EMPLOYERS' FORUM OF INDIANA
Addressing the challenges of the local healthcare marketplace

EFI All-Stakeholder Meeting

Christan Royer, BS, M.Ed.
Director of Benefits, Indiana University
Board Member, Employers' Forum of Indiana

June 25, 2024
Virtual Meeting



Pressure Points: Addressing Hypertension at Work

Employer Forum of Indiana | June 25, 2024




Disclosure

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.

CDC Foundation
Together our impact is greater

Presentation Team

Michele Bildner

CDC Foundation Non-Infectious Disease Programs

Meg Guerin-Calvert

FTI Center for Healthcare Economics and Policy

Neil Goldfarb

Greater Philadelphia Business Coalition on Health

Together Our Impact is Greater

We **unleash the power of collaboration** between CDC and philanthropies, organizations, corporations, governments and individuals in order to protect the health, safety and security of America and the world.

We believe that by aligning diverse interests and leveraging all parties' unique strengths, these collaborations create **greater impact** than any one entity could alone.

Additional thanks to

- National Forum for Heart Disease and Stroke Prevention
- Employers who previewed, reviewed, and have tested the tools

Objective

To encourage employers to be proactive in identifying hypertension as a priority for improving health and wellbeing and reducing cost of care through sharing tools and strategies for success.

Hypertension, also called high blood pressure, 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.

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.

What is Hypertension (HTN)?

Hypertension **increases the risk for heart disease and stroke**, two leading causes of death in the United States.[1]

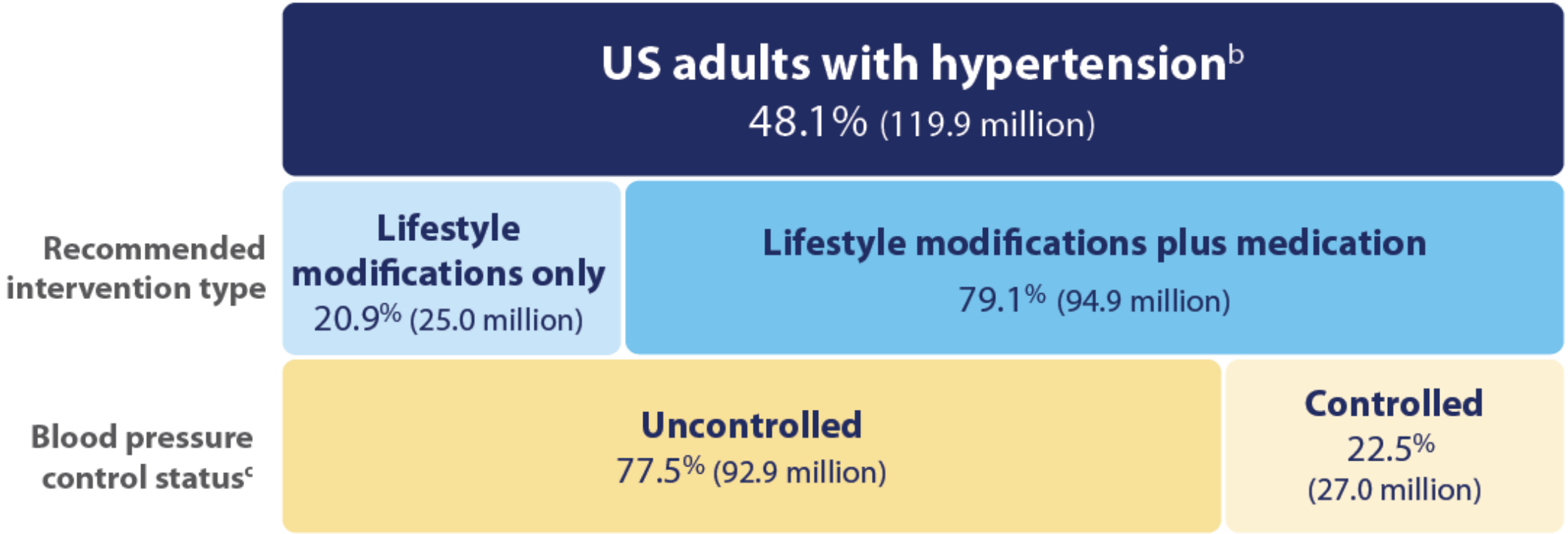
Clinicians diagnose patients as having hypertension and make treatment decisions by comparing **patients' systolic and diastolic blood pressure readings** to certain thresholds.

Current guidelines issued in 2017 by many organizations—including the American College of Cardiology (ACC) and American Heart Association (AHA)—define hypertension as **blood pressure consistently at or above 130/80 mm Hg**.[2]

1. Xu J, Murphy SL, Kockanek KD, Arias E. Mortality in the United States, 2021. NCHS Data Brief. 2022;456. Hyattsville, MD: National Center for Health Statistics.
2. Whelton PK, Carey RM, Aronow WS, Casey DE, Collins KJ, Dennison C, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the prevention, detection, evaluation, and management of high blood pressure in adults. Hypertension. 2018;71(19):e13–115.

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

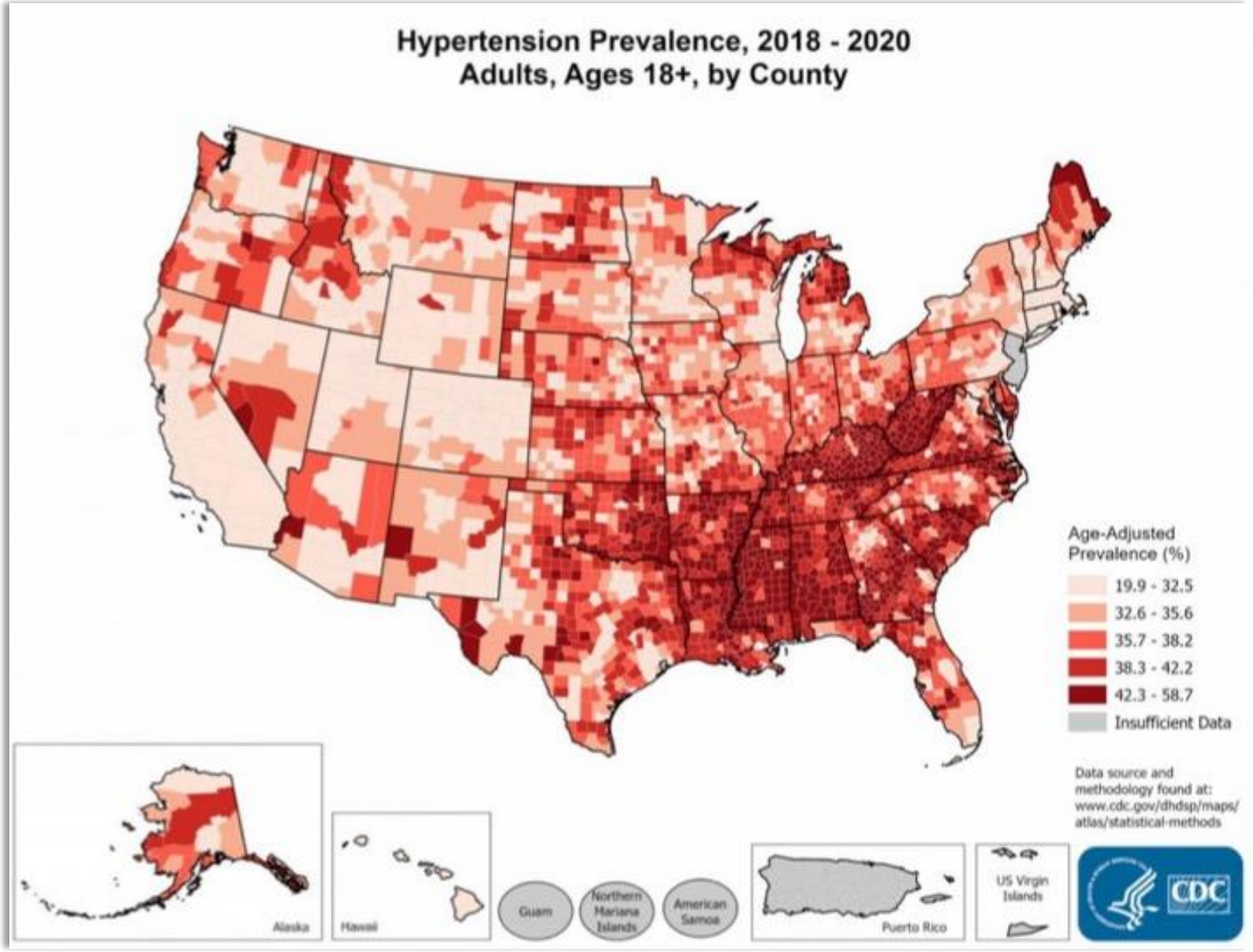
Applying the criteria from the American College of Cardiology and American Heart Association's (ACC/AHA) 2017 Hypertension Clinical Practice Guideline - NHANES 2017- March 2020



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 (May 16, 2024). https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html.

