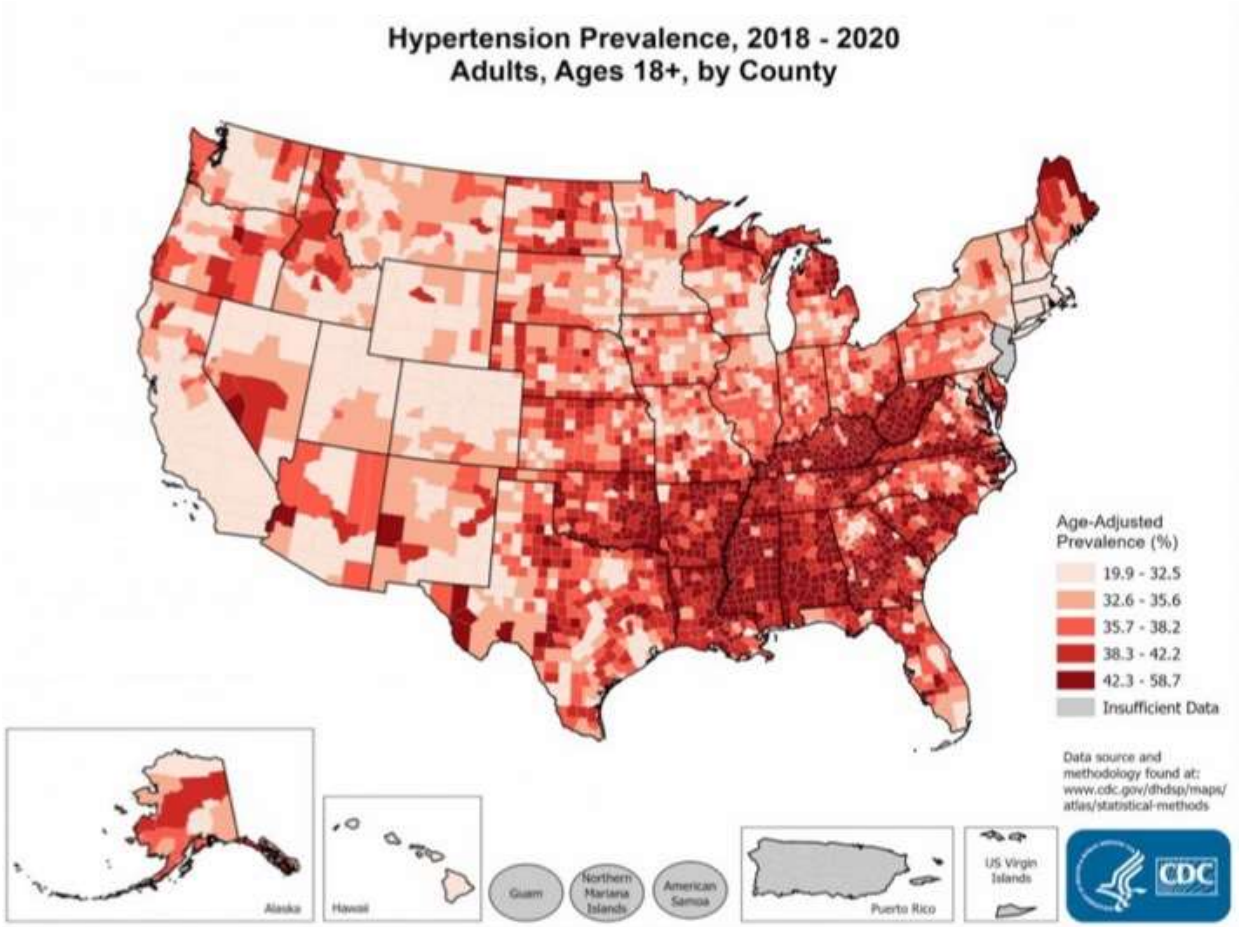
1. FTI Consulting's Center for Healthcare Economics and Policy analyses of the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, BRFSS SMART City and County Prevalence & Trend Data for 2020 (https://www.cdc.gov/brfss/smart/Smart_data.htm). High blood pressure data from 2019. Prevalence rates vary across metro regions and states.

Who is affected by hypertension?

Hypertension, also called high blood pressure, affects **almost half the U.S. adult population** and presents significant potential health risks.[1]



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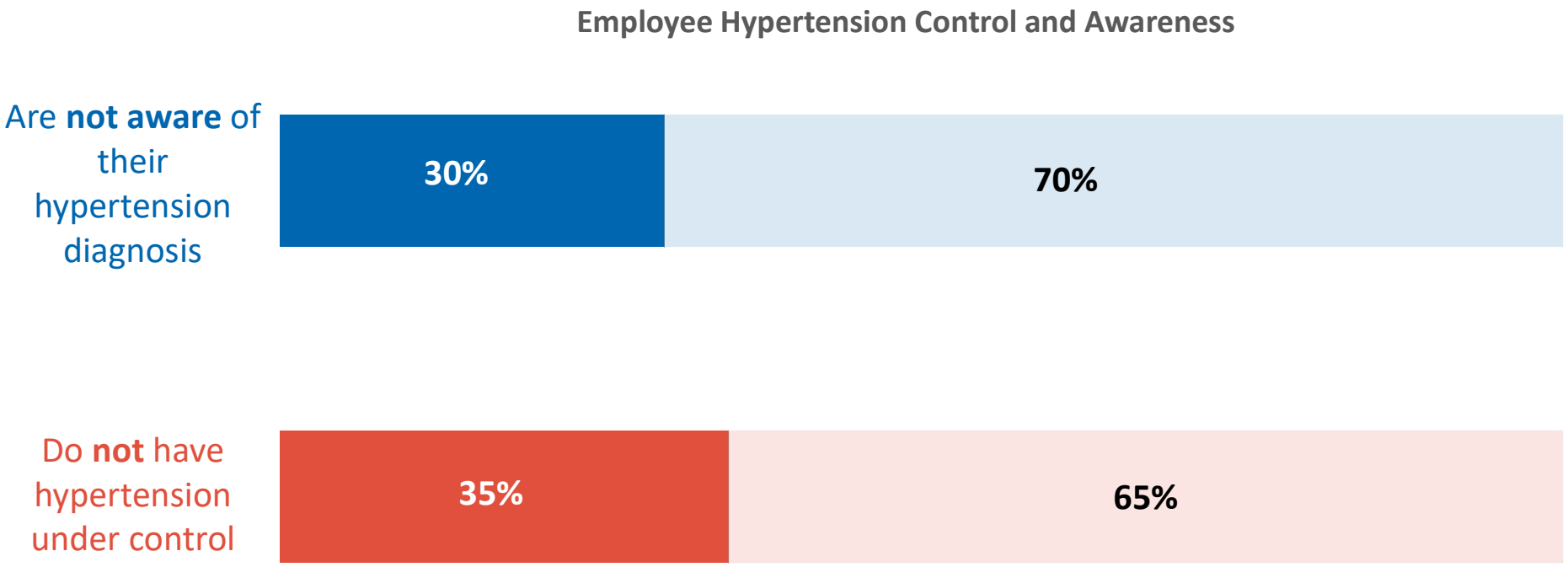
1. Estimated Hypertension Prevalence, Treatment, and Control Among U.S. Adults. Million Hearts. Available at: https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html#:~:text=Nearly%20half%20of%20adults%20have,5%20adults%20(25.0%20million).

Many employees with hypertension are unaware of their condition or have uncontrolled hypertension.



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1. Davila, E. P., Kuklina, E. V., Valderrama, A. L., Yoon, P. W., Rolle, I., & Nsubuga, P., "Prevalence, management, and control of hypertension among US workers: does occupation matter?," Journal of Occupational and Environmental Medicine (2012), https://www.jstor.org/stable/45010119.

Employers face **higher healthcare costs from employees** *with hypertension* than those without hypertension.

Approximately **half** of US adults with hypertension have **at least one other health condition** such as high cholesterol, diabetes, or coronary heart disease.

44% higher

healthcare costs than individuals without hypertension in the employee population

2.3 times more

hours away from work among those with uncontrolled compared to controlled hypertension

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1. "Budget Impact Model to Estimate the Cost of Hypertension for Employers," FTI Consulting (2023). Note: Estimates from the hypertension budget impact model developed for the CDC Foundation by FTI Consulting's Center for Healthcare Economics and Policy.

Hypertension is a workforce issue that affects individuals, their employers, and factors critical to a business' success. Hypertension is treatable, yet chronic health condition and a hidden business and economic risk to employers and communities.

#1 Priority for CEOs…

…should be the physical health and well-being of their employees, per an FTI Consulting survey of investors and professionals.

1. "CEO Leadership Redefined – 2023," FTI Consulting (2023), https://fticommunications.com/ceo-leadership-redefined-2023/.
2. "CEO Leadership Redefined: Part 1," FTI Consulting (2022), https://www.fticonsulting.com/insights/articles/ceo-leadership-redefined-part-1.

Key data points allow an employer or community leaders to assess and address the health and economic impact of hypertension on their specific population.

1. Data on the prevalence of hypertension

2. Data on the health impact of hypertension

3. Data on costs of hypertension to employers or a broader region

4. Data on hypertension initiatives and their impact

New tools make it easier for businesses to assess and manage business risk related to the healthcare and productivity costs of hypertension.

Budget Impact Model (BIM)

For a given population, the BIM uncovers the impact of hypertension on ***health outcomes*** as well as its ***drivers***. Inputs, which are customizable, are used to best describe the given population and provide ***tailored results***.

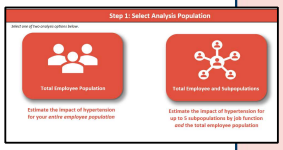
Claims Analysis Guide (CAG)

Based on our research, major employers are ***most concerned*** with ***number of employees with hypertension, costs, treatment adherence, and evaluation of initiatives***. This guide assists in revealing these aspects, if claims data is accessible.

FTI's Center for Healthcare Economics and Policy*, in partnership with the National Forum, supported CDC Foundation to build the business case for employer engagement in hypertension prevention and control, including the development of these tools.*

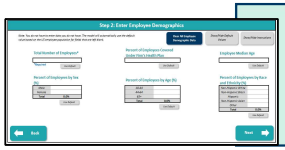
Download the BIM and CAG here: https://www.ftichep.com/hypertensiontools/

The Budget Impact Model (BIM) allows employers and communities to **easily estimate the impact** of hypertension on a specific employee population or a broader region.



