



Awareness Matters

HYPERTENSION IS THE LEADING CAUSE OF HEART DISEASE

BREAKING DOWN THE COST OF UNMANAGED HYPERTENSION

THE HIGH COST OF UNMANAGED HYPERTENSION

\$8,000

MANAGED HYPERTENSION

Average cost for employer per member per year with no other cardiovascular claims

\$24,766

UNMANAGED HYPERTENSION

Average cost for employer per member per year with other cardiovascular claims

+200% (OR 3 TIMES MORE)

At HORAN, our mission is to help employers provide a better quality of life for employees and their families. This mission drives our investment in the HORAN Financial Analyst think tank. The think tank is fueled by the team's ability to analyze claims data to guide clients and drive action. We call this HORANalytics®.

Hypertension, or abnormally high blood pressure, is the most prevalent chronic condition found in HORAN's book of business claims data. Unmanaged hypertension, when high blood pressure is not controlled with lifestyle modifications or a prescription drug, increases the risk of cardiovascular conditions such as heart disease and stroke. HORAN's Financial Analysts found that when hypertension goes unmanaged and escalates into more severe cardiovascular conditions, the average additional cost for employers is \$16,766 per member per year.

To underscore these findings, HORAN interviewed Dr. Odayme Quesada the Medical Director at The Christ Hospital's Women's Heart Center. Dr. Quesada is the recipient of the prestigious National Institute of Health grant. Through the grant, she is leading a research program to determine why women with hypertensive disorders of pregnancy, such as preeclampsia, are at a higher risk of heart disease and whether coronary microvascular disease is part of the underlying condition.



Q: WHAT ROLE DOES GENETICS PLAY INTO THE RISK OF HYPERTENSION? IS THERE GENETIC TESTING AVAILABLE TO PREDETERMINE SOMEONE'S RISK FOR HYPERTENSION?



DR. ODAYME QUESADA (OO): We know that genetics definitely plays a role in the risk of hypertension. African American patients are at higher risk of hypertension and respond to different medication compared to Caucasian patients. Unfortunately, genetic testing has not been as successful in hypertension as it has with other diseases. This is due to the complexity of hypertension. There are multiple genes involved in addition to lifestyle and environmental factors. For that reason it is very complex to develop a single genetic test for hypertension.

Q: DO WOMEN HAVE DIFFERENT RISK FACTORS COMPARED TO MEN?



Menopause and hypertensive disorders of pregnancy are unique risk factors for women. The rates of hypertension are lower in premenopausal women compared to men of similar age. By the age of 65 (postmenopause) the rates of hypertension are higher in women than men. This suggests that in women estrogen has a vascular protective effect. Hypertensive disorders of pregnancy, including preeclampsia, have been shown to increase the risk of developing chronic hypertension by four-fold.

Q: WHY DO WOMEN WITH CHEST PAIN OR RELATED SYMPTOMS OFTEN NEED A SECOND OPINION?



Women are more likely to have chest pain without significant blockage in the coronary arteries. In many cases these patients experience chest pain because they have a coronary microvascular disease which is disease of the tiny little arteries that are not detected with an angiogram, requiring specialized testing to diagnose. Women are also more likely to suffer a heart attack and not have any significant blockage of the heart arteries.

Q: OUTSIDE OF CARDIOVASCULAR DISEASE, WHAT OTHER CONDITIONS DO YOU SEE AS THE MOST PREVALENT IN HYPERTENSION PATIENTS?



Patients with hypertension are not only at increased risk of heart attack, heart failure and stroke, they are also at a higher risk of kidney and eye diseases.

Q: WHAT ADVICE WOULD YOU SHARE WITH INDIVIDUALS TO PREVENT HYPERTENSION?

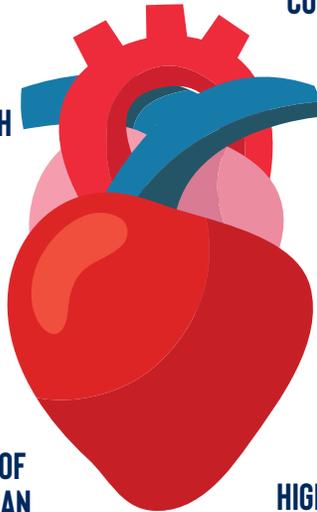


In order to prevent hypertension it is critical to exercise regularly, avoid smoking and maintain a healthy diet that is low in sodium, such as the Mediterranean diet.



DID YOU KNOW?