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]



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).

Racial Disparities in Hypertension Diagnosis

Earlier age at hypertension onset may mean greater cumulative exposure to high blood pressure over a lifetime. This is associated with an increased risk of heart disease and may contribute to racial disparities in hypertension-related outcomes.

Huang X, Lee K, Wang MC, Shah NS, Khan SS. Age at Diagnosis of Hypertension by Race and Ethnicity in the US From 2011 to 2020. JAMA Cardiology. 2022;7(9):986–987. doi:10.1001/jamacardio.2022.2345

Hypertension Awareness by Demographic Group, 2021, Indiana

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
INDIANA CORE QUESTIONS DATA REPORT, 2021
SECTION 5: HYPERTENSION AWARENESS
TABLE 1: HAVE YOU EVER BEEN TOLD BY A DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL THAT YOU HAVE HIGH BLOOD PRESSURE? (BPHIGH6)
Denominator excludes: Respondents with do not know/refused/missing responses

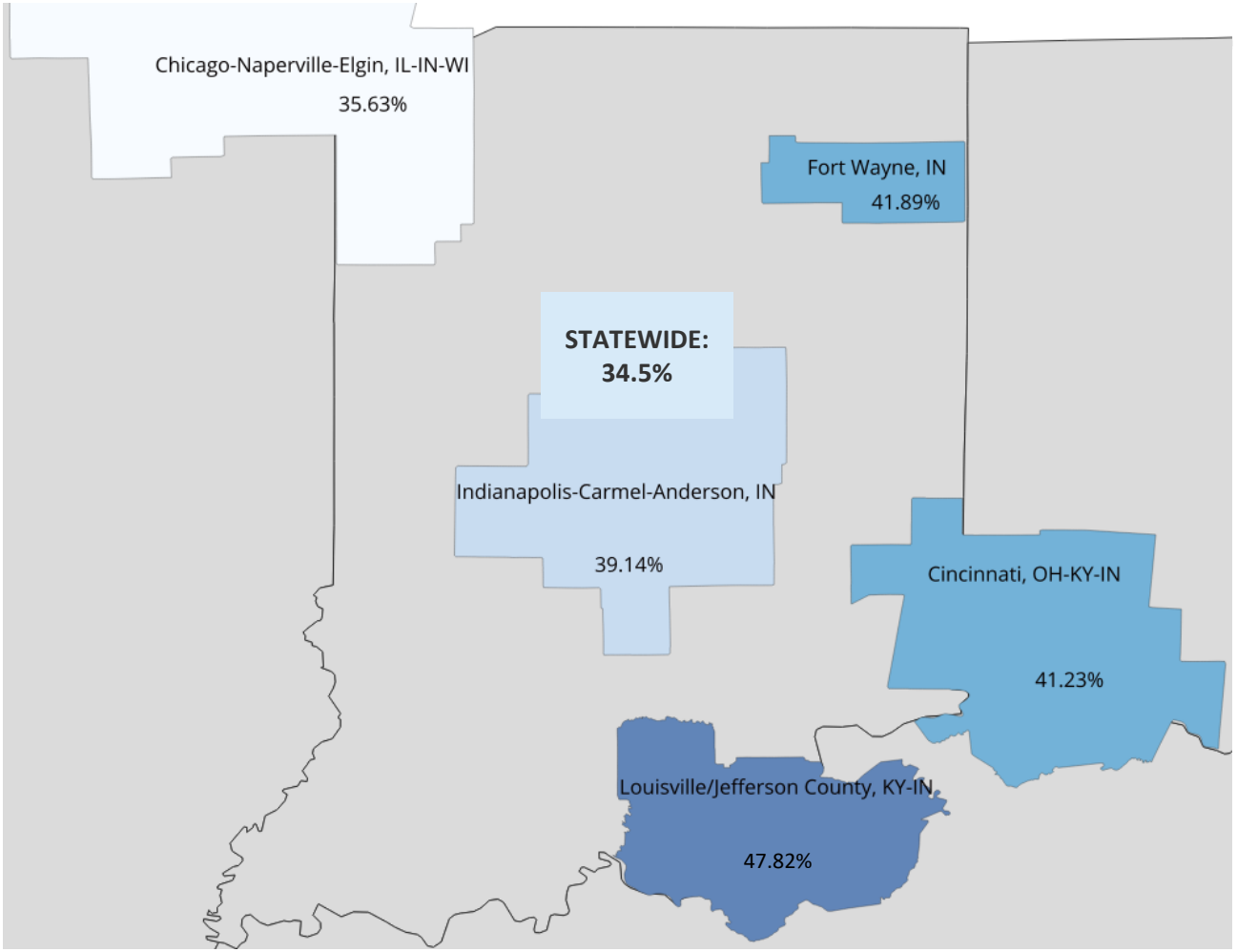
Data was weighted using _LLCPWT.

DEMOGRAPHIC	RESPONDENT NUMBER			Yes		Yes, during pregnancy			No			Borderline high or pre-hypertensive		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	9866	5,231,579	4124	34.5	33.3-35.7	90	1.2	0.8- 1.6	5582	63.6	62.4-64.8	70	0.6	0.4- 0.8
Male	4502	2,550,539	2003	37.2	35.4-39.0				2455	62.0	60.2-63.8	44	0.9	0.7- 1.1
Female	5364	2,681,039	2121	32.0	30.6-33.4	90	2.4	1.8- 3.0	3127	65.2	63.6-66.8	26	0.4	0.2- 0.6
White/Non-Hisp	7800	4,092,253	3338	35.9	34.7-37.1	66	1.1	0.7- 1.5	4340	62.3	61.1-63.5	56	0.7	0.5- 0.9
Black or Afr. Am./Non-Hisp	779	469,766	416	42.6	38.3-46.9	14	2.7	1.1- 4.3	341	53.9	49.4-58.4	8	0.7	0.0- 1.5
Oth. Race/Non-Hisp.	365	166,807	122	21.6	16.7-26.5	3	0.8	0.0- 1.8	237	76.3	71.2-81.4	3	1.3	0.0- 2.9
MultiRacial/Non-Hisp.	184	56,184	59	23.5	16.4-30.6	2	0.6	0.0- 1.6	123	75.9	68.8-83.0			
Hispanic	498	330,772	102	15.6	12.1-19.1	5	0.7	0.1- 1.3	389	83.4	79.9-86.9	2	0.4	0.0- 1.0
18-24	544	683,269	32	6.0	3.8- 8.2	3	0.9	0.0- 2.1	505	92.4	89.9-94.9	4	0.6	0.0- 1.2
25-34	1042	881,616	150	15.1	12.6-17.6	30	3.1	1.9- 4.3	858	81.4	78.7-84.1	4	0.4	0.0- 0.8
35-44	1216	836,468	261	22.1	19.6-24.6	28	2.2	1.4- 3.0	921	75.2	72.5-77.9	6	0.5	0.1- 0.9
45-54	1696	807,806	562	34.7	32.2-37.2	12	0.6	0.2- 1.0	1110	64.0	61.5-66.5	12	0.8	0.4- 1.2
55-64	1931	860,752	967	50.7	48.2-53.2	6	0.2	0.0- 0.4	944	48.4	45.9-50.9	14	0.7	0.3- 1.1
65+	3437	1,161,668	2152	62.9	60.9-64.9	11	0.4	0.0- 0.8	1244	35.9	33.9-37.9	30	0.8	0.4- 1.2

https://www.in.gov/health/oda/files/IN21CORE.pdf

Indiana Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Indiana Department of Health.