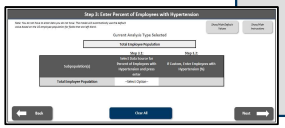
Step 1. Decide Analysis Population to Estimate Impact of Hypertension

- An entire workforce or regional population
- Stratified groups in the workforce or job function
- Key takeaway: Analysis can account for up to 5 subgroups across industry sectors or job functions or demographics – critical for large employers or regions with various industry, which have different costs or prevalence



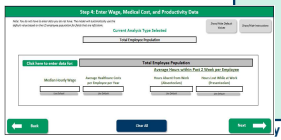
Step 2. Enter Demographic Characteristics

- Total target population; Proportion by age, sex, race covered under health plan
- Key takeaway: Customize the results by the demographic breakdown of a specific region or employer population



Step 3. Enter Hypertension Prevalence Data (if available)

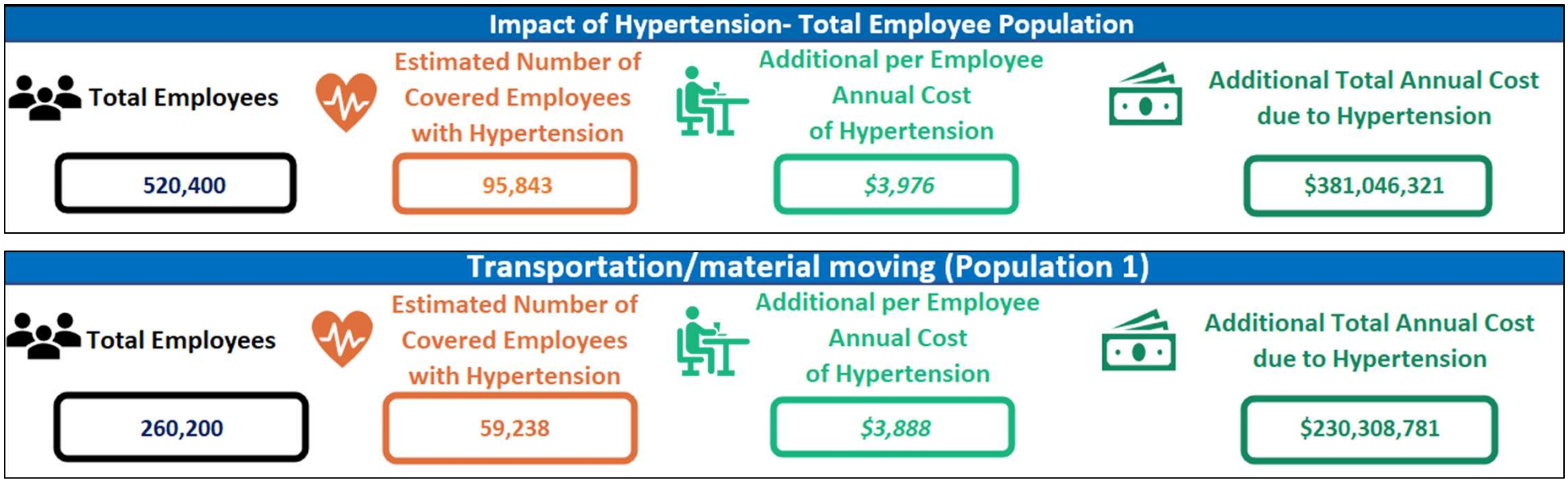
- If data are not available, use industry or job sector specific prevalence rates built into the model.
- Key takeaway: Prevalence rates vary by industry and job function and the analysis can take this into account



Step 4: Enter Average Wage and Hours Worked

- Use default values if data are not available
- Key takeaway: Customize the productivity loss cost estimates based on specific population or subgroups

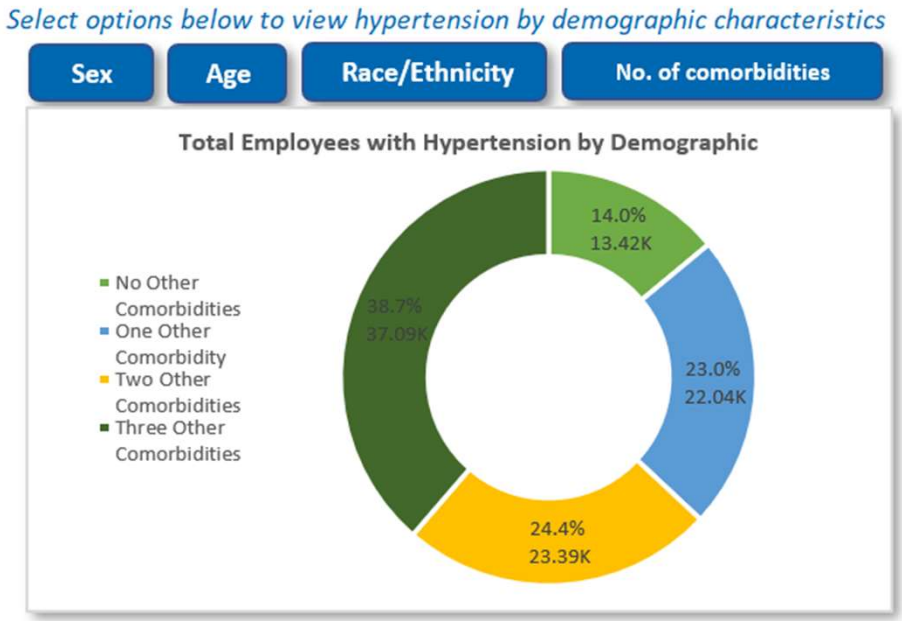
The BIM estimates the incremental costs of hypertension for a specific employer or region **overall and by sub-populations**.

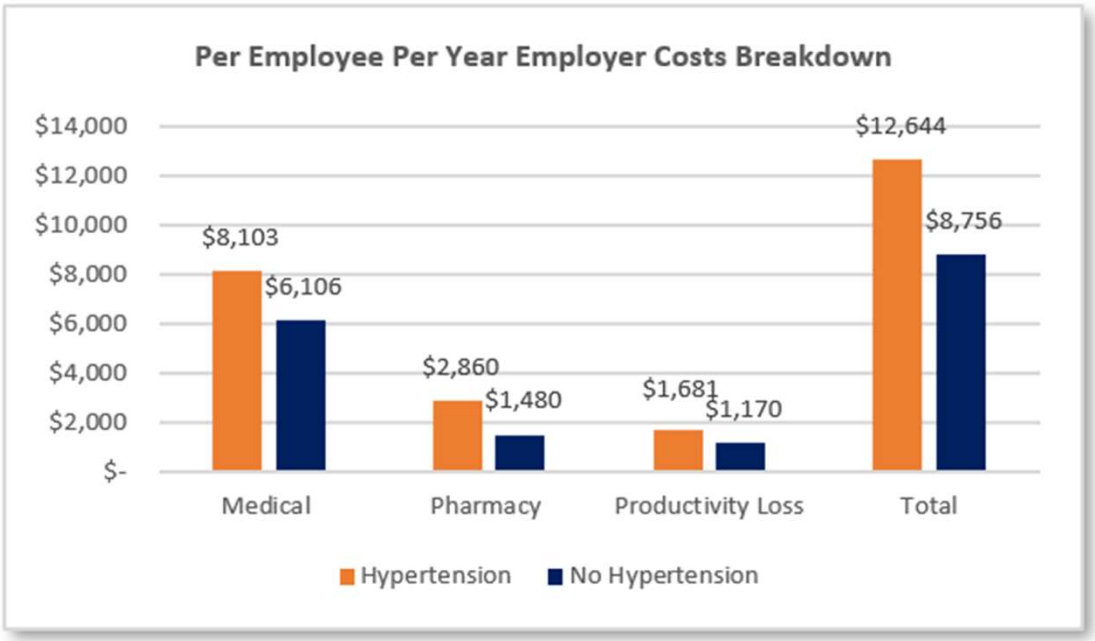


Example dashboard based on **a large urban area** with a population of ~520,000, analyzed with three sub-populations.

Key takeaway: The dashboard shows, at a glance, the overall as well as the differential per person and total impact of hypertension for each sub-population.

The BIM generates **detailed health and cost impact results** for the total population and each sub-population.