NEARLY HALF OF U.S. ADULTS HAVE HIGH BLOOD PRESSURE*



HYPERTENSION RISK FACTORS INCLUDE OBESITY, EXCESSIVE ALCOHOL CONSUMPTION, SMOKING & FAMILY HISTORY

ONLY ABOUT 1 IN 4 ADULTS (24%) WITH HYPERTENSION HAVE THEIR CONDITION UNDER CONTROL*

MORE WOMEN DIE OF HEART DISEASE THAN ALL OTHER CANCERS COMBINED

HIGH BLOOD PRESSURE IS INCREASING IN CHILDREN DUE TO THE OBESITY EPIDEMIC

Q. IN 2017, THE AMERICAN COLLEGE OF CARDIOLOGY AND THE AMERICAN HEART ASSOCIATION REVISED THE CLASSIFICATIONS OF HYPERTENSION. WHY?

*Centers for Disease Control
<https://www.cdc.gov/bloodpressure/facts.htm>



This lowered the cut off so that blood pressure greater than 130/80 indicated presence of Stage 1 hypertension. In the past, this was considered borderline and there was no recommended action around treatment.

These revisions were extremely important given the growing evidence of the effect of elevated blood pressure and the need to start treatment at a lower threshold to decrease the risk of cardiovascular disease as a result of hypertension. The problem is not that you have the disease – it is that it is unmanaged. The change in classifications provides an opportunity to begin managing this chronic condition earlier.

Q: WHAT CAN EMPLOYERS DO TO HELP COMBAT THE COSTS OF HIGH CLAIMS AS A RESULT OF HYPERTENSION AND RESULTING DISEASES?



Employers can play an important role in promoting heart healthy behaviors. Reward programs and exercise challenges is a great start. Evaluate the opportunities to invest in technology resources that reinforce preventative programs that you are implementing.

Q: BASED ON THE DATA THAT WE SHARED WITH YOU, HOW DOES THIS DATA COMPARE TO WHAT YOU SEE IN YOUR WORK?



The difference in costs for managed and unmanaged hypertension is astonishing, but unfortunately consistent with what we know about hypertension. It is the most prevalent chronic condition and therefore a large driver of cost particularly in those with unmanaged hypertension.

“ THE PROBLEM IS NOT THAT YOU HAVE THE DISEASE—IT IS THAT IT IS UNMANAGED. THE CHANGE IN CLASSIFICATIONS PROVIDES AN OPPORTUNITY TO BEGIN MANAGING THIS CHRONIC CONDITION EARLIER. ”

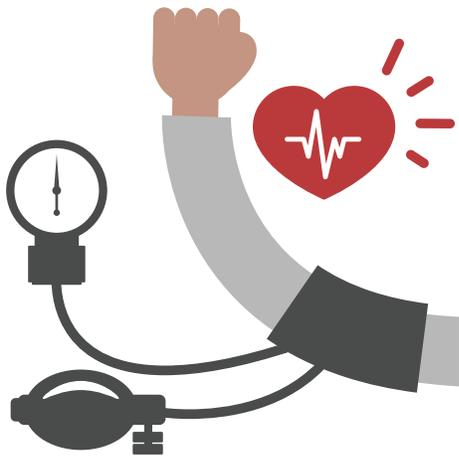
- Dr. Odayme Quesada

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Do you know how cardiovascular claims are impacting your health plan?

Call 800.544.8306 to schedule a deep dive into your data with HORANalytics®.



Exploring Digital Therapeutics

Digital Health Solutions have come into the market in recent years as a direct response to the burden on our healthcare infrastructure and traditional low engagement in Disease Management programs. These new innovative platforms called Digital Therapeutics have reimaged how we deliver patient care for chronic conditions to prevent, manage, and treat hypertension, diabetes, weight management and more.

By providing whole-person care with a high-touch clinical monitoring system, this technology works to remove barriers to access by allowing patients to check their blood pressure or glucose in the comfort of their home and connect to care virtually as needed.

DIGITAL THERAPEUTICS ARE A MECHANISM TO CONTROL RISING HEALTH CARE COST FOR CHRONIC CONDITIONS.



Hello Heart is a clinically-based smartphone solution on the market with multiple peer-reviewed clinical studies on its impact on hypertension, including the world's largest digital heart health study.



Omada utilizes a multi-condition care approach that addresses diabetes, musculoskeletal, prediabetes, weight management, hypertension, and behavioral health.



Livongo is part of Teledoc Health and focuses on diabetes, hypertension, behavioral health, and weight management.



One Drop is a whole-person solution for managing diabetes, hypertension, and weight management.

“HELLO HEART HELPED SAVE MY HUSBAND’S LIFE. IT SHOWED THAT HIS HEART RATE WAS UP AND TO GO SEE A DOCTOR AND WE FOUND OUT HE WAS IN HEART FAILURE.”

- HORAN Client

For more information about how you can support employees who are working to prevent or manage hypertension, contact a HORAN representative at 800.544.8306.