Hypertension Prevalence by MMSA, 2021, Indiana



"MMSA" refers to metropolitan statistical areas, micropolitan statistical areas, and metropolitan divisions. These geographic subdivisions are designated by the U. S. Office of Management and Budget and used by the U. S. Census Bureau as of June 2003. The general concept of a metropolitan or micropolitan statistical area is that of a core area containing a substantial population nucleus, together with adjacent communities and all having a high degree of economic and social integration.

Source: BRFSS SMART 2021

Indiana Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Indiana Department of Health.

Age-adjusted Deaths From Hypertension, Rate Per 100,000 Population, 2017-2021, Indiana

Year	Accidents	Alzheimer's disease	Cancer	Chronic liver disease and cirrhosis	Chronic lower respiratory diseases	COVID-19	Diabetes	Heart disease	Homicide	Hypertension	Influenza and pneumonia	Nephritis	Parkinson's disease	Septicemia	Stroke	Suicide
2021	76.7	29.7	169.7	14.9	51.6	106.8	31.3	191.2	9.6	11.2	9.2	18.0	11.1	11.2	43.9	16.4
2020	66.9	34.3	162.7	14.8	53.7	103.2	29.6	183.9	9.7	11.3	12.6	17.4	11.1	13.3	40.3	15.0
2019	56.0	31.6	163.4	12.0	56.1		25.0	178.8	7.2	10.4	11.6	17.1	9.9	14.3	41.4	14.2
2018	55.2	33.4	165.7	12.5	57.2		26.0	180.7	7.4	9.7	14.0	17.6	9.0	14.7	39.3	16.0
2017	58.7	35.3	170.0	11.6	55.2		26.6	183.2	7.2	10.3	13.8	18.5	9.6	16.4	40.2	16.3

https://usafacts.org/metrics/death-rate-by-state-indiana-by-cause-of-death/?location=United+States&timeGranularity=Yearly&adjustment=age-adjusted

Source: Centers for Disease Control and Prevention. CDC State Stats: Indiana. Adjusted by USAFacts

Poll #1

What is the prevalence of hypertension in your population?

1) Less than 20%
2) 20%-39%
3) 40%-59%
4) 60% or greater
5) Unsure

Poll #2

How important is preventing and managing hypertension for your organization?

1) Low importance
2) Important
3) Unsure
4) Somewhat important
5) Very important

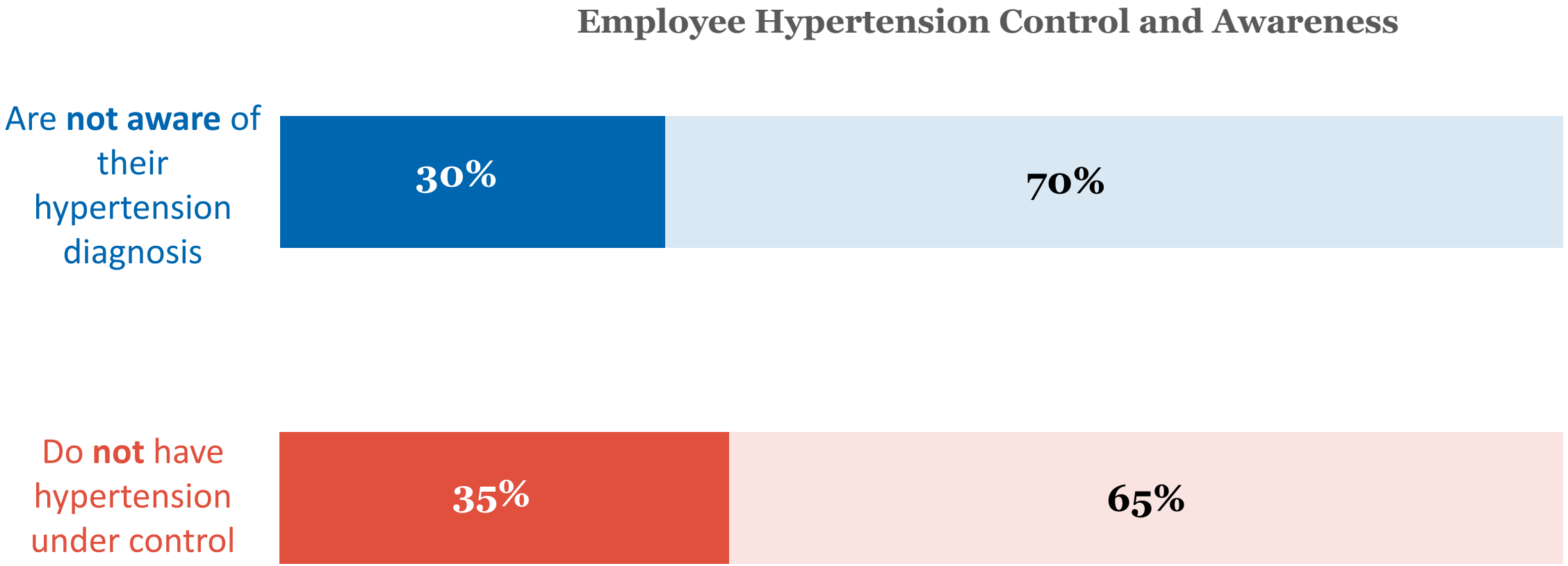
Hypertension is a workforce issue that affects individuals, their employers, and factors critical to a business' success.

#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.

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



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

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.

Poll #3

Have you ever used a budget impact model before?

1) Yes
2) No
3) Unsure

Budget Impact Model

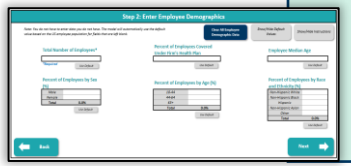
FTI CONSULTING™

Center for Healthcare Economics and Policy

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

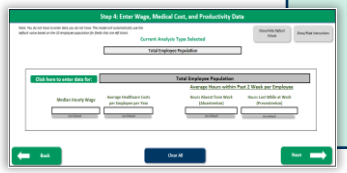


Step 2. Enter Demographic Characteristics

- 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)