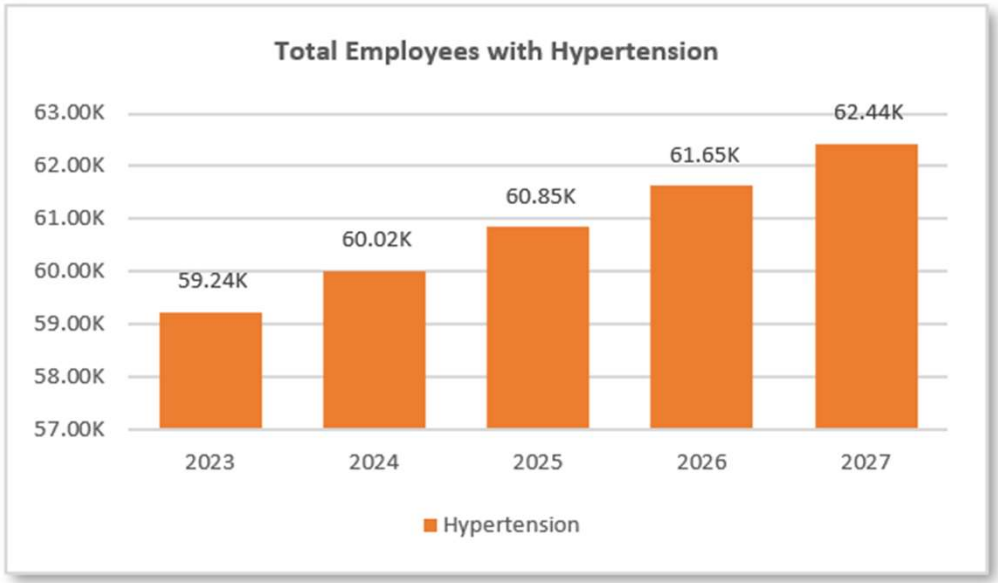


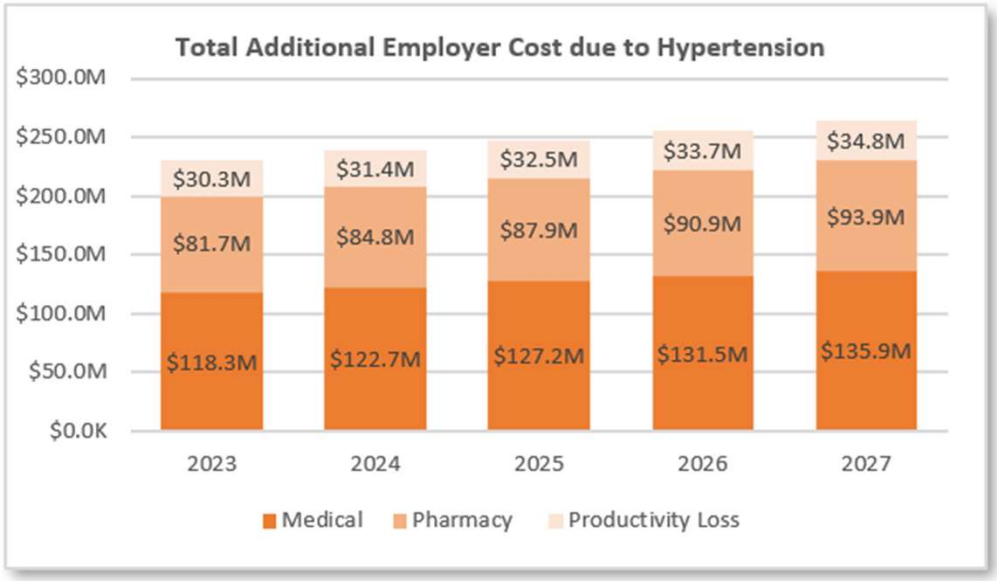


Example dashboard based on a large urban area with a population of ~ 520,000 employed adults, analyzed with three sub-populations. Results shown for the total population.

Key takeaway: The BIM shows drivers of hypertension cost impacts (medical, pharmacy, and productivity loss) and the incremental costs.

The BIM generates **projected costs by cost type** and shows that without intervention, they will continue to increase.





Example dashboard based on a large urban area with a population of ~520,000 employed adults, analyzed with three sub-populations. Results shown for the total population.

Key takeaway: The BIM provides data and transparency for your customers in terms of opportunity costs and future costs with no additional intervention.

The Claims Analysis Guide was developed to help **employers ask questions and obtain data** to **understand drivers and inform interventions** and insurance benefit decision-making.

Question 1: How many employees have hypertension?

- Provides data points for decision making including current number of employees with hypertension and number of employees newly diagnosed.

Question 2: What are the costs related to hypertension?

- Provides detailed insights on hypertension-related direct medical costs broken out by various categories such as age group, race/ethnicity, type of care (e.g., inpatient hospitalization, physician office visit), treatment category, and neighborhood characteristics as measured by the Social Deprivation Index (SDI).

Question 3: How many employees are treated with medication for hypertension?

- Provides data on hypertension treatment and adherence as measured by proportion days covered (PDC).

1. "Health Insurance Claims Analysis Guide for Employers," FTI Consulting (2023). Note: Developed for the CDC Foundation by FTI Consulting's Center for Healthcare Economics and Policy.

Comprehensive Benefit Design for Hypertension

7 Strategies for prevention, screening, and management

1: Primary Prevention/Lifestyle Support

2: Screening & Detection

3: Know YOUR Data

4: Benefit Design Considerations

5: Promoting Appropriate Care Management

6: Promote a Supported Workforce with Resources

7: Evaluate and Continuously Improve Your Efforts

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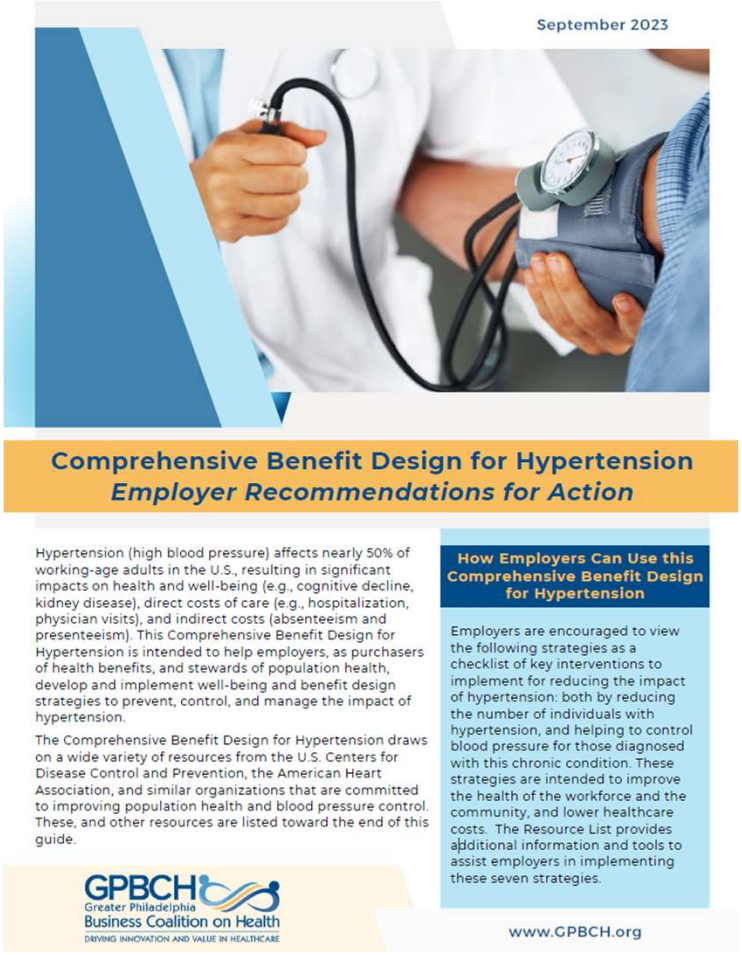


September 2023

Comprehensive Benefit Design for Hypertension
Employer Recommendations for Action

Hypertension (high blood pressure) affects nearly 50% of working-age adults in the U.S., resulting in significant impacts on health and well-being (e.g., cognitive decline, kidney disease), direct costs of care (e.g., hospitalization, physician visits), and indirect costs (absenteeism and presenteeism). This Comprehensive Benefit Design for Hypertension is intended to help employers, as purchasers of health benefits, and stewards of population health, develop and implement well-being and benefit design strategies to prevent, control, and manage the impact of hypertension.

The Comprehensive Benefit Design for Hypertension draws on a wide variety of resources from the U.S. Centers for Disease Control and Prevention, the American Heart Association, and similar organizations that are committed to improving population health and blood pressure control. These, and other resources are listed toward the end of this guide.

How Employers Can Use this Comprehensive Benefit Design for Hypertension

Employers are encouraged to view the following strategies as a checklist of key interventions to implement for reducing the impact of hypertension: both by reducing the number of individuals with hypertension, and helping to control blood pressure for those diagnosed with this chronic condition. These strategies are intended to improve the health of the workforce and the community, and lower healthcare costs. The Resource List provides additional information and tools to assist employers in implementing these seven strategies.

GPBCH Greater Philadelphia Business Coalition on Health
DRIVING INNOVATION AND VALUE IN HEALTHCARE

www.GPBCH.org

- View the guide here: https://hypertensioncontrol.org/wp-content/uploads/2023/11/Comprehensive-Benefit-Design-for-Hypertension.pdfenefits Design for Hypertension

Employer Action Brief for Hypertension Control: A Vital Business Investment

Action Brief addresses critical issue of hypertension in the workplace, providing employers with valuable insights and actionable strategies.

- **Quantifying the Impact**: A detailed modeling of hypertension's impact on employers, including:
  - Annual incremental medical & productivity costs associated w. hypertension
  - Projected costs over the next 5 years
  - Identification of key drivers contributing to costs
- **Strategic Interventions**: Strategies beyond traditional benefit design, offering a holistic approach to addressing hypertension in the workplace, including:
  - Data-driven strategies for intervention
  - Methods for assessing the impact of implemented interventions
  - Guidance on integrating hypertension management into broader wellness initiatives
- **Success Stories**: To inspire action, the Brief includes real-world examples of successful hypertension management programs, showcasing
  - Employer-specific initiatives that have yielded positive results
  - Regional collaborative efforts that have made significant strides in identifying drivers of poor health in their community and impact with initiatives for improving employee health

ACTION BRIEF

National Alliance of Healthcare Purchaser Coalitions

Employer Strategies that Drive Health, Equity and Value

HYPERTENSION CONTROL:
A VITAL BUSINESS INVESTMENT

HYPERTENSION IS A HIDDEN BUSINESS RISK, ASSOCIATED WITH HIGHER HEALTHCARE COSTS AND PRODUCTIVITY LOSS.

High blood pressure, also known as hypertension, is the most common health condition confronting 48% of US adults.[1] Even though the US workforce is younger on average than the overall adult population, 3 in 10 employees have hypertension, affecting more workers than other health conditions such as diabetes or depression.[2]

Hypertension: 3 in 10
Depression: 2 in 10
Diabetes: 1 in 10

Hypertension is treatable, yet more than one-third of employees with hypertension do not have it under control, and many are not aware they have the condition.[3] Employees with hypertension are more likely to access healthcare services and have higher healthcare costs than those without hypertension.[4] Approximately 66% of individuals have at least one co-existing condition such as high cholesterol, diabetes, or coronary heart disease.[4]

As a result, employees with hypertension have 44% higher healthcare costs.[5] On average, an employee with hypertension costs $3,588 more in annual healthcare costs than similar employees without hypertension.[5]

Absenteeism, or time away from work, is higher for employees with hypertension, reducing productivity. For these employees, the combined cost of absenteeism and presenteeism, the reduction in function at work, was estimated to be as much as $2,913.[6,7] Furthermore, employees with uncontrolled hypertension spend twice as much time away from work than those with controlled hypertension.[8] Productivity loss due to hypertension is, on average, $462 per employee per year.[9]

As the most common chronic condition among employees, focused hypertension management within the workforce can result in increased productivity, reduced medical spending and insurance costs, and improved employee wellbeing, engagement, and retention.[9,10] The benefits of prioritizing hypertension control minimize business risk and generate returns on investments in healthier families, workplaces and communities. The tools and resources in this Action Brief provide data on the economic and health impact of hypertension for informed decision-making to enable action and intervention.