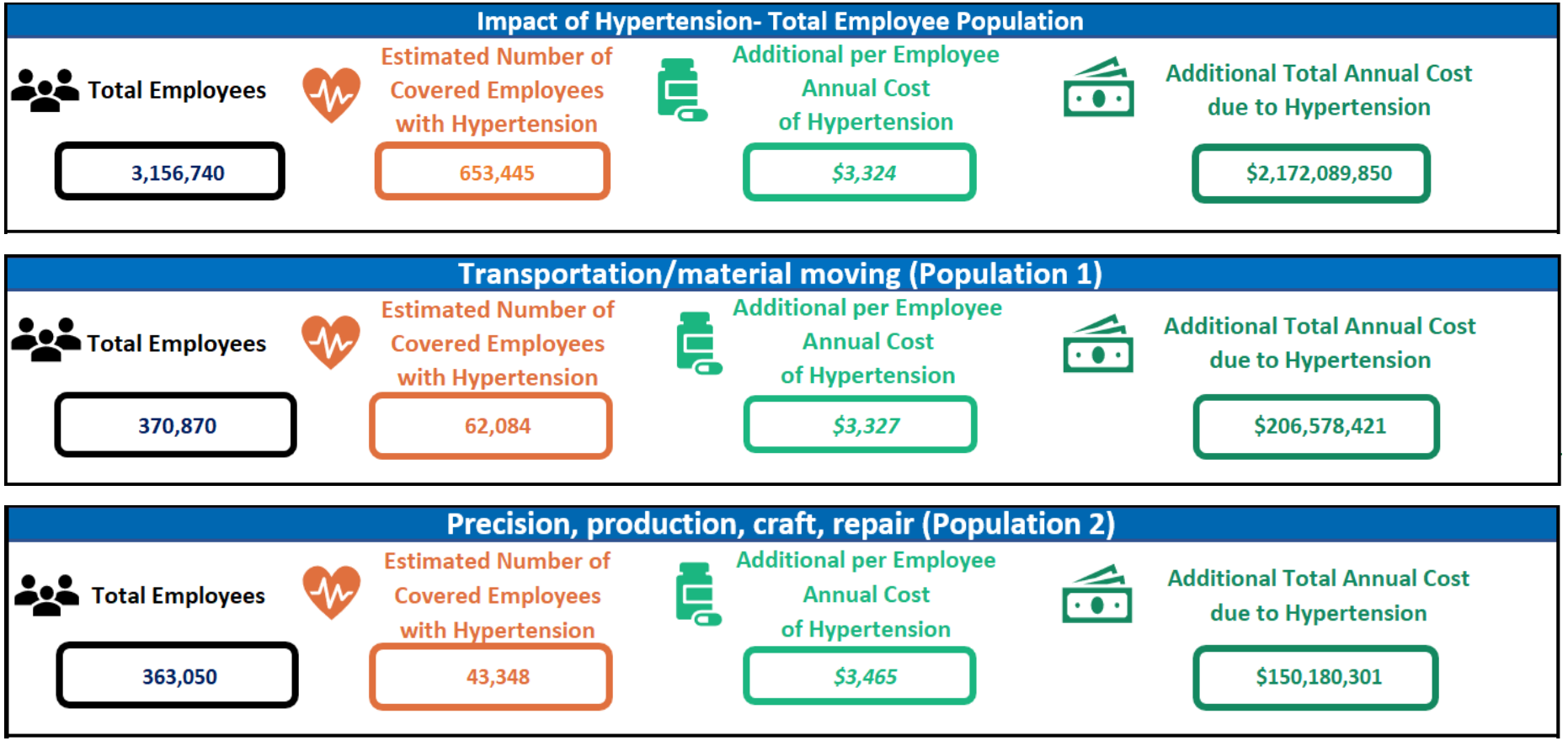
- If data are not available, use industry or job sector specific prevalence rates built into the model.
- Key takeaway: Prevalence rates vary by industry and job function and the analysis can take this into account



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

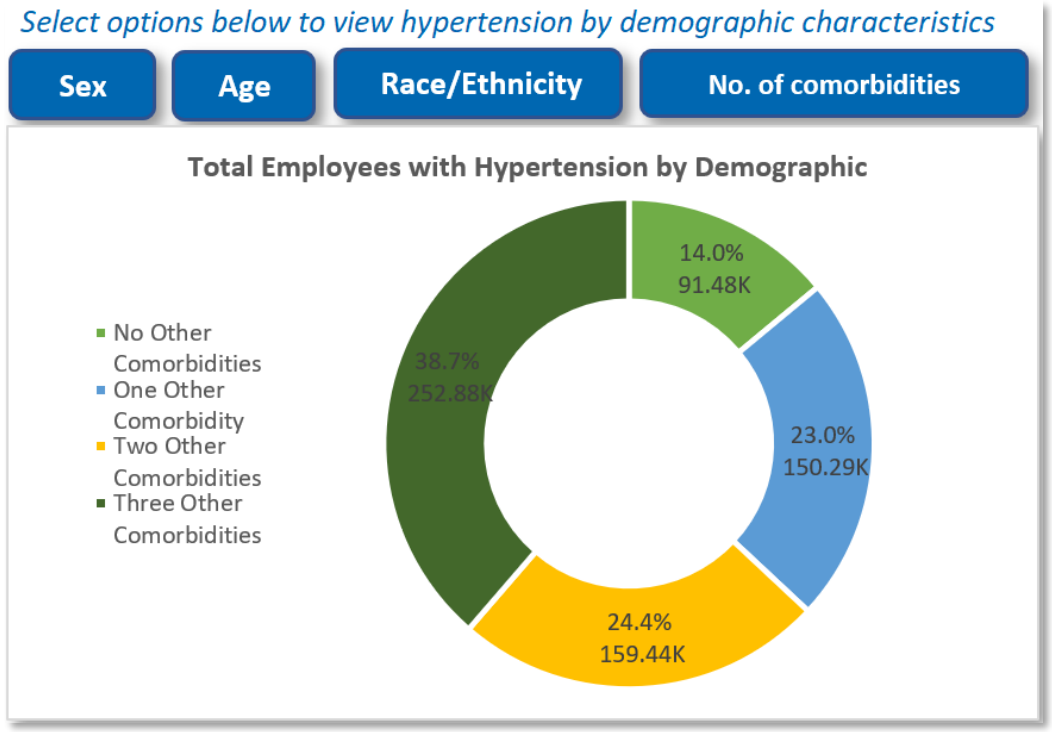
The BIM estimates the incremental costs of hypertension for a specific employer or region **overall and by sub-populations**.

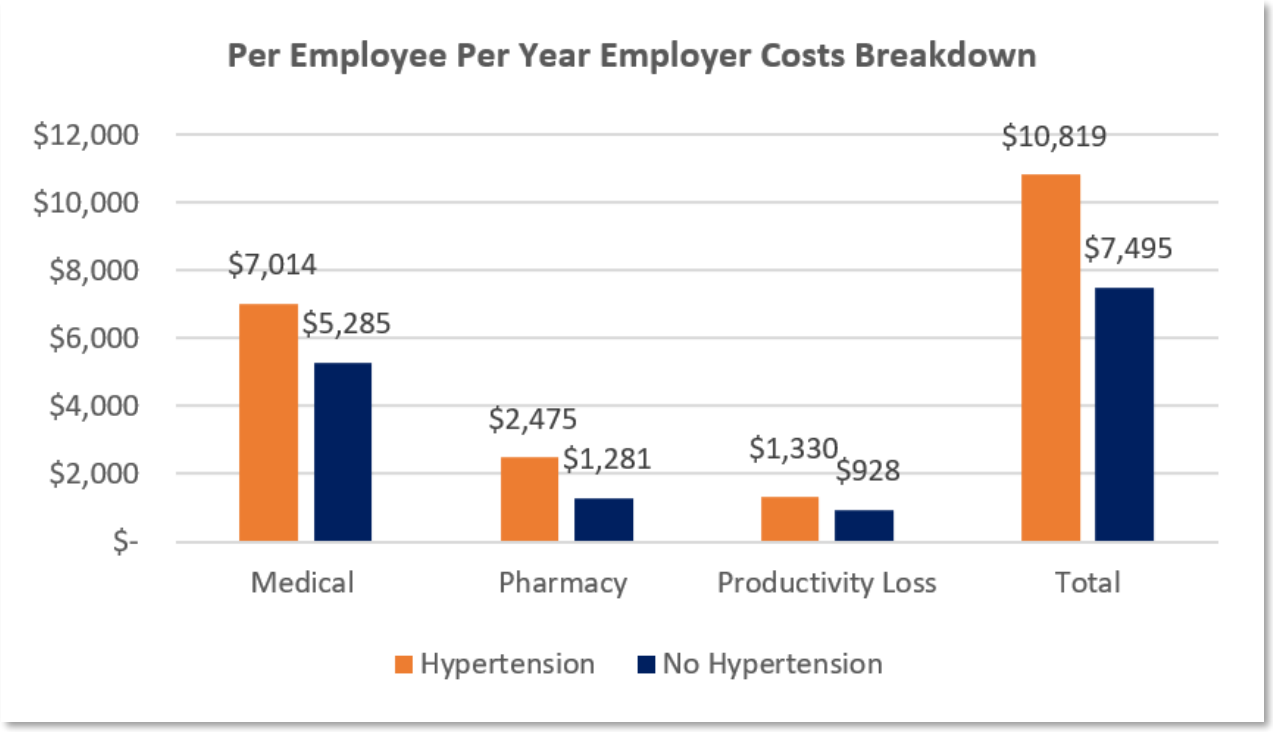


Example dashboard based on the state of Indiana with an employed population of 3,156,740. Two subpopulations were analyzed separately.

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.



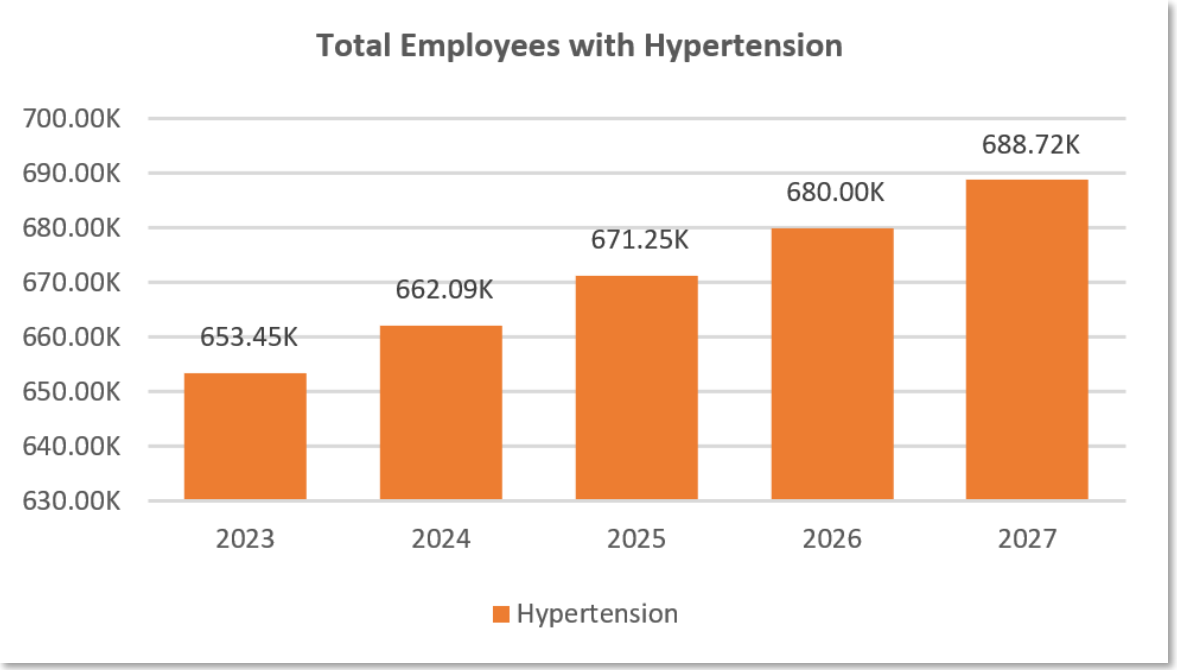


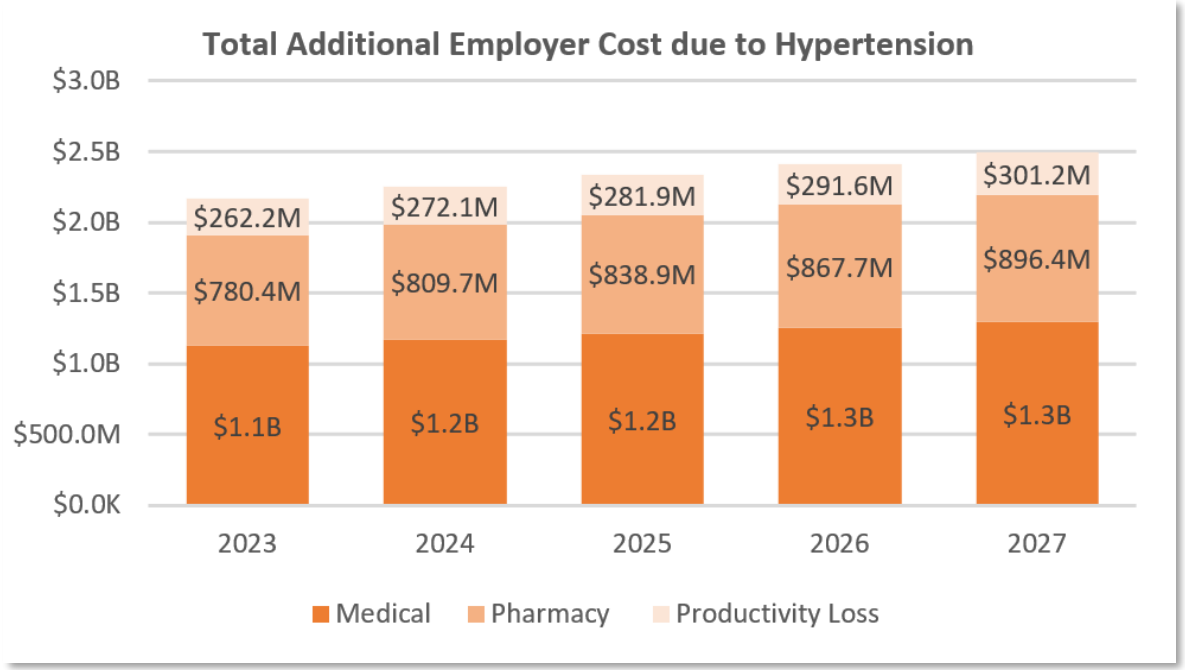
Example dashboard based on the state of Indiana with an employed population of 3,156,740. Two subpopulations were analyzed separately. For this example, default parameters based on the U.S. were used for demographic variables (age, sex, race) and were applied to Indiana workforce populations.

Key takeaway: The BIM shows drivers of hypertension cost impacts (medical, pharmacy, and productivity loss) and the incremental costs, useful to decision-makers and those responsible for programs for assessing the current status and impact of hypertension.

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

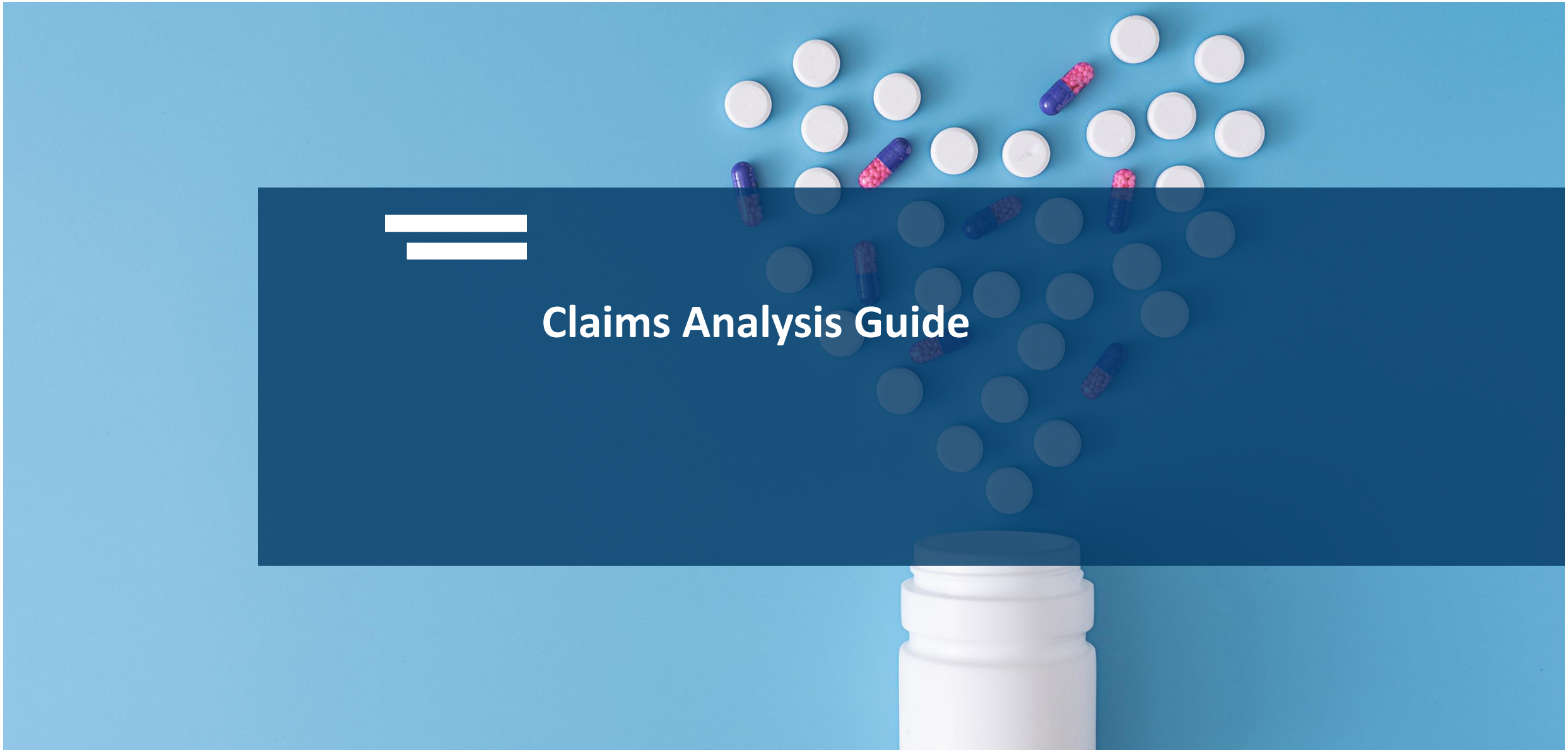
These metrics show the cost of standing still and the benefits to gain from intervention.