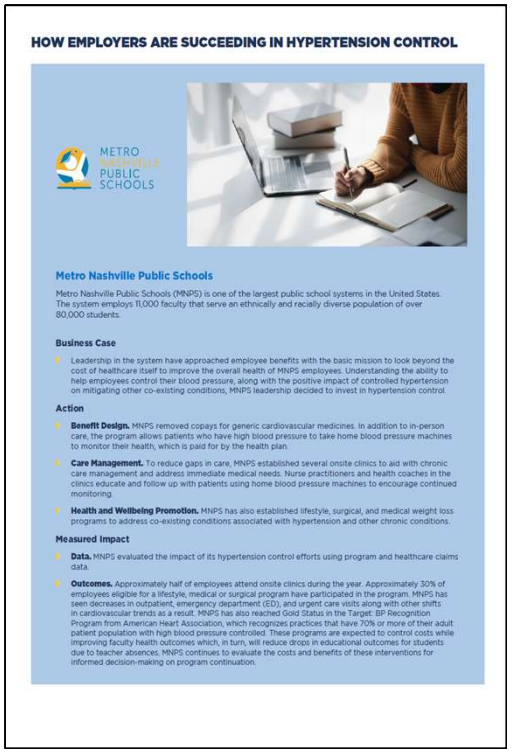
Not only does managing hypertension positively impact the bottom line and employee satisfaction, but it also results in healthier families, workplaces and communities.

Over one-third of employees do not have their hypertension under control.

Many employees are not even aware they have hypertension.

ACTION STEPS FOR EMPLOYERS

1. Assess the cost and productivity impact of hypertension.
2. Learn how other employers are succeeding in hypertension control through interventions and partnerships within their communities.
3. Plan and implement strategies to support health insurance benefit design that incentivizes hypertension control and promotes appropriate care management.
4. Evaluate programs in a continuous quality improvement framework.



HOW EMPLOYERS ARE SUCCEEDING IN HYPERTENSION CONTROL

METRO NASHVILLE PUBLIC SCHOOLS

Metro Nashville Public Schools

Metro Nashville Public Schools (MNPS) is one of the largest public school systems in the United States. The system employs 11,000 faculty that serve an ethnically and racially diverse population of over 80,000 students.

Business Case

- Leadership in the system have approached employee benefits with the basic mission to look beyond the cost of healthcare itself to improve the overall health of MNPS employees. Understanding the ability to help employees control their blood pressure, along with the positive impact of controlled hypertension on mitigating other co-existing conditions, MNPS leadership decided to invest in hypertension control.

Action

- **Benefit Design.** MNPS removed copays for generic cardiovascular medicines. In addition to in-person care, the program allows patients who have high blood pressure to take home blood pressure machines to monitor their health, which is paid for by the health plan.
- **Care Management.** To reduce gaps in care, MNPS established several onsite clinics to aid with chronic care management and address immediate medical needs. Nurse practitioners and health coaches in the clinics educate and follow up with patients using home blood pressure machines to encourage continued monitoring.
- **Health and Wellbeing Promotion.** MNPS has also established lifestyle, surgical, and medical weight loss programs to address co-existing conditions associated with hypertension and other chronic conditions.

Measured Impact

- **Data.** MNPS evaluated the impact of its hypertension control efforts using program and healthcare claims data.
- **Outcomes.** Approximately half of employees attend onsite clinics during the year. Approximately 30% of employees eligible for a lifestyle, medical or surgical program have participated in the program. MNPS has seen decreases in outpatient, emergency department (ED), and urgent care visits along with other shifts in cardiovascular trends as a result. MNPS has also reached Gold Status in the Target: BP Recognition Program from American Heart Association, which recognizes practices that have 70% or more of their adult patient population with high blood pressure controlled. These programs are expected to control costs while improving faculty health outcomes which, in turn, will reduce drops in educational outcomes for students due to teacher absences. MNPS continues to evaluate the costs and benefits of these interventions for informed decision-making on program continuation.

- **Download the Action Brief here:** https://www.nationalalliancehealth.org/resources/hypertension-control-a-vital-business-investment/

The Employer and Community Business Case for Hypertension Prevention and Control

- U.S. businesses and communities face significant economic and health risks from uncontrolled hypertension. They can act on opportunities for investment in interventions using data-informed strategies.
- Employer efforts that address hypertension among its entire employee population have greater community impact by reaching areas with significant health disparities or needs, fostering growth and resiliency.
- Prioritizing hypertension aligns with the **core principles of putting people first** and contributes to the **financial benefits of controlling and managing** hypertension within the workplace environment. New **customizable tools** (Hypertension Budget Impact Model (BIM) and Hypertension Claims Analysis Guide [CAG]) offer a transformative opportunity for business and community stakeholders by providing forecasting and actionable data to move the needle on a highly prevalent disease and a driver of higher acute disease such as heart disease, stroke, and kidney disease.

Employers have the power to transform the health and wellbeing of their communities through hypertension control initiatives informed by appropriate data and tools.

Hypertension is a ***treatable*** yet chronic health condition and a ***hidden business risk*** to employers.

Despite a low level of awareness, with appropriate forecasting tools and actionable data, ***employers have the power to manage this risk and improve health and wellbeing outcomes*** for their employees.

New tools, such as ***the budget impact model*** and ***the claims analysis guide***, can make it easy to reduce risk and to engage with trusted partners for change.

An investment in hypertension prevention and management is an investment in business and community that enhances wellbeing and economic vitality and resiliency

Center Resources for Data and Tools to Assess the Health and Cost Impact of Hypertension

FTI's Center for Healthcare Economics and Policy (the Center) brings advanced economic modeling, research-based methods and validated data sources to inform analyses and assist clients (business, collaboratives, health systems, health plans, government) proactively to assess drivers of poor health, their individual and collective impact at the community level, and opportunities and benefits from action.

Urgency for Action

There is shared value and enhanced awareness of community. Multi-sector collaboratives with trusted community relationships and health have been able to develop and implement solutions for their communities. Actionable data and quantification of economic impacts along with collaborative efforts help make inroads into poor health, access, and motivate and secure economic impacts.

Health, Health Equity and Economic Impact

The Center assists organizations to understand the health of communities, economic impact of health and health disparities and evaluate effective to answer: *What drives poor health? What is its impact? Which successful interventions generate benefit? How do we implement solutions? How do we measure success?* We focus on:

1. **Value proposition of population health and health equity**
2. **Health and economic metrics and modeling of health disparities**
3. **Evaluation of interventions designed to address population health and inequities**

Selected Resources

Hypertension Action Brief

FTI Consulting Hypertension Business Case – New Tools

National Forum for Heart Disease & Stroke Prevention's 20th Annual Meeting on Economic Impact of Health Inequity Presentation and Data Driven Approaches for Informed Health Equity Action

National Forum for Heart Disease & Stroke Prevention's Mid-Year Presentation: Mobilizing Faith-based and Trusted Community Leaders in Buffalo, New York to Improve Blood Pressure Control in Underserved Communities

Health & Economic Impact of COVID-19 – Health Collaboration to Address Health Disparities

Nashville, TN | Nashville Region Health Competitiveness Initiative

Buffalo/ Western NY| The Economic Impact of Poor Health on Our WNY Community Report

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This presentation was prepared by FTI Consulting's Center for Healthcare Economics and Policy staff. Any views expressed herein are those of the author(s) and not necessarily the views of FTI Consulting, Inc., its management, its subsidiaries, its affiliates, or its other professionals.

For additional information, please reach out to FTI Consulting's Center for Healthcare Economics and Policy project leaders.

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Navigating Hypertension
Clinical Perspectives on Risk and Treatment Gaps

Navigating Hypertension

Clinical Perspectives on Risk and Treatment Gaps

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Clinical Pharmacist, Population Health Pharmacy Services
Vanderbilt University Medical Center
Vanderbilt Health Affiliated Network