Example dashboard based on the state of Indiana with an employed population of 3,156,740. Two subpopulations were analyzed separately. For this example, default parameters based on the U.S. were used for demographic variables (age, sex, race) and were applied to Indiana workforce populations.

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



Claims Analysis Guide

FTI CONSULTING™

Center for Healthcare Economics and Policy

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?

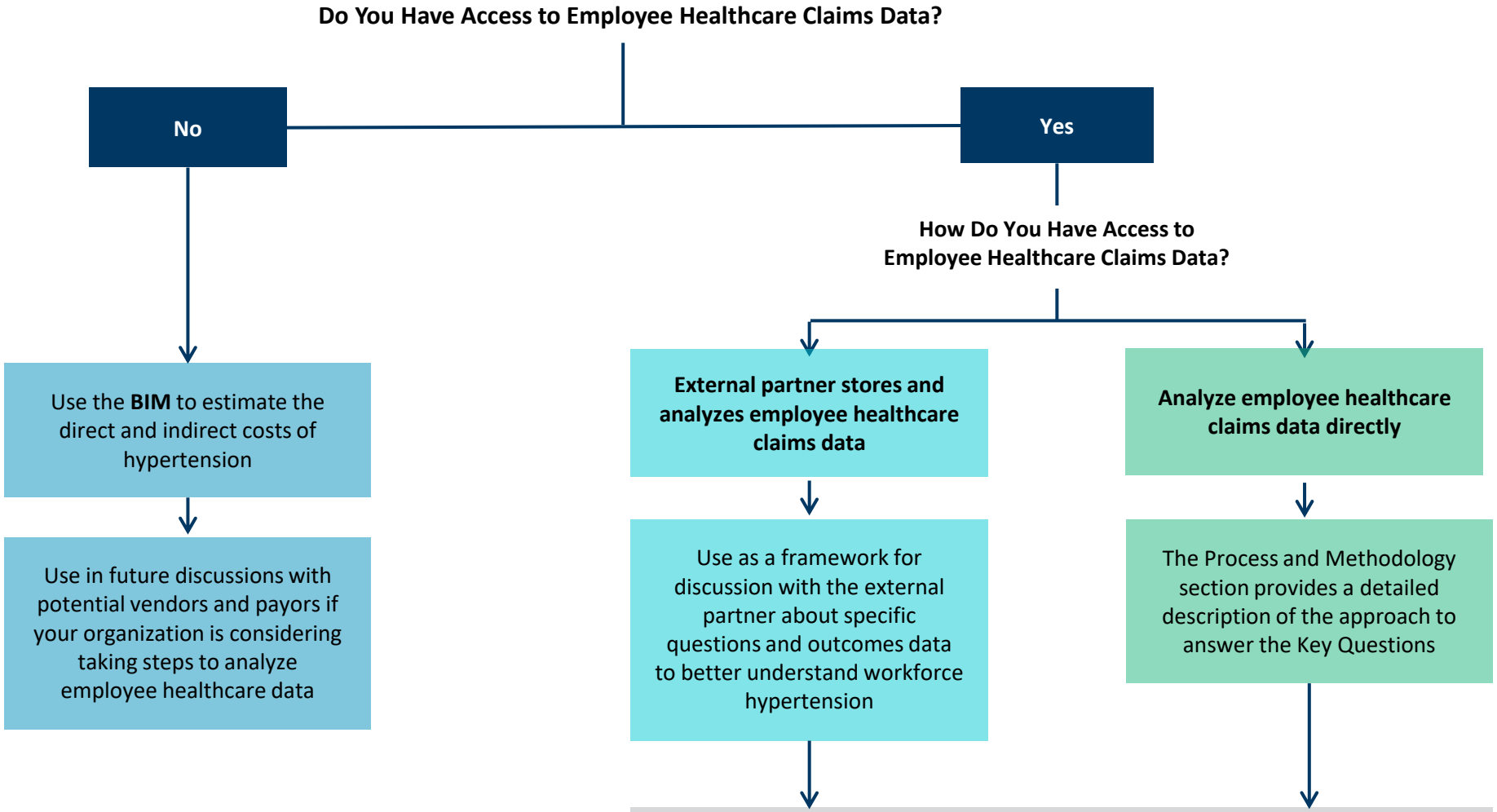
- Provides detailed insights on hypertension-related direct medical costs broken out by various categories such as age group, race/ethnicity, type of care (e.g., inpatient hospitalization, physician office visit), treatment category, and neighborhood characteristics as measured by the Social Deprivation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

Using the Claims Analysis Guide



Given the variation in employers' experience with claims data, employers may use this guide in different ways

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 Benefits Design Guide for Hypertension

Greater Philadelphia Business Coalition on Health

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

Comprehensive Benefit Design for Hypertension

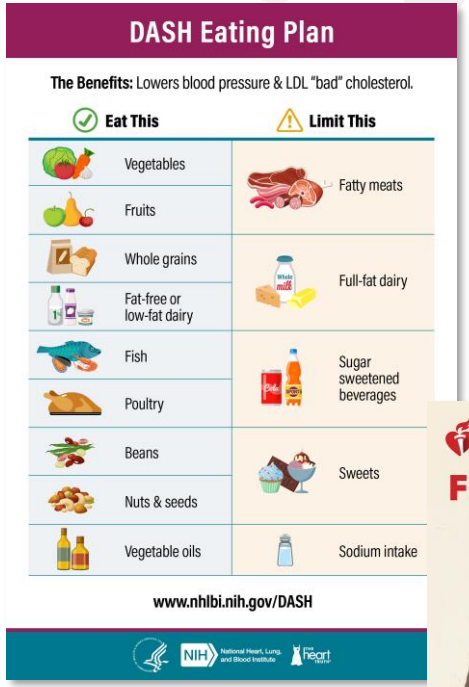
7 Strategies for prevention, screening, and management

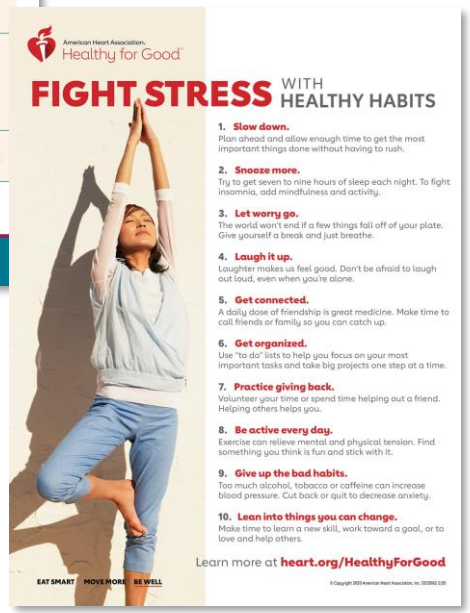
Employers are encouraged to view the strategies as a **checklist of key interventions** to implement for reducing the impact of hypertension: both by **reducing the number of individuals with hypertension** and **helping to control blood pressure for those diagnosed** with this chronic condition.

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

Strategy 1: Primary Prevention/Lifestyle Support

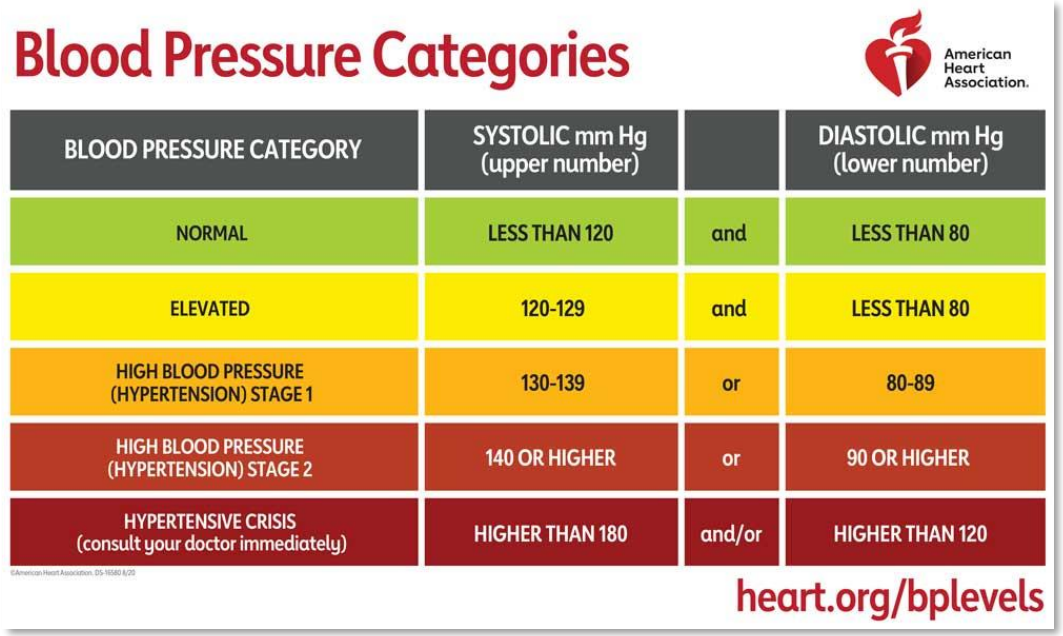
- ❑ Healthy eating and physical activity programs
- ❑ Availability of healthy foods, including low-sodium options
- ❑ Promote smoke-free campus and smoking cessation
- ❑ Education and resources to limit alcohol intake
- ❑ Education and resources to promote healthy sleep
- ❑ Promote healthy weight: lifestyle, Rx benefit, surgical benefit
- ❑ Promote access to mental health resources, including EAP





Strategy 2: Screening & Detection

- ❑ Promote primary care relationships
- ❑ Incorporate blood pressure (BP) measurement into health fairs and other events
- ❑ HRA's should include family history, and self-reported BP, or biometric measurement
- ❑ Determine how high BP findings will be referred/followed-up



Blood Pressure Categories

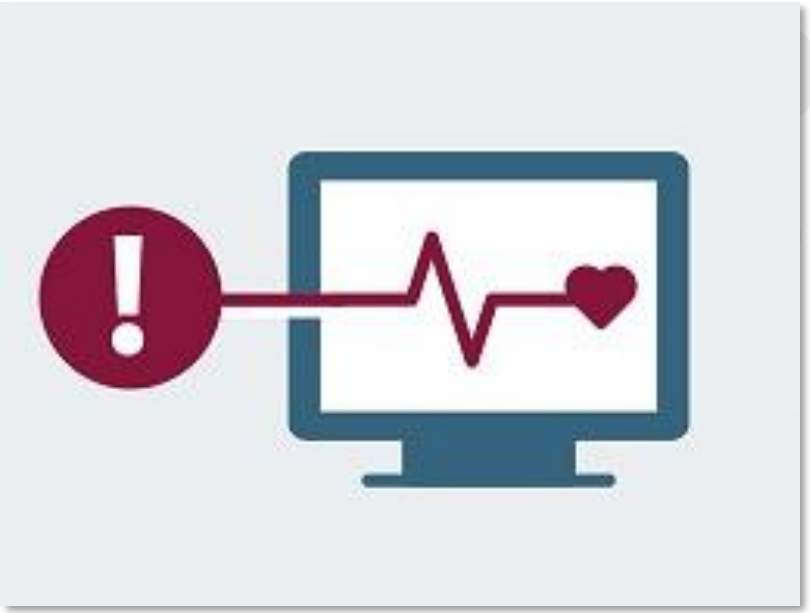
American Heart Association.

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

heart.org/bplevels

Strategy 3: Know YOUR Data

- ❑ Ask health plans and vendors to provide information on:
  - **Population prevalence of hypertension**
  - **Subgroup differences: age, gender, race/ethnicity, co-morbidities…**
  - **Percent (%) of population with HTN has a primary care relationship**
  - **Percent (%) of population with HTN on pharmacotherapy**
    - For those on pharmacotherapy, what is the adherence rate
- ❑ Ask and learn how each of these indicators are measured
- ❑ Track progress over time, looking at both prevalence and cost



https://www.cdc.gov/dhdsp/materials_for_professionals.htm

3b: Additional Questions for Health Plans

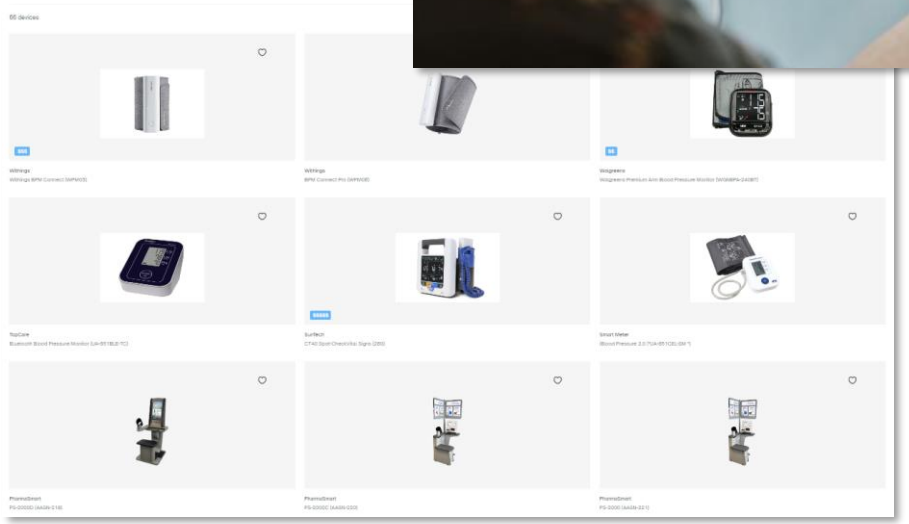
- ❑ What are your commercial HEDIS rates for the hypertension measures?
- ❑ What programs are you offering to manage hypertension?
- ❑ Is it possible to capture blood pressure in claims data?
- ❑ How are you trying to foster primary care relationships, especially for people with hypertension?