Vanderbilt Health
Affiliated Network

Sobering Statistics

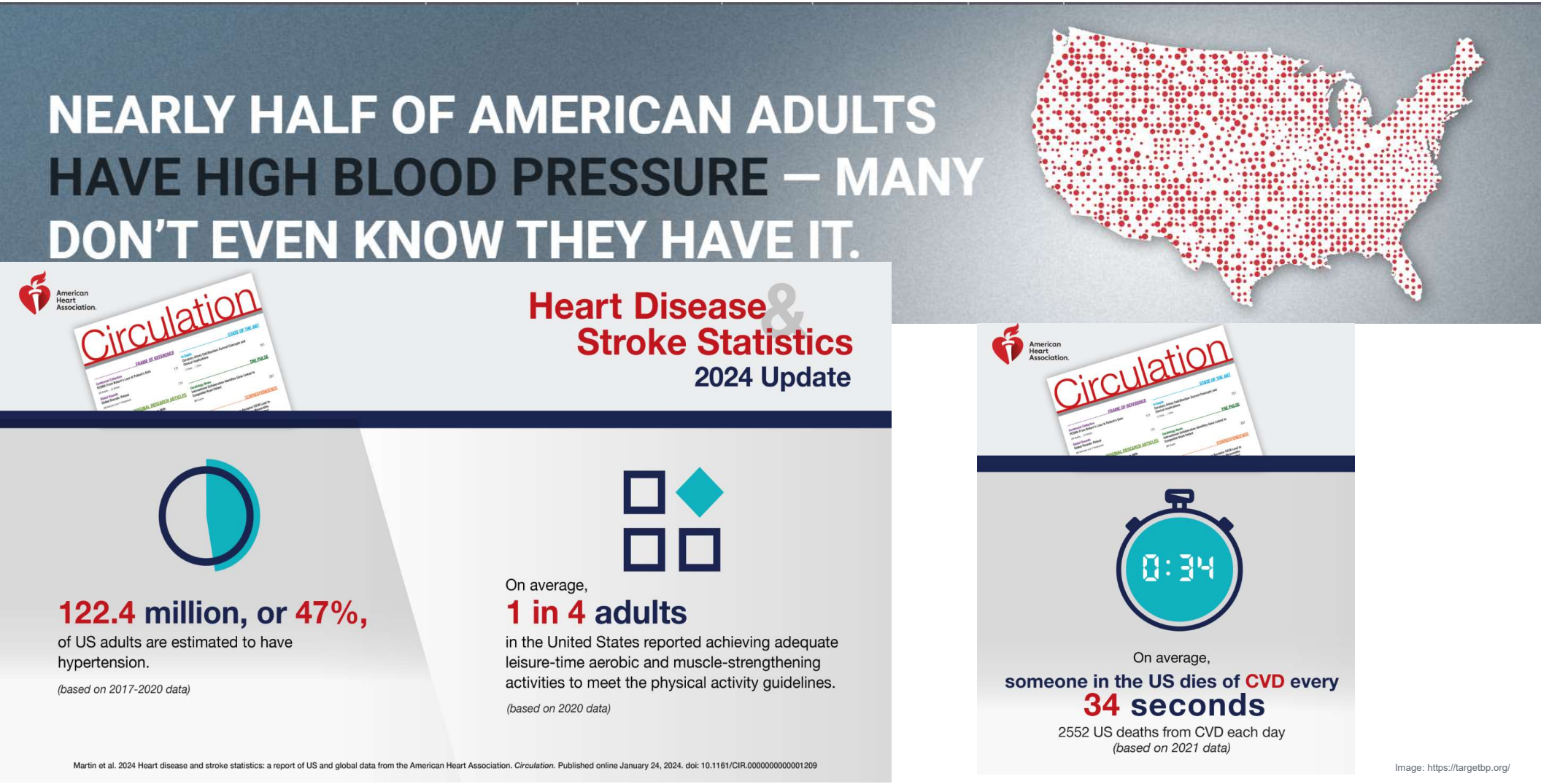
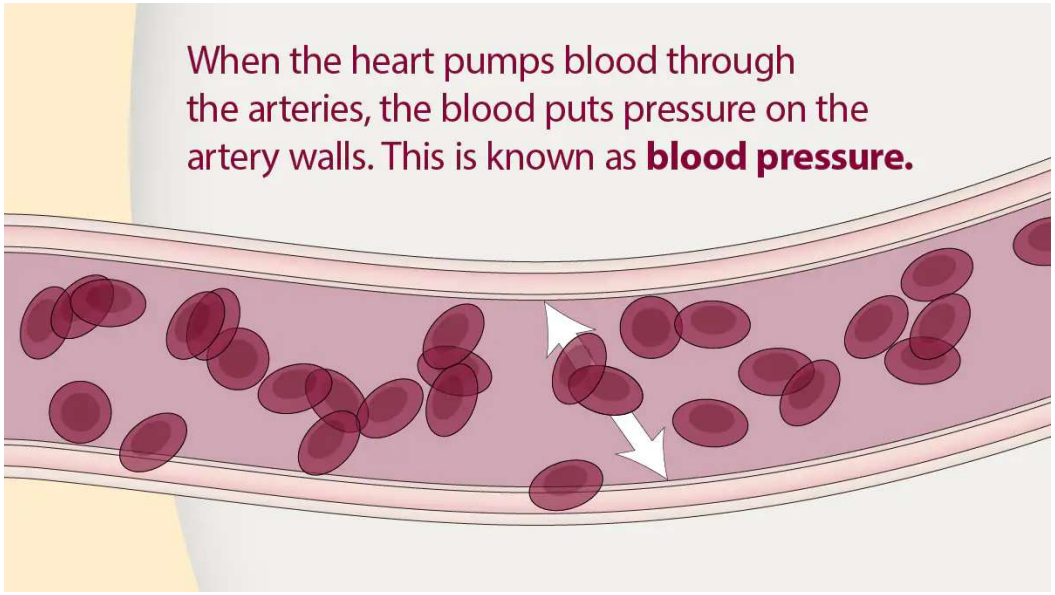


Image: https://targetbp.org/



Normal	systolic: less than 120 mm Hg diastolic: less than 80 mm Hg
Elevated	systolic: 120–129 mm Hg diastolic: less than 80 mm Hg
High blood pressure (hypertension)	systolic: 130 mm Hg or higher diastolic: 80 mm Hg or higher

The American College of Cardiology/American Heart Association Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults (2017 Guideline)

Defining the Problem

"Silent killer"

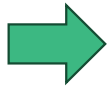
Findings from a recent study:

- **58% of US adults** aged 18 or older with uncontrolled hypertension were unaware they had the condition
- Younger adults aged 18-44 were more likely to be unaware with **nearly 90%** didn't have their blood pressure under control
    - 68% of males and 69% of females were unaware of the condition

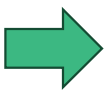
Richardson LC, Vaughan AS, Wright JS, Coronado F. Examining the Hypertension Control Cascade in Adults With Uncontrolled Hypertension in the US. JAMA Netw Open. 2024;7(9):e2431997. doi:10.1001/jamanetworkopen.2024.31997

Risk Factors for Hypertension

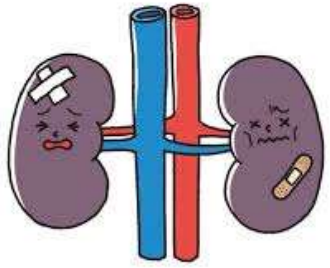
Modifiable



Sleep Apnea



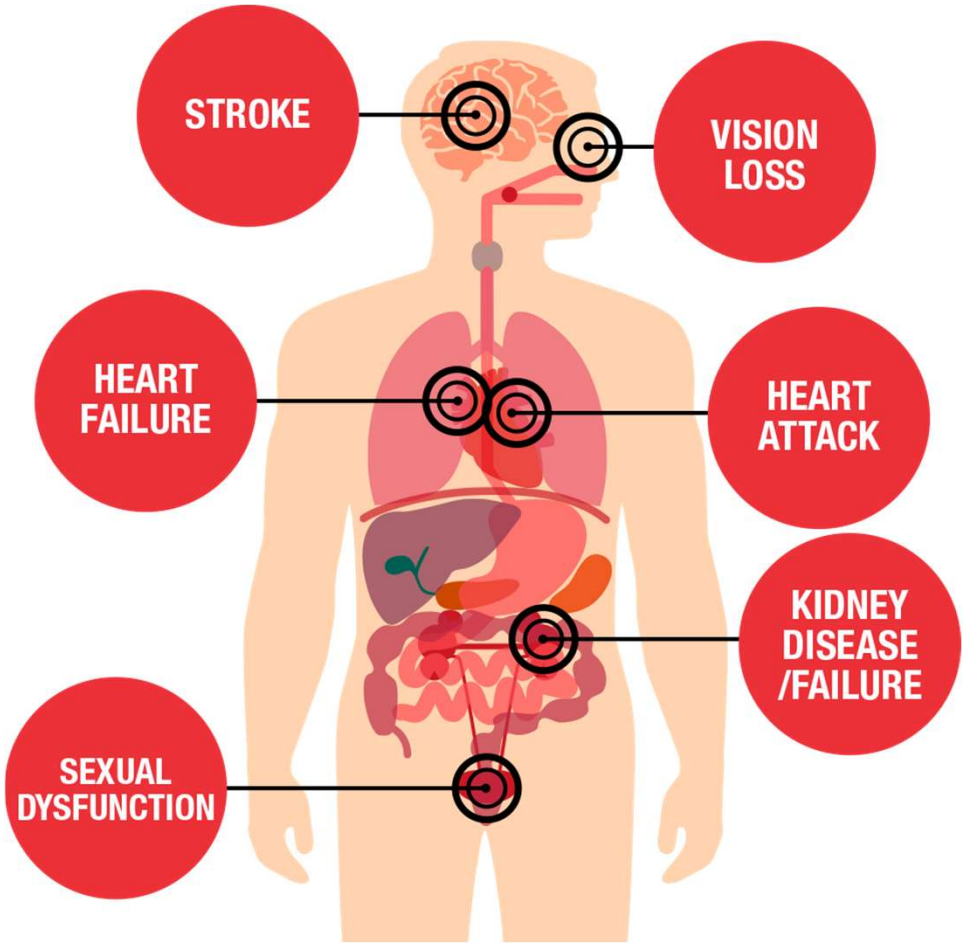
Non-Modifiable



Source:https://www.heart.org/en/health-topics/high-blood-pressure/know-your-risk-factors-for-high-blood-pressure

Health Threats from High Blood Pressure

- Domino effect
- Damage to blood vessels and arteries throughout the body
- Risk to other organs beyond the heart



https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure

High Cost of High Blood Pressure

$79 Billion Annual Costs

$2500 higher annual medical costs for people with hypertension vs those without

1 in 8 health care dollars is spent of cardiovascular disease

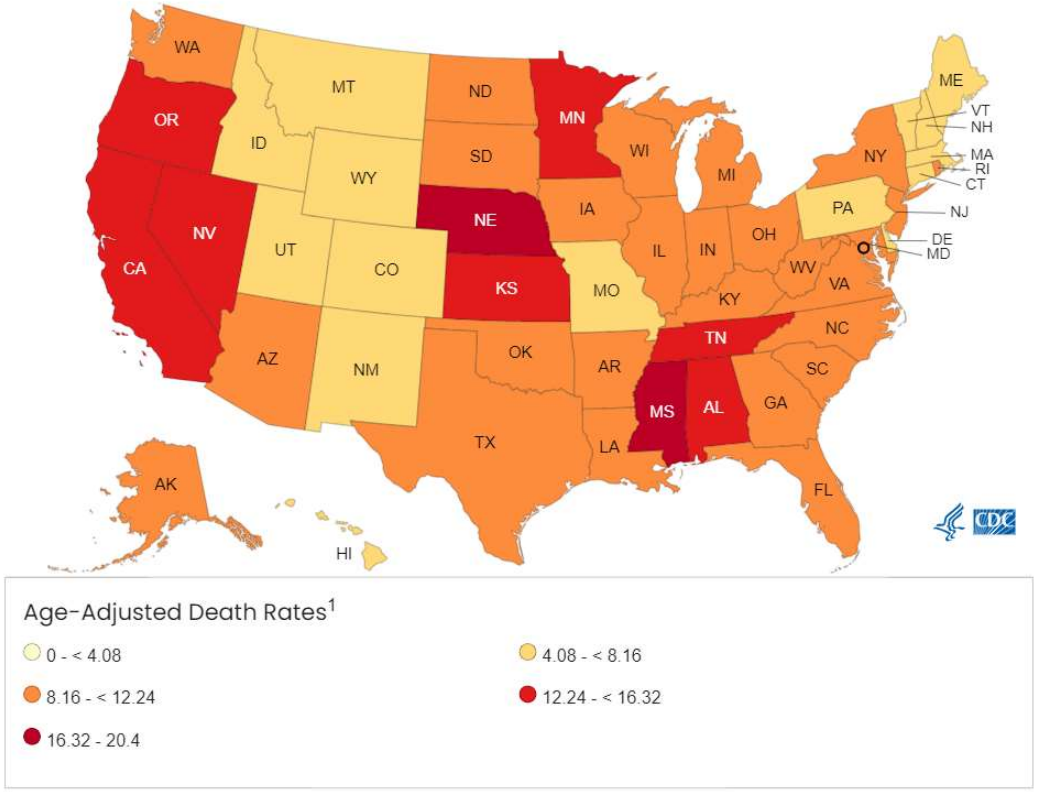
$10.3 billion per year in high blood pressure related absenteeism

Sources: https://www.helloheart.com/post/employers-why-your-employees-need-to-screen-for-blood-pressure-and-3-ways-to-help

Hypertension Mortality by State

Year

2022



Age-Adjusted Death Rates[1]

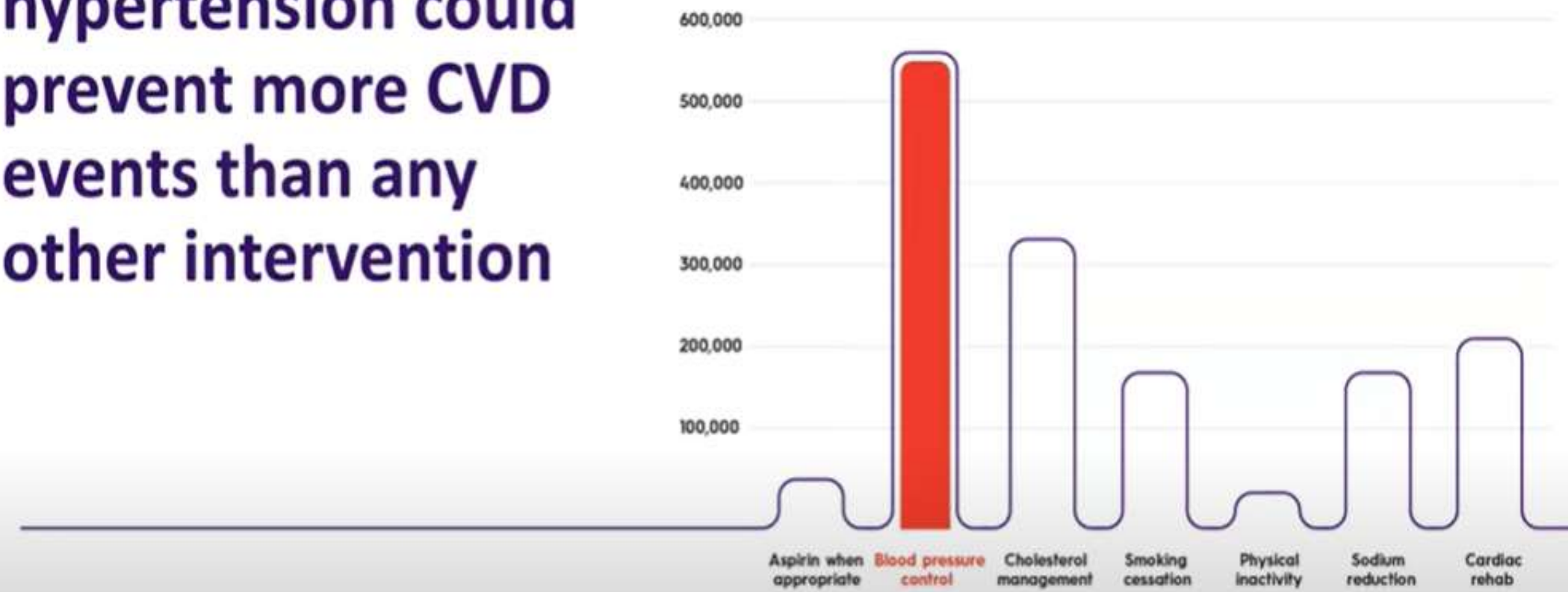
- 0 - < 4.08
- 4.08 - < 8.16
- 8.16 - < 12.24
- 12.24 - < 16.32
- 16.32 - 20.4

Data Table

Location	Death Rate (Click for Rankings)	Deaths
Mississippi	18	641
Nebraska	17.2	430
Kansas	14.7	554
California	14.4	6,727
Alabama	13.2	849
Nevada	12.8	468
Minnesota	12.5	944
Oregon	12.5	707
Tennessee	12.3	1,043
Arkansas	12.1	454

Source: https://www.cdc.gov/nchs/pressroom/sosmap/hypertension_mortality/hypertension.htm#print

Controlling hypertension could prevent more CVD events than any other intervention

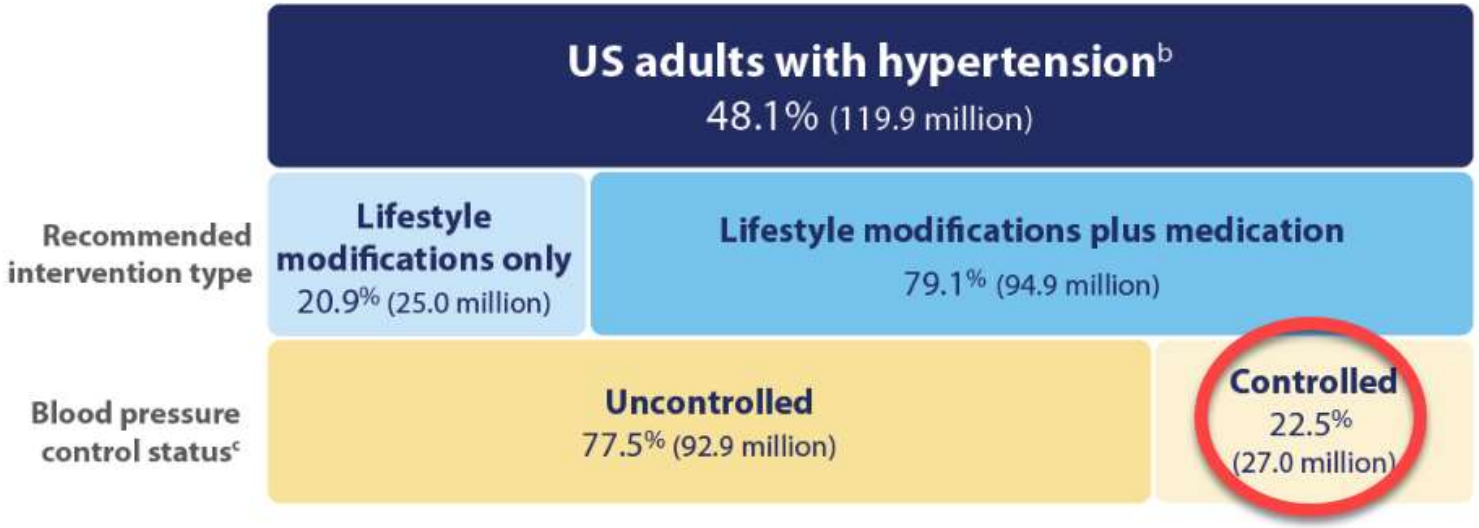


*Notes: Aspirin when appropriate reflects aspirin use for secondary prevention only; total does not equal sum of events prevented by risk factor type as those totals are not mutually exclusive; applies ratios obtained from PRIOM and ModelHealthCVD to estimate the number of total events, to more closely align with the Million Hearts event definition. Datasources: Aspirin when appropriate –2013-14 NHANES; blood pressure control and cholesterol management –2011-14 NHANES; smoking cessation and physical inactivity –2015 NHIS; cardiac rehabilitation –Ades P, et al. Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaboration. Mayo Clin Proc. 2017;92(2):234-242.; sodium reduction –2011-12 NHANES.

*Adapted and used with Permission from Hilary K. Wall, MPH, Sr. Health Scientist and Million Hearts Science Lead, Centers for Disease Control and Prevention, Atlanta GA

Estimated Hypertension Prevalence, Treatment, and Control (Blood Pressure <130/80 mm Hg) Among US Adults[a]

Applying the criteria from the American College of Cardiology and American Heart Association's (ACC/AHA) 2017 Hypertension Clinical Practice Guideline - NHANES 2017- March 2020



Data source: National Center for Health Statistics, Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey (NHANES) 2017-March 2020. Definitions: ACC/AHA criteria adapted from Ritchey MD, Gillespie C, Wozniak G, et al. Potential need for expanded pharmacologic treatment and lifestyle modification services under the 2017 ACC/AHA Hypertension Guideline. *J Clin Hypertens*. 2018; 1377-1391. https://doi.org/10.1111/jch.13364

[a] Among adults aged 18 years and older; estimates may not equal 100% due to rounding.
[b] Blood pressure ≥130/80 mm Hg or currently using prescription to lower blood pressure.
[c] Controlled is defined as having a blood pressure <130/80 mm Hg. All adults recommended lifestyle modifications only are considered uncontrolled as their blood pressure is above the threshold.

Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among US Adults Aged 18 Years and Older Applying the Criteria From the American College of Cardiology and American Heart Association's 2017 Hypertension Guideline—NHANES 2017–2020. Centers for Disease Control and Prevention (CDC). May 12, 2023. Accessed (specify date accessed). https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html.

Contributors to Uncontrolled Hypertension

- Lack of Awareness
- Inaccurate Measurements
- Therapeutic Inertia
- Non-Adherence

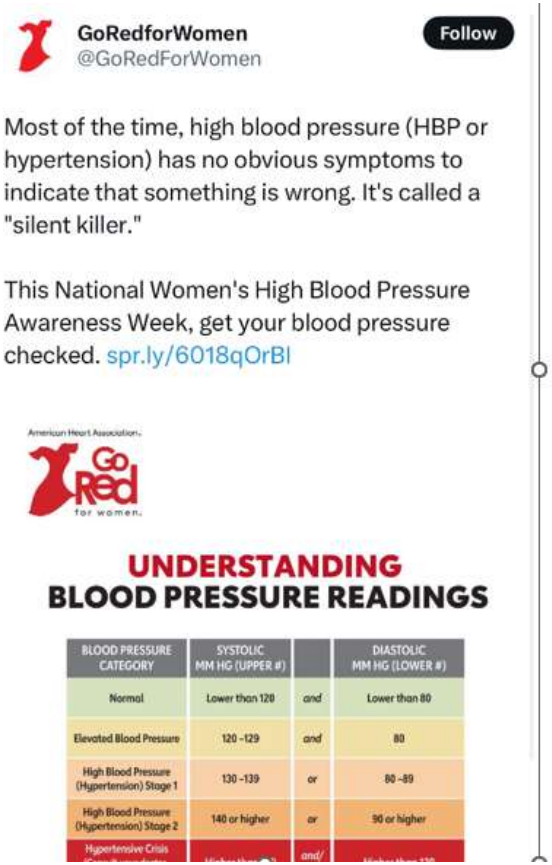
Strategies to Increase Awareness and Diagnosis

- Promote checking BP

- Onsite blood pressure screenings or health fairs

- Blood Pressure Awareness Challenge

- Leveraging social media



How to measure your blood pressure at home

Follow these steps for an accurate blood pressure reading

1 PREPARE

Avoid caffeine, cigarettes and other stimulants 30 minutes before you measure your blood pressure.

Wait at least 30 minutes after a meal.

If you're on blood pressure medication, measure your BP **before** you take your medication.

Empty your bladder beforehand.

Find a quiet space where you can sit comfortably without distraction.

2 POSITION

3 MEASURE

Rest for five minutes while in position before starting.

Take two or three measurements, one minute apart.

Keep your body relaxed and in position during measurements.

Sit quietly with no distractions during measurements—avoid conversations, TV, phones and other devices.

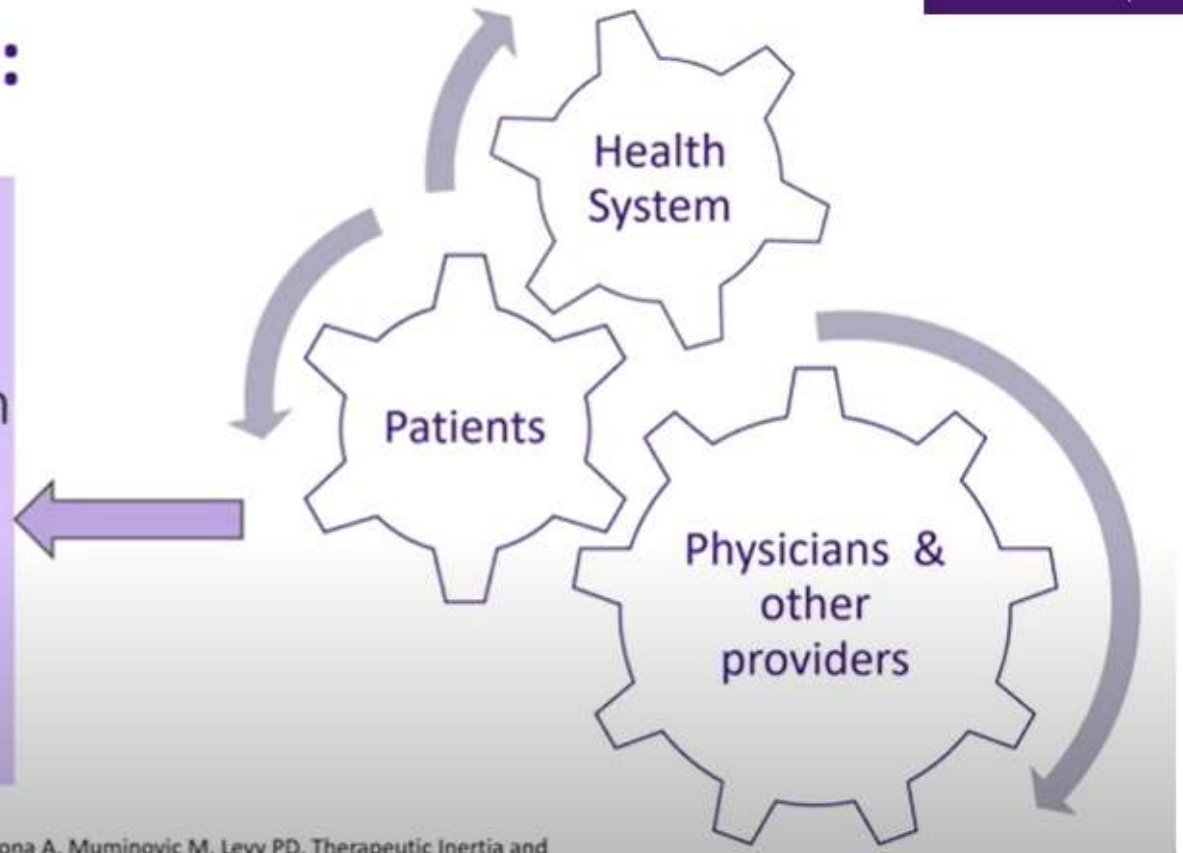
Record your measurements when finished.

TARGET:BP™ | American Heart Association. life is why™ | AMA American Medical Association

Conquering Therapeutic Inertia

Therapeutic Inertia:

A lack of treatment initiation or intensification when a patient's BP is high



Josiah Willock R, Miller JB, Mohyi M, Abuzaanona A, Muminovic M, Levy PD. Therapeutic Inertia and Treatment Intensification. Curr Hypertens Rep. 2018 Jan 29;20(1):4.

Stepwise Approach to Hypertension Treatment

American Heart Association.

What Can I Do to Improve My Blood Pressure?

Modification	Recommendation	Approximate SBP Reduction Range
Lose weight	Maintain normal body weight (BMI=18.5-24.9 kg/m^2)	5 mm Hg
Follow the DASH eating plan	Diet rich in fruits, vegetables, low-fat dairy and reduced in fat	11 mm Hg
Reduce sodium intake	<1500 mg of sodium per day, but aim for at least a 1,000 mg reduction in most adults.	5-6 mm Hg
Physical activity	Be more physically active. Aim for at least 150 minutes of moderate-intensity aerobic exercise per week.	5-8 mm Hg
Moderate consumption of alcohol	No more than 2 drinks/day for men and 1 drink/day for women	4 mm Hg

BP = Blood pressure, BMI = Body mass index, SBP = Systolic blood pressure, DASH = Dietary Approaches to Stop Hypertension

Hypertension Medication Use in the United States

91.7 million

Patients diagnosed with hypertension that are recommended to be on medication for treatment

34.1 million

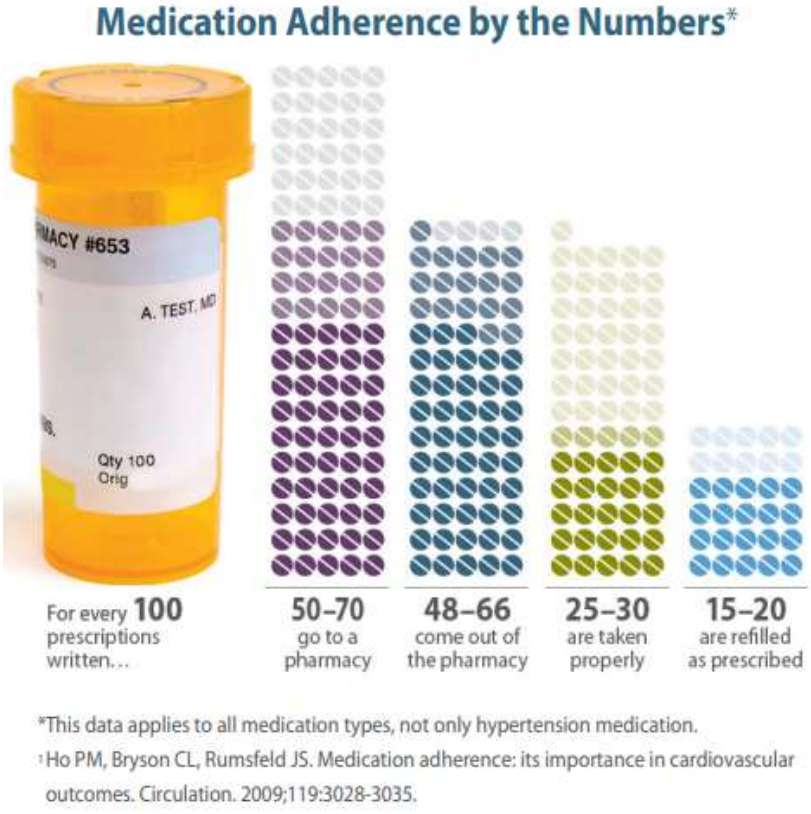
Patients recommended to be treated with medication for HTN, but are not treated

33.6 million

Patients with HTN that are treated with medication, but still have uncontrolled blood pressure (>130/80)

https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html

Medication Adherence Challenges



- Challenging to maintain adherence to preventative medications
- Anti-hypertensives and cholesterol lowering medications have the highest rates of non-initiation
- 50% of patients stop therapy after 1 year

J Gen Intern Med. 2010;25:284–290.
Am J Med. 2012;125:882–7.

Medication Adherence for Hypertension

- Single Pill Combination Drugs
- Self-monitoring
- Reminder Apps/ Texts
- Empowering Patients

If adherence to antihypertensive medication at 1 year improved to 100%

BP control would improve to 57%

https://doi.org/10.1161/CIRCOUTCOMES.118.005624

Benefits of Blood Pressure Control

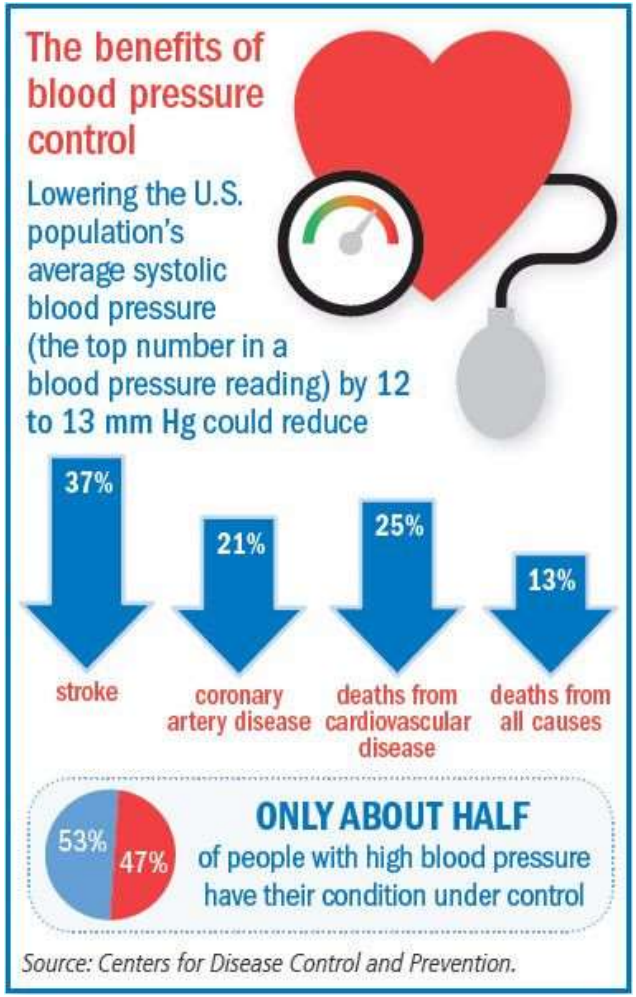
Vanderbilt Health
Affiliated Network

Self-measured blood pressure monitoring programs could reduce heart attacks by 4.9% and strokes by 3.8%

- Could generate $7,794 average savings in health care costs per person over 20 years

Using team-based care that includes a pharmacist could prevent up to

- 91,900 heart attacks
- 139,000 strokes
- 115,400 cardiovascular deaths over 5 years among U.S. adults with uncontrolled high blood pressure



https://www.cdc.gov/nccdphp/priorities/high-blood-pressure.html

Strategies for Employers

Value Based Insurance Design

- Reduce cost sharing to encourage adherence to high-value interventions
  - Access to automated blood pressure cuffs
  - Utilizing wearable technology to promote healthy lifestyle
  - Reduce cost sharing of antihypertensive medications

Specialized Benefits

- Incentives for healthy lifestyle
  - Dietary choices
  - Tobacco cessation
  - Step Challenges
- On-site blood pressure screenings
- Access to team-based care

https://millionhearts.hhs.gov/files/MH_Employer_Action_Guide.pdf


Questions?

HC/TN
HealthCareTN

Real-World Solutions: Insights from HCTN Hypertension Pilot

omada

HC/TN HealthCareTN
One Voice. One Focus. Leading Employers.

Omada & HCTN Pilot Programs

→

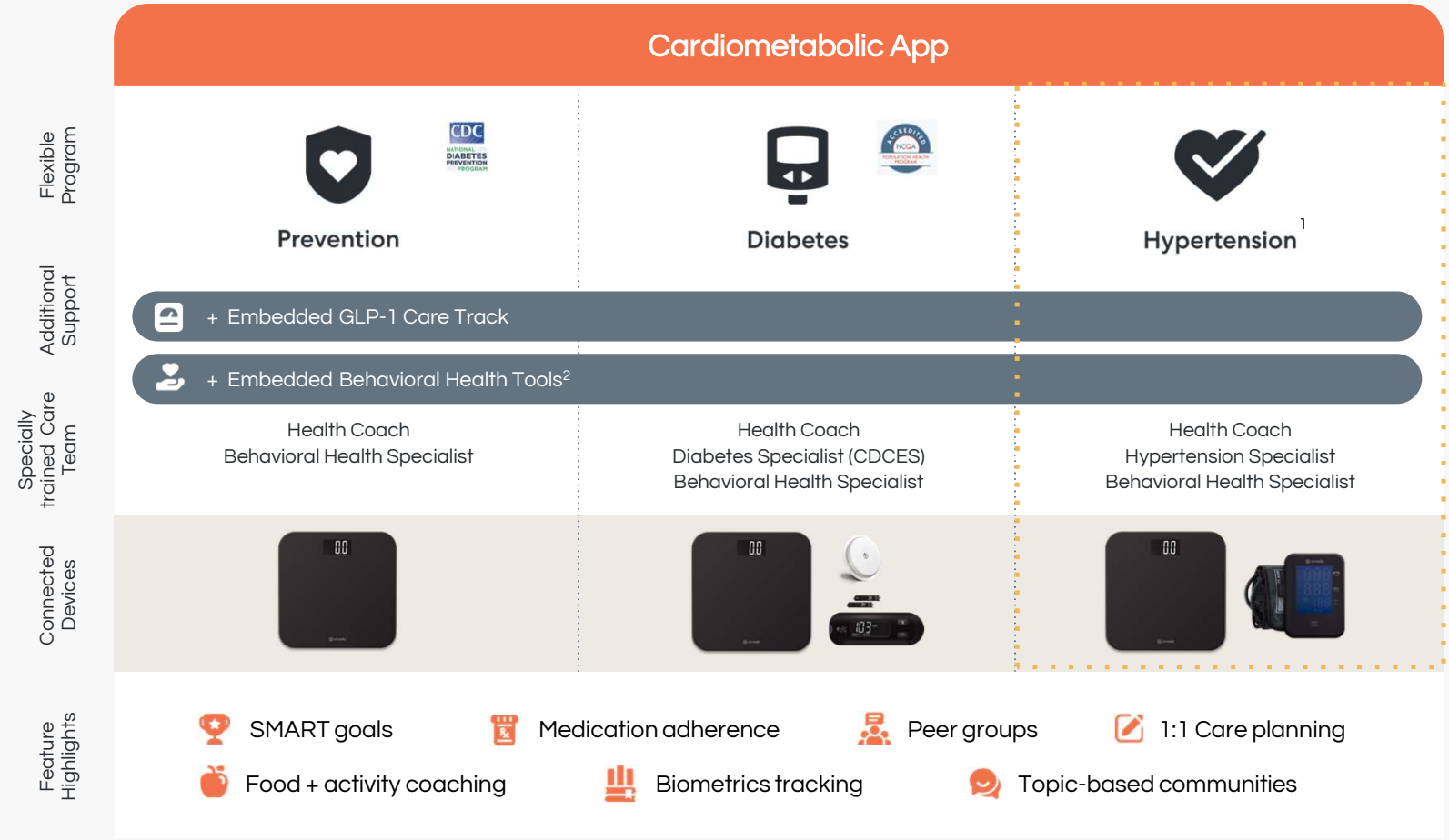
Omada & HCTN Pilots
A Partnership Continually Committed to Excellence

Free Pilots to TN organizations since April 2023

Enrolled Members

Available Pilots for 2025

The Omada Suite | Multi-condition platform for key member needs



1: NCQA population health accreditation for Diabetes + Hypertension program
2: Behavioral Health Specialists operate behind the scenes with other members of the care team and do not have a member-facing role

The Program

Hypertension is known as a “silent killer,” because it often lacks symptoms and can lead to serious complications

Those with hypertension are

2.5x

more likely to develop diabetes than those with normal blood pressure [1]

Those with obesity are

3x

more likely to have hypertension than those with normal BMI [2]

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3314178
[1]http://jaha.ahajournals.org/content/7/11/e008888/tab-figures-data

Omada for Hypertension

Help your members reduce their risk of heart disease

- Connected devices
- Hypertension Specialist
- Supportive Health Coach
- Hypertension-specific peer groups

10.3 mmHg
Reduction in systolic BP (baseline stage 2)

14 %
Increase in medication adherence

Education Lessons

Scale, Blood Pressure Cuff

Methodology and data from Omada BOB, or from Omada studies available at https://resourcecenter.omadahealth.com/peer-reviewed-studies

Elevate population health with compassionate care

Support team members with:

empathetic care teams

Simplify experiences with:

connected care

CDC NATIONAL DIABETES PREVENTION PROGRAM

ACCREDITED NCQA POPULATION HEALTH PROGRAM

urac ACCREDITED

29 peer-reviewed publications[1]

+4 by 2025[2]

Realize outcomes with:

clinical expertise

Members see improved outcomes across the cardiometabolic suite

	Clinical Outcomes
Prediabetes	**5.5%** 1yr Weight ↓ **58%** shifted to normal range A1C ↓
Type 2 Diabetes	**2%** A1C ↓ (base ≥ 8%) at 12 months
Hypertension	Stage 2: SBP ↓ by **10.3** mmHg DBP ↓ by **7.5** mmHg at 12 mo

Methodology and data from Omada BOB, or from Omada studies available at https://resourcecenter.omadahealth.com/peer-reviewed-studies

Pilot Results

HCTN & Omada Health Pilot

HCTN & Omada celebrate pilot success as measured through Enrollment, Engagement & Outcomes trends.

Enrollment

- Total Enrollments: 179
  - Prevention: 35
  - Diabetes: 3
  - Hypertension: 141

Engagement & Outcomes

- 94% early program engagement, highlighted by Connected Scale and Blood Pressure Monitor utilization rates
- 1,100 pounds lost and counting, with 32% of participants reporting at least 5% weight loss at Month 12
- Significant blood pressure reduction, including 9 mmHg reduction in Systolic Blood Pressure (SBP) and 4 mmHg reduction in Diastolic Blood Pressure (DBP) for Stage 2 Hypertension participants.

Want to learn more?

Connect with HCTN & Omada:

- Become an HCTN Member today
- Request a business case
- Schedule a demo
- Take advantage of one of the two additional pilot opportunities available for 2025

Thank You

omada

Upcoming Events

- **Obesity Roundtable**
  November 7, 2024

- **HCTN Conference Series**
  Using the Power of Disruption to Improve Health:
  Transformation through Personalization
  November 14, 2024
  East TN Historical Society--Knoxville, TN

- **Diabetes Webinar**
  December 4, 2024

- **Women's Health Webinar**
  December 17, 2024

THANK YOU