Controlling High Blood Pressure

Measure Year	Commerical HMO	Commercial PPO	Medicaid HMO	Medicare HMO	Medicare PPO
2021	60.3	50.8	58.6	70.4	70.1

Strategy 4: Benefit Design Considerations

- ❑ Value-based insurance design (V-BID)for HTN medications
- ❑ Coverage of self-monitoring BP cuffs (validated)
  - ❑ **Check out ValidateBP.org** (American Medical Association)
- ❑ Pharmacist review of formulary



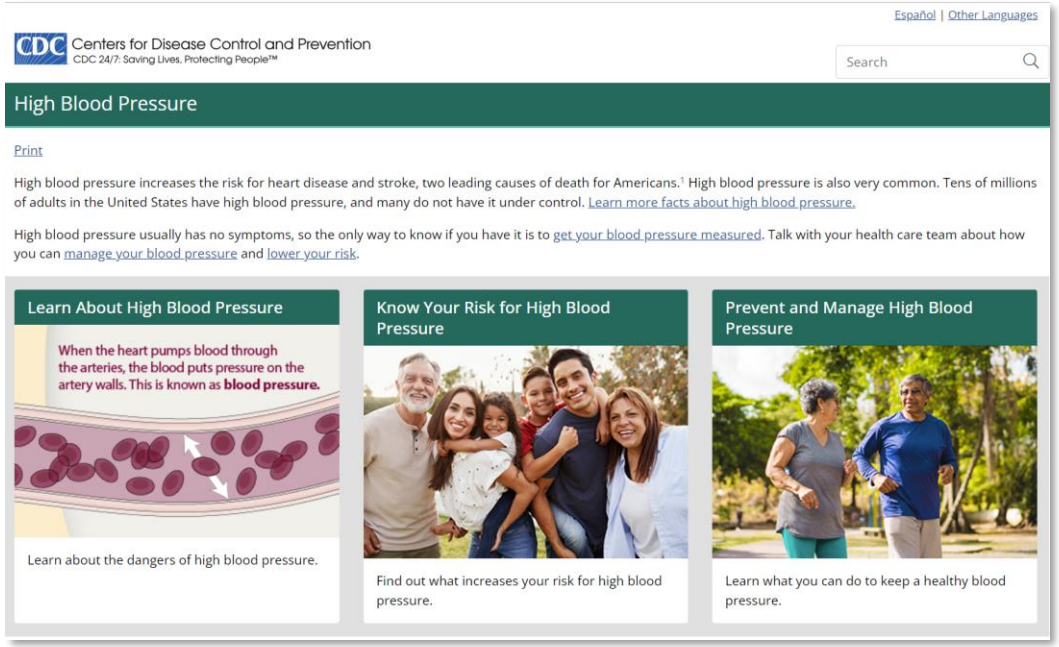
https://www.validatebp.org/

Strategy 5: Promoting Appropriate Care Management

- ❑ Ensure that all people with diagnosed HTN have a PCP
- ❑ Assess health plan programs and resources to support patient education and high-quality care
- ❑ Implement MTM or CMM (pharmacist review) for those with co-morbidities
- ❑ Consider outsourcing to a HTN management vendor, or providing access to self-management apps
- ❑ Ensure appropriate follow-up for hospitalizations related to HTN

Strategy 6: Promote a Supported Workforce with Resources

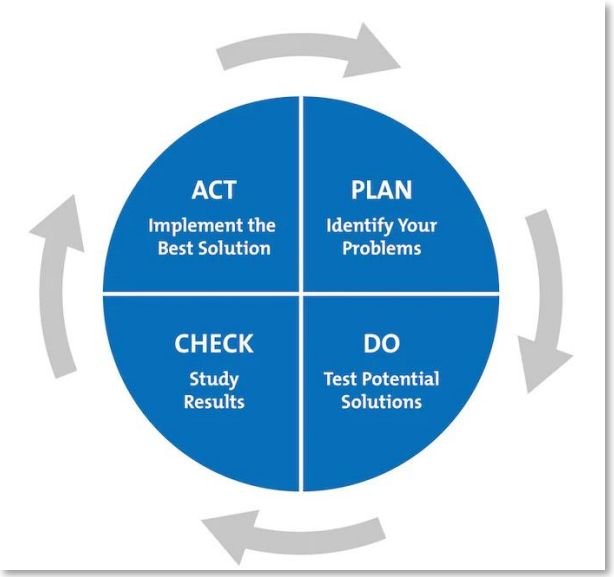
- ❑ Link to resources from AHA, CDC, and other organizations
- ❑ Easy access (including $) to educational tools and programs
- ❑ Identify existing resources for individual counseling (e.g., registered dietitian), and consider adding services
- ❑ Recognize impact of Social Determinants of Health; identify and address inequities
- ❑ Consider fostering patient resource groups



https://www.cdc.gov/bloodpressure/index.htm#print

Strategy 7: Evaluate and Continuously Improve Your Efforts

- Refer back to strategy 3: Know your data
- At least annually, track these key metrics:
  - **Hypertension prevalence**
  - **Hypertension control**
  - **Obesity prevalence**
  - **Incidence rates and costs for HTN-related events (cardiac and cerebrovascular)**
  - **Overall trends in direct cost for total population, and HTN sub-group**



https://www.mindtools.com/as2l5i1/pdca-plan-do-check-act

Key Takeaways

An investment in hypertension prevention and management is an investment in your business.

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

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**, **comprehensive benefits design guide**, and **choosing the right technology** can make it easy to reduce risk.

Employer efforts that address hypertension among its entire employee population have greater community impact by reaching areas with significant health needs. The budget impact model can show the costs of standing still and the potential value of investment in addressing hypertension.

Poll #4

How likely are you to take action to address hypertension within your organization?

1) Very unlikely
2) Unlikely
3) Unsure
4) Likely
5) Very Likely

To learn more about these tools and use them, visit https://hypertensioncontrol.org/businesscase/

Help us make hypertension control a national priority.

National Hypertension Control Roundtable

Contact Us

Budget Impact Model + Claims Analysis Guide

Meg Guerin-Calvert – Meg.Guerin-Calvert@FTIConsulting.com

Comprehensive Benefits Design Guide

Neil Goldfarb – NGoldfarb@GPBCH.org

Additional Information

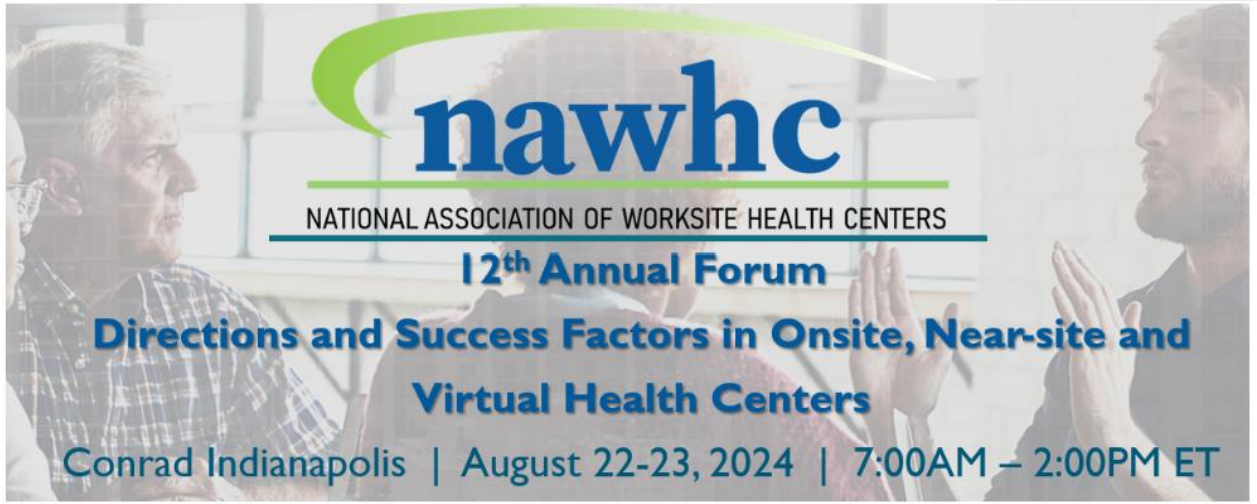
Michele Bildner – MBildner@CDCFoundation.org

CDC Foundation
Together our impact is greater

Mark Your Calendar!

August 22 – 23, 2024

- **NAWHC 12th Annual Forum**: Directions and Success Factors in Onsite, Near-site and Virtual Health Centers
- **Location**: Conrad Indianapolis
- **Agenda:** Link
- **Register**: Link
  - Discounted to $150 for Forum Members, contact Sara Otte, sara@employersforumindiana for the discount code.



Here from EFI's:

- Denise Fields (Cummins)
- Christan Royer (Indiana University)
- Gloria Sachdev (EFI)
- Candace Shaffer (Purdue University)
- Cole Williams (Marathon Health)
- Steve Zetzl (Northwind Pharmaceuticals)

…And many other employers/stakeholders from across the country!

November All-Stakeholder Meeting

- Update your calendar!
- Our November 7th meeting has been moved to **November 12th at the Indiana Landmarks in Indianapolis.**
- Discussions will include COEs, access to maternity care, and